

Old age - Research

INTERNATIONAL ASSOCIATION OF GERONTOLOGY

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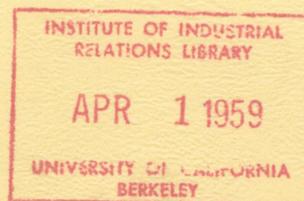
(European Section)

The need for

**CROSS-NATIONAL SURVEYS
OF OLD AGE**

*Report of a Conference at Copenhagen
October 19-23, 1956*

Division of Gerontology
The University of Michigan
Ann Arbor, Michigan



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**Report of a conference at Copenhagen,
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I. INTRODUCTION

The Case for Social Research as a Guide to the Formulation of Policy

(based on a paper by Professor R. M. Titmuss)

The work of the social scientist, especially in the field of old age, is often viewed with suspicion. His conclusions, on balance, are not likely to favour the maintenance of the status quo. He is more likely to disturb complacencies; to threaten some interest group; to challenge some established institution. To the detached administrator he is that unpopular figure the "interested" expert. To the politician he is the man who threatens to weaken the intuitive bond between the masses and their elected representatives. To the trade union and business world he is at the receiving end of "anti-intellectualism"; an attitude which in part arises from feelings of insecurity and inadequacy in an increasingly complex world.

These general observations may be peculiar to Britain. They are offered, as an introduction, simply to emphasise the importance: -

First, of considering carefully the manner in which we present our case for undertaking research.

Secondly, of educating public opinion to regard us as allies rather than as enemies in the processes of adjustment which societies continually face as a result of scientific, technological and social change.

Thirdly, of reminding ourselves from time to time that social research workers are servants and not masters in the policy-making process. All too often one hears the argument that policy should be subservient to research. Insofar as we are concerned with the study of contemporary problems our primary role should be to widen the freedom of choice for policy-makers and administrators; part of this task is to show that in the field of old age criteria of value should not be dominated by considerations of economic efficiency.

I do not think it would be profitable to repeat the general arguments for research into the social and psychological problems of old age; the consequences of changing demographic trends, the effects of the decline in family size on the role of old people in society, the problem of defining "subsistence" in social security programmes and so forth.

What I do wish to draw attention to, as briefly as possible, are certain major areas of conflict in respect to old age the dimensions of which we have hardly begun to identify. Broadly interpreted, they all support the case for an advancement of knowledge in these fields. There is, I think, no alternative to believing that in the long run policy-makers and administrators will be persuaded that we have something to contribute - if only by bringing into focus a greater range of variables; a wider perspective in the formation and validation of policies; a more critical approach to our existing stock of platitudes and myths about old age. Faith in the potentialities of education is the only alternative to cynicism.

I have chosen, in a highly selective manner, three primary areas in and around which certain major problems are emerging in Western societies which call for intensive and extensive study. They do so because I can foresee arising in the future in all these areas critical questions of policy-making; to some extent, the outlines of these questions are already becoming clear. In the next decade or so, they are likely to become sharper still as the tensions arising from change remain unsolved.

Work, gainfully occupied employment, physical and mental activity which has meaning and value, is the first of my three primary areas. And here it is unnecessary to emphasise the importance of work (not to be confused with productivity) in any consideration of the problems of old age in modern societies. What will be the effects on older workers of the industrial and technological changes that are now getting under way? Though by no means novel, these effects are likely (or so we are told) to be widespread and far-reaching. They will flow from not only the introduction and wider application of automatic processes but also from the rapidly increasing use in industry or radioactive materials. A recent report to the U. S. Congress on Automation and Technological Change⁽¹⁾ points out: "The very fact that electronics and atomics are unfolding simultaneously is a portent of amazing changes ahead. Never before have two such mighty forces been unleashed at the same time." The Report thus concludes that "We are clearly on the threshold of an industrial age, the significance of which we cannot predict and with potentialities which we cannot fully appreciate."

The impact of the first Industrial Revolution in Britain fell with particular severity on old people. The history of the poor law in the 19th century, wrongly designed to cater to the younger able-bodied worker is sufficient evidence of the failure of society to seek (let alone to find) the answers to the problem of old age in a period of technological change. What, however, made the transition easier in relative terms was the fundamental fact that change took place within the context of an abnormal population structure; the first Industrial Revolution was highly blessed with an extraordinarily youthful population. It was a social as well as an economic blessing because, on past experience, technological change calls in greater measure for such human attributes as flexibility, movement, willingness to adjust, re-learn and so forth. Nor did the captains of industry in those days have (again in relative terms) to concern themselves overmuch with the moral obligations of retirement. Proportionately, there were few workers to retire.

I mention these fundamental social facts to underline the very different demographic and social situation today within which a new technological age is developing. If history is any guide at all, the impact of the coming technological changes will again fall with particular severity on old people. And now we have no poor law to fall back on; no extensive kinship system to carry the social costs; no large reserve of unmechanized rural occupations; no philosophy of individualism to help us to harden our hearts. Moreover, the scientific content in medicine has today an immense potential to exacerbate the effects of change; whether the social content in medicine will develop sufficiently to counter-balance the scientific gains is by no means certain. Not only have we to educate the doctors but the doctors have to educate themselves.

Against this no doubt exaggerated view of the future we have to admit that at present our efforts to study these questions are still pitifully small. There is surely a case here for a larger investment in study and research; particularly, as it concerns the field of occupation, the effects of ageing, biological and cultural, in relation to conditions of work - skills, muscular flexibility, powers of observation, persistence, emotional stability and, above all, opportunities for work with a genuine, as distinct from a benevolent, social content.

Thus, it is within the field of work that we can find some of the strongest arguments for research as an aid to policy-making in the future.

The second main area of interest I have chosen for purposes of illustration is: "The Role of the Institution in the Care of Old People". We move, so to speak, up the

(1) Report of the Sub-Committee on Economic Stabilization. "Automation and Technological Change", U. S. Government Printing Office, 1955, pp. 3-4.

age scale, and from those who are still capable of some work in the community to those who need some measure of dependent service as a result of incapacity, sickness or social isolation. At the present time, we in Britain are seeing this problem as a problem of institutional versus domiciliary care. I suggest that in the most general terms the assumptions on which this approach is based are false; the essence of the matter is the interplay between the two; we should be thinking not of alternatives - of "either, or" - but of institutional and domiciliary care. The reasons for the present antithesis in policy are many: (1) the concentration of scientific medicine on youth and, in consequence, our ignorance of the epidemiology of health and disease in old age, (2) a strong belief (which has indeed little foundation in fact) that domiciliary care is always and permanently cheaper in fiscal terms than institutional care, (3) a belief (again without much foundation) that institutional care, once accepted, is necessarily permanent and permanently horizontal in character. In some respects also we are suffering from the tradition and practice of bad institutional care. What we need to seek out are ways and means by which the institution can play a more active, variable and flexible role in the community. There is at present a certain amount of experimental work going on in Britain: day hospitals, occupation therapeutic centres, outward-looking geriatric units and so forth. What we now need is some assessment of their value - and of other institutional practices - in terms of medicine, economics and sociology. Next to nothing is known, to cite another example, of the administrative processes of admission; precisely what takes place, in what family situations, who decides and why. Nor have many worth-while studies been made of the effects on the other members of the family in caring for elderly disabled relatives in their own homes. We talk glibly enough in general terms about domiciliary services and supportive casework but we are astonishingly ignorant of precisely what forms and varieties of support might be useful, and in what circumstances.

Yet within this field we can be certain that in the next decade or so important policies will be shaped and applied. Are these policies to be formulated on the basis of fact or on the basis of beliefs? - beliefs that, in my view, will be highly coloured by a philosophy of rejection unless we study the consequences of both acceptance and rejection.

I now come to my third important area of interest in the field of old age - pensions and superannuation schemes. These, in effect, determine the level of living for the majority of old people. There are at least four important social issues here; all are matters of great concern to practically every country in Europe (including the U.S.S.R. judging by their new legislation on pensions); all merit more intensive study and research - especially in the field.

Without reciting chapter and verse for this selection I will briefly enumerate these issues: -

1. At what ages should pensions first be drawn by men and women in different occupations and in different circumstances? Is it possible or practicable to reconcile the need for a flexible age of retirement (and partial retirement) with the need to give pensions as of right and without inquiry into needs or circumstances? What are the effects on levels of health in different occupations of pension systems with different retirement conditions? These are but a few of the questions which arise in considering the equation: age of retirement - occupation - health - conditional or unconditional pension.

2. What, quite simply, are pensions? A form of deferred pay given without any conditions? A subsistence payment to prevent poverty among old people? An attempt to prolong into old age the customary standard of living? Should they, in other words, be based on the flat-rate principle (as in Britain and Ireland) or be related in some degree to earnings (as in the U.S.A. and U.S.S.R.)? And how does one assess earnings?

3. Related to these questions is the further important issue of reconciling the need for some pension and some earnings from work. This is, in effect, the problem of what is called in Britain "The Earnings Rule".

4. Lastly, there is the fundamental issue of whether pensions should be provided collectively through the agency of the State or through one's employer. Within the last 20 years systems of employer pension schemes have spread with phenomenal rapidity over most of Europe and North America. As yet, very little is known about them. For example: -

- (a) Their effects on change of employment, attitudes to re-training and re-habilitation schemes in late middle age.
- (b) Their effects on the problem of employment and unemployment of men and women aged over 40.
- (c) Their effects in encouraging or discouraging the employment of older men and women in comparison with the effects of different systems of State pensions.

You will have realised by now that my method of stating the case for research in relation to the formation and assessment of policy has been to ask a series of questions. I have endeavoured, however, to single out what seem to me to be the most important questions.

The alternative to this approach, general and vague as it has been, would have been to have discussed in detail one or two concrete case studies of the relationship of research to policy-making. However, I thought it best that we should proceed from the general to the particular. This method (unlike the alternative) has at least the merit of underlining what I conceive to be the two most important needs in this whole field of old age research: -

- (1) the need for more hard, clearly defined, social facts.
- (2) the need for longitudinal studies; of long-term observations of persons (growing older) in situations (which are changing).

II. REPORTS OF WORKING GROUPS

Suggestions for Comparative, Cross-National Research

Within the period available for discussion, the working groups agreed it was impossible to deal comprehensively with all the problems and all the research needed in this field. They agreed also that, rather than refer inadequately to the important studies made in various countries, no references should be made at all. The groups felt that their job was to locate general problems and subjects for research and to make a few practical proposals which would satisfy certain minimum requirements for cross-national research.

Although the working groups did not discuss research methods at any length, they appreciated that careful thought should be given to the means of improving (i) national studies on a sampling basis, and (ii) localized intensive studies - the two principal methods. The groups agreed also that careful thought should be given to the "longitudinal" type of study and its possible application to many problems of old age. All stressed the need for an inter-disciplinary approach.

(i) Pensions, Assistance and Levels of Living

It was largely owing to the basic studies which the International Labour Office had undertaken, that the group felt able to make detailed recommendation for further research. Despite these and other studies which have been or are being made, it was clear that there remain a great many subjects on which present knowledge is inadequate or virtually non-existent. In this report we do not attempt to produce a comprehensive list of all possible research projects; nor do we believe ourselves qualified to undertake such a task. Our purpose has been simply to identify the more important research areas in which further work is needed and, more especially, pioneering work on cross-national and comparative studies. Under some of the sections listed below, information of variable quality is already available. On one subject however, private or occupational pensions, hardly any information has been collected. These provisions for old age are of great and growing importance in many countries. We recommend that high priority should be given to studies of the scope, content and effects of such provisions.

We have not tried to arrange the sections that follow in any scale of importance or practicability. Students in different countries would judge these things differently. Instead, we have attempted what we hope is a more logical arrangement of our proposals for further research. From proposals for general studies of the levels of living of the aged, we proceed to identify in turn some of the major factors which contribute to or determine the level or standard of life among the aged. For the private sector our recommendations are necessarily of a very general character. Until more exploratory work has been done, it is not possible to be precise about those aspects which might be appropriate for cross-national comparisons. In the case of public provision for the aged, we have been able to make more concrete recommendations.

1. Studies of the incomes, expenditures and savings of the aged.

Bearing in mind the many difficulties of defining, for comparative purposes, the groups and subjects to be studied, we suggest that research in this field might have to be confined to "retired" aged persons living on their own. Information would need to be collected about the age, sex, marital status, occupational histories and family patterns of the aged.

Details of all expenditures, including gifts to other persons, would need to be assembled.

Sources of income might be broken down into the following categories: -

- (i) Income from work
- (ii) Assistance in cash from national programmes
- (iii) State pension
- (iv) Other public pension
- (v) Private pension
- (vi) Annuity or other receipts from private insurance
- (vii) Income from property (including the annual value of owner-occupied housing)
- (viii) Allowances from relatives
- (ix) Charitable receipts
- (x) Receipts in kind

Types of saving or dis-saving should be similarly broken down as is appropriate for each country.

Data on incomes received before retirement from full-time work would represent a significant addition to such inquiries. Thus, cross-national comparisons could be made of the proportion of preretirement income received in retirement. This would allow estimates to be made of the financial adjustments involved among different groups in the transition from work to retirement.

The collection and analysis of survey material of this kind would permit cross-national comparisons to be made on patterns of expenditure, and of the role played by different systems of provision for the aged. The method of research would have to take the form of national sample surveys undertaken by governmental or private agencies. Such national studies might be supplemented by smaller sample inquiries concentrating on certain aspects in greater detail.

2. Socio-economic studies of the savings behaviour of the aged.

Studies in this much neglected but important field should include all aged persons living with their families or on their own. Their purpose would be both economic and sociological. The common assumptions that incomes from pensions and superannuation are wholly spent and that any additions to these sources of income would similarly be consumed need careful examination. Work in this field is important for the development of macro-economics. The social characteristics of savers and dissavers also need exploration by a variety of research techniques. It should thus be possible to assess in more intelligent ways the effects of changes in pension policies, and some contribution would be made to our present limited stock of knowledge about family relationships in Western societies.

It is suggested that savings statistics of this kind should be related to family structure (surviving children, grandchildren, etc.) and to previous occupations (as a guide to social class, employment history and other factors).

3. Private insurance statistics.

Measures should be taken to collect information from insurance companies about annuities and similar forms of provision for retirement. At present, the information published in most countries is of a very elementary kind. The subjects investigated should include the coverage and amounts assured by different age and sex groups, the occupational and geographical incidence, and the tax treatment of premiums and benefits.

4. Private pension schemes.

We have already stressed the importance of further research concerning provisions under these schemes. Detailed national statistics are needed which would include arrangements made by employers through insurance companies and by means of special superannuation funds; and pensions provided through trade union and friendly society schemes.

A start needs to be made in all countries to build up information in this field. The subjects to be studied should include coverage, vesting provisions, age of retirement, the systems by which contributions and pensions are calculated, the conditions on which pension is provided and the tax treatment of contributions and pension funds. Some of the particulars can only be collected by governmental agencies or with the assistance of governments. Certain special areas might be studied intensively by private agencies, such as vesting provisions and the conditions on which pension is granted.

5. Recipients of state benefits.

Information is needed for cross-national comparisons which would show the percentage of the population by age, sex and marital status receiving: -

- (a) pensions
- (b) assistance
- (c) pensions and assistance
- (d) special public pensions

To this end, steps should be taken to formulate definitions and terms that would be internationally acceptable. At present, there is much confusion between, for example, pensions granted without any income qualifications, pensions adjusted by certain special types of income (earned income or civil service pension), pensions adjusted by all types of income, pensions adjusted according to both income and capital. Much work needs to be done to clarify these problems of definition and terminology.

Category (d) is intended here to apply to provisions by the state and public bodies (central and local) for their employees, and statutory pension schemes for specific groups of people, e.g. exmembers of defence forces.

6. Studies of the relation between basic assistance scales and average earnings of employed persons.

Research in this field seems appropriate for private studies, e.g. cross-national comparisons might be made on the statistics for large towns in different countries. The questions asked might be in the following form: -

- (i) What percentage of average male adult earnings is the basic assistance payment for a married couple?
- (ii) What percentage of average male adult earnings is the basic assistance payment for a single man?
- (iii) What percentage of average female adult earnings is the basic assistance payment for a single woman?

The words "adult", "basic" and "earnings" need definition. The word "basic" is not used here in the same sense as "minimum". The former, unlike the latter, is generally taken to mean payments exclusive of special or extra allowances for certain specified needs. The term "minimum" is interpreted differently under different systems.

7. Studies of the relation between pension and average earnings of employed persons.

In studies under this heading the questions asked might follow those set out in section 6 above.

In the case of flat-rate pension systems, normal pension rates would be used for comparative purposes (i.e. excluding increments for later retirement and deductions for income or earnings). In the case of graduated pension systems, it is not easy to make a choice of the data which could be compared. The average pension actually paid, taken by itself, may be misleading. It needs to be supplemented at the very least by a description of the system of graduation (the "floor", the "ceiling", and the graduations in between), as the range of variations requires to be taken into account. The past earnings on which the pension is calculated are no guide to the level of earnings at the time pension is paid. As a result, the real level of intended pension is likely to diverge from the real level of actual pension. The whole question demands much more study than it has so far received.

8. Systems of adjusting pensions for changes in prices and/or wages.

Several pension systems include provisions for adjusting rates of pension for changes in prices and/or wages. Information on these systems needs to be brought together with an analysis of the reasons for choosing the method employed and an account of the working of the system in practice.

9. Pensionable age, retirement age and life expectancy.

In our earlier proposals we recommended that information should be assembled about the levels of pensions. Under this heading we seek information about the period for which these pensions will be operative. These statistics relating to periods should be compared with corresponding statistics covering the periods of actual retirement and life expectancy in different countries.

We need to know life expectancy and the proportion of persons retired at individual or quinquennial ages from 55 onwards by sex and marital status. By pensionable age we mean the minimum age at which state pensions are granted.

10. (a) Retirement conditions and earnings rules.

Information about the retirement conditions and earnings rules that operate in the pension schemes of different countries should be assembled. The detailed provisions and the techniques of administration need to be described and analysed. The history and underlying philosophies of the various rules should be treated comparatively. Studies are also needed of the actual working of these rules and of the administrative costs involved.

(b) Increment systems.

By increment systems we mean arrangements by which pension is increased from that payable at minimum pensionable age. We would exclude from this study arrangements under which higher levels of pension are specifically payable to those of advanced ages (e.g. the over-80s in Denmark). In some increment systems, a condition of continuing at work is linked to the eventual payment of a higher pension.

This inquiry should explain the different systems, describe their intended purposes and evaluate their effects.

11. The dynamic effects of pension provisions.

To this point, our proposals have largely concentrated on the more static problems of pension provisions. It is important, however, not to overlook the more dynamic aspects of pension policies, and we would thus like to see any work done in this field brought together and analysed. In particular, the effects of pension expectations on savings in earlier life and their influence on the age of retirement need to be considered. It is recognised that there are formidable methodological problems involved in such work but a start needs to be made somewhere.

12. Knowledge and opinion among present and future beneficiaries about pension provisions.

The detailed conditions upon which pensions are granted are now extremely complex in most countries. In some of our earlier sections we have recognised that the assembly of information about these conditions is itself a skilled research operation. Our final recommendation is that research needs to be undertaken to assess how much knowledge present and future beneficiaries have about the regulations which determine their pension rights. It is, we believe, an important matter for public policy and administration to ascertain the extent to which the beliefs of beneficiaries about their pension rights correspond to their actual rights.

(ii) Work and Retirement

The group approached its task by agreeing that those who discuss work and retirement should ultimately be aiming at increasing the happiness of individual man and woman. In its view a large and possibly a growing number of ageing persons have no wish for premature retirement. Individual happiness rests no doubt in the satisfaction of a few basic physiological and psychological needs; and among those needs many persons would certainly reckon the need to be occupied on socially useful work of some kind. Technical progress may bring with it in the future new attitudes to work and leisure. But in our contemporary society work is not only the means of making a living; it also gives an individual some chance of using his inherent capacities to the full. At the same time his job ensures him social status and lasting integration into his own social group. These are the facts that make retirement so painful an experience for many men and women. Not only may a retired man find that his resources are considerably diminished; he may feel purposeless and rejected through the loss of almost all his opportunities for constructive participation.

1. The group recommends that a critical survey be made of all relevant reports issued by the Census Departments of various countries, and all relevant reports issued by National Pensions or Insurance Offices. We need to know what statistical material is already available bearing on such matters as the occupations, industrial status and ages of men and women, the rates of invalidity among them at late ages, the numbers retiring at successive ages, etc. The published reports will necessarily vary in the completeness of the information they provide and in the arrangement of their statistical tables. Comparative studies of them are nevertheless important for revealing the contrasting patterns of employment and retirement under different economic conditions. Statistics of this nature do not seem as yet to have been assembled by any agency of the United Nations. On the basis of the information collected through the survey we are suggesting, it would become possible to recommend ways of attaining a greater measure of uniformity in the presentation of occupational and industrial tables. Countries that in any case publish fairly complete statistics of age and occupation might further be persuaded to include additional questions in their Census schedules. In particular we should consider it advantageous to include a

question on any changes of occupation that had occurred within the last twelve months and on the nature of the man's previous occupation if any. There are grounds for suspecting that such changes of occupation tend to increase in volume with age from about 55 years onwards (at all events for a time); and an analysis of occupational changes by age groups could therefore be revealing.

