

SOCIAL AND MEDICAL PROBLEMS OF THE ELDERLY

Fourth Edition

Edited by Kenneth Hazell

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Volume 20

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Social and Medical Problems of the Elderly

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**'I want length of life and you fear giving me
pain which I care not for; I will be
conquered; I will not capitulate.'**

SAMUEL JOHNSON

'Inhumanity like charity begins at home'

ANONYMOUS



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PREFACE TO FOURTH EDITION

Errors in the last edition have been corrected and statistics brought up to date as much as possible, though former statistics have been retained where they still make a valid point.

Society is undergoing a rapid change as the result of technical advances. Because machines now replace hand labour, the number of persons employed in positive production of wealth is a not very large minority: the rest of the population, apart from children up to school-leaving age, retired and/or disabled people, are engaged in 'service' industries. One understands that over 13 million are supported in one way or another by social security. This is the present pattern of society and likely to be so in the future.

The care of the elderly depends on a chain of events, with the working together of groups of persons in differing disciplines. The author is of the opinion that each group should know not only its own particular specialty but also how it fits in with what other groups are trying to accomplish. Though particular attention has been given to geriatric medicine, there are sections on retirement, housing, nursing, the elderly at home, preventive medicine, home help services, together with background statistics of a political and sociological nature.

The health of the elderly can be maintained only by attention to both medical and social factors; reliance on hospitalization investigations and the use of drugs has a limited value. Correct diagnosis in geriatric medicine is, of course, as fundamental as in any other branch of medicine, but does not of itself automatically lead to one line of treatment. This is because an individual assessment of the total physical, mental and social state is required, so that a balance can be struck between the possible advantages and the known risks and disadvantages of any particular treatment.

There is some difficulty in the arranging of the sections in a book of this kind. In a personal interview with the late Lord Beveridge, he persistently stressed the necessity of proper housing of the elderly as the vital base on which to build the medical and social care – and how right subsequent experience has proved him to be. Consequently, after a short section on retirement, I have incorporated one on housing.

I am much indebted to the contributors named on the title-page, each of whom is of recognised standing and writes from considerable

knowledge and long practical experience of their subject.

The book is intended to give not only factual information on the subject but also, from the state of affairs outlined, to persuade readers that the basic requirement is a warm-hearted, if not welcoming, attitude to the presence of a large elderly population.

PENSIONABLE RETIREMENT

During the course of their lives persons may retire from various hobbies or pursuits, e.g. football, cricket, rowing, boxing, bridge parties, secretary of clubs, and so on. Usually they do this because they find they have become inefficient or have lost interest. Commonly, they then take up alternative interests without any feeling that they have come to the end of a meaningful life – except for a few ambitious enthusiasts.

But retirement at 65 years for men or 60 years for women from perhaps their lifetime employment is of a different character. Society has, as it were, put them aside from the ordinary workaday life, in which they are not expected to intrude unless in some lowly role.

According to the dictionary, the definition of 'to retire' is: to withdraw, go away, retreat, seek seclusion or shelter, recede, go to bed, become a recluse, be uncommunicative or unsociable. I believe this spells out the general attitude of the public to pensionable retirement and one which the retired persons are expected to accept. For the younger age groups, this philosophy suits them very well since they have so much to gain from the vacancies which are left for them to fill. But they can hardly claim to be forming impartial judgements since they are personally affected, albeit beneficially. The wish is so often father to the thought, and many arguments are put forward for the compulsory retirement of older people. The rising generation claim to be modern, progressive, to have drive and initiative and to be 'with it' on the flimsiest of evidence. One of the best ploys is to alter the rules, the office procedure, the customary ways of dressing, speaking and behaving to emphasise how all is different, that the world is new and requires new and younger people to run it. There is no doubt that scientific and industrial development calls for a much greater adaptation to change; but it still requires a certain amount of human experience to make the right adaptations and not the wrong ones, which certainly youth can so easily do.

If elderly people accept the philosophy of 'putting their feet up and taking life easily', of 'growing old gracefully' (but who would care if they did it disgracefully), of taking no sides in the problems of the day and are seen not to do anything effective, they are not likely to be held in high esteem by their family, friends, or society generally and may well

attract an amount of patronising familiarity, a little pity or contempt.

There are over 7½ million elderly persons with women at 65 years having a life expectancy of 16·1 years and men at 65 years of 12·2 years, added to which there is a huge number of retired persons under 65 years. Amongst this number there naturally will be those who indeed are lazy, some in poor health and others who have never had much drive or liveliness and are content to do very little; some, indeed, make themselves a little ridiculous by apeing the young in dress and speech as if they were in their twenties. But there are also millions with expert knowledge, skilled training, and a lifetime's experience in many facets of living, all of which is not being put to any purposeful use. What a personal and national waste! One concludes that this situation really arises because there is not enough gainful employment for all and compulsory retirement is one easy solution. Such a procedure with younger age groups would undoubtedly lead to a violent reaction. Of course, the lot of the elderly is ameliorated if a pension is adequate and they now have millions of votes and can have an effect on political issues. But to date there is no change in the philosophy of always having a vast redundant elderly population.

The continuation of today's outlook is bringing about two classes of citizens, the young and working and the unemployed and elderly, the former with a high standard of living, the latter with an impoverished one, helped by free bus tickets, reduced railway fares, by special beef or other food tickets, meals on wheels, with queuing at every post office for all kinds of subsidies, and special entrance to hospital departments on the discrimination of age. One would hardly forecast a class struggle but an 'apartheid' system is developing. In the last century, the great issue was between the poverty-stricken working class and the privileged middle and upper classes, i.e. the evils of the capitalist system. Things are now different. There is a social injustice of a new kind, in its way causing misery to countless people. There appears to be a need for a treatise, not on 'Das Kapital' but on 'Das Apartheid Geriatric'.

Throughout the 1920s and 1930s, unemployment was complained of bitterly but nevertheless accepted as part of the times, and with what dire results! Similarly, today a pensionable population of millions, many of whom are quite fit, is also tolerated. Each week thousands are added to the list of pensioners; many are experiencing just age prejudice and are by no means the least skilled or more inefficient at their work.

One would like to establish a central theme for pensionable retirement:

- (1) It is often a social injustice masking true unemployment and affecting a special class of people.
- (2) It is a system very wasteful of human resources.

- (3) If pensions were really adequate, would those in work be prepared to forgo a sufficient amount of their wages to pay for them?
- (4) 'Sit back and take life easy' is a very bad philosophy both for the individual and the country; it can lead to great apathy by a large section of the community on public affairs of vital importance.
- (5) It removes from discussion at 'factory' level the steadying influence of persons with skill, humanity and a lifetime of experience.

Of course a time must come when persons are unfit for full-time employment. Such unfitness can occur suddenly but it is usually of gradual onset. The hope is, therefore, that the structure of employment can be changed so that the older person is offered part-time work according to his capabilities and not automatically paid off when there is over-manning. One thinks of a Rota System where there are alternating periods of employment and unemployment without any being wholly unemployed. This should be less expensive to the community and more acceptable to older people.

RETIREMENT AT A PERSONAL LEVEL

A person naturally knows when he or she is likely to be retired, so preparation for a change in life style should be started many years beforehand. Retired people show enormous variations in the way they live and there is no one procedure that will suit all. However, the aim should be to retain as much freedom as possible, and one of the most important aspects of freedom is freedom of movement, and especially the ability to change house or travel freely so as to keep in touch with relatives, friends and, perhaps, places of interest. Retired persons seem to fall into two main groups:

A. A minority who have sufficient money to drive their own car and own their house; this gives them the ability to move to another neighbourhood if they wish by selling their own house. This group of retired persons can keep in touch with their families and interests, do not become isolated and can make the most of their time, provided they have no infirmity that precludes them from driving.