2. The group further recommends that a statistical comparison be made of the age structures of the national labour forces, so far as the information is published from time to time by Departments of Labour and by other Government agencies. If the figures published are broken down into industrial categories, so much the better. But care would have to be taken to see that the industrial categories adopted are strictly comparable from country to country, and that they are not so broad as to obscure a number of underlying occupational differences.

3. The group recommends that the "work study" methods used in many industries be systematically extended to cover a study of various jobs in relation to the age of operatives, and a study of all the problems of adjustment, timing, continuity of effort etc. that may be peculiar to old age.

4. The group recommends that more fundamental research be undertaken into the dynamic changes that occur over a term of years in men's capacity for work. Such research should be carried out on manual and clerical occupations in carefully selected factories, and in consultation with their medical, supervisory and technical staffs. Firms that maintain detailed records of their employees should often be able to trace changes in performance with age for large bodies of their older workers. The records when properly analysed and interpreted on the shop floor provide statistical and factual information of a kind that is not, at all events in our experience, obtainable from any other source.

5. The group recommends that an examination be made of the employment "barriers" commonly held to be imposed in a number of industries. A more careful distinction needs to be made between the arbitrary decisions and conventions that sometimes influence the policies of employers and trade unions, and the objective technical and organisational factors that do actually affect the employability of the ageing. Among these factors the group has provisionally listed the following: - (a) technological changes (including automation), (b) labour concentration due to progressive mechanisation, (c) trade union apprehensions that the age of entitlement to pension might be postponed by legislation, or that older persons might be used as a source of cheap labour, (d) the apprehensions of younger employees that an infusion of too many older men into the labour force might result in a reduction of average earnings, (e) the economic inability of a firm to provide sufficient light work to satisfy the needs of all its ageing employees and the consequent necessity to discharge supernumerary men at the retiring age.

6. The group recommends that an investigation be made of the differences between men and women so far as these differences affect the problems of work and retirement, and more especially in regard to the transitions from employment to retirement. The investigator should bear in mind (a) the distinctive reasons that may lead some women to enter gainful occupation, and (b) the significance to most women of domestic and family responsibilities. It would here be relevant to study the re-entry of women into employment in their later middle lives, the attitudes of employers to this practice, and the problems of re-training that may be involved.

7. The group recommends that information be collected to assist in evolving the most suitable methods of advising or counselling older persons in such matters as their continued employment, the transfer to alternative forms of work and the

appropriate age for retirement. In this connection attention should be paid to any agencies that already exist for the placing or re-training of older persons, and to an evaluation of their relative success or failure.

8. The group recommends that in the Community Studies the gerontological point of view be more generally adopted. It would be advantageous, for example, to have longitudinal studies made of the periods of transition from full employment to complete retirement, since these transitions may be either gradual or abrupt. Individual case studies should be made in greater detail; and they should include sympathetic inquiries into the motives that have led men and women to make their successive decisions in later life.

9. The group especially recommends that surveys be undertaken of the extent and character of the "substitute" activities of retired men and women (hobbies, domestic pursuits, social and family responsibilities etc.). These activities, that lie by definition outside the field of gainful employment, are likely in our view to play an increasingly significant part in the lives of retired persons. We need to know in what degree such activities are felt to be rewarding by those who participate in them; social attitudes towards the various activities of the elderly doubtless influence in some measure the satisfaction experienced by the elderly persons themselves. We think it desirable to have monographs prepared on every aspect of the provisions that are being made in this respect by statutory authorities, communities, factories and other agencies. We have in mind the occupational centres that have been opened in a number of countries, the special workshops for the ageing established in a few factories and the help and training occasionally provided for elderly persons in their own homes. In any comparative study of these various schemes it would be necessary in our view to have the element of costs carefully assessed; since the retired persons are not gainfully occupied in the normal sense, the costs of materials, tools, administration etc. have always to be taken into account. Any agency that might in the future contemplate the sponsoring of such a scheme has first to consider its likely balance-sheet. If we are not mistaken, however, society will find that the support and encouragement it gives to such "substitute" activities and occupations will be among the most important contributions it can possibly make towards the welfare of its ageing members. An era of increasing mechanisation and automation will have to become an era of leisure occupations, crafts, hobbies, clubs and social pursuits; and it is only proper that the elderly should be among the first to benefit.

(iii) Family and Institutional Care

Though views differed in emphasis there was broad agreement that a good deal of work needs to be done on improving research methods and definitions before much progress can be made with international comparisons. Intensive studies made in small areas, in particular, are needed to clarify the nature of the problems of old age, sharpen the meaning attached to categories into which old people can be divided, and produce exact hypotheses which can be tested elsewhere.

General Problems and Areas of Research

The group agreed that the following were major fields of research: -

1. Relationships with Family
2. Social Isolation and Loneliness
3. Health, Physical Mobility and Home Care
4. Social Change and Conflict between the Generations (with special reference to social status)

5. Transfers of Income within the Family

6. Institutional Care
- (i) administration and relationship between types of institutions,
 - (ii) life of residents and/or patients and evaluation of the institution,
 - (iii) social characteristics of residents and/or patients, and causes of admission.

Some elaboration of these points is necessary. First, detailed study of the family relationships of old people is fundamental to understanding their social situation. It would be useful to have comparable data, not only on the extent to which old people share a household with relatives, but on the availability of children, grandchildren, siblings and so on in the locality, and the frequency of contact between them. Special attention needs to be directed towards such subjects as the tension between relatives in the same household, the effects on relatives of caring for infirm or bed-ridden elderly persons in their own homes, and the services which may be exchanged within extended families spread over two or more households.

Second, social isolation and loneliness are subjects requiring detailed documentation, and attention should be directed particularly towards symptoms and causes. The group agreed it would be desirable in principle to understand social isolation in an objective, measurable sense (in terms of the number of social contacts a week) and loneliness in a subjective sense, involving an old person's feelings about his social situation.

Third, in considering the health, physical mobility and care at home of old people the group agreed on the vital need for information on the medical, physical and mental condition of old people at home. This should be collected regularly and classified as a basis for domiciliary and institutional provision. Domiciliary and institutional services should be designed to meet old people's needs, not imposed on them. The flexibility and relationship of these services should be studied more intensively. The group considers it particularly important to obtain figures of the cost of domiciliary provisions of various kinds in different countries, provided full account was taken of the nature of the services provided in the comparison. It also recommends study of the attitudes of old people living in their own homes to institutional care.

Fourth, there are real problems involved in the adjustment of old people to social change, often involving lowered status and conflicts with younger people. In drawing attention to this subject, the group referred to the distinction, often difficult to make, between the changes due solely to the increasing age of people and the changes due to social change from one decade to the next.

Fifth, in wrestling with the question "In what sense are old people dependent on their families?" the group agreed that the transfer of money and of gifts between members of the family, especially those living in the same dwelling, was an important, yet neglected, subject of study. "Dependency" ought to be understood in various senses, economic, emotional, physical, domestic, and while it is difficult to agree on any general meaning the group felt that certain states of dependency, adequately defined, may deserve careful inquiry, (including the effect, on family responsibility, of poor-law systems which compel the family to maintain old people).

Sixth, institutional care was recognised to be a large field for study, and the group made an attempt to divide it into three areas, in the way indicated above. Much discussion was taken up with the problem of finding comparable definitions of types of institutions and, indeed, of finding an entirely satisfactory definition of "institution". Reluctantly, it came to the conclusion that virtually no comparative research will be

information by providing details about other surviving relatives, such as brothers and sisters and grandchildren.

C. Limitation of Movement

Number and % of old people who are bedridden at home, housebound and limited in movement, by sex and five-year age-groups over 60.

This information is necessary on a national scale, and indicates the number of old people being cared for, or needing care of various kinds, in their own homes. The group recommends that "bedridden" and "housebound" should be understood, provisionally, as not spending any time (unaided) outside the bed or the house and that people in the two categories should be divided into those who, at the time of inquiry, had been bedridden or housebound for (a) less than 3 months (b) 3 months and over. The group suggests that "limited in movement" should apply to those of the old-age population who are neither bedridden, housebound, nor conscious of physical limitations in movement. Important correlations with type of dwelling, household composition, etc., might be made. Intensive studies in small areas are required to provide details about questions relating to mobility, health and domiciliary needs.

III SOME EXAMPLES OF SURVEYS
undertaken or needed

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INCOME SURVEYS

Brian Abel-Smith

I. Historical Background to the Problem in Britain

During the last sixty years, many income surveys have been undertaken in Britain. Their purpose was to measure the extent and determine the causes of "poverty".

In these studies a minimum income or "poverty line" for each type of household was defined by listing and costing baskets of goods believed (by the surveyor) to be "necessary" for that household. The actual income of the household was compared with the poverty standard calculated for it and by this means the surveyor judged whether the household was in poverty. In no such study was the actual expenditure of the "poor" ascertained except for a few isolated cases. In short, what was ascertained was the ability of the household to purchase with its income a basket of goods believed necessary: no record was kept of the actual purchases made. The subjective poverty standards developed by such studies have formed the basis for the minimum income provided by public social service agencies in Britain to-day.

Briefly this approach can be criticised on the following grounds: -

- (i) Among the necessary items, only in the case of food has the quantity required any objective foundation: even that foundation can hardly be called secure.
- (ii) The choice of items included as necessary is arbitrary.
- (iii) Underlying these poverty standards is a complete lack of consideration for mental as distinct from physical health: the influence of social custom upon spending has received scant attention.
- (iv) No information was collected to show whether any significant number of families lived, or could live on this standard and spend their money in the manner assumed.

In these studies, the aged were but one of many groups about whom information was collected. In the last decade there have been several small studies which have collected information about the finances of the aged. None of these studies would claim to be representative or to give a comprehensive or completely accurate picture. As yet neither government nor private funds have been available to finance a large scale inquiry of this kind.

In this paper, the uses of such an inquiry and the difficulties of undertaking it are discussed. No doubt representatives of countries with practical experience of this work will be able to make more valuable contributions on this subject.

II. Type of Survey Envisaged

It is suggested in this paper that surveys designed to ascertain the financial position of the aged need to record

- (i) income classified by source (from work, from state pension, assistance, employer pension, annuity and other unearned income)
- (ii) the stock of savings by type of savings held
- (iii) changes in savings during the past month or year
- (iv) details of expenditure (item by item)
- (v) data for social classification (age, sex, marital state, previous or present occupation).

The information about income would indicate which groups of the aged are benefiting from all the many different systems of provision. Very little information is available in Britain about how they interact. In particular, very little is known about provisions by employers which are playing a large and increasing role in the economy.⁽¹⁾

The information about savings would provide important macro-economic data quite apart from its bearing on the financial welfare of the aged. In particular it would be interesting to see whether persons with moderate incomes in old age save or dissave.

The information which records, or at least intends to record the actual goods and services purchased by the aged should provide a fairly good guide to what the aged consume.⁽²⁾

III. Some Uses of the Information Obtained in Such a Survey

1. This information should assist in deciding whether the limited funds made available for the maintenance of the aged are wisely distributed between the different categories of aged persons. For example, in assistance programmes and public pension programmes which intend to provide a "basic minimum" or a "subsistence standard", the problem arises of providing the same standard of living for men and women, for individuals living on their own and couples living together, for the married and the single, for those supporting dependent children etc. Surveys of expenditure should make possible a more informed distribution between households of different composition.

The "just" distribution will not, of course, emerge ready-made from the survey. Crucial decisions about values have to be taken before answers will emerge as a straight mechanical calculation. Let us take as an example the problem of providing the same "standard of living" for a single man on the one hand and a married couple on the other. Our "value" premise might be to say that our two households are at the same standard of living if on the income provided they will both buy the number of calories which the international scale says they require. We might choose to say that they were at the same standard of living when they are just willing to buy or hire a television set or when they are willing to buy enough fuel to keep their sitting room above a certain temperature throughout the winter. Possible value premises are legion. All the survey would tell us would be what purchases an average man living alone would make with (say) £ 3 income and what purchases an average couple would make with (say) £ 5. It is essentially a question of values to say whether or not the two households are "at the same standard of living". The question does at least become explicit. It is obviously sensible to be aware of the likely consequences of policy-decisions before they are taken.

2. The information should assist in assessing the "adequacy" of programmes. Such decisions arise with "minima" of all kinds (assistance, flat-rate pensions, and minima in income-related pensions). In essence the point is the same as that made in 1. above. Information which records the actual standard of living which a programme is providing should assist in policy decisions about how much money should be allocated to that programme. Expenditure surveys indicate, at least to some extent, what is being obtained for the money spent. This can be compared with other uses of public funds and the sacrifices borne by those who contribute these funds.

(1) A third of the employed population are covered by some sort of employers' pension scheme.

(2) I use this word here in the physical rather than the economic (Keynesian) sense.

Expenditure surveys also assist in assessing the "adequacy" of income related pensions. Subsistence is an elusive concept at any time and in a changing society more elusive than ever. From the point of view of the individual, subsistence seems to mean his or her accustomed standard of living less some "luxury" or "luxuries". In a way it is rather like "Lent": one income group gives up caviar, another sardines. Subsistence seems to be a relative rather than an absolute concept.

To make decisions about the proportion of previous income that is needed in old age, ideally two expenditure surveys are needed - one showing the distribution of expenditure while the old person is still in full work and the other taken later on after the old person has retired. Such a study would be both lengthy and expensive. One simpler alternative would be to compare the expenditure of young couples living alone with aged couples living alone.

The proportion of previous income provided in old age seems to vary between one half and three quarters in different national programmes. What is the desired proportion if we leave financial limitations aside? It might be possible to detect certain changes in expenditure patterns with retirement and increasing infirmity, e.g.

- (i) Savings associated with retirement from work (travel, clothes and other "prestige" purchases, meals out and drinks).
 - (ii) Savings associated with greater leisure (e.g. performance of services for oneself which were previously bought from others, e.g. household repairs and washing).
 - (iii) Costs associated with greater leisure (materials for occupations such as gardening, knitting, carpentry etc., subscription to old persons' clubs).
 - (iv) The costs of increasing infirmity (e.g. medicines, chiropody, paying others to do the tasks one can no longer do oneself - window cleaning, heavy washing, etc.) On the other hand there are savings associated with infirmity such as the inability to get to football matches and cinemas.
3. The study should provide weights for a special price index for the aged by which pensions and assistance scales can be adjusted.

The expenditure patterns of the aged differ from those of younger age groups partly because the aged are poorer and partly because their needs are different as mentioned in 2. above. It is therefore very likely that a price index appropriate to the needs of the aged will have different weights from a more general price index. Such an index is greatly needed in Britain to-day.

4. From this material, international comparisons of the financial position of the aged could be made. To what extent and in which countries is inequality wider in old age than in working life?

IV. Difficulties of Such Surveys

A survey of this kind needs to be conducted by means of a national random sample. Locating the "universe" to be sampled would in Britain present a formidable problem. If all persons over retirement age received some pension from the same agency, this agency would be able to provide the "universe" to be sampled. This is not the case in Britain: moreover, our Ministry of Pensions would probably hold the view that it would be a breach of confidence to provide names for an inquiry of this kind. And even if the names could be obtained from this source, the possibility of data error would be enlarged (see iii below). An alternative would be to obtain information through general practitioners, but the records of doctors are neither completely accurate nor full, and there would still be difficulties about confidentiality.

If this difficulty could be overcome there are still problems of obtaining the data given in the sample. On the one hand the old have more leisure to collect and provide this information than the busy housewife and mother, but on the other hand there are substantial difficulties arising from the following causes: -

- (i) The aged are likely to be less literate and less conditioned to the skills of form-filling than younger age groups.
- (ii) Infirmary in mind or body may make the task of co-operating with the inquiry too heavy for a substantial minority. This minority is particularly important to the inquiry as its expenditure pattern is unlikely to be similar to that of the more active aged.
- (iii) Whatever steps are taken to persuade the aged that the inquiry has no connection with their own personal pension or allowance, some aged persons may still suspect a connection: as a result, the response rate may be low and the data incorrect. The danger, always present with inquiries of this kind, that expenditure patterns will be altered for the period of the inquiry - may become serious. In particular, expenditures conventionally regarded as luxuries such as tobacco and drink may be omitted. Income from relatives and casual work and the stock of savings may be seriously understated.
- (iv) It is hard to separate the aged from the rest of the family from a budgetary point of view as it is from any other point of view. Recent studies in Britain have shown how complex is the economy of the aged. Where the old people live with and eat with families of working age, it is clearly hazardous to attempt to separate the expenditure of the aged in any useful sense. Distributing expenditure among the members of the family is unlikely to be of much value for the purposes envisaged in this paper.

The solution, therefore might be to restrict the expenditure survey to those aged persons living in households either on their own or with dependent children. This, however, does not completely dispose of the difficulty. Particularly in the case of the aged, the household is not in itself unambiguous. In East London it has been found that the aged frequently live very near their children and grandchildren. Many mutual services are exchanged within the extended family. Meals may be taken with sons and daughters, meals provided for children and grandchildren. To calculate with accuracy the value of all that is given in kind, all that is taken in kind, services provided, services received, would be a difficult task for the research worker; nor perhaps would the product of all these intricate calculations really serve the purpose envisaged for the inquiry. We might be left with a valuable social record of family behaviour, but not with material for judging the adequacy of financial provision nor the weights for a price index.

I would suggest, therefore, that for the purposes which I have outlined, it might be wise to omit the household with extensive contacts with other households and restrict the inquiry to the "isolated aged". To define this group is, I concede, no easy task, but some broad formula could be developed.

I would justify such extensive omissions on the grounds that the isolated are the more vulnerable group. Those living with relatives or enjoying frequent contacts with them are generally in a more favourable position. I do not wish to imply that the aged who are in contact with their families should necessarily receive a smaller income. Personally I believe that the financial independence of the aged strengthens family ties. For duty and obligation are substituted ties of affection and mutual advantage. The relationship is voluntary and known to be voluntary by both sides.

My case for omission depends partly on the purpose of the inquiry and partly on the practical difficulties of taking any other course with accuracy and reasonable economy.

V. Summary

There has never been a representative study of the financial position of the aged in Britain. Such an inquiry would assist in taking policy decisions about pension and assistance programmes and widen our knowledge of the welfare of the aged. Such a study seems to present special difficulties. No doubt the experience of countries which have attempted this type of study will show how these difficulties can be resolved.

BUDGETARY SURVEYS

Ugo M. Colombo

1. FOREWORD

a) Definition of old age. Old age is very individual, because one person may be called "old" under 60 years for physical or psychological condition and another may be "employable" over 70 years. We use the term "old age" conventionally; consequently we take the insurance limit (65 years for men and 60 years for women) as the division between working and retiring.

This conventional term of 65 for men and 60 for women is not universally adopted: in fact the pensionable age is lower in some countries (60 for men in Italy, France and New Zealand, and 55 in Argentina; 50 for women in Italy and in Canada, Ireland and Norway). The term mentioned is however the prevailing one, even if we can easily foresee that it will rise, in future, in keeping with increased length and health of human life.

b) Different types of old people. There are big differences, not only between different countries but within the same country, in the needs of the old. There are urban people and rural people, and people living in mountain areas or on small islands. Generally, old people living in urban areas are more independent and like a separate home: on the contrary in rural areas family-groups, where old parents remain with their relatives, are more frequent. In this paper, we are considering "medium" people. Differences of categories are irrelevant in establishing an adequate minimum standard of living, common to everyone.

For this reason we ignore also the composition of social groups. The old man or the old woman may live alone or as a couple; in other cases the old persons may remain in his family group where, probably, he is no longer the breadwinner. In every case we have tried to individualize the needs of old people and to establish a basis common to the different conditions.

c) Methods of budgeting. There are two possible methods of constructing standard budgets for old people, one consisting in the adjustment of budgets already established for other groups of persons, so as to take into account the differences in the needs of old people, and the other being the enquiry into these needs viewed independently and not only in their relation to the needs of other groups.⁽¹⁾ Of course, the second method is preferable.

2. METHODS OF DETERMINING THE BUDGET FOR ELDERLY PEOPLE

We must consider:

a) the items of basic maintenance, which - generally - are the same as for other categories in the population. As elderly folk usually have a larger inventory of furniture, household appliances and equipment than younger people, their current needs are relatively smaller: comparison of average requirements indicates that elderly folk generally require less income than younger people to achieve comparable levels of living.

⁽¹⁾United Nations - Economic and Social Council: Report on the welfare of the aged: par. 191. New York, 1950.

b) the items of special need incident to old age, which increase the budget for elderly folk, especially if additional expenses are required for medical care of house-keeping services or are related to some disability.

The items of basic maintenance include:

I. Food in reasonable quantity and variety to insure good nutrition and a normal diet. Generally food is prepared at home but sometimes the aged could get their meals in a restaurant or in a boarding-house.

In one-person or two-person household, food expenses are higher (from 20 to 35 per cent). Supplementary expenditure must also be included when the aged require special diet or are still employed.

The budget must take into account any home-production of food (chickens, eggs, vegetables, pigs, etc.).