B. A great majority who have only their social security pension on which to live and have no car. Their freedom of movement is limited to where they can walk, or take buses or trains, both of which are expensive. Further, travel by bus at an older age means hanging about in all weathers, queueing up, fitting in with a time-table, and even so a lot of walking. If, in addition, they are in a council house or are tenants in some other way, their chance of moving house to be near their family or friends is almost nil. On their modest means, they are, therefore, forced to live a very restricted and somewhat isolated life. Thus one sees them queueing at the post office, the bus stops and making tedious

journeys on winter days shopping around for the cheapest buys. If, in addition, they have some infirmity, e.g. arthritis or heart failure, getting about is too much and they become house-fast.

Clearly the aim is to belong to Group A if possible so as to have a choice as regards where to live and independence at moving about. It must not be thought that the driver of advanced age is a menace on the road – quite the reverse; most of the accidents arise from youthful drivers and, in any case, the elderly have as much right to the Queen's Highway as anyone else.

ADJUSTMENTS

Retirement implies a new way of life and the making of many adjustments to altered circumstances which are basically of two kinds:

- (1) Adjustments of a physical nature, e.g. financial matters as regards the maintenance of the house and family, matters of clothing, diet, smoking, drinking, maintenance of club memberships, voluntary work, etc.
- (2) Adjustments as regards relationships to people resulting from a change of status likely to affect not only the pensioner directly but the family indirectly, relatives, acquaintances and friends. This adjustment requires both some change in outlook and approach from the pensioner and a helpful and understanding adjustment from other people.

In short, a successful retirement will depend not only on the pensioner but also on the attitude of those who come into contact with him. Thus, apart from the pensioner being informed about some of the problems of retirement, e.g. at a pre-retirement training course, his family and friends should be made aware that they also have a part to play.

FINANCE

During his working life, the person should try to establish a fair level of pension, and not be solely concerned with weekly earnings: further, a pension which takes account of the cost of living and cannot be completely eroded by inflation. At last the social security pension is somewhat protected by being 'indexed' to the cost of living. At least 5 years before retirement age, or 10 years in case there is a lowering of retirement age, he should ascertain (and be supplied with) just what is likely to be his entitlement on retirement. On retirement, in some instances he may find it better to register as unemployed for the first 6 months. Since inflation is likely to be a continuous process, there is the problem of balancing the advantage of buying in advance what is considered necessary against investment for an extra income. It is useful to live for a trial period of a few weeks on what is likely to be the pensionable income.

WHERE TO LIVE

Many have no option in this matter. For those who plan to move house on retirement, plans should be made several years in advance. To move from a large house to a smaller one seems sensible but if the small house does not feel like home, it could be a mistake. A few points should be kept in mind:

- (1) Saying goodbye to old friends and acquaintances or to familiar places, sights and sounds, can create a loss never quite replaced. Making new friends at an older age is more difficult.
- (2) Relationships are better when those around you have some knowledge of yourself, your occupation and background, and vice versa.
- (3) Moving to the seaside only suits some people; travel is restricted to along the coast or inland, and the surrounding society is so often based on retirement or tourism.
- (4) Some decide to reside abroad in a sunny climate. The passage of time has shown the advisability of keeping some kind of base in Britain.
- (5) If it is decided to live near relatives, it should not be so near as to be 'in each other's pockets'.
- (6) It will be important to be able to visit readily the post office, the bank, libraries, shops, etc., and have perhaps deliveries of milk, newspapers, and so on.

LONELINESS

Some of the adjustments required arise not so much from retirement as from advancing age – and thus become apparent on retirement. Nature has so arranged matters that young men and women have a mutual attraction towards each other; society and the coming together of people is largely based on this fact, fundamentally a matter of sex in its broadest sense. A person 15 years older than the group does not naturally fit in. At pensionable age, the woman has long since passed the childbearing age, and the man rarely retains a great amount of masculine attraction. Thus it is that the old and the young do not easily form part of one social group. Unfortunately, many elderly men do not enjoy the company of elderly women and vice versa; at advanced ages there seems a tendency for men and women to keep to groups of their own sex. Some, indeed, are quite content with their own company or that of a dog, a cat, or reading a book or looking at television. Not all elderly couples end up as mutually affectionate Darbys and Joans. Some develop into the images of Alf Garnett and Moo as seen on television. A person can be lonely in the midst of company because in a way he is isolated from it.