II. Housing. A sum must be allowed sufficient to provide a decent and healthy habitation. It may include related taxes, fire insurance, cleaning and some expenses for indispensable repairs. Sometimes room and food are combined and the same amount covers the cost of food, rent, light, heat and household supplies: this is the case of the aged living in old people's homes.

Housing is very difficult and often expensive in this period of post-war shortage of housing.

III. Clothing. Regularly recurring sums will be required, varying with climatic or other physical conditions and local customs. Generally, clothings needs and replacements for retired people are lower than for the employed population.

Clothing includes hats, linen, shoes and a percentage for accessories (gloves, mending material, etc.).

IV. Personal and household incidentals, including the requirements for house-keeping facilities, repair supplies, personal care, soap, detergent, toilet furniture, etc. For a person living alone, the cost is usually higher by about 30 per cent.

V. Services (fuel, utilities, etc.) for heating, cooking, hot water, lighting. Gas or electricity or fuel may be used in the quantity appropriate for the average household. Also expenses for refrigeration may be included when necessary for the preservation of food.

VI. Medical and dental care. This item includes the cost of medical visits and prescriptions and, when necessary, of hospitalization and every comprehensive service. This item is not operative in the countries where medical care is free: and also in other countries for the social categories which have the right to medical insurance or assistance.

VII. Transportation. All necessary expenses for public transportation to shops, offices, relatives, clubs, friends must be included, especially if the aged are still employed.

VIII. Recreation. Every human being has the right to maintain a satisfying standard of living and to meet not only biological but also conventional and social needs. Money must be assured for reading materials, plays, concerts, movies, radio and television, a moderate use of tobacco and other recreational items. Old folk like to maintain social contacts: even the telephone is, in some circumstances, a necessity. And for the aged who are guests of public or private institutions, the means of recreation should be maintained by special allowances of "pocket money".

The items of special need incident to old age include the costs of services which the physical or mental condition of people of 65 years of age and over may require. For example:

- (i) Special means of transportation for shopping, church, visits, and, sometimes, guide services for the very old or handicapped or blind who have no friend or relative able to assist them;
- (ii) Additional expenses for clothing, repairs, laundry service and dry cleaning for persons affected by illness;
- (iii) Special diets or special kinds of food on the recommendation of a physician;
- (iv) Additional expenses of heating or electricity for those who need warm rooms or use special aids (talking books, batteries for hearing-aids, etc.);
- (v) Housekeeping services for those unable to perform household tasks and where the necessary services cannot be given by some member of the family;
- (vi) Special medical care, use of prosthetic devices or mechanical apparatus, maintenance in climatic stations (at the seaside or in the mountains, at sulphur springs, etc.) because of a particular infirmity.

3. ESTIMATED COST OF THE BUDGET FOR ELDERLY PEOPLE

The cost can be accurately established by technical committees on the basis of exact data - e.g. for food, by nutritionists on the accepted standards of nutritional adequacy; for housing, by the appropriate authorities and committees; and so on - scientifically and in co-operation with the Department of Labour and Bureau of Statistics.

If I remember rightly, the most important evaluations of standard budgets have been:

- a) the well-known report of Beveridge on social insurance⁽²⁾ which studied the minimum income needed by aged persons to serve as the basis for the determination of pension rates. The budget was constructed by adjusting the calculations concerning requirements of adults of working age: the food requirements of the elderly were put at 85 per cent of those of working adults, clothing was put at 67 per cent and fuel, lighting and household sundries at 120-125 per cent, resulting in a total subsistence budget for the various groups (men, women, couples) that was some 4-7 per cent below that for working adults.

These proportions may be disputed and all the figures fixed by Lord Beveridge have been overwhelmed by the subsequent increases in the amounts of social insurance and national assistance, proportionally to the rise in the cost of living. For this reason the weekly rates of assistance-grants have been progressively increased from 24 shillings in 1948 to 40 shillings in 1956 (for a single adult living alone or householder) and from 40 shillings in 1948 to 67 shillings in 1956 (for a married couple). For a married couple one of whom or both are blind or tubercular, the scale is further increased. For all these rates there is no difference between normal adults and the aged.

- b) In the U.S.A. the cost of a budget for an elderly couple was estimated in October 1950⁽³⁾ by the U.S. Department of Labor. The modest budget for elderly couples (a

⁽²⁾ Social Insurance and Allied Service. Report by W. Beveridge, London 1942.

⁽³⁾ Monthly Labor Review - September 1951 - of the U.S. Labor Department's Bureau of Labor Statistics, and also supplement in Bulletin No. 1092, June 1953.

retired husband and wife, approximately 65 years of age, who maintain their own two or three-room rented dwelling) was designed to provide a level of living which includes goods and services "necessary for a healthful, self-respecting mode of living that allows normal participation in the life of the community in accordance with current American standards". Cost-estimates were prepared for 34 cities and ranged from \$1,602 in New Orleans to \$1,908 in Milwaukee at October 1950 price-levels. The general increase in prices since this period was not less than 15 per cent.

c) An inquiry into household expenses of a sample of various groups of persons, who received both the basic and the supplementary national pension, was made in Sweden⁽⁴⁾ in 1944 and showed a surprising uniformity in the distribution by different pension groups of spendable funds among the various expense items, the only noteworthy differences occurring between single men and single women, and between urban and rural districts.

d) As the U.N. Report outlines, the percentage of total expenditure accounted for by the main items in the three investigations is the following (in per cent of total budget):

	Sweden	U.K.	U.S.A.
Food	40-47	32-38	25-34
Rent, Heating and Light	25-36	46-52	37-51
Other	24-28	15-16	24-39

e) Costs of living and money values are so different in the various countries and the figures are changing so much everywhere, that the data now available are rather meaningless. It would be very important, in my opinion, to have objective and similar methods to determine the standards of living for elderly people, so that, in every country, the experts may adopt easily the same procedures and establish comparable "data". Our meeting could recommend such a comparative system of surveys extended to a very large number of countries.

4. ECONOMIC RESOURCES OF THE AGED

A complete survey of a budget for old people cannot, on the other side, omit the ascertainment of the economic and total resources and must relate them to total needs. The U.N. Report of January 1950 contains a summary documentation concerning four countries: Denmark, Sweden, U.K. and U.S.A.

Subsequently, in December 1952, the U.S. Department of Health, Education and Welfare, Social Security Administration, estimated the number of persons aged 65 or over receiving income from specified sources. Of 13,300,000 total population aged 65 and over, only 4,100,000 lived on social insurance and related programs and 2,600,000 on old age assistance. The remainder includes persons with no income and with income solely from sources other than those specified.⁽⁵⁾

Public provision for the elderly is increasing. In the U.S.A., for example, at the end of 1934 about half of all persons aged 65 or over were mainly or wholly dependant on relatives and friends for their support. In December 1954, however, more than 80 per cent of the retired aged and more than 60 per cent of all the aged had income under social insurance and related programmes and/or public assistance, in contrast to a

⁽⁴⁾ Living conditions among supplementary pensioners. Sociala Meddelanden, 1944.

⁽⁵⁾ U.S. Bureau of Labor Statistics Bulletin, No. 1092, June 1953.

little more than 10 per cent of all aged with income from these sources 20 years earlier. The proportion of older persons with some earnings from employment remained about the same - somewhat more than one-fourth, including non-employed wives of men who had work.⁽⁶⁾

The final question concerns the adequacy of income resources at the disposal of aged persons to meet their total needs. The resources of the old, just as their needs, must be investigated in every country on a homogeneous and extended basis, well established by international experts. Otherwise we will have, in this sector also, non-comparable "data".

5. SOCIETY'S OBLIGATION TOWARDS THE AGED

The first obligation which society owes the elderly is the natural and proper one of family responsibility: it is the responsibility of the younger generations to provide for their parents and grand-parents, who were once their masters and supporters along the difficult way of human life. But legal provisions about the family's responsibility vary enormously from country to country. Some social legislation still maintains wide duties: for example Italian law (Codice civile: art. 433-448) allows old people, if in need, to claim aid from all their descendants and also from the sons-in-law and daughters-in-law and from the collaterals (brothers and sisters).

In many other legislations, the family's responsibility is strongly limited. Thus, English law (National Assistance Act, 1948) admits only responsibility of the spouse. The parents are responsible only towards the children under sixteen. In the U.S.A., in the majority of the States, there is legal dependence between ancestors and descendants but some States, e.g. Texas, are very close to the English system.

In every country, however, social conditions are now so difficult and complicated that it becomes very hard to enforce, legally, the family's duties. From personal experience, as Director of the Department of Public Assistance in a very large city, I can certify that very often some old and needy parents prefer to renounce aid from their descendants rather than occasion painful and inhuman contests. What father can agree to claim in the court against his children? Family duty, in this matter, is admirable only if spontaneous.

The situation is complicated by the notorious economic difficulties of the middle and working classes. For this reason society's basic obligation towards old people is becoming more and more important, because of the increasing proportion of the old amidst the total population. The increasing numbers of old folk are not, generally, rich: only a minority dispose of sufficient personal incomes while an imposing majority is composed of humble workers who rely upon the benefits of social insurance.

What should society provide for elderly people? How wide is this obligation? The community must assure to old people a modest but adequate level of living, not certainly a "luxury" budget or an "ideal" budget but rather a minimum budget sufficient to meet social as well as biological needs. These are the needs I have tried to determine above.

Social progress will aim, in the budget of every aged person, to equate the resources to the basic needs.

⁽⁶⁾U.S. Department of Health, Education and Welfare, Social Security Bulletin, August 1955.

LIVING CONDITIONS

(A Survey of Old-age Pensioners in Denmark)

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1. The Objective of the Survey

Since the beginning of this year we in the Danish Statistical Department have been working on a survey of the general conditions of certain groups of old people (i.e. some groups of old-age pensioners) - chiefly their consumption and housing conditions and the expenditure thereon as well as their incomes.

The objective of the survey, which has been planned in consultation with the Ministry of Social Affairs, is first and foremost to illustrate such differences in the costs of living of old-age pensioners as are due to differences in price level etc. in the three rate areas in which the country has been divided for the purpose of the Social Insurance Act. Rate area I covers the Capital and environs, rate area II: provincial towns, large urban districts etc., and rate area III: rural municipalities with small urban areas, rural municipalities without urban areas, etc. As regards rate area II, however, separate data are, in this survey, required for one group consisting of the three largest provincial towns, Aarhus, Odense, and Aalborg, and for one group consisting of the remaining areas in rate area II.

Whereas the survey covers all of rate area I as well as rate area II, it covers only rural municipalities with small urban areas, and not rural municipalities without urban areas. This is due to, among other things, the fact that the survey of old-age pensioners is carried out in connection with a comprehensive family expenditure survey of employees in which rural municipalities without urban areas are not included.

Thus the survey is intended to show whether the present graduation of old-age pensions by the degree of urbanisation of the municipalities is just, i. e. whether there is a similar difference in the cost of living for the old people.

As a basis for such a comparison of costs, it is necessary to provide a cost-of-living budget for old-age pensioners in various parts of the country.

We have, however, made the number of questions we want to have answered in the survey so large that we think the material will be valuable also for a further study of the general conditions of old-age pensioners. I shall revert to this later.

2. Coverage and Planning

For practical reasons only such households are included for whom no deduction is made in the basic pension and who have a separate establishment, within the following two groups:

- 1) Single women aged 65-74
- 2) Married couples, where both spouses receive old-age pension, and the husband is between 65 and 74 years old.

To illustrate what this limitation means to the coverage of the survey it is added that married couples aged 65-74 who receive old-age pensions make up about 60 per cent of all married couples receiving old-age pensions, and single women aged 65-74 who receive old-age pensions about 50 per cent of all single female old-age pensioners, further about 60 per cent of the population over 65 years of age receive old-age pensions, including about 50 per cent of all persons between 65-69, about 2/3 of all

persons between 70-74, about 3/4 of all persons between 74-79, and roughly 4/5 of all persons over 80 years of age.

The reason why we have limited the survey to include old-age pensioners in the age 65-74 is partly that a larger number of old-age pensioners over 75 will not have a separate establishment (they may live in e.g. an institution for old people); partly - and particularly - that we were afraid that there would be too many among these old-age pensioners in the higher age-group who would be unable to answer our questions satisfactorily and who would be quite unable to keep the food accounts which were to be kept for a period of three weeks.

The information necessary for the family expenditure survey as a whole was obtained by means of a multistage sample survey, so that only a small section of the households covered by the survey was approached. The material had to be collected chiefly through interviews, and it was, consequently, necessary to carry out the survey in a number of geographically defined areas to avoid increasing the work of the individual interviewer and the cost of the survey, by too long distances.

But while, in the case of employees, we had material from other statistics enabling us to calculate the number of households to be included in the survey if we wanted the error to stay within + 5% of the average total budget expenditure, we had no basis for an estimate of this for the households of old-age pensioners. Satisfactory returns from 30 households consisting of single women and 30 married-couple households within each of the four areas (rate area I, Aarhus-Odense-Aalborg, the rest of rate area II, and rate area III) was judged to be sufficient, however, to fulfill the objectives of the survey. The survey of old-age pensioners should thus comprise a total of 240 households.

The selection of old-age pensioner households was based on lists of addresses obtained from the local authorities through the Ministry of Social Affairs for this special purpose.

The number of households selected was chosen in such a way that it was deemed possible to obtain a sufficient number of satisfactory returns for each group. The number of households actually selected was thus larger than the figures mentioned above.

As already mentioned, the data have chiefly been collected by means of interviews. The interviews took place in February-March 1956 and concerned the consumption and saving (and dissaving - which is probably more usual among old-age pensioners than saving) of the households. For the food consumption, however, it was deemed impossible to obtain sufficiently detailed data by this method, as this item consists of a very large number of small entries which it would be difficult for the households to remember precisely even for a short period. These data are therefore collected by having the households keep specified accounts of the expenditure on foodstuffs during the three-week period in the course of 1956. (The total expenditure on food for 1955 is, of course, to be stated in the interview). To allow for seasonal variations in food consumption it is intended to spread the accounting periods over the whole year. The account books are delivered to the households by the supervisor of the Statistical Department, who is to visit the households two or three times during the three week period.

It is pointed out that the accounts (1956) will not refer to the same period as the interview (1955). This should not, however, prevent the objectives of the survey from being satisfactorily fulfilled. The purpose of the food accounts in the budget is to illustrate only the relative distribution of the various groups of foodstuffs in the total

food expenditure in 1955 as ascertained through the interview. Moreover, it is our experience that the consumption habits of the population, and particularly of old people, - also as regards food - change slowly.

3. Collection of Price Material

For the purpose of carrying out the analysis of differences in costs of living in the various parts of the country, it will, of course, be necessary, in addition to the data on the distribution of expenditure, to collect a rather comprehensive price material concerning all important goods and services. The price data must, of necessity, be collected from the various district categories, viz. the Capital, the provincial towns, most of the rural municipalities with urban areas, and from a large number of rural municipalities without urban areas. The data will be collected in such a way as to facilitate comparisons of prices in the various geographical parts of the country as well as in the various district categories.

4. Utilization of the Material for Further Analysis

The primary object of the survey is to illustrate differences, if any, in the costs of living in the various parts of the country. Differences which may be due partly to differences in commodity prices (which may not be a very prominent factor in a small, evenly built-up country like Denmark) and partly to special circumstances, such as the level of rents in the various parts of the country, special expenditure on transport etc. But in addition we hope to obtain material through this survey to illustrate the general conditions of old-age pensioners in various other ways.

For the old-age pensioners we have used the same, rather comprehensive, questionnaire that was used for interviewing the employees. Among the data we shall obtain are, of course, first and foremost some data on the type of households. In most cases these households will consist only of the two spouses or a single female old-age pensioner; but a very rough run-through of some of the material a few weeks ago showed that some of them have a grown-up son or daughter or other relatives living with them; others, particularly single women, take in one or more lodgers, and sometimes boarders. These deviations from the most usual household, consisting of a married couple living alone or a single woman, may naturally influence the economy of the persons in question and also open possibilities of employment and recreation which are very valuable for many old people. For some the taking in or boarders and/or lodgers is quite a considerable source of income, which is of particular importance in the cases where the pensioner lives in a large comparatively old house or flat and has no possibility of getting a smaller or cheaper one, because only newly built, and therefore expensive, dwellings are obtainable.

We also expect to obtain data on the previous occupations of the old-age pensioners, which are, as a rule, also the occupations by which some of them, also after they begin to receive old-age pensions, eke out their incomes.

Moreover, the survey will give detailed information on the quality of old-age pensioners' dwellings.

In all we have about fifty questions concerning the dwellings, such as: whether they live in an ordinary rented flat or perhaps only in a rented room, or whether they live in an institution of some kind or in a house provided by the buyer of their farm (often their son) at reduced or no rent, or in one of the special houses with every modern convenience which especially some of the big towns provide for old-age pensioners and for which the rent is low compared to the quality of the dwelling.

We also want to know the size of the dwelling, the number of rooms and their area; the age of the house; the conveniences to be found there - facilities for cooking, central heating, running hot and cold water, etc.; whether there are automatic washing machines, garden and many other things - besides, of course the expenditure on rent and fuel.

A preliminary examination of some of the material tells us something about the recreations etc. of old-age pensioners; it seems as if a greater number of the single women than of the married couples spend money on amusements - and, as was to be expected, a much greater number of the old-age pensioners living in the small towns (urban areas of rural municipalities) than of those living in the big towns have gardens and domestic animals on which they spend money, and which are sources of great pleasure and some income to them.

We can also see something about the number of old people who are able to go away on a holiday and where they go, and whether they spend shorter or longer periods with relatives (children or others).

From the accounts of food consumption we can see quite a good deal about their eating habits; this will probably be a useful material for illustrating whether old-age pensioners get sufficient food and the right kinds, and we should also be able to see the extent to which they receive food from their relatives or others in the course of the year; not only while they stay with them, but also as gifts.

The question concerning acquisition or possession of durable goods, such as refrigerators, motorcars, motor cycles, motor scooters, which is found in the questionnaire is intended for employees; it will hardly be of interest in connection with old-age pensioners, although some of them may own a "knallert" ("cracker"), which is the Danish word for a motor assisted bicycle; these cycles are much used by old people.

This is only part of the fields on which we hope our survey will throw light.

Finally, we shall learn something about the incomes of old-age pensioners, as already mentioned. The pension, which in all cases will be the largest source of income, as well as the other incomes (specified), e.g. incomes from work, from interest, payment from boarders and lodgers, legacies, gifts of money e.g. from grown-up children etc. The income supplementing the pension seems to make up an average of 15-30 per cent of the total incomes of the old-age pensioners. As was to be expected, these incomes are to a higher degree derived from work in the case of married couples (presumably work performed by the husband) than in the case of single women; in return the latter seem to have more incomes from interest, gifts, legacies, and boarders and lodgers.

5. Difficulties in Carrying out the Survey

Beforehand there had been some scepticism as to the extent to which it would be possible to make the old-age pensioners answer the many questions - whether they would at all be willing to speak to the interviewers, and whether they would be able to remember all the things they were asked. But in the majority of cases there have been no difficulties. Firstly, old-age pensioners are usually less busy than other people, and they have nearly all of them regarded the visits by the interviewers as a welcome diversion and have been interested and communicative; secondly old-age pensioners' households are less complicated than those of other groups, and it is more of an event to them when they buy themselves a new dress or a pair of shoes than to younger people. Finally, the fifty kroner they were paid for placing themselves at our disposal meant relatively much to them so that of the persons selected nearly all

wanted to take part, and we have had to **exclude very few, who were ill or very senile.**

The fact that the difficulties have not been greater is, however, to a very great extent due to our excluding old-age pensioners over 75 years of age from the survey.

FAMILY RELATIONSHIPS

(Methods and Definitions Used in a Study of the Old Person in the Family)

Peter Townsend

Assumption for Study

Concern about the growing number of old people springs partly from an assumption that many are isolated from their families. This is often thought to represent a major social change over the last half-century. Such an assumption is of very great importance. It must underlie many conclusions reached about the structure or functioning of Western society. It must also underlie many conclusions about the principles on which social policy is or should be based. It therefore demands exact and careful consideration.

In a recent Australian study Hutchinson stated "for the mass of older people increasing age carries with it a decreasing association with the younger generations. In the social scene the conjugal family is the sole unit of intimate relationships. With the withering of this unit the surviving members must, on the whole, expect to continue their lives as individuals".⁽¹⁾ He put fairly clearly what many people regard as a common present-day feature of Western populations. "The separation of the generations has become a generally accepted pattern", said Myrdal and Klein in a recent study of women in a group of Western Countries.⁽²⁾ To many people the result is that, as a well-known British administrator put it, "Whereas families used to accept responsibility for their old people they now expect the State to look after them .. The care and attention which the family used to provide for them must be provided in some other way".⁽³⁾

These are extremely important statements for our attention. It is odd they are so categorical. For all that is said and written on the general subject of family life and relationships between young and old, sociologists, in Britain at least, have devoted extraordinarily little attention to it. What is the normal upbringing of children and the normal relationships between man and wife, grandparent and grandchild, aunt and niece and brother and sister in city, town and village? How often do relatives meet and what do they do for each other? And how do these things differ as between the families of labourers, civil servants and aristocrats? On almost any evaluation of the evidence sociologists have been more interested in what might be called the abnormal features of society, its problem cases, than in its normal family characteristics, and have collected data accordingly. In their work the recurring subjects are crime, broken homes, juvenile delinquency, the colour bar and so on. To the interest in these subjects must be added an interest in social class, media of communication and the social services. The extended family, not just the immediate family of parents and unmarried children, would seem hardly to exist. It is still true to say that for detailed

(1) Hutchinson B., Old People in a Modern Australian Community, Melbourne University Press, Victoria, 1954, p. 63.

(2) Myrdal A., and Klein V., Women's Two Roles, Routledge & Kogan Poul, London, 1956, p. 25.

(3) King, Sir G., formerly Permanent Secretary, Ministry of Pensions and National Insurance, "Policy & Practice", Old Age in the Modern World, Livingstone, London, 1955, p. 45.

information about the values and handicaps of family life and the content of individual relationships we cannot do better than turn to novelists.

There are great dangers in not finding out more about regularised patterns of family life and so organising our thoughts about the family because all the time we may be making wrong assumptions about all kinds of problems that occur in our society. You cannot have an efficient housing policy unless you know the ways in which the family lives. You cannot generalise about the needs of problem families unless you have at least some idea of the ways in which normal families arrange their lives and how they overcome their difficulties. And you cannot very well have a policy, say, of doubling the number of welfare homes for old people unless you know there is a demonstrable need in terms of the shortcomings of family care.

Need of Research

In recent years the importance of knowing more about the position of the old person in the family has been increasingly recognised. In his Wolverhampton survey Sheldon drew repeated attention to the need for more information about associations between old people and their relatives. Studies in other parts of Britain, such as those in Hammersmith, Acton and Northern Ireland⁽⁴⁾ have produced supporting evidence. But the information gained in various inquiries was incidental to their main purpose and there remains a need for specialised studies. This was the starting point of a programme of research in East London in 1954, which was financed by the Nuffield Foundation. I shall describe this work mainly in terms of the methods and definitions adopted, which may be of use elsewhere.

Object of Research in London

The object of the work in London was to describe and analyse the part relatives play in the lives of old people and to see how far this knowledge aids an understanding of the social problems of old age, such as retirement, isolation and institutional care. What is the function of the family? How often do old people see their children and their brothers and sisters and do they live near or far? What differences exist between old men and women in their family roles? Which old people make the greatest demand on the social services and how far can and should the State aid or replace the efforts of the family? These were of the questions raised.

Place of Study

One area was sought in which intensive interviewing could be undertaken. The metropolitan borough of Bethnal Green was chosen, largely because the borough is relatively small, is near Central London and has a predominantly working class population. In 1951 14 per cent of the people were of pensionable age (60 and over for women and 65 and over for men) - the same proportion as for the County of London and England and Wales. Broadly speaking there was no reason to suppose family life would be widely untypical of other working class urban areas.

⁽⁴⁾Over Seventy. Report of an Investigation into the Social and Economic Circumstances of One Hundred People of over Seventy Years of Age. National Council of Social Service, London 1954.
 Sha L.A. "Impressions of Family Life in a London Suburb". The Sociological Review, December 1954.
 Adams, G. F., and Cheeseman, E. A., Old People in Northern Ireland. A Report to the Northern Ireland Hospitals Authority on the Medical and Social Problems of Old Age. Northern Ireland Hospitals Authority, Belfast 1951.

General Method

The chief sources of information were as follows:

- (i) Intensive interviews with a random sample of over 200 people of pensionable age
- (ii) Census data
- (iii) Special surveys of social services in the locality, chiefly (a) the home help service, (b) welfare homes and (c) a geriatric hospital
- (iv) Supplementary information through diary-keeping, observation of club activities and so on.

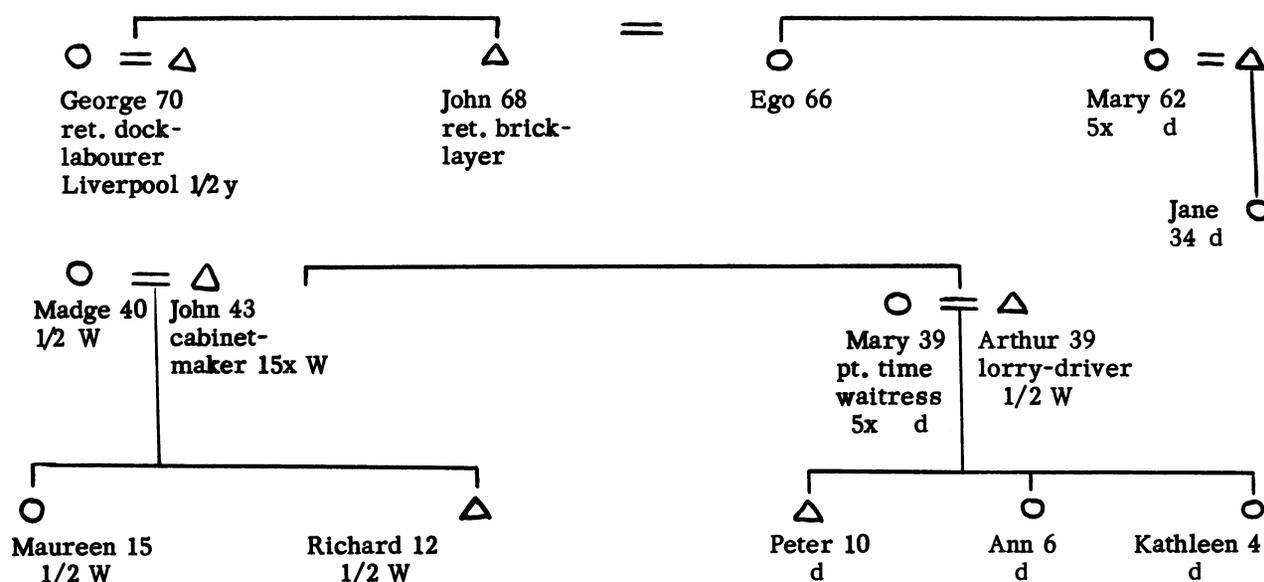
Most important was the first. The choice of the figure of about 200 to be interviewed was a compromise between quantity and quality. Names and addresses were selected at random from the records of general practitioners and people were visited without previous warning. Five per cent refused an interview. The main interview lasted about two hours, during which an interview schedule was taken out and extensive notes taken. For all kinds of reason, infirmity, deafness, misunderstanding of the purposes of interview, a long interview with old people is often necessary to establish the facts, place the facts in context and gain the confidence that is completely necessary to this kind of research. Most people were visited at least twice and a few frequently over a period of two years. Both quantitative and qualitative data were written up in records of from two to four thousand words. The object of this was first to build up enough information about individuals and their families to allow the repeated selection, in analysis, of major sub-groups. This allowed a watch to be kept on structural and organisational variations between families besides allowing the research to be tested elsewhere. Second, to collect a mass of descriptive evidence about family life as a means of illustrating and interpreting the statistical evidence. Continuous reference, when writing up the research, to the detail of family life was felt to be one way of keeping close to the social reality.

Value of the Kinship Diagram

Information about the family was central to the inquiry. A kinship diagram of each informant was drawn up. This recorded the christian names, ages, marital status, occupations and districts of residence of husband or wife, children, grandchildren, brothers and sisters and so on, together with an estimate of the frequency of contact with each relative. The kinship diagram usually gave information about more than 50 relatives, including all those in frequent touch with the old person. Without this diagram, which was a method of recording kin systematically, many important things about the life of old people would have been missed or misrepresented.

Relatives are such a familiar and complicated part of an old person's environment that he or she often forgets to talk about them to an outsider, or talks only with general references to "Joe", "Jack", "John" or "my husband's family". A common experience was that people took family activities for granted unless encouraged to be explicit about them. Thus, when answering questions about help in illness people often said, at first, they had no help. But they were thinking in terms of neighbours, friends and social services, not of their daughters. This seems to be a common source of misunderstanding and needs to be watched in all inquiries about family life. An interviewer needs to familiarise himself with the composition and circumstances of an old person's family before he can be sure of the accuracy of answers to questions relating not only to family life, but to all kinds of personal difficulties and situations, such as domestic management, care in infirmity, poverty, retirement and so on. The kinship diagram is a useful aid.

Part of a Kinship Diagram



5x, 15x = living within 5, 15 mins. walk.

d 1/2w, 1/2y = seen daily, twice a week, twice a year.

Households and Families

One problem in finding the old person's place in the family is identifying the living unit. Census data indicate that in Britain 12 1/2 per cent of people aged 60 and over lived alone in 1951, and a further 29 per cent in married pairs. But this depended on the definition of a household as a unit of people sleeping under the same roof and eating together at the same table. In practice this definition is hard to maintain, because there is such an enormous range in domestic co-operation between relatives in a single dwelling. In the present inquiry it was found important to take account of relatives living in the same dwelling who did not necessarily share all their meals with old people. It was common for a married daughter living in the same house to share a midday meal with her mother but to eat an evening meal separately with her husband. It was also found to be important to distinguish homes containing one, two or three generations of relatives. The accompanying table is an attempt to meet the problem.

Per Cent of Old People Sharing the Household or the Dwelling with Relatives

Generations of relatives		Household ⁽²⁾ per cent	Dwelling per cent
One	No other relative	26)	23)
	Spouse only	29) 59	23) 53
	Other relatives	4)	7)
Two ⁽¹⁾	Unmarried child (ren) only	24)	22)
	Married or widowed child (ren) (& others)	4) 31	7) 33
	other relatives	3)	4)
	Unmarried child (ren) and grandchild (ren)	2)	2)
Three ⁽¹⁾	Married or widowed child (ren) & grand- child (ren)) 10) 14
	Other relatives	8)	12)
		0)	0)
	Total	100	100
	Number	203	203

(1) With or without spouse

(2) As defined in the Census

Living Alone and the Family Systems of Care and Exchange

The inquiry showed that without information about the proximity of near relatives too much significance should not be attached to the numbers of old people living alone. Information was gained about several thousand relatives. The average old person in Bethnal Green had 6 relatives living with him or within five minutes walk and 13 within a mile. Part of the information concerned more than 600 children. Fifty per cent of all children, and 44 per cent of married children, lived with their parents or within a mile. Looked at from the point of view of old people themselves, the availability of children was striking. Three-quarters of those with a surviving child had at least one living within 5 mins walk a further 10 per cent within a mile. Most children were seen every day or frequently in the week. Only one in 10 of all the children were seen less often, on average, than once a month.

What if we consider only those living alone? Most had relatives living nearby and three-quarters of them saw at least one relative every day or every other day. Detailed examination of the data revealed an impressive amount of contact between old people and their relatives. Frequency of contact implied a great range of mutual services. Old people had help with their shopping and cleaning from married daughters and other female relatives but they, in their turn, cared for grandchildren and provided meals. To all intents and purposes the domestic unit was often spread over two or more homes in close proximity. Perhaps an example may suggest what happened.

An infirm widow in her sixties lived alone. A married daughter living nearby regularly did her cleaning and gave her meals on Sundays. Her shopping was done by a 13 years-old grandson. He came every morning before school. As

for washing, another grandson called in the course of a milk round on Sunday and collected it. His mother, the Widow's daughter, dealt with it the next day and the grandson returned it. Her grandchildren chopped firewood for her, exercised her dog and took her to the cinema or to the bus-stop. Her daughter collected the pension. But the widow prepared a meal for her daughter and grandchildren six days of the week, often entertained her relatives in the evenings and once or twice a week she took a meal to an old lady living in the same block of flats.

Children and grandchildren or sisters and nieces living nearby were often as much an integral part of the lives of old people as relatives living in the same household. There were all kinds of complicated transfers of money for the provision of meals and the care of grandchildren and old people received board money from those at home and sums of money and gifts from married children living elsewhere.

Help in illness was readily available to many people. Sometimes this went to great lengths.

For example, one married woman was first interviewed a year before her final illness, and visited briefly many times. In her late seventies, she had five surviving sons and four daughters, all married. All except the youngest daughter and youngest son were living outside the borough. These two were both in the same block of flats, but she and her husband lived alone. When first interviewed she was only moderately infirm. Her youngest daughter then did much of her cleaning and washing, and during a previous illness lasting ten weeks had left work to look after her. Her youngest son did various odd jobs for her. Her remaining children, whom she saw once a week or once a fortnight, did no regular jobs for her, but brought gifts and most gave her 2s.6d. or 5s. when they came. When she had a succession of strokes her doctor tried to persuade her to go into hospital. She was very weak indeed. She and her family pleaded against this and her children organised a night-watching service for several weeks. On several occasions I saw a makeshift bed her son had put in her room. Her youngest son and daughter took it in turns to sit up with her for about two nights in three, but the other children gave them a break the remaining nights of the week. All the children visited her much more frequently and news was passed on daily by calls put through from one telephone box to another. The youngest daughter left her work and the youngest son for a time too. Between them they did all the shopping and cleaning. The son lifted his mother when necessary and the daughter prepared meals and washed her. The husband, now very infirm, attended to some personal needs. On every visit I saw evidence of the devotion of her family, food, vases of flowers, sheets and blankets.

While I have referred very cursorily to the evidence, it certainly suggests that the question of membership of an intimate family group appears to be fundamental to the study of ageing, whether the interests be those of psychologist, sociologist, administrator or social worker.

Membership of the Extended Family

Families vary, of course, in their make-up. Among the Bethnal Green sample was an unmarried woman who was the only child of an only child, but there was also a woman who had 17 children, against her mother's 18 and her husband's mother's 22. Many people, of each generation, were widowed, single or childless, and the age difference between old people and their children varied between 17 and 50. Variations in family structure produced variations in activity and relationship. But a general family "type" was recognisable.

Thus, to stay near anthropological usage, if by immediate family we mean parents and unmarried children in a single household, we can define an extended family as a group of relatives, not comprising an immediate family, who live in one, two or more households and see each other every day or nearly every day. Normally, as we can test by experience, this means the individual benefits from services implied in his membership. But methodologically, we can sidetrack the laborious procedure of accumulating information about various domestic and personal services performed, such as shopping, washing, cleaning, cooking, nursing in illness and fetching a pension, and rely on simple information about frequency of contact with near relatives.

In Bethnal Green over half of the old people were members of a three-generation extended family group, usually consisting of an old person or old couple, one, two or more married daughters (and sometimes sons) and grandchildren. The family varied in size from 6 to over 20. Most other old people were members of two or one-generation family groups. In this working-class district the family of three generations, built round grandmother, daughter and grandchild, provided the normal environment in old age. It provided a natural, if conservative, basis of self-fulfillment and expression, as the individual moved from the first to the third generation, learning and teaching the functions of child, parent and grandparent.

Isolation from Kin

This procedure in defining family types enables us to give a fairly precise figure to the number of old people isolated from family life. In drawing attention to the fact that many old people lead a full family life the problems of the isolated must not be passed over. Some people, after all, have no children, and their brothers and sisters may have died. By reference to the kinship diagram we can state how many married couples and single people see no relative daily (or how many do not live within a mile). In Bethnal Green 11 per cent of old people did not see one relative daily or nearly every day. They included a few people who had become separated from all their children. (Some people in this group, however, saw several relatives once a week).

A Measurement of Social Isolation

The same procedure suggests a means of moving towards a relatively objective measure of social isolation in old age. An old person's contacts with relatives can be built up into a total family "score" by adding together the average number of contacts a week with each relative. By "contact" is meant a meeting with another person which involves more than a casual exchange of greetings between, say, two neighbours in the street. It usually involves a prearranged or customary meeting at home or outside. The following provides an example.

<u>Widow living alone</u>	<u>Number of family contacts per week</u>
Married daughter seen daily	7
Two grandchildren - - -	14
Son-in-law seen once a week	1
Sister seen once a week	1
Two married sons and their wives and three children seen once a week	7
Brother and wife seen every fortnight (1/2 + 1/2)	1
Twelve other relatives seen from once to 6 times a year	1
Total	<u><u>32</u></u>

This method leans rather heavily on the accuracy of information about the average frequency with which relatives are seen. On occasion this has to be fixed arbitrarily. Thus a visit to a relative for a month in the year could be regarded as equivalent to an average contact of about once a fortnight with that relative. Experience suggests that such problems may not be of crucial importance in urban working-class areas, (although they may be in others), because of the day by day regularity of social activities. Information about friends and neighbours visited or visiting and club meetings can be scored in the same way as that about relatives. The result is, for each person, a figure of the total social contacts in the week. The scores of a sample of old people can then be listed on a continuous scale. Those at the bottom of the scale will be the relatively isolated. This method of scoring people's social contacts involves, unquestionably, a number of difficult decisions, but it may be worth further discussion and application. On the limited experience in London, a working definition of "social isolation" in old age could be, having daily contact with two or fewer people, or the equivalent.

Family Life and the Need for State Care

The problems of isolated old people obviously require exact study. But in one London borough they formed a small minority of these of pensionable age - chiefly the unmarried and the childless. The findings about the majority conflicted with the alleged separation of the generations that is so often reported. Why should this be so? One reason is that much information about old age derives from the experiences of those connected with State Social services. And such services meet an unrepresentative group of old people.

The random sample of people in Bethnal Green was used as a "control group" for the purposes of analysing the family and social circumstances of those helped by social services in the locality. Several hundred case-records of old people in East London entering welfare homes and a geriatric hospital and being served by the Home Help Service were examined and results compared with those of the "control" group. The conclusion was that isolated old people made by far the greatest claim on health and welfare services and that old people living with or near daughters made least claim of all. Single and childless people and those with sons but not daughters, particularly if they had no relatives living near, made a disproportionate demand on the State and local authorities. But for the care given by female relatives it was estimated that the number of old people seeking admission to hospitals or welfare homes would have been from three to five times greater.

This emphasises the need for the State to help the family stay together. Methodologically, it shows the value of knowing the family circumstances of old people, if we are to understand the problems of ageing. I think a simple form of the kinship diagram, or its equivalent, is an essential piece of information for the doctor, the administrator and the social worker, as well as the research worker. This suggestion may not be as eccentric as it sounds. I believe exact knowledge of the family, even if in some cases no close relatives are alive, is an aid, not only to research, but to humane and economic administration and to efficient social work. An old person is not merely a case in a bed. He is not simply an individual. He is a member of a family, or has been one, and this has a great deal to do with his security and, if he is ill, the success and speed of his recovery.

Summary

I have described a research project in East London, largely in terms of the methods adopted and their possible application elsewhere. My chief theme has been that if many of the processes and problems of ageing are to be understood old people

must be studied primarily as members of families (which usually means extended families of three generations); and that those concerned with the development and practice of health and social administration must, at every stage, treat old people as an inseparable part of a family unit which is not just the residential unit. Knowledge of the extended family is necessary to the proper interpretation of isolation, mental health, domestic management, income and expenditure, and domiciliary and institutional care in old age.

PENSIONS AND RETIREMENT

(The Effect of Size of Pensions and Deductions on Work Done)

Jorgen Dich

The growing proportion of old persons, the increase in the rate of pensions, and the relaxing of the income-deduction provisions or "earnings rule" which is taking place in many countries (Great Britain, U.S.A., Germany, the Scandinavian countries etc.) make the question of the economic effects of this development one of the most important in social gerontology.

Nevertheless, on this crucial point little research has been done. The reasoning in this paper is based upon guess-work and is mainly confined to mentioning of tendencies.

The object of this paper is to introduce a discussion of one aspect of this problem: the effect of old age pensions and income-deduction provisions on the willingness of old persons to continue their ordinary work (i.e. the influence of their age of retirement) and their willingness to take up odd jobs when retired.

Theoretical discussion cannot reach a definite conclusion but is nevertheless important as a basis for research.

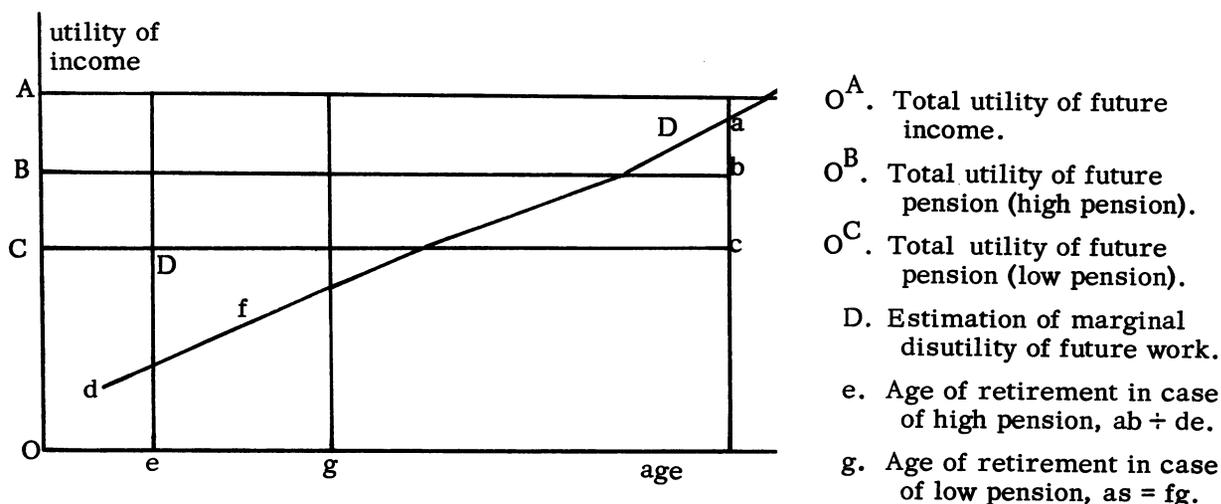
We must distinguish between employees (who have to choose between full-time occupation or no occupation), independent workers (who are free to decide the number of hours or weeks they want to work), and owners, who have an enterprise which they can sell or let, and persons with private pensions, because old age pensions given as supplement to private pension have effects different from pensions given as sole income.