COMPETITIVENESS

At work people usually form part of a team with a common object in view; it is this type of companionship that can be missed on retirement. Mankind is essentially competitive either at work or sport, with the wish to be first rather than last and commonly with the desire that there is some gain or recognition for success. This attitude to life, though perhaps more common in men, continues and should be encouraged to continue into pensionable age. One would therefore suggest that the retired should positively try to form companionship in some common endeavour which will continue to bring out an active approach to life.

CHANGE OF EMPLOYMENT OR INTEREST

Long before retirement, preparation can be made to undertake actively some different form of employment or interest. It is unlikely that the older person can compete physically with the younger, but in the realm of art, music, painting, drawing, writing, photography, crafts, politics, inventiveness and many other subjects, he or she may find a hidden talent. It is not so much as a duty to contribute to society – this has already been done over a lifetime – but to have as full a life as possible. Further places for adult education would no doubt help in these endeavours. At the same time, it should be possible to take more interest in the family, the grand-children, friends and neighbours.

It is not possible to touch on all the facets of retirement but, to sum up, it should be approached as challenging and not a situation to be accepted passively. This attitude is better for the individual in particular and for society in general. If decisions involving some risks or discomfort are not taken, the alternative is a flat apathetic kind of life.

HOUSING FOR ELDERLY PERSONS

B. J. CLAMPIN, A.I.H.M.

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Although Local Authorities have been building houses since the end of World War I, only a small amount of accommodation for elderly people was provided in the inter-war years. This consisted largely of flats or bungalows which simply provided smaller accommodation than the ordinary dwelling house.

The housing programme after the end of World War II obviously again concentrated on building family houses but, in the nineteen fifties, considerable thought was given to the sort of dwellings which ought to be provided for elderly persons to enable them to live independently without being left entirely on their own. In 1958, the then Ministry of Housing & Local Government published the first of their booklets on this matter, entitled 'Flatlets for Old People', which encouraged Local Authorities to build specifically designed blocks of flats which would have a warden either resident in the block, or living close at hand, on whom the tenants could call in case of need. A few Local Authorities had already experimented with this form of housing for the elderly and, as a result of their representations to the Government, certain relaxations had been granted regarding the standards laid down for the provisions of bathrooms and W.C.s which made the planning of the blocks simpler and more economic.

At the time the booklet was published, it was estimated that nearly one-eighth of the population was over 65 years old. Since that time the proportion has increased to one-sixth. It is also a fact that a large proportion of this number are widows or widowers, i.e. single persons and not couples living together under one roof, and no doubt for this reason the booklet concentrated on the building of bed-sitter flats for the single elderly, with only a small provision for the self-contained 1 bedroom flats for couples. Experience had, in fact, already shown that there is a marked reluctance among couples to move into sheltered accommodation – while they have each other, they appear to manage reasonably well. However, the recommendations went much further than the simple provision of independent accommodation. The desire of elderly people to remain in-

dependent is well known, but at the same time, especially following a bereavement, or when the children have moved away from the district, there is an awareness of loneliness, an increasing difficulty of coping with a house and garden as one grows older, and a fear of illness. In some cases, friends, neighbours or relatives provide the answer, but in many instances, often it is admitted due to the attitude of the individual, no such help is available.

These proposed new blocks were designed to provide an attractive alternative, without the loss of independence, for the persons who take up residence. They were not to be hostels and were certainly not to be regarded as a 'home'. With regard to this latter point, residential homes in the nineteen fifties were still regarded as 'infirmaries' or even 'work-houses' by many of the elderly people, doubtless due to the bad reputation which such places had acquired in their day and which lingered in the memories of the old people, from tales told them in their childhood.