1. The effect of higher pensions will always be that employees retire earlier from work and that independent workers work less per year. This is a simple consequence of the fact that what persons really work for is the net income i.e. the difference between pension and income from work, and when this net income diminishes the motivation for work declines.

This can be shown for employees in the following diagram 1.

Diagram 1

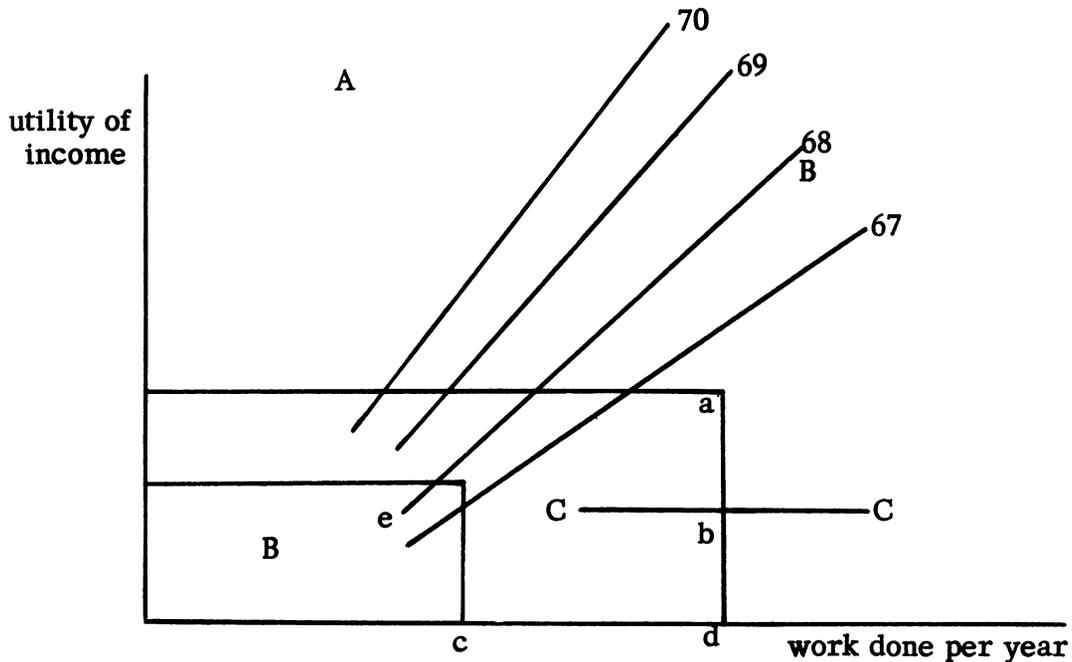
Relation between the Rate of Old-age Pension and Age of Retirement of Employees.



For independent workers as well as owners the following diagram 2 is valid.

Diagram 2

Relation between Old-age Pension and Work Done per Year of Independent Workers.

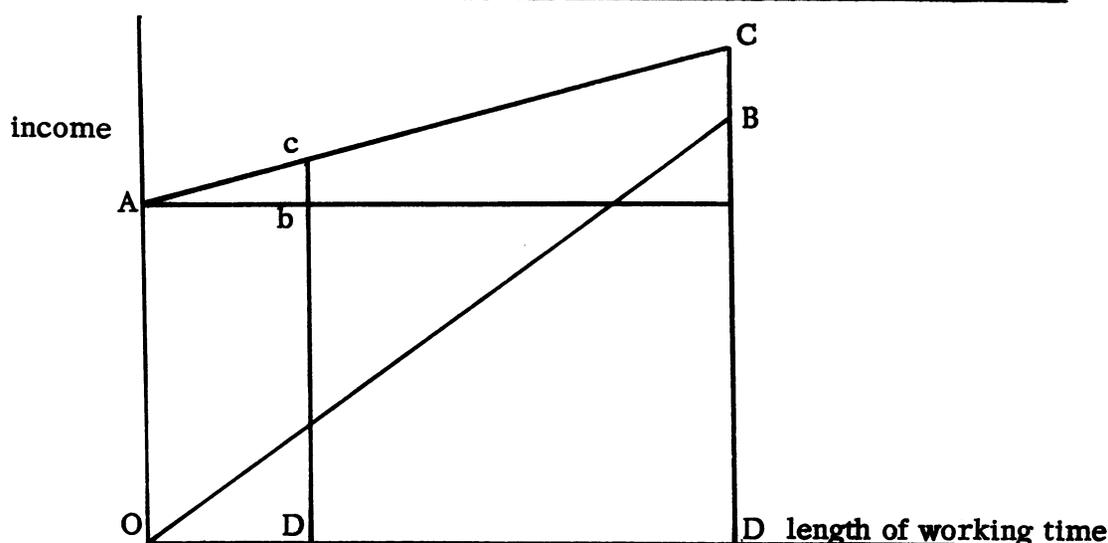


- A. Marginal utility of income.
 B. Marginal disutility of working at different ages.
 C. Pension.
 d. Work done before pension at the age of 67.
 c. Work done after pension $ec=ab$.

Owners will sell or let their enterprise earlier. As a general rule they will continue working as long as their net marginal income exceeds the annual income they expect to get from the value of their enterprise after sale. If a pension is added to this value they will sell at an earlier date. The earlier sale will, however, in most cases not involve a social loss, because the new and younger buyer will be able to utilize the capital better.

2. The effect of income deduction provisions. If these provisions are so liberal that a reduced pension can be had in addition to income from ordinary work and no or only a small income can be gained after retirement from the ordinary job, the net income from work (i.e. the difference between income from work and reduced pension and full pension) will increase and the age of retirement will be higher. This is the typical case for employees. This is shown in diagram 3.

Diagram 3

Relation between Income Deduction Provisions and Work Done.

- O^A . Rate of pension.
 O^B . Income from work.
 O^C . Total income from work and pension
 O^D . The estimation of being able to earn income not exceeding this interval after retirement (from work in a period of O^E) will induce persons to work more than O^E (for instance per year or more years).

(CB = cb)

For independent workers and owners the possibility of gradually diminishing their work is bigger. The total income from work supplemented by pensions will therefore fall less sharply than income from work when working time is diminished, and this will induce these persons to reduce their ordinary work more than if the income deduction provisions were more severe allowing for only a small supplementary income to be earned.

Liberal deduction provisions which enable old persons who have retired from their habitual work to earn an income (as supplement to the pension) in other trades which require less strain and give smaller incomes, or as independent workers, will thus induce them to give up their ordinary job earlier than if the deduction provisions were severe. Mild deduction provisions will therefore tend to reduce ordinary work more than severe provisions. On the other hand persons who have retired from ordinary work (employees, owners who have sold or let their enterprises) are more willing to engage in odd jobs when the deduction provisions are mild.

The greater inducement to take up such work under mild deduction rules is, however, counteracted by the fact that total income obtained in a given number of hours worked is greater in this latter case than in the former and the marginal utility of income therefore smaller. If severe deduction provisions reduce marginal income by 60% and mild provisions only by 50%, it may happen that the marginal utility of a greater total income, of which the last part is reduced by 60% is almost as high as the marginal utility of a smaller total income, of which the last part is reduced by only 50%.

Furthermore the major part of income from odd jobs of independent workers can not be checked either by the tax authority or by the social administration. Milder deduction provisions in this case have therefore no influence on the work done.

Conclusion:

Mild deduction provisions will reduce ordinary work, i.e. cause an earlier retirement from ordinary work, than severe rules (at a given rate of pension) but induce retired persons to do more work. It is not possible to come to any general conclusion as to the effect of various income-deduction provisions on the output of work. The general approved statement that mild deduction provisions will increase the amount of work done is not proved.

It would exceed the limits of this paper to discuss how a questionnaire should be formulated to elucidate these problems. What I want to stress is only that the above mentioned problems ought to be taken into consideration when questionnaires are worked out.

RESEARCH ON EMPLOYMENT

F.le Gros Clark

Since this is probably the least worked over of all the subjects to be here discussed, the contribution made to it will be somewhat assertive and argumentative. But what I have to say reflects rather the modesty of a man who knows he is still trying to clear his own mind than the assurance of one who believes that he has already established firm principles of research.

We are concerned with men and women who though ageing are still gainfully employed in some way. They are, that is to say, still earning their living and adding to the current stock of goods and services needed in the economy. Before we go any further, let us recognise that we are not concerned at present with the hobbies or the therapeutic occupations of the retired elderly. If the products turned out by these people are marketable at all, they are not likely to earn them a living wage; and the cost of the materials used and of administration may well exceed any income realised by sales, except in a charitable market. Hobbies and therapeutic occupations are vastly important; but they are in no way the subject we are here discussing. We are discussing contemporary industry and commerce, and what bearing they have upon the employment prospects of ageing men and women.

1. We should perhaps first ask ourselves what social purpose would be served by research on problems of this nature. Industrial and social studies must have a practical objective, if they are not to degenerate into a mere pastime for sociologists. Now that our communities seem conscious of their social responsibilities for the well-being of all their aged members, we can obviously never learn too much about the obscure and very varied domestic and emotional conditions of their lives. We have no need to excuse ourselves for inquiring how many of them are sick, unaided by a family, mentally unbalanced, ill-housed or poorly nourished. But why trouble to investigate the problems and prospects of those who are still employed or have only recently retired from the labour market?

A common explanation given is that the increasing numbers of old persons will constitute a public burden, unless they make among them a larger contribution to the goods and services they will themselves be consuming. Even in official publications it is advanced as the most persuasive reason. I am not inclined at all to accept this as a sufficient explanation. The number of productive workers in the population is not likely to change much over the next fifty years; and with a steady rise in productivity we should be quite capable of carrying an additional number of elderly consumers. It all depends of course on whether as industrial countries we use our technological gains to the best advantage. But in any case the term "burden" in this context suggests a serious social bias on the part of its user. A necessary accompaniment of all human life is not looked upon by sane men as a burden but as a challenge.

There is one indisputable reason for undertaking research of this kind; and that is the fact that a large and possibly an increasing number of ageing men and women have no wish to fall away prematurely from the status, the social background and the inherent satisfactions of gainful employment. On the contrary, for such men and women as these an impending discharge may be a fruitful cause of many anxieties, rooted in their own experience of the purposeless lives and early deaths of neighbours who had preceded them into retirement. The more our society comes to look upon useful and constructive work as a necessary part of the good life, the less shall we be disposed to retire before the physical need arises; and since most of us here are presumably fated

to grow old, we had better insure now for our futures by promoting desirable reforms in employment policy for the ageing. In other words, the underlying purpose of our research would be to make it unnecessary for any ageing man or woman to retire from work before they have a mind for retirement; and that, let us be clear, is bound to be a very laborious task.

2. And now as to the methods and procedures that could be adopted for industrial research on ageing. Though this subject has become attached through a natural association of ideas to the discipline of Gerontology, it should in my view be treated solely as an industrial subject. The varied employment problems of older men and women have to be studied within their industrial environment and by research workers familiar with industrial conditions; it is just the same as if we wanted to examine the employment problems of women or of juveniles or of coloured persons or of any other definable group of workers, with whose effectiveness and comfort we were concerned. No a priori assumption as to what forms of work are appropriate or inappropriate for ageing men and women is of the slightest use in practice. On the contrary, since we want to gain some insight into the onset and course of human senescence, we have to study older men and women who are employed on specific jobs; we should then be able to measure any decline that took place in their physical powers against the demands made on them by uniform and long-continued daily tasks. In other words, all practical research on the characteristics of human senescence has to start rather than end on the shop floor or the farm.

Our object of course is to prolong the working lives of men who have a mind to prolong them beyond any conventional retiring age; and for most ageing men this would primarily mean the prolonging of employment on their customary jobs. We have therefore to examine them on their customary jobs and not in relation to some abstract or imaginary form of work.

Of necessity we cannot study ageing workers in vacuo. We can only study ageing miners, bricklayers, machinists, farm labourers and so on. We have thus to keep three elements prominently in our minds:-

(1) that most of them would have become highly specialised workers and are not likely at so late an age to transfer to any alternative occupation that would call for its own skill and experience, and (2) that they would have become thoroughly acclimatised to the conditions of their work, since they would otherwise have quitted it or been discharged long ago, but (3) that, acclimatised and experienced as they may have become, the fact remains that they are still being exposed to very varied degrees of pace, load, risk, heat, responsibility and other conditions incidental to their different jobs. We cannot generalise about the staying powers of these men. If I were asked at what comparative ages and for what contrasting causes such men as bricklayers, miners and machinists on continuous process are compelled by age to leave their jobs, I could only answer that the evidence suggests that there are often very wide differences between one occupation and another.

In all research of this kind it thus seems advisable first to study a series of distinct occupational groups of men or women, and then to see what contrasts and similarities among them begin to emerge. If we take mixed samples of older workers, we are likely to obscure the very factors we are trying to lay bare. But where we cannot help ourselves, where we have to deal with heterogeneous groups of ageing employees as may happen on a factory estate, we should consider it indispensable to begin by making a careful occupational classification. In designing such a classification for our use we once again avoid as far as possible any descriptive terms that would imply an assumption that a given occupation is either appropriate or inappropriate for an ageing worker.

3. As a matter of fact, care has always to be taken that research approaches do not involve presuppositions of some kind about the capabilities of ageing men. For instance, such vague terms as "heavy", "light", "unskilled" or "skilled" are best avoided. It has been pointed out, again, by some writers, that the research worker may tend to examine only the nature and demands of jobs on which older workers are by chance found to be employed and then to make deductions about the characteristics of ageing from the characteristics of these jobs; though useful as a form of job analysis, the method might provide us with very limited and misleading information. The interviewing of managers and trade union officials is a necessary phase in research; but it will frequently be found that what they say is affected by their own emotional overtones. Thus they may concentrate in discussion upon men who in their experience are still maintaining a fair level of performance at the age of 75 or 80; and while we need have no doubt that such men exist in most industries, the question must always arise whether they are more than the exceptional and fortunate survivors of a far larger cohort of ageing employees. At the other extreme we may occasionally be assured that very few men would physically stand the pace of a given job beyond their early sixties, and that the sense of strain or fatigue then experienced must compel or incline them to retire or seek alternative work. Further inquiries may subsequently demonstrate that there are numerous exceptions to these facile generalisations.

Such information should not be dismissed, however, as mere prejudice: it may be based on shrewd though unco-ordinated observations. The adoption by many industries in recent years of work study and work measurement techniques, incentive payments and the like has usually resulted in a concentration of the labour force, especially in flow production or on continuous chemical and metallurgical processes; and this combined with a shift system in production and with high capital costs may necessitate the employment on process work of men who can all be relied upon to maintain a fair standard of health and low rate of sickness absenteeism. The overall pace of production is frequently intense and geared to the measured capacities of an average young or middle-aged operative; and while for such men the pace may involve no undue physical effort, it could easily affect the staying powers of ageing or ailing men. The discrimination becomes more obvious still, where ageing or ailing men are medically recommended to confine themselves to day work, because the "stream-line" organisation of process production usually leaves little scope for adjusting the shift hours of machine minders or machine operatives.

It appears to me that this aspect of modern industry requires much closer research than it has yet received. Though increased mechanisation in factories, mines and docks and on building sites is making many operations less physically heavy than they formerly were, it is by no means certain that this trend is not being counteracted by other trends in industrial organisation, that diminish the employment prospects of older men.

4. The most important line of research we could probably adopt is one that would cast clearer light on the various occupational concessions and adjustments that can be granted by industries for the benefit of their ageing employees. The first real employment problem for a man obviously arises when he can manifestly no longer carry out his normal job in the accustomed way. Many opportunities may then be still open to him. His supervisors may, for example, be prepared to grant certain concessions in rest pauses, the hours worked or the precise operations he is called upon to undertake; or he may move to a job that is technically the same as had been his normal work but involves only moderate effort on his part; or he may transfer entirely to an alternative occupation. The critical question here is not whether an ageing man is able physically to make one or other of these necessary adjustments (for experience

shows that many of them can do so), but whether his own employer or any local employer is sufficiently flexible in his industrial organisation to allow of such adjustments or concessions being made at all.

Research at this stage has thus to become industrial rather than occupational in that it is concerned with the flexibility and interchangeability of jobs or placings within a complete industrial plant. In a number of industries, for example, some repairing or making good of products has to be allowed for in a factory or on a building site; and this work is often held to be more suitable for the older operatives. The same may apply where rejected products in a factory have to be broken down for reassembling.

When an ageing man transfers completely to alternative work, it must be in some ways less exacting than had been his normal occupation; but precisely in what ways it must be less exacting would depend, of course, on each man's physical condition. The work has usually to be more or less unskilled, unless a man has reserves of skill he can apply; but experience and reliability will always tend to influence the mind of an employer.

The importance of research on these aspects of the problem is related to the fact that it reflects a wholesome recognition that sooner or later all men must age; and the organic changes of age are necessarily accompanied by changes in habit and performance. A man is not ordinarily middle-aged on one day and elderly on the next. A decline or deterioration sets in that should be traceable (at all events it should be statistically traceable) in fairly large samples of older employees. The degree to which their working lives can then be prolonged probably depends in great part on the degree to which an industrial community is so organised that it can make the necessary allowances or concessions for the gradual decline in their physical and mental powers.

5. Experimental research on ageing within industry has its own inherent difficulties; observations might, for instance, have to be made over a considerable period of time. One of the more promising approaches seems that adopted by what has been termed in Britain the study of human kinetics. A few large industrial plants employ men trained in anatomical observation to study critically the work movements and postures that are habitual on various jobs. It is believed that the resulting improvement in work methods and in the design of machines, seating, etc. could prevent the gradual emergence of various organic strains or lesions. The approach has not yet, I think, been specifically applied to older employees. But an essential element in the employment of older men is the fact that their changing tissues are still being subjected daily to the same working conditions as they have been subjected to through middle life; and it may well be that methods and postures not earlier deleterious could occasionally give rise in later life to an obscure or cumulative set of rheumatic and fatigue symptoms.

The advantage here is that observations would be made on the shop floor. Laboratory research on the physiological or psychological characteristics of ageing has its limitations. Tests or tasks are devised within the laboratory; and groups of older persons are usually compared with younger subjects. It is rarely possible to reproduce all the conditions of a factory or the working period of a man's normal day. In consequence, the true value to us of the published findings often resides less in the statistical tables of comparative performance, timing and so on than in the chance observations a shrewd experimenter is led to make on his older subjects, glimpsing them, as it were, out of the corner of his eye. These observations may refer to the way in which older men seem to shape up to the task, prefer to learn the elements of the task, stand and move, or attempt to retain in memory the elements of the task already mastered. Many observations of this kind could be of great use to us in studying

industrial situations, though it is obvious, of course, that their value depends very much on the perspicacity and common sense of the experimenter. Since psychological tests usually mean that the design and lay out of a novel task has to be comprehended and mastered, they appear to throw most light on the manner of learning adopted by the older men in contrast with the manner likely to be adopted by younger subjects.

It seems probable on the face of it that, when older men are required to master changing techniques or a new job, training methods need to be adapted to their age; and this is a problem upon which little research has yet been undertaken. Apart from the sense of dignity and status they may possess, allowance has to be made in training for the rich experience they have already acquired, because ingrained habits of work and thought can often inhibit rather than increase their powers of mastering modified and novel procedures. There appears to be evidence, for example, that in training older tram drivers for transfer to trolley buses the selection of trainers and some flexibility in the time factor were important.

6. Some brief comments may here be made on our possible sources of information. Men and women have been growing old on their jobs for centuries past; but we have little statistical information on occupational senescence of this kind, though our mortality statistics may be fairly reliable. If senescence can be measured by the span of men's working lives, we should be able in time to construct "working life tables" for large occupational groups - not as precise perhaps as life tables or even as morbidity tables, yet good enough for practical guidance.

When the National Census includes questions on the ages and occupations of men and women, it is obviously possible to construct tables showing the numbers who are occupied or retired at successive ages. Such tables have to be handled with due caution, because apart from various sources of error we should be observing only what was happening at a moment of time. The figures have to be interpreted by examining the past history of the various occupations, the phases of expansion or contraction experienced by industries and the effect on employment, of wars, economic depressions, etc.

Whenever we make use of aggregate figures, whether derived from national or from industrial sources, it seems essential to combine statistical with factual information. Unless the statistics can be interpreted factually, they are apt to appear dubious or contradictory; and unless the factual information we collect from diverse sources can be statistically supported, it has a risk of remaining very subjective and incomplete.

Industrial statistics of employment and unemployment by age groups may be published from time to time by Ministries or by Industrial Associations. These too need to be carefully treated, because the figures may apply to heterogeneous bodies of supervisory, clerical and manual workers, and may thus obscure what is happening to the older men in distinct occupations.

The medical and personnel records kept by some industrial undertakings frequently provide us with valuable information, that is probably accurate enough for practical purposes. The numbers must, of course, be sufficiently large; and care has to be taken to avoid any bias in building up our sample. Two main approaches could be adopted. (1) The records of all employees over a certain age could be examined, and an effort made to determine their precise status in employment, any changes of jobs they have recently experienced and any influence sickness has over their working capacity. (2) The records of all men who have recently left the undertaking beyond a certain chronological age can be examined, to trace the ages and causes of their departures; from such records it is possible to construct useful though provisional tables

of wastage due to age, sickness or death. In the course of research much additional information can usually be obtained about the industrial conditions within which employed men or women are ageing, the hazards and strains they may have to face, etc.

In my view questionnaires should rarely be used in an approach to industrial managements and trade unions, except for the purpose of assembling a few strictly factual items of information; and they should always be followed by detailed interviews for the purpose of expanding and interpreting the basic facts and figures. The working conditions peculiar to an undertaking are not likely to reveal themselves until we have studied them closely. In consequence no questionnaire designed on a priori principles would provide us with other than misleading, incomplete or partial information. The research worker must go himself to the shop floor and not rely upon questionnaires and correspondence.

It is possible, however, through brief and clearly worded questionnaires to ask industrial supervisors and foremen to explain what steps they take or could take if confronted with ageing or ailing employees. The men are often faced with the necessity of reaching decisions of the kind; and the inquiry is thus concerned less with matters of opinion than with concrete experience. Where the men approached can be persuaded to answer at some length, the data they give are frequently very relevant to our problem.

Investigations carried out on the shop floor inevitably limit the research worker to comparatively small though unbiased samples. But in the present state of our knowledge small intensive studies are by all means preferable to any extensive inquiries he may be tempted to undertake. As a statistician, he has to recognise that in research of this nature the important thing is to have asked himself the right questions, and to examine them critically until they have become crystal clear. No display of figures will save him, unless his original questions had been appropriate to the problem. He must remember that he is dealing with constantly changing human situations; and it may be for that reason paradoxically more accurate of him to confine himself to presenting broad values in the handling of his figures of sickness or senescence; while being scrupulously exact, he should recognise that the significant outcome usually lies in the larger contrasts and similarities he can safely establish.

Lastly, it is not the research worker but the industrialists and the trade unionists who will have to plan and carry out any modified and enlightened employment policy for the ageing, that happens to be practicable. All reports that are published should be immediately comprehensible to men of affairs; and they should at least appear to be talking good sense, even when their findings are unexpected or startling.

I have said nothing about the influence on retirement ages that may be exercised by pension and superannuation schemes, or by the need to promote younger men to positions of responsibility. These factors play their part and they have to be studied. But it remains true that if we managed to circumvent all the difficulties inherent in such industrial practices as these, we should still be faced with the physical and psychological symptoms of ageing employees. It is a mistake to suppose that a few administrative reforms would disperse this obdurate problem into thin air.

7. Let us suppose that a team of research workers is internationally constituted to carry out comparable investigations in a number of countries. There is no time here to consider in detail the elements of such research. In my view we should first have to examine the industrial problems of ageing in their very varied social and historical contexts. This means in effect that an agreement on methods of research could probably only be reached through a preliminary agreement on what I presume we should call our social and historical outlook or philosophy.

All European countries have traversed a long phase of farming and handicraft economics. It would not be true to say that under the social conditions then prevailing elderly men and women had few occupational problems to face; their prospects of employment varied with the varying customs or laws of land tenure and inheritance, with the customary or enforced relations between employers and hired labourers etc. But it is certainly true to say that working communities always tended to fall into an accepted code of social habits and traditions that gave their ageing members a kind of established right to a slowly diminishing share in productive life; socially and domestically each working group felt itself under some compulsion to adjust the ordering of its collective tasks to the physical capacities of all its members, young and old alike. Trouble would only arise where ageing men and women were unwilling to resign themselves to a subordinate role in effort or responsibility; and that was largely a matter of conventional outlooks that could become so deeply rooted in tradition as to be almost a social characteristic.

What I am suggesting is that we should begin by assuming it to be a norm in human societies that the ageing must be accommodated with any jobs that happen to lie within their declining powers. In other words, left free to find their own solutions for the problem all productive groups would tend to respect the natural urge among their older members to remain usefully occupied. The attempt is not invariably a successful one. Even on a prosperous peasant holding, the transitions are not necessarily smooth. But we do at any rate know that the adjustments can be made. As a matter of fact, these traditions of retaining or "carrying" elderly men and women in a working group often survive or re-emerge under modern industrial conditions, - for example, among gangs of dockers loading or unloading, labourers excavating or concreting on a construction site, gangs of porters in the produce markets, miners still extracting coal on the old hand-got method, platers and riveters in a shipyard. Where the conditions of working are determined by some kind of bargaining between management and workers, the employers may find it advisable to compromise about the discharge of ageing men; and the chances are that they themselves and their foremen have a humane regard for those who have grown old in their service. In the event the overall pace or quantity of output in an undertaking may decline by a measurable degree; but the point I am making is that, as far as we can see, human nature itself in factory or farm production would somehow manage to solve the ageing problem, if custom or law dictated that it should be solved at whatever temporary cost in output or convenience.

Now, it is not proposed that we should adopt this as a moralistic position from which to criticise the practices of modern industry. The theory is merely a sort of methodological point d'appui in order that we may remind ourselves comfortably from time to time what it is we are really talking about. It provides us, as it were, with an anthropological or historical perspective. So far as the technological structures of modern industries seem to have necessitated departures from the tradition, they must be studied calmly and objectively. In a competitive industrial economy characterised by "flow" production, by a breakdown of many successive operations and by all the devices of work measurement and incentive bonus schemes, difficulties are bound to arise for those whose physical or mental powers are beginning to deteriorate. The competitive element in private industry is not the sole determining factor. Where industries have been nationalised or socialised, managements are apt to be judged by their organising success in setting a limit to possible public expenditure; and this would mean an effort towards the elimination of all ineffective or supernumerary labour.

It is unnecessary now to examine the subject further; we are concerned only with a few principles of research that might in theory be adopted. Having agreed on

a working point d'appui, we could perhaps begin by asking for information on any directives or regulations that have already been issued as a guide to industrial undertakings; and in seeking this kind of information we should not in my view limit ourselves to the Ministries and the Industrial Organisations of Western Europe. If the dimensions of the ageing problem are more manageable in the countries of Eastern Europe, in substance it is precisely the same problem as our own. What contributions the countries of Eastern Europe have been led to make towards its industrial solution, we had better learn; for in those countries social pressures are likely to be having some influence on managements.

But all research in factories, mines, docks etc. has to be planned on the assumption that few if any directives have been issued, beyond those bearing on the conditions and scales of a retiring pension. Measured against a man's productivity, senescence has to be described as a deteriorative physical process; and for us the basic question with any industrial undertaking is how far it is technically and economically able to absorb the labour of senescent employees, - how far, that is to say, it is compelled by its very structure and organisation to depart from our rule that working groups tend, if left to the play of their natural impulses, to "carry" their ageing members as long as is humanly possible. The subject is a complex one, because in modern industries the retention of ageing men is conditioned not only by the apparent requirements of mechanisation but by trade union practices, relative wage levels and a possible loss of earnings that might be experienced by the younger men in a mixed team or gang. We have objectively to allow for all these factors in our critical approach to the problem. Let me add a final warning. If we venture on theorizing about permanent solutions, we may have to prepare ourselves to be unorthodox with our economics, though we should have of necessity to remain orthodox in our medicine and technology. I cannot foresee to what strange conclusions our researches might lead us. But need that trouble our minds, when we are trying to prescribe for the welfare of men and women who may later come to constitute 17 or even 20 per cent of the human race?

CAUSES OF INSTITUTIONALIZATION

(Plan for an Inquiry into the Past Working Life of Aged Residents to Determine Objectively the Causes of Institutionalization)

Angelo Pagani

While proposing an inquiry on the past working life and on the causes of institutionalization of aged residents, we have borne in mind two different aims which can be reached by such an inquiry. From one side it might illustrate the recent qualitative change on the internal composition of public institutions, which now receive categories of people exhibiting, for age, class and state of health, great differences when compared with the population of institutions in pre-war years. Everybody concerned with residential care has certainly pointed out this change; it is in fact at the root of recent technical and directional changes which, though resulting in part from general progressive ideas that have reached even our institutions, more specifically can be traced back to internal changed compositions, and may have caused as well as corresponding to a previous change in the nature of the people assisted.

In a broader sense the inquiry could solve a problem on the importance of residential institutions in the care of the aged. Comparison with public assistance institutions in other countries has revealed a peculiar difference, namely the greater importance given in Italy to residential care, which is regarded abroad as an imperfect instrument, to be used only as a last resort. This attitude has occasioned recent criticism of residential care, which in Italy also is accused of representing a lower form of assistance in which the fundamental principles of social integration and family life required for the welfare of older persons are missing. Our inquiry might therefore verify the conformity of residential care to the peculiar features of Italian society, that is to its real objective conditions and to the social and cultural patterns of the aged. Thus it should be possible to substitute for superficial criticisms, repeated on experience abroad, matter for discussion based directly on concrete reality.

The subject of our inquiry is therefore the reconstruction of the past working lives and social origins of the aged residents as a basis for an analysis of the causes of institutionalization, studied both from the objective point of view of external situations conditioning their lives and causing institutionalization as a generalized solution, and under the subjective aspect of personal causes determining it. The inquiry is not simply to study residents as residents; its purpose is to contribute to the study of living conditions of aged workers, by reconstructing the circumstances causing or determining institutionalization. This definition has the advantage of relating the subject of institutionalization, generally subjected to specialist treatment, to the great subjects of economics and sociology of old age, pointing out the influence of general conditions (such as income level, family solidarity, possibility of continued work) on the apparently free act of choosing to go into an institution. For these reasons the assumptions of our inquiry must not direct our study of the aged population, but they must suggest the interpretation of the process of selection and social origins of the residents by reference to their economic and social conditions.

ASSUMPTIONS OF THE INQUIRY

Bearing in mind the living conditions of aged workers, which are generally difficult in Italy (low level of pensions, often inadequate even for subsistence; the fall in the value of casual savings owing to war, inflation etc.) we can advance the hypothesis that seeking admission to a public institution is a generalized solution for aged

industrial workers, in as much as it is not unusual and involves no feelings of individual inadequacy or loss of dignity. At the same time we can state that it is not due to a lack of family solidarity but to economic insecurity (where there is no possibility of family assistance to supplement the pension and no possibility of independence for the aged).

The assumption may be put affirmatively. An aged man in urban society, retiring from work in industry (the situation of artisans may be different), at the end of his working life enters a crisis period characterized by:

- 1) a low level of living (inadequate pension without other forms of assistance).
- 2) individual and social isolation (absence of other forms of social contribution besides work; loss of the natural community on leaving the factory).
- 3) a condition of family dependence and small personal prestige. (It is not only the lack of economic means that makes life hard. Owing to the low value of his experience and to the natural decline of his authority, the aged man lives in conditions of moral and cultural dependence also.)
- 4) a difficult emotional situation, since he is aware of such dependence. (The aged man has grown up in a different cultural atmosphere and feels this crisis and reacts emotionally against it, laying the blame for it on society and his family.)

He can only escape from this situation by entering a public institution, which secures a rational solution to his problems and represents an improvement on his previous situation. By entering an institution he improves his position as regards:

- 1) the feeling of dependence (since new relationships secure an apparently independent life and, in any way, put an end to family dependence);
- 2) the feeling of uselessness (since the possibility of doing some work satisfies his wish to make a useful contribution and secures his active participation in shared work).

Rejected by society, the aged find, or aim at finding, in the institution the element of a complete society.

The correspondence between residential care and the needs of the aged must be studied in relation to this need for independence from the family and of social contribution which, under existing circumstances, tends to be satisfied by a general solution within the institutional community rather than by the individual forms of family life. Entry into a new community of equals causes an enrichment of social life counterbalancing the negative effects of institutionalization, such as loss of full independence and removal from home life.

If institutionalization may be regarded as a general solution for aged workers belonging to urban society, a reconstruction of their previous life must pay particular attention to any circumstances which raise or lower their living conditions above or below that average level of living of skilled or unskilled workers which we assumed was appropriate to institutionalization. That is, while reconstructing the characteristics of their previous life (domicile, occupation level of living, family events, etc.) it is necessary to find out the deviations from the average - deviations both towards better conditions (resulting from changes of occupation, of property or of consumption levels) and towards conditions of destitution (institutionalization, assistance, external interference, etc.). The reconstruction of their previous life must therefore discover, for each period of time, the environmental or personal circumstances which characterize the subjects' average life.

Now let us go back to Rowntree's three poverty periods, and characterize the third by institutionalization, caused in our society and culture not only by favorable circumstances (such as the possibility of skilled work, sufficient family support or strong family ties etc.). According to Rowntree, the life of people belonging to the working classes can be divided into three poverty periods. The first is during childhood, when workers' children have to share the father's low wages. The whole family comes out of the poverty zone as soon as the eldest son begins contributing to the household by his work. But when he gets married he enters it again, since his income does not increase as his children are born. These conditions last until his children, in their turn, begin their working life and leave home. At last the parents can leave the poverty zone, but only to fall back into it again as soon as their working life comes to an end. According to Rowntree the probability for aged workers of falling below the poverty line is about 50% (this percentage relates to a period before the Welfare State, which now secures a minimum income to every citizen). As regards Italy this is an understatement, since it refers to England which is in a more advanced phase of capitalist development and has a higher income level. A direct comparison with the situation in Italy, where worse living conditions and a lower income-level prevail, proves once more that the aged at the end of their working days are destined to a life on the edge of poverty or below the subsistence level. Therefore, contrary to the traditional view, we may say that it is not inactivity, dissipation, irregular life, or any circumstance which might give rise to a feeling of guilt, which causes the individual act of institutionalization, but general conditions and influences leading individuals to perform this act in order to solve their problems rationally, within a given situation. Institutionalization corresponds in our society and culture to a general need of protection, and in general this applies to all aged workers, at least in urban society. Where it does not occur we may discover particular factors, mostly of individual character, which intervene to delay or remove such needs, by ensuring adequate economic security or the possibility of an independent life and some continued contribution to society.

SELECTION OF SUBJECTS

Having defined the theoretical aspect of our inquiry, the next problem concerns the method of selection to adopt in order to secure the development of the inquiry along the lines indicated by the assumptions. To do this we must define the place of the inquiry, by reference to a particular institution or, better still, by reference to the particular characteristics and composition of the residents in a given institution. In this paper we shall implicitly refer to the residents of an Italian institution in Milan (Istituto Inabili a Lavoro dell'E.C.A.). What has been said above as to the assumptions of research, is actually the result of careful observation of these residents, to whom the above considerations on past working life and causes of institutionalization may be approximately applied.

First, selection of the residents for our inquiry should exclude those who exhibit clear characteristics of deviation from the average type. Then we should exclude those residents whose admission was due to chronic disease and who therefore cannot share the life of workers in good health. Similarly we ought to exclude the subjects (actually very few) with a very limited or no past working life: they are the subjects without previous occupation, who entered an institution when still young owing to physical or mental diseases.

The choice of subjects should be made by strict random sampling. This would be the first application of random sampling in the field of public institutions, which till now have experienced only personal and arbitrary selections. The sample might be based on easily available data (an alphabetical list of all residents, with the exception of those excluded for the reasons stated above, divided according to sex), out of which

we should select by a random process the number of subjects to be examined. The sample must be representative of the whole population under consideration; that is to say, the sample should be stratified according to characteristics which, on the basis of preliminary knowledge, can be estimated as fundamental.

Before deciding the characteristics to be assumed as a basis for the stratification process, it is necessary to discuss the relevance of each of them to the purpose of our inquiry. The possible characteristics are: family composition, age, and occupation.

Family composition might at first sight be regarded as the most easily available information and of more direct interest. In classifying the old by family composition (single or married; widowers, separated, spouse living; with children living or not) we might discover situations worthy of examination as stratification principles. Doubtless we still tend, because of our cultural pattern, to equate marriage with regular life and celibacy with an eccentric, if not irregular, life. This may be true of the lower working classes, where the percentage of bachelors is very high among labourers, porters, pedlars etc. It can be explained by taking into account the uncertainty of their jobs and the low wages they get, which are circumstances inimical to settled family ties, even in less responsible subjects; and, if these circumstances continue long, they are bound to form habits of irregular and independent life.

This kind of explanation has however a very limited value, since it applies only to the lower working classes, and shows the significance of occupation rather than family status. In any case the formation of a new family unit may take the form of cohabitation with close ties of integration and solidarity.

From this new point of view a classification by type of cohabitation would require a complete reconstruction of the subjects' conjugal life, which would involve the extension of the range of our inquiry beyond the limits we assumed. In such a case we would have to examine not only subjects clearly exhibiting incapacity of adaptation to conjugal life (those separated judicially or by consent - which could be established by simple research on their marital status) but all circumstances of tension and family conflict.

Leaving aside the idea of a classification by type of cohabitation, we might adopt a datum which can be more easily verified, that is the actual family composition of the surviving components. The hypothesis that institutionalization is a product of the absence or deficiency of family assistance cannot be denied, even if the present circumstances of urban life tend to reduce it. Furthermore our cultural pattern accustoms us to regard the family as a primary group with the highest degree of inner solidarity. Even our experience of the decrease of parental solidarity and the break-up of family unity does not succeed in destroying this natural tendency towards a family interpretation.

Therefore it seems suitable not to exclude immediately the family data but to propose for discussion the possibility of selecting this circumstance as a fundamental characteristic for the selection of subjects. In such a case, reference to the actual situation of living family components cannot be reduced to mere official data (number, occupation, social condition) but must aim at reconstructing the system of family ties existing before the admission into institutions, by a careful evaluation of their solidarity. The existence of a surviving family nucleus (brothers and sisters, children, nephews, which can be revealed by objective data) implies neither a real possibility of assistance from them, nor that the absence of assistance is their fault. This would be too simple, since it takes account neither of actual possibilities of assistance from the family (living conditions of the surviving nucleus, economic means and room at disposal of the aged, etc.) nor of the cultural limits within which family solidarity may

reveal itself as a social duty. The extension given by law to the concept of family solidarity corresponds to a structure and function which are tending to disappear, at least in urban society.

The limits of active solidarity are therefore to be sought in real social relations, and these tend to reduce the ties between the family components and to emphasize the distinction between the family created by the adult as part of his process of becoming independent, and the family of origin.

If it be true that the range of family solidarity is restricted within the limits of the family of procreation, if it be true that the ties with the family of origin are reduced to the emotional relationship, we cannot accept the family composition as an element characterizing institutionalization, since this would mean that family solidarity in practice does not correspond with the cultural values of urban society.

The existence of a surviving family nucleus and a classification by this data (e.g. with living children or not) would have significance only under the assumption, verified in other societies but not in the present one, that the presence of relatives necessarily means the possibility of assistance, both economic and practical. On this hypothesis it would be reasonable to make a family interpretation of the causes of institutionalization: for the aged residents without family, institutionalization might be justified by want of family protection: for the aged with a surviving family nucleus institutionalization might be regarded as a non-natural solution, caused by want of family solidarity.

We must conclude that family solidarity, evidenced by the existence of surviving relatives, cannot give a basis of classification, since the objective circumstance of the existence of a family nucleus, in urban society, cannot be identified with the possibility of assistance, and does not represent a fundamental character to be assumed as an element of our stratification plan.

About the criterion of age, which is generally adopted as the simplest classification, we can say that if institutionalization were the conclusion of a natural process of ageing, if it were not conditioned by social events, classification by age would be the most appropriate to define the transition from independent life to a life of protection. Under circumstances of equal or uniform environmental conditions, age might be the sum of all values of individualization, particularly in cases in which the component of physical health should turn out to be homogeneous. Under such circumstances the aged institutionalized in a good state of health could be classified by age, on the assumption of a natural process of ageing marked by chronological data. But in real life this situation does not occur: external conditions, generally in the sense of a shortening of economic means and of possibility of surviving, modify the possibility of independent life. Under these circumstances, worse living conditions and a reduction of economic means hasten the process toward forms of protected life, and anticipate the age of institutionalization.

Among external circumstances which can cause earlier institutionalization are to be included merely economic circumstances (crisis, inflations, etc.) and circumstances associated with particular political events (war and war damage) but also the effects of political decisions reacting on the aged (protection of young workers, exclusion of the aged from some forms of protection, such as housing, medical assistance, etc.). In such cases, age on admission to institutions might suggest a study on the varying flow of admissions, by evaluating the importance of external circumstances in stimulating earlier institutionalization and affecting the natural development of the process of ageing (e.g. a comparison between the average age of groups of residents admitted in various years). The possibilities of independent life and hence the capacity

to carry on, if they are influenced by general external circumstances, are more directly related to particular social and economic conditions determined by past working life. This occurs because objective conditions (income level, housing, consumption level) and the possibilities of continued contribution to society (availability of work, part-time jobs, and fields of interest) appear to be clearly different according to class or, more precisely, to occupational level.