Independence was achieved by building self contained bed-sitter flats, with an area of not less than 140 sq. ft. for living and sleeping, and an additional 30-40 sq. ft. for cooking. Some flats were built with cupboard kitchens, but those with a separate small kitchenette were generally preferred and were certainly more popular with the tenants. At that time, it was suggested that both bathrooms and W.C.s should be shared in the ratio of 1 W.C. to two flats and 1 bath to four flats, but most Local Authorities now prefer to provide a W.C. to each bed-sitter, and this can only be considered a very essential necessity. Access to the flat was from a common corridor, and the tenant would normally be provided with a key to the outer door, so that there was no restriction whatsoever on his or her movements. Included in the layout of the block were goods delivery rooms, common rooms, a guest room, laundry rooms and a warden's flat, which was linked to each flat in the block by a bell or speech communication system. The warden would 'live in' and would generally keep a neighbourly eye on the residents, without interfering in their private lives. The tenants would have as much independence as in any other Council dwelling, but would have in addition a common room where they could meet informally or for organised social occasions, the facility to accommodate a guest, but, above all, a point of contact with sources of help, i.e. the warden.

Local Authorities recognised the advantages which such schemes offered, and the financial arrangements were not unattractive. The term sheltered accommodation is now generally used to cover dwellings which are built on these lines and, during the nineteen sixties, most Authorities developed the principles set out in their own way, according to the wishes of their local Councillors and the ideas of their own Architects and Housing Officers.

It is now proposed to consider individual aspects of sheltered accommodation schemes, which are perhaps of prime importance to the success of the scheme.

HEATING

Much attention has been directed in recent years to the adverse effect of cold on the health of elderly people, which, in the case of severe winters, means their very survival. A fact which is often overlooked, however, is that the mere provision of heating facilities is not enough. All too often, where a fatality due to cold has occurred, the means of heating were available but the victim has, for reasons best known to himself, failed to use the coal or light the gas fire, or to use whatever heat was available. With some people, there appears to be a misplaced pride in their ability to withstand the cold, while in others a lifelong regard for economy appears to increase with age.

The 1958 booklet referred to the preference of old people for an open fire. Experience has shown that this supposed preference is a myth. With few exceptions, elderly people are happy to be rid of the daily chores and dirt which an open fire creates. They rapidly learn the benefits which central heating has to offer, and it may well be true to say that watching the television screen, with the all round warmth of central heating, is more beneficial than reliving the past in the glow of the living fire. The increase in the safety factor hardly needs emphasising.

The construction of a block of sheltered accommodation offers the perfect opportunity to install a central heating scheme for the whole building which can be run at a moderate cost. The use of gas or oil-fired boilers, which will run with little attention, enables continuous heat to be provided in all parts of the building and, because it is not under the tenants' control, one can rest assured that they have adequate warmth. Because of the vagaries of the English climate, the heating systems are often kept going at a low rate during the greater part of the summer. This discourages the use of portable electric fires which are a considerable hazard where elderly people are concerned, and are now forbidden in many units for this reason.

A practice adopted by many Local Authorities in blocks of sheltered accommodation is to charge a weekly fixed amount for heating and lighting, which is paid in one sum with the rent and rates. This relieves the tenant of the anxiety of receiving a large bill for fuel and power at the end of each quarter, and also enables the Local Authority to negotiate a more favourable tariff with the Electricity Board.

The most recent blocks are often provided with an emergency generator driven by a petrol engine to provide emergency supplies of electricity in case of power cuts. This enables emergency lighting to be used

and for hot water to be pumped round the heating circuit, thus maintaining warmth until the mains supply is restored.

LOCALITY AND ASPECT

The term sheltered accommodation should not be interpreted as meaning that the outside world should be excluded as far as possible. In fact, the reverse is probably nearer the truth. It would, of course, be unthinkable to locate such accommodation overlooking a noisy and busy highway, but a quiet cul-de-sac would be equally objectionable. The ideal site, which of course is rarely available, would be off a moderately busy thoroughfare or village street, near to shops for local needs – post office, grocers, chemist – close to a bus stop, a Church within walking distance, and with the living room windows facing South East or South and towards the area of activity. The last mentioned is probably of prime importance, since many of the tenants will be old, or will become old, and the sight of an active area will help to keep an active mind.

Where possible, large housing estates should be avoided. These tend to attract that modern miscreant, the young vandal, to whom sheltered accommodation is a fair target and can drive both the warden and tenants to a point of despair.

Often, of course, a compromise has to be reached but care must be taken to avoid a completely secluded location.

COMMUNICATION SYSTEMS

In recent years, there have been tremendous advances in the field of electronics which can be utilised to make communication between the tenant and the warden so much easier. Yet, even today, some bell systems are being installed which, to say the least, are archaic in conception. For only a comparatively small amount of extra expenditure, a two-way speech communication system can be provided; the terminal box at the warden's end can be such that it may be carried about by the warden, and plugged in at pre-selected points in the building so that she is capable of being contacted wherever she happens to be in the building.

The advantages of two-way speech over the bell system are overwhelming. The warden can ascertain the reason for the call, whether she need visit the tenant or, if necessary, adjust the apparatus so that she can listen in to a sick tenant. The system can be abused, of course, with unnecessary calls such as to ask the correct time, or calls by visiting inquisitive children, but a good warden will soon establish with her tenants the right way to use the system so that both parties may benefit.

THE ROLE OF THE WARDEN

When sheltered schemes were first introduced, no one was quite sure

exactly what the warden was expected to do. Certainly she would keep a neighbourly eye on the tenants, she would ensure that the heating and lighting worked, she would keep records of tenants' next of kin and of the names of the doctors with whom they were registered. She would see that the communal rooms were kept clean, sometimes with assistance, sometimes without, and she would take bookings for the guest room. She was not required to do any domestic work for tenants, nor to cook for them or to nurse them in case of illness, but she would summon help from the Social Services, from Doctors or relatives when needed. Generally speaking, she was given a rent free flat and often free lighting and heating, and paid a wage which took those 'perks' into account.

I think it was sometimes forgotten that the warden would be a normal human being and that, however dedicated, she would like some life of her own. She would have her own shopping to do, would wish to visit her own friends and them to visit her; often, indeed, would have her own family to look after for, in practice, wardens were drawn from all walks of life, and from age groups varying from the mid-twenties to the late fifties or early sixties.

Gradually, however, a pattern has evolved over the years and each Local Authority made its own rules and concessions, so that in most cases a pleasant atmosphere prevailed. The reorganisation of Local Government in April 1974, and the merging of several Authorities into one administrative machine, produced problems which at the time of writing are still being sorted out. Standardisation of wages, rates and service conditions has proved no simple matter when the units concerned had run for years according to the desires of the individual Authority, and the individual wardens took a great pride in the way they ran their units. However, reorganisation necessitated change in the interest of efficiency and the patterns will have to be redrawn.

The main role of the warden will, however, remain – that of being the contact point between the tenants and the various services which are available. How, then, does she maintain contact with the tenants under her charge? She is not a hospital matron and the atmosphere of independence is most important to maintain. Some Authorities insist on the warden making a daily round to chat for a few minutes with each tenant, others call up the tenants on the intercom, while some leave it to the warden to keep discreetly in the background but alert to their activities. Tenants really don't seem to mind very much how the warden works. They soon settle into the adopted routine and accept it in the same way as they accept a news bulletin on the radio. It is important, however, that a relationship should be established, that she should know the tenants' eccentricities, their worries and their requirements. I think it is at this point that a warden runs into difficulties. How far should she get

involved, how far can she avoid getting involved, and how far will the involvement with one tenant affect her relationship with the other tenants? It must be remembered that the warden lives in, usually in the same block as the tenants, she does not in practice come on and off duty as does a hospital nurse, and she has had no specific training in the job. A warden who gets too involved with tenants will find this disastrous within a few weeks, but the path between maintaining an interest and becoming involved is a very tricky one to negotiate.