It may seem unnecessary to call attention to the outstanding value of occupation as a basis of economic and social classification since in general it is given great importance in inquiries on stratification. Occupational status is not only indicative of an individual's life, such as may be inferred by measuring its components, but it is also the principal social qualification by which individuals try to define their own class position. For the aged, it assumes greater importance, because of the reduction of activity which occurs at the end of working life. The elements of individual differentiation (due to a spirit of enterprise or a capacity for satisfactory relationships), which can be observed in adults, even those belonging to the working classes, tend to disappear in the aged. The aged who have experienced such a painful decay of personal prestige, are compelled by circumstances to a social and economic condition common to all those with the same past working life.

This equality of the aged concerns not only the economic field, where the uniform level of pension and of possibility of savings means a common level of living, with common attitudes and impulses toward a solution by institutionalization. It also applies to fields where the aged can assert themselves, since a common working experience (such as skill, possibility of relationships, cultural pattern) conditions the possibility of choosing new occupations and part-time work, and actually equals occasions of practical execution. This applies particularly to the aged from unskilled industry, whose experience does not offer them the chance of new work other than labouring. But this reduction of the aged to a common condition, differentiated according to their occupations, applies also to the field of social relationships, that is to forms of social contribution other than work. The loss of natural community on leaving the factory, the fall of personal prestige and authority, the vanishing of interest in life and of forms of communication, in short the whole process of maladjustment which leads the aged to isolation within the family and society and causes institutionalization, occurs in different ways, according to characteristics of behaviour, common to each occupational group, as a generalized product of a common past working life and experience.

CALCULATIONS OF POSSIBLE SAVINGS THROUGH THE INTRODUCTION OF ASSISTANCE IN THE HOME INSTEAD OF INSTITUTIONAL MAINTENANCE OF THE AGED IN DENMARK

Henning Friis

The savings to be anticipated as a result of the introduction of a home assistance scheme will primarily be apparent in homes for the aged (to some extent also houses for old age pensioners) and similar institutions (e.g. the Copenhagen Rest Home), as well as hospitals.

As regards the evaluation of the possible savings to be effected by granting assistance in the home as an alternative to maintenance in a home for the aged, it should be born in mind that it largely depends on the question whether there are vacancies in existing homes or whether account should be taken of the cost involved by the erection of a new home.

Concerning utilizing any vacancies, it should be noted that the additional cost of filling a vacancy in an existing home for the aged is very small and is more than offset by the simultaneous saving of the expenses of old age pension. An investigation of eight borough accounts⁽¹⁾ showed that the additional cost to a home for the aged by filling a vacancy was on an average of the order of 1,500 kr. As against this figure was an additional income during the year concerned to the local authority of some 1,980 kr. by way of subsidies from the State and the Equalization Fund and a saving of some 670 kr. in the cost of old age pensions, see below. Altogether, the local authority will thus have earned some 1,980 kr. + 670 - 1,500 = 1,150 kr. On the other hand, the State and the Equalization Fund would have had an additional expense of the said 1,980 kr. and a saving in the cost of old age pensions of about 1,690 kr., see below, or altogether a loss of scarcely 300 kr. The total saving to the public authorities would accordingly amount to some 850 kr.

Today, the figures are likely to be somewhat different. Moreover, they are not based on a countrywide investigation, but this fact can not alter the general conclusion that it is bad policy for the community not to utilize fully the existing homes for the aged under the prevailing conditions, as the additional expenses by filling the last vacancies in such a home is modest compared with the expense on old age pension. The fact that it is a good bargain to the local authorities and a bad bargain to the State to fill the last vacancies in the homes for the aged, is but one of the peculiarities from the extremely complicated system of distribution of the public expenses between the Central and Local Government.

The next question viz., the cost of running a new home, as compared with the cost of assistance in the home, is not quite so simple. Under certain specified conditions, however, which here shall not be further dealt with, it is possible to form an idea as to the results. Again, the basis of the calculations is the above mentioned accounts relating to eight provincial towns.

⁽¹⁾The material relates to 8 towns, each with some 20,000 inhabitants in 1950.

The following comparison may be established between the average expenses per year of the State (and of the Equalization Fund) and of the Local Authorities, respectively, in regard to residents of older or newer homes for the aged and to a single pensioner living in his own home with no deduction from the pension:

	State & Equalization Fund	The provincial towns ⁽¹⁾	Total
	kr.	kr.	kr.
Annual expense on a single old age pensioner living in his own home	1,691	673	2,364
Annual expense on resident of an elder home for the aged	2,200	2,120	4,320
Annual expense on resident of a new home for the aged (erected today)	2,700	2,600	5,300

It should be noted that the annual average expenses in respect of a resident of an older home for the aged, which are indicated in the above table, cannot be compared with the additional expenses involved by filling the last vacancies in existing homes, which are stated above.

As shown in the table, there is to the community, as a whole, a very great difference between the cost of maintaining old people in their own homes or in homes for the aged, because the old age pension only amounts to 45 per cent of the institutional maintenance (in the case of new homes) or 55 per cent (in the case of an older home). Even a relatively large increase of the total amount of the old age pension will not change this fact in any decisive manner. On account of the distribution of the expenses between the Local and Central Government it will further be evident that the difference in the cost of one and the other form for care is relatively bigger to the commune of residence. This figure must, however, be taken with the reservation that the working expenses of the homes for the aged (unlike the regulation charges) show a high degree of dispersion. Therefore, the figure relating to the annual cost to the Local Authorities of institutional maintenance of the aged must be considered as an average figure from which there are likely to be substantial individual deviations. To some local authorities the difference in the cost of one and the other type of care is still greater, to others it is considerably smaller.

Finally, in respect of the figures indicating the working expenses of new homes, it should be noted that they serve to show that the cost of erecting homes today is so high compared with the average cost in regard to the existing homes that the total expense per resident has risen by 25 per cent.

Notwithstanding the necessary reservation in regard to the figures indicated, it seems obvious that the interest of the community in finding alternatives to the institutional maintenance of the aged is very great. In this connection, however, it should be born in mind that any increase of the old age pension, provided it is not accompanied by an equally large increase of the pocket money to residents of homes for the aged (which is not likely to be the case), will reduce the difference between the cost of old age pension and the cost of institutional maintenance of the aged.

⁽¹⁾No account has been taken of the fact that, in addition, most boroughs are compensated for a certain proportion of these expenses because their account with the Inter-Communal Reimbursement Fund shows a profit.

Even in regard to a possible increase of the old age pension, the figures seem to indicate a rather wide margin within which it pays to grant assistance in the home. Only in the town of Aarhus and Randers, however, is information available as a basis for estimating the cost of granting assistance in the home. The average expenses per assisted person amounted in these towns to 18.50 kr. and 37.50 kr. respectively. The great difference may be due, on the one hand, to the fact that the need for care of the Randers clientele was greater as a whole than that of the Aarhus clientele. On the other hand, the Randers calculation may include certain overhead expenses which are expressly kept outside the expenses in Aarhus. Where assistance in the home must be granted to a person who otherwise would have to be maintained in a home for the aged, the monthly expense on assistance in the home will doubtless be relatively large. Even if the ultimate expense finally should be twice the above mentioned 37.50 kr., the maximum annual expense will not exceed about 900 kr., or considerably less than the saving shown by the figures indicated in the table. If the expense on assistance in the home amounts to a substantial sum, however, it is only to the advantage of the local authority to grant assistance in the home if the State contributes towards the expense through a certain reimbursement. In more favourable cases, the advantage of the assistance scheme is obvious, i.e., when short-term, not permanent, assistance in the home is put in operation instead of institutional care.

The above argument is based on a comparison of the cost of the operation of homes for the aged and of old age pensions. The possible savings of hospital expenses will in each individual case be at least quite as large as those relating to the homes for the aged. An effective assistance in the home may relieve the hospitals of some of the patients who fill them at present, and may in the long run reduce the need for increasing their capacity. Though hospitalization only in rare cases is likely to be avoided through assistance in the home, such assistance may to a large extent render it possible to discharge patients which it is difficult to do today, because, though cured, they can not be left entirely to themselves.

SOCIO-MEDICAL SURVEYS

R. J. van Zonneveld

As in most West European countries, the number of the aged in the Netherlands has been rising steadily in the last century. While in 1900 we had only 308,000 people of 65 years and older in a population of 5,133,000, i.e. 6.0%, in 1950 the number of old people was already 793,000, in a population of 10,200,000, i.e. 7.8%.

At the moment there are over 900,000 aged people, and as the population can be estimated at 10.9 million, their percentage has risen still more. In my country we are becoming more and more aware of the implications of the fact that every twelfth person is an aged person. Only recently we had a big national congress, devoted to many various aspects of the problem of the aged. At this congress, the fundamental fact was stressed again that we need more research in every direction - medical, sociological, psychological and economic - to get reliable data. Before starting more comprehensive projects of the care for old people all kinds of information about these people are needed urgently.

What has been done with regard to this information in the Netherlands? In the following I shall try to give you some idea. I will restrict myself to investigations of a medical and socio-medical nature, though I will just mention some surveys in which attention has been paid to the health aspect too. By the way, I always find it curious to see how in many surveys, claiming to give information on the living conditions of the aged, their health status has been neglected or has scarcely been correlated with the other data collected. As the health of old people is often so delicate, this must influence their other circumstances, while at the same time external conditions also affect their health status.

So far as I know at the moment, about five surveys have been directed more or less especially to the physical and mental condition of the aged in the Netherlands. Some are of small scope, others more pretentious.

A. The first survey was of a rather simple nature and was intended to get an idea of the number of old people for whom admission to a nursing home seemed desirable. Under the direction of Professor Hornstra, Professor in Social Medicine of the University of Utrecht, the general practitioners on the small island of Schouwen-Duiveland, in the south-west of the Netherlands, examined those of their old patients whom they considered more or less chronically ill. It is obvious that such a survey is quite useful for a particular region, but generally speaking it does not give much information for a comprehensive view on the situation in a particular country.

To give some figures from this survey: On the island 12.5% of the population was older than 64 years; 1.4% of the aged men and 2.3% of the aged women were found to be in need of nursing care. The principal causes for this were chronic rheumatoid arthritis, dementia, and cardiovascular diseases. (The diagnoses were made by the local general practitioners).

B. Another regional survey has been carried out in the south-west corner of the Province of Friesland. A local specialist in internal medicine, Dr. Schreuder, was struck by the great number of aged people in the wards of his hospital. Because of this he became interested in the number of old people suffering from long-term illness in their own or their children's homes or in residential homes, and in their circumstances. With the help of the National Health Research Council T.N.O. he made a survey of all these people. The general practitioners provided him with the names

of their chronically ill old patients and they often went with him to their houses. Of the patients who had been defined as chronically ill 512, i.e. nearly all, were examined carefully. Some of the conclusions of his report are given here:

Many more women than men are affected by long-term diseases, indeed much more than the normal excess of women in the later age brackets (151 men and 361 women).

The following table shows the number and degree of ill health of these people.

Grade of invalidity	Men	Percentage of total number of aged men in the area	Women	Percentage of total number of aged women in the area	Total	Percentage of total number of aged persons in the area
		%		%		%
Not invalid	11	-	26	-	37	-
Invalid and rehabilitable	23	5.2	71	15.2	94	10.4
Invalid, partly "	80	18.2	162	34.8	242	26.8
Invalid, non- "	36	8.2	103	22.2	139	15.3
Total number of partly- or non-rehabilitable persons	116	26.4	265	57.0	381	42.1
Total number of invalids	139	31.6	336	72.2	475	52.5
Total number of persons examined	151	-	361	-	512	-

These figures are related in more detail to give an idea to the seriousness of the problem of chronic disease among the old. It illustrates again what I said before: almost every survey of the aged has to take into account their health status.

Some other figures of Dr. Schreuder's survey are:

Of the invalid aged men 19.4 per cent and of the invalid aged women 24.8 per cent were bed-fast. 65.5 per cent of the men and 67.3 per cent of the women were only partly ambulant.

69.6 per cent of the non-bed-fast but invalid men and 67.4 per cent of the women in this condition had to be helped with dressing.

It is easy to understand that aged long-term patients often become a heavy burden to their relatives. This was the case in 52.3 per cent of the men and 56.9 per cent of the women living with their families.

To complete the data of this survey I give you the principal causes of invalidity:

arthroses deformans : 28.0% of the men, 34.8% of the women.
hemiplegia : 18.7% " " " , 11.9% " " "
cardiovascular diseases : 12.0% " " " , 10.8% " " "

As a result of his investigations Dr. Schreuder comes to the conclusion that the number of beds in nursing homes should be between 23.1 and 42.1 per 1000 aged people.

Again we had here a regional survey and one directed only at a small and special group. The results however are in a way much more useful than those of the previous one. One advantage was that there was only one investigator, so that the evaluation of all the cases can be regarded as uniform. There may be an objection that this is also a disadvantage, as the appreciation might be very one-sided. In this case I think this was not very serious, because the judgment of the old patient's own doctor was also taken into account. Dr. Schreuder also used several objective criteria arising from every routine internal examination. But, generally speaking, when an investigation takes place in which a subjective opinion is involved, one should take great pains to introduce sufficient objective criteria, which can be controlled by others.

As the scope of these two surveys was limited, the number of persons who could be examined for that purpose was small, because only ill, old people were considered. So it was quite easy to survey practically all of them.

Now the following surveys had to deal with all kinds of aged people. Of course it is unnecessary and often even impossible to investigate all old persons in the given area. A random sample is needed. Here a special difficulty arises with regard to the subjects: more of them can be expected to live in special homes or institutions than young people because of physical disabilities, and of course these institutionalized old people should form part of the sample as well, especially where the health status is involved. Now access to them will be less easy, and perhaps "the aged living in homes or institutions" are apt to be forgotten. It must therefore be stressed again, that this is wrong, some of those who still live in their own homes will move into an institution later on.

C. The socio-medical survey which I will discuss now is known to most of you, as I gave a short summary of its results at the London Gerontological Congress in 1954. Nevertheless, I will ask you to give your attention to it again as some points may be useful for our own discussions.

In the years 1951-1954 in the town of Groningen, with a rather mixed population of industrial and (originally) country people (+ 140,000 inhabitants) a survey of 3,000 aged persons was carried out under my direction. The organisation and some of the results are given in the following summary of the report.

The survey was carried out under the patronage of the Department of Preventive and Social Medicine (Director: Prof. Dr. J. H. Tuntler) of the University of Groningen. For that purpose many men and women of 65 years or over were visited in the town of Groningen, in the northern part of the Low Countries.

The questionnaire used in this inquiry was framed with the assistance of many experts in special fields.

The 8 random samples, according to sex and age-group and totalling 3,000 people (about a quarter of all the aged in the town of Groningen with + 140,000 inhabitants), were made by using a table of random numbers from the "Statistical Tables for Biological, Agricultural and Medical Research".

A pilot survey with 200 old people preceded the big survey; it was carried out by the author with the use of a preliminary questionnaire. About 70 medical students, who were taking their final state examination for general practitioners, made the inquiries in the main survey covering 2,650 old people; the rest was done by the author. In total nearly 4,000 visits had to be made to get all the necessary information. A letter explaining the aim of the inquiries and asking for co-operation was sent in

advance to all aged people to be visited. About 100 were not seen or seen only very briefly. Among them there were 36 who refused to co-operate, so the refusal rate of 1.2% is very low. However, information about all these people was obtained from relatives or general practitioners. Those who had died or had left the town forever were excluded from the survey, with the exception of those who had been put in a mental hospital outside Groningen (in the town itself there is only one relatively small institution of this kind).

The object of the survey was to get an insight, at a given moment, into the functioning and the disorders, if any, of some important sense-organs and other organs; the ways of adjustments to defects in connection with some important daily tasks; and finally to try to divide the old people examined into groups according to their health status and in relation to those socio-medical provisions which were considered as ideally the most suitable.

In many cases the results only refer to 2,927 subjects, as the inquiry had not been finished entirely when the statistical department of the National Health Research Council T.N.O., who financially supported the statistical operations, was able to start these activities. The calculations have been made mostly by means of the X-square test of PEARSON, and sometimes by means of the test of SMIRNOV. As the level of significance (P) has been kept at 0.05, a significant difference has been accepted with $P \leq 0.05$.

A number of the results will be mentioned briefly here. Many of them are not surprising, but confirm previous opinions.

1. General data

In this sample of aged people there are significantly more widows than widowers. The same holds good for the whole aged population of the Netherlands. The reasons are that widowers more frequently remarry, and widows have a longer average lifetime. The medians of the numbers of children still alive give the impression that the oldest people had the biggest families. As a matter of fact, this is the case, as we all know.

Of course only in the youngest group (65-70 years) can a considerable number of people still working be found. Most of them are of the higher social classes, who perhaps get more chances to continue working.

The division of occupations into five social classes corresponds with the "Registrar General's Classification of Social Class".

With advancing age we find more of the aged living dependently. In the youngest age-group significantly more men and women are living independently than in the oldest age-group. There is no significant difference between men and women in these two age groups with regard to dependent living.

In the sample, about half of the aged are receiving benefits under the Emergency Act for old-age provisions,⁽¹⁾ a relatively somewhat higher number in comparison with the whole aged population of Groningen at that time. Nearly three-quarters of the old people are in sick-funds.

2. Data about the parents of the aged

The median of the ages of the fathers of the oldest man (< 80 years) is 71 years, of the fathers of the oldest women 71 years and 3 months, of the mothers of the oldest men and of the oldest women 75 years.

(1) A married couple receive approximately £115 a year or somewhat less, a single person £60 or somewhat less.

The causes of death of many of these parents are nowadays rare and in some cases non-existing. For instance, 7 of them had died of cholera; 60 women had died in childbirth.

Only one parent had reached an age of more than 100 years. Six parents of the aged were still alive at the time of the survey.

3. Some results of the questions with regard to the state of health as well as to some disturbances of internal organs

In the older age-groups men and women are not feeling less well than in the younger age-groups. Women are complaining of their health significantly more than men. There is no significant difference in these feelings between the higher and the lower social classes. Significantly fewer men still working of the higher social classes are complaining than men still working of the lower classes or those who are not working any more. Between receivers of the old-age pensions mentioned above and those who do not receive them there was not a significant difference in any single age-group, but for all age-groups together there is one, at least for men; the Emergency Act pensioners have more complaints.

Widow- or widowerhood and number of children have no significant effect on the health feelings.

More than 2/3 of all men and women in the sample have kept the same weight during the last years. As many men have gained as have lost weight. The same is the case with the women of the two younger age-groups, but in the two older groups significantly more women are losing weight than gaining. Comparatively the greatest weight changes occur in the youngest age-group. Men have fewer complaints about their appetites than women.

Many aged people complain of constipation. There is a significant increase with age. In each age-group significantly more women than men have these complaints.

Contrary to these observations, there is no increase with age of the percentages of those who are troubled by fits of oppression (suffocation). In every age group, and in the two oldest significantly, women have more complaints of them than men.

There exists a slightly significant difference, when men of all age groups are taken together, between the social classes, with regard to fits of oppression. The highest class is complaining relatively less than the other classes. With women it is the same.

Men are coughing more than women, and all are doing so especially in the morning.

Shortness of breath is again significantly more a complaint of women than of men. The combination of this symptom with that of oppression seems to occur often, as is quite understandable. It is mentioned significantly more than any other single symptom.

Relatively many aged people have "micturition" troubles; nycturia and dysuria are mostly mentioned. In the whole sample but not in the separate age groups there is a significant difference between men and women in relation to these complaints; the former predominate. The time of the beginning of the various complaints can be seen in one of the tables of the book.

It is evident that the number of persons without any complaints is decreasing. There are significantly more men than women without complaints, which fact corresponds with the results of the question on health feelings.

Significantly more women than men have probable cardiovascular diseases, but there is no significant difference between the two sexes in relation to the occurrence of cerebral hemorrhages. Significantly more women (not men) in the youngest age group have this kind of disease than women of the oldest group. The fact of receiving the government old-age pension in the sample is not significantly connected with the occurrence of these two groups of diseases, but it does coincide with the occurrence of all other diseases together.

4. Data about the sense functions

Only few old persons have good near as well as distant vision without glasses. Spectacles adapted for the two distances are more used by women than by men. But not all of those who are using glasses are benefited by them. Most of the aged people who are badly hindered by their sight are found in the oldest age group. A further analysis of the old people with bad vision, with regard to the use of spectacles, is given in one of the tables.

Of course the number of those without any complaints of both hearing and seeing rapidly decreases with age: after 80 years of age only 1/4 of all aged people examined did not complain.

Complaints of hearing are not so frequent as of seeing: most of them occur in the oldest age group. Men complain more than women. Men of 75 years or older in the lower social classes have more troubles with their hearing than those in the higher social classes. A hearing-aid is not much used (only in a few per cent of all those who have complaints), and if used, sometimes no benefit is derived from it. In the oldest age groups significantly more hearing-aids are used, but there is no significant difference at this point between the two sexes. A graph in the book shows the percentage of persons complaining of vertigo. As can be seen, many old people complain of dizziness.

5. Data about the use of the extremities

The upper limbs cause less trouble than the lower ones. The female sex has more complaints of them than the male sex. The ailment that is especially mentioned is rheumatic pain. Other important ailments are: tremor, stiffness and "other kinds of pains". A little more than 10 per cent is seriously hampered by them. A table shows the most important complaints of the lower limbs. With regard to rheumatic pain, "other pains" stiffness and foot troubles, there is no significant difference between the two sexes: with the exception of the age-group 70-75 years. In a graph the increasing prevalence of stiffness with age can be seen. The serious complaints are above all the paralyses, such as those of the arms.

As is shown in another table, varices and oedema often occur. Significantly more women than men complain of these ailments. Micturition disturbances significantly accompany the leg complaints.

In many cases the same ailment is found in upper and lower extremities at the same time. This happens especially with rheumatic pains. And 33 of the 47 persons with some kind of paralyses have these in all extremities.

Finally a table gives the numbers of persons with rheumatic pains in the arms as well as in the legs, in relation to their former occupations. There seems to be a decrease of these (and of other complaints of the extremities as well) in the higher social classes.

6. Data about the functioning of the memory

To get an insight into the memory-function, as a part of the intelligence, a number of questions from the WECHSLER Memory Scale were used. Among them there are questions for personal orientation, general orientation, orientation of time and place; next the request to say the alphabet and to solve a little arithmetical problem and a single "financial" problem and finally there is a test for the visual and the auditive memory. The evaluation of the marks obtained had to be made different from the one used by WECHSLER. Apart from this, one probably ought to use different standards for the aged than for younger people. Only very few old men and women do not know their names or their ages. Difficulty in remembering the birth-date is somewhat larger, especially for the very old: 6.7% of the men and 14.7% of the women have forgotten it. The sex difference is significant. With rising age the percentage of those who answered correctly all the questions of orientation decreases a lot. ⁽²⁾

Disorientation of person, time and place is found very seldom. However, the number of persons who could not correctly answer the question concerning general information is rather high; moreover, it is rapidly increasing in the older age groups. There is a tendency for the higher social classes to obtain better results than the lower classes. The difference between them is significant. The number of people who in their youth had learned the alphabet by heart and who could reproduce it well now is disappointing. Here again, there is a significant difference of the same kind between the social classes in marks obtained. The same almost holds good with the problem of arithmetic. Only half of the oldest persons solve the problem well.

The maximum number of marks for repeating a little invented story was 6. The medians of the score in the successive age groups for men are: 2.1, 1.7, 1.6 and 1.0 and for women: 1.7, 1.6, 1.4 and 0.8. The averages are for men: 2.5, 2.2, 2.0 and 1.5, for women 2.3, 2.2, 1.9 and 1.4.

There is no sex difference regarding this question, with the exception of age group I. But between the age groups there is a difference: the youngest obtain much better results. Again the lower social classes have significantly less good results than the higher classes. The median of men still working is somewhat, but not significantly, higher than that of men who have stopped working.

The maximum score for the reproduction of two drawings in the memory-test is 4. The median score in the successive age groups for men is: 2.5, 2.3, 1.8, 1.1 and for women 1.7, 1.4, 1.1 and 0. The averages for men: 2.7, 2.6, 2.2 and 1.7, for women 2.2, 2.0, 1.7 and 1.0. These results are better than those for repeating the simple story. Many more persons reached the maximum score, with a significant difference in favour of the men. The same significant difference as with the reiteration of the story is seen between the oldest and youngest age group and between the social classes. Old people still working obtained significantly better results than those retired. One fifth of the men and a quarter of the women in the oldest age group could not answer correctly the financial problem.

The maximum score for the whole memory-test is 26. Only 1 man and 2 women could reach this number. 25 marks were obtained by respectively 7, 6, 7 and 0 men and 3, 4, 2 and 0 women.

The mean, median and modus of the marks obtained are shown in a table in the book.

⁽²⁾From $\pm 80\%$ to $\pm 55\%$

In both sexes there is a significant difference between the two extreme age groups, in favour of the "younger" aged. In the youngest group there is a significant sex difference, but not so in the oldest group. Men obtain better results. As can be seen in a table, the higher the social class the higher the medians of the marks obtained. For the age group 70-75 years the cumulative percentages of the marks obtained in three groups of men regarding their earlier occupation are shown in another table and a graph, and here the same difference between them can be observed.

The effect of being still active is a favourable one, as a table in the book shows.

Those who draw the government old-age pension obtain significantly less good results than those who do not receive them (with the exception of age-group I and IV of women).

7. Data about medical assistance and consumption of medicine

Approximately 40% of the old people examined had been under treatment by a physician within the last three months before the inquiry. With advancing age there is no significant increase of medical assistance required by women, but for men such a difference does exist between the age-groups 65-75, and 75 and higher. Social class and civil status seem to have no influence. But there is a significant difference between men and women still working and those who have retired. Women of all age groups together who are receiving government old-age pensions have also consulted their doctor significantly more within the last three months than those who are not receiving this support. The relation between subjective health feelings and the calling in of medical assistance is given in a table. The percentages of those who, notwithstanding their apparent state of well-being, have consulted a physician are the largest. About 90% of all the aged people who were feeling ill, and about 70% of those with moderate health have seen their doctor within the last three months.

With advancing age there is no significant increase of the consumption of medicine in the two sexes. Many more women than men take medicines and the difference is significant.

Income probably plays an important role in relation to the consumption of medicine, especially in relation to household remedies. Significantly more women with an income of at least £120 a year than those with a smaller income use the household remedies. When the taking of medicine is compared in the aged with cardiovascular diseases, with "other diseases" or without diseases, a significant difference between these three groups is found, in that a relatively great number of aged without disease nevertheless use household remedies.

8. Data about some household activities in connection with physical and mental disturbances

In a table in the book, the percentages are given of the aged who are doing one or more of the household activities mentioned. Cooking is not done by many men (approximately 10%), but many think they can manage it. However 1/3 of all men say that they do not know how to cook. As a rule wives cook for their husbands; but often the daughters. The primary reason for being unable to cook, for both sexes, is disability of the arms and legs.

Men do the shopping much more than the cooking, and they also think (even when they do not do the shopping themselves) that they will manage this better than cooking. One table gives the percentages of the reasons for being unable to do the shopping. In another table can be seen the percentages of persons who manage their own financial affairs, while still another table shows the percentages of those persons who do not do

it themselves but who think they could manage. In this case, of course, the reason for being unable to shop, will often be a mental disturbance. With rising age the difficulties in connection with this activity, as with the two others, are naturally increasing. The task is taken over in the first place by the marriage partner, or family member living in the household, next by family members outside the household.

Only few old men or women have difficulty in washing and dressing, with the exception of the oldest: 10% of the men and 20% of the women cannot dress themselves. Complaints of the arms and legs, followed by weakness, are the reasons mostly heard.

Ascending and descending stairs is often difficult (for women + 40%, for men + 25%). The principal reasons: shortness of breath, complaints of the legs and dizziness. Significantly more persons with complaints of vertigo than without these have difficulties with stairs.

9. Data about the ideas of old people with regard to homes for the aged

As a matter of course these results are influenced by many old-fashioned opinions and wrong information among the aged. Therefore a short explanation was always given to them by the inquirers. Nevertheless the following data will remain of relative value. Approximately 2/3 of all aged people do not appreciate the idea of a communal home. There is no significant change of opinions with rising age with men; but with women there is: the oldest are much more in favour of a home. In the youngest and in the oldest age groups women evidently appreciate such an institution more than men. Between married people and unmarried (or widowed) people no such difference can be shown. With rising age there is no significantly greater appreciation among married persons of both sexes. Those without children are significantly more favourable to a communal home than those with children.

In the oldest age group significantly more men of the lower social classes appreciate the idea of a communal home than those of the higher classes. There is also a significant difference between people who still live independently and those who have given up this way of living: the former are significantly much less in favour of the home than the latter. Men with incomes higher than £120 a year appreciate the home significantly less than those with a lower income. Between the aged of the oldest group those who are feeling well and those who are not feeling so, there is no significant difference in opinions.

There is no significant difference in opinion between those who complain of fits of oppression and those who do not have these complaints with one exception: women of the oldest age group. Here they are much more in favour of a home. Dyspnea probably influences significantly the ideas in favour of the homes. The presence of complaints of the arms and legs is of no importance. No significant difference exist between those who cook for themselves and those who only think they could manage it.

10. Data about provisions deemed suitable from socio-medical point of view

How should the aged be cared for in the best way to avoid physical or mental deterioration and to benefit their health? This question is very important. In the author's opinion the following scale of five grades of socio-medical provision can be used with regard to the health status of old people.

- 1^o Accommodation in their own home, without any help. For those who are not handicapped in any way by defects, weakness, mental disturbances, etc.
- 2^o Accommodation in their own home, with daily simple help for some hours. For those who are not quite capable of keeping house themselves.

- 3^o Homes for the aged with complete provision. For the frail ambulant with minor ailments or very mild mental disturbances. It should be emphasised that persons with mental disturbances ought not to be mixed with the mentally sane.
- 4^o Nursing homes, and long-stay annexes, for the chronic-sick aged, for whom no further recovery can be expected. Special nursing homes should be available for the moderately mentally infirm aged.
- 5^o General hospitals, or if possible geriatric departments in these hospitals, for those aged people who are acutely ill or who can be benefited by measures of rehabilitation. Mental hospitals for those who ought to be certified.

The 3000 old men and women were classified into five groups with regard to their health status (the possibility of rehabilitation could not be considered, however).

A special classification of the mental status was not possible in this survey. So among the 403 aged who ought to be in a nursing home, 12 persons are included who were in fact admitted into mental hospitals, but of whom perhaps a great number might have been in special homes for mentally infirm aged.

We found 13 persons ought to be admitted to general hospitals in Groningen, and that, if all aged people who needed it (not regarding their personal wishes or material circumstances) were to be in some kind of institution, there would need to be 153 beds in old-age homes per 1,000 persons older than 64 years; 34 beds in nursing homes (mostly special homes for mentally infirm aged), and 4.3 beds in general hospitals. These numbers do not differ much from those calculated for the whole aged population of the Netherlands.

The actual number of aged people in homes of all kinds, on December 31st 1950, was about 1/3 of the desired capacity.

Out of 19 deaf old people in the sample, 10 should be in an old-age home and 5 in a nursing home. For 188 badly hard-of-hearing persons the numbers are respectively 67 and 23, and 3 should be in a general hospital. For 72 blind or nearly blind old men and women: 46 were deemed suitable for an old-age home and 17 for a nursing home (or long-stay annex). In one of the tables in the book the percentages are shown of those with bad sight who should be in some kind of institution. The percentages of those who should not live any more in their own houses, and who have fits of oppression, are given in another table. With regard to this point, there is no significant sex difference. Still another table shows the percentages of aged persons with dyspnea with regard to the care they need. In the younger age groups significantly more than in the older groups can live in their own home. Of course, the dyspnea (or any other complaint separately mentioned) is certainly not always the only reason for admittance to a special home. With advancing age there is no important increase in the influence of leg and arm complaints with regard to this admittance. There are no great changes in percentages of men who are judged fit to live in their own house with simple help, whether they know how to cook for themselves or not. Two graphs in the book give an impression of the reasons why people older than 79 years, who should be in some institution, cannot cook. Significantly more aged people who are thought suitable for old-age homes like entering such homes than those who do not need to be admitted into them. There are significantly more men with an annual income of less than £120 who should enter a home, than men who have a larger income. In a table the percentages of those aged persons are given who are already well cared for ($\pm 90.5\%$) and of those ($\pm 9.5\%$) who are not. Some of the latter could be without the care which they are already enjoying (about 1% of all the aged in Groningen) but very many are insufficiently cared for. It has been calculated that about 24% of the aged (i.e. 3.7% of all old people in the town), who came into consideration for an old-age home and about 32% of those

who should have been admitted to a nursing home (i.e. 1.1% of all old people), were not well cared for at the time of the survey. About 3.7% of all the aged in Groningen needed home-helps at short notice. The two older groups especially should receive more socio-medical attention. A table in the book shows that relatively many men who are cooking for themselves, and many women of ages 65-75 who are handicapped in cooking by an impaired health status, are not well cared for.

All the data refer to the aged population of a town. But Groningen houses also many old people who have come from the country, so the composition of the population is not too one-sided.

Nevertheless such inquiries as are here described should be done among the aged population of a rural region as well, and also in another part of the Netherlands. In the meantime, the results now obtained can give a starting point for further inquiries.

I will sum up briefly the main difficulties we encountered.

1. The investigators

Great pains were taken to instruct them by written instructions and information before they went to the houses of the aged. It is not necessary to point out the advantage of visiting the old in their own homes instead of sending them questionnaires. You all know how few of these are ever sent back; old people especially with their visual, mental, or even manual troubles will often not respond to written questions.

So I think that if we want to know anything of importance about old people, the only way of getting real information is to speak personally with them and sometimes even in their own surroundings. In the Groningen survey I had to use (because of the great number of aged persons to be questioned) many investigators, who all went to their houses. These investigators were medical students in the last year before their final examination, so generally speaking they can be considered to be medically rather well informed. Here another point must be emphasised: if a survey wants to enter further into medical aspects, the help of physicians is indispensable. In the Netherlands some mainly sociological surveys of the aged have been carried out; but non-medical surveyors had to enter also into medical matters. Experience soon showed that only very simple questions about health status can be left to non-medical investigators.

As I pointed out earlier, instruction was given in writing and orally and special attention was paid to the fact that aged people were to be visited. Not only must one deal tactfully with them, but one has also to consider critically the findings. It is quite possible that the old man or woman is looking too optimistically at his or her own situation, or on the contrary is aggravating it.

After the surveyors had fulfilled their task, the cases visited were discussed and if necessary I corrected some of the subjective data to get a more uniform interpretation, without however equalizing too much.

II. The surveyed

Some points of special interest in surveys of the aged I have mentioned already: the necessity to visit them in their own surroundings and to treat them tactfully and respectfully. We must not forget that this technique of interrogating people about all sorts of matters is rather new, especially in Europe in comparison with the United States. So it is quite understandable that old people are suspicious about a survey. In Groningen therefore we sent a letter to everyone to be visited, explaining the purpose and announcing the expected time of the visit. Nevertheless it was amazing to

see how badly even this short and simple letter was understood. I had to change the text twice to make it as clear as possible, and to avoid annoying officials, housing inspectors, political agitators, and so on. And even then many misunderstandings existed. The number of refusals was small, however. At first the percentage was 1.6 and by personal exertions this was brought down to 1.2%.

III. The technique

If possible one must not question or examine a person too long, and especially not an old one, as he will soon be tired (sometimes the surveyor as well). So, if the examination will take some hours, it is better to divide it into two or three parts. Another important point (valid for most surveys, like many of these points which I enumerate here) is to frame the questionnaire if possible in such a way that the investigator can answer many questions by just checking one of a series of prefixed possibilities. This has of course the disadvantage that the answers are not always quite accurate, but on the other hand it is much easier for the investigator. This kind of questionnaire can be used when it is not necessary to be too specific. The problems of ageing and old age are so complicated and manifold, that for the present we need much global information. But especially there arises the problem of the right interpretation of the conceptions handled. Here I may ask the members of the symposium to give very special attention to the unification of the terms we are using every day. I think that this meeting will be a success, if we manage to begin to prepare an internationally uniform nomenclature.

Just to give some examples:

What is an aged person? What do we mean by retirement? What is a residential home, a nursing home? What is a long-term illness, a chronic disease? How do we define care of the aged, how nursing? When do we call an aged person invalid? What do we mean exactly by rehabilitation of the aged?

It is easy to put more questions like these, but I want only to draw your attention to the fact that we, when reading a report on some survey or other, often grope in the dark about the real sense of the words used.

To return to the technique: if possible a "free discussion" should follow the "rigid interrogation". Finally I believe that case studies can be quite useful as a complete, or even as the main source of information.

I have dilated rather on this survey, because in talks with several Dutch investigators, especially in the sociological field, I have learned that sometimes they tend to treat the special problems of socio-medical surveys of the aged too lightly.

D. A fourth survey of this kind has been carried out in Zaandam, an industrial town near Amsterdam. Because this resembles the previous one (in fact the greater part of my own questionnaire has been used there) I will not go into it.

E. The last survey for which I ask your attention, is in fact the largest and most important. The greater part of it is of a purely medical nature, and is meant to get an insight into the physical and mental health status of the aged. The medical examination resembles closely the one performed for a life insurance.

As far as is known to me this large medical survey of the aged is the first in the world in which the G.P.'s participate so fully. We think this method has many advantages:

1. The family doctor generally knows his aged patients better than anyone else, even if the investigator also is a physician. Not only does he know the previous case-history, but he is also well informed on the family situation and other circumstances.

2. The old man or woman who has to be examined mostly knows the investigator, as this is his own doctor, so he will trust him more than a strange surveyor, and will give him therefore more intimate information.
3. The participation of the G.P.'s in this survey will often stimulate their scientific interest, especially in gerontological problems.

Before starting the survey proper, a pilot-survey has been carried out. A small group of 8, later on 20 general practitioners, who co-operated out of interest in scientific socio-medical research, checked in their own practices the three parts (anamnesis, physical and mental status) of the survey. The questions were framed by me after consulting several national and foreign questionnaires, with advice from Dr. Groen, specialist for internal medicine in the University of Amsterdam Hospital, and from some members of the Advisory Committee for gerontological research of the National Health Research Council T.N.O. and from some others as well (statisticians, sociologists, psychiatrists and so on). By this method the definitive questionnaire was gradually composed. I may just mention that at one time we had included also a biographical anamnesis, but that this proved to take too much time, so that it had to be cancelled. The pilot-survey (which comprised 80 "patients" fully examined) was also very useful in giving information on the technique of getting a reliable sample. As many doctors do not possess a card-index of their patients, we had to ask community-registrars and sick-funds to provide these physicians with lists of old people living in their village or belonging to their practice. Co-operation in these instances was excellent, especially after they had been well informed by letters, articles and papers on the background of the whole project. You will understand that this required an enormous amount of administration. Out of little tables with the numbers of the aged in the sex and age groups the statistical department T.N.O. made a statistically valid choice of the 10 people who had to be examined by every doctor. In this way the surveyor had no influence whatsoever on the sample.

When the working group considered that a large survey was possible, the National Health Research Council T.N.O. by various means asked the co-operation of the G.P.'s in the Netherlands. At first about 1/7 of all G.P.'s agreed to take part in the survey; later on the number has diminished, chiefly by reason of lack of time, to about 400, or about 1/10 of the G.P.'s. This is still quite a number, considering that they co-operate voluntarily without any payment.

To obtain closer co-operation we formed about 24 working teams, which meet from time to time separately, to discuss the technique and to exchange experiences. All the surveyors will assist also in composing the final report.

We do not know at the moment how much success this project, the first of its kind, will have. I cannot give you results now, but that is also irrelevant in this paper dealing with the technique of surveys.

Just some words on the questionnaires. As I said before, there are three major parts, which make it also easier to divide the examination (which takes from 2 to 3 hours) into parts. The anamnesis and physical examination resemble those asked by life insurance companies, but they are more comprehensive and more directed to the circumstances of old people. Also more social data are taken. The socio-psychological part tries to give an insight into the mental and social life of the aged: what they are doing, if they feel lonely, if they can adjust themselves to old age, what they think and feel about their situations, etc. The little memory-test, as used in the Groningen survey, is also included.

The questionnaire has been framed in such a way that the examiner does not need to write much. The principal data will be punched on 4 Hollerithcards for each person.

That is all I have to tell you about this survey.

Some sociological surveys of a more general nature have included in their questionnaires also some questions about health status. In Rotterdam the housing and living conditions of 6,400 old people were surveyed. Some questions about accommodation (especially for the invalids) were checked there by the general practitioners of these people. Unfortunately the end results of this survey do not seem so useful for more general purposes.

In a similar survey covering the whole Netherlands, the surveyors (non-medical women, often with little experience in these matters) put also a question concerning the adequacy of accommodation and care available in relation to the health status. The leader of this survey, a sociologist, came to the conclusion that not much value could be attached to socio-medical data collected by these women.

Not long ago the Ministry of Social Welfare made a critical appraisal of the various (more or less sociological) surveys in our country. They came to the same conclusion: there is too little co-ordination, too vague definition of the object, and too little appraisal of the social setting. Furthermore there is need of more pilot-studies and qualitative data.

Some general conclusions and recommendations

Though in the Netherlands many social and some socio-medical surveys have taken place or are still going on, a total and comprehensive insight into the status and needs of the aged population is still lacking. A medical survey by general practitioners will perhaps throw more light on the medical aspect, but we still need much more information on the situation of the aged. Correlation of the various findings will help to give a better outline of all circumstances.

The absence of a uniform nomenclature of the various terms used is a great handicap in local and national as well as in international respects. The composition of such a nomenclature should be one of the first tasks of the European section of this Social Research Committee.

Another point of great importance is to stress the necessity of teamwork in surveys of the aged, as the problems of this part of the population are complicated and manifold. In particular one should not fail to secure the co-operation of physicians, as the health of old people is almost always involved in their problems.

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