Tenants, too, can become very demanding and unreasonable, and those who tend to treat the warden as an unpaid personal servant must be dealt with firmly and quickly. Generally, though, tenants appreciate the service offered but, with increasing age and gradual decline in their own abilities, wardens can not only find that their work load is building up to impossible proportions, but that it can only be reduced by discontinuing a number of small but very essential services upon which tenants have come to depend. Many wardens will build up within their units a system of voluntary help between the less active and the more active tenants, and the importance of trying to maintain a balance between such types cannot be over-emphasised. A warden who finds that she has a preponderance of tenants who can only just look after themselves is in an impossible position, which can only worsen as the tenants age and become less active.

The support which a warden obtains from the Medical Authorities, Social Services, Voluntary Services and tenants' relatives, can vary to an alarming degree. Furthermore, and this is not meant to be a criticism of the Social Services Department, it appears that, owing to the heavy demands on their time, priority is often given to persons not in sheltered accommodation on the grounds that the latter have a warden.

Wardens often express the opinion that their tenants obtain less priority for removal to hospital, or are discharged from hospital too quickly simply because it is felt that the warden can provide support services.

The new Area Health Authorities can do much to dispel the idea that seems to exist in certain quarters that sheltered accommodation is a form of Local Authority Nursing Home, that the Social Services Department can respond to any call from the warden for nursing or other assistance, or that medical assistance is part of the wardens' duties.

So far as relatives of tenants are concerned, most wardens find these to be a most unpredictable source of assistance. The hearty, once every six months' visit, with a bunch of flowers for both tenant and warden, a shower of compliments about 'the wonderful place you've got here, keep up the good work, she'll live to be a hundred, thanks to you', will

often produce complete indifference when the warden calls for help in between visits. 'You are paid to look after her' is a reaction which is not unknown. Local Authorities can help here by ensuring that both tenants and relatives are made aware of the responsibilities of the warden, but even where this is done, it is not unknown for tenants or relatives completely to ignore the true facts. Many relatives, of course, appreciate the real position and are only too pleased to co-operate with the warden in every possible way.

TENANT REACTIONS

During the first few weeks of occupation, there exists a holiday, even a honeymoon, atmosphere. Everything is bright and new, the majority of tenants have been waiting for months, or even years, for such a move, and there is the excitement of setting up a new home, meeting new people, making new friends. It is often found that tenants vie with one another in making their flatlets attractive and, if one has a fitted carpet, others will rapidly follow! Furniture, of course, is a problem. A Local Authority who has the staff and the time to do some pre-tenancy work with their applicants, will be able to attempt to sell the idea that a bed-sitter flatlet is not suitable for three piece suites, dining room suites and large wardrobes. However heartrending it is to get rid of furniture which has been tended with loving care for years, it simply is not practical to move the contents of a three bedroom house to a 140 sq. ft. flatlet. Once the move has been made and only essential furniture retained, or even new furniture purchased, the tenant is usually delighted. It is a new start and a new interest.

Most tenants enjoy the company available and find the privacy adequate. Petty feuds and acts of unfriendliness will develop in spite of all the wardens' efforts to maintain an overall pleasant atmosphere. Not all tenants have the ability to grow old gracefully and appear to be continually on the lookout to find fault with the accommodation, the warden, or other tenants. This has got to be accepted, and, providing it is kept within bounds, it is bearable and can be amusing. It happens in all walks of life. If a tenant simply cannot adapt to the life, the Local Authority will usually arrange a transfer to an unsupervised flat. Sheltered accommodation was likened by one tenant to going on an indefinite coach tour. While it may be possible for coach parties to tolerate each other for a couple of weeks, such tolerance could never last if it was not known when the tour would end.

Tenants undoubtedly like the sense of security of being able to contact help without difficulty. Relatives, especially if at a distance, appreciate being able to telephone the unit to obtain news and the tenant is relieved of the burden of having her own telephone. (Many still do, of course.)

THE DIFFICULT TENANT

Most wardens will have the occasional difficult tenant, and probably the most difficult of all is where the mind begins to wander, lapses of memory occur or the tenant appears to be affected by hallucinations. Often the tenant's actions do not seem, when reported, to be very serious. It may be, for example, that she retired to bed early and gets up shortly after midnight to make breakfast. Well, why not, if it suits her that way. But the noise created by one old lady in the still of the night, when everything else is quiet, can be intolerable and, if she starts to wander about the block, her activities not only disturb the other residents but are a source of constant worry to the warden. Often too, when seen by the Doctors or Social Workers, the tenant appears perfectly normal, and it is not unknown for it to be thought that the warden is exaggerating, or that she has a down on Mrs. So and So.

The more unco-operative the tenant, the harder is the solution. Most Doctors would be reluctant to move her to hospital, at least until she has become an intolerable nuisance, and short spells away in holiday homes give only temporary relief. Local Authorities will mostly be unwilling to take action to obtain possession, and again this would be only as a last resort. It does seem that considerable help is required from the specialist medical authorities for tenants of this type.

LIFTS

Government Departments tend to be penny wise and pound foolish where lifts are concerned. One would have thought that even in a two-storey block for elderly people, a lift would make the whole block viable for all types of tenant and, with the current cost of building land, nothing like the cost of land for building another block for cases which must have ground floor accommodation. Local Authorities can provide lifts for two-storey blocks but entirely at their own expense, with no grant or subsidy. The argument that old people would not use a lift has been proved false on many occasions, and in any case tenants of the next generation will have had experience of lifts over many years.

Many tenants, especially after experiencing it, prefer to live upstairs; they feel safer, they can have windows open without fear of cats or other invaders, they get a better view and it is often quieter.

FURTHER DEVELOPMENT OF SHELTERED ACCOMMODATION

Desirable or not, modern techniques appear to have the ability to extend the span of life well beyond three score years and ten, for more and more people. It therefore seems that further thought must urgently be given as to how this increasing number of elderly persons should be accommodated, and whether medical and social requirements should be avail-

able to them within their own homes. God forbid that we should ever revert to the pre-war institution type of home where all old people were regarded as ill and treated accordingly. But can we cope with a situation where numbers of elderly people are passed as not ill enough to be in hospital but who are really becoming incapable of living on their own, and who exercise a prescriptive right to refuse to move from their flat and go into residential accommodation. Even now, financial restrictions are holding up the development of residential homes, and the longer this is delayed the more urgent is the case for being able to cope both from a medical angle and a nursing point of view, with some of the elderly in their declining and terminal years in their own homes.

It may well be that some form of mobile nursing auxiliary will have to be formed, that the present meals on wheels service will have to be developed beyond its reliance on voluntary help, that the warden will have to give way to a fully manned 24-hour day supervisory service, which will take into account many more elderly people than those in the present sheltered blocks. There has recently been an interesting development at Luton where tenants in five sheltered blocks on a large estate are connected by two-way speech to a central office, from which help can be sent to any elderly person who requires it. This operates on a full 24-hour day, every day of the year. Such development will need great care if the elderly person is not to lose his individuality as a person, it will mean even greater and closer co-operation between the Housing, Social Services and Medical Authorities, it will need more money and resources than appear to be available at present, and it will need continuous research to ensure the real purpose of proper housing for the elderly is not lost in a surfeit of ideology and technical efficiency.



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SOCIAL CONSIDERATIONS

SOCIAL CHANGES

It is interesting to reflect on some of the social changes that have taken place since about 1900 and contrast them with conditions today. Then, the number of persons 65 and over were approximately a million and a quarter, now there are over 7½ million. The total numbers in 1900 were not great and of them about two-thirds were married couples and one third spinsters or widows. It must not be thought that the elderly people only came from the richer class since they were very small in numbers, the large majority were quite poor and without any pension. One would perhaps imagine that life expectation at 65 in 1900 was consequently poor, but in point of fact, today for men it is only increased by about a year and for women a little less than three years. Thus there has been some improvement in expectation of life at 65 but bearing in mind all the social and medical advances, for example: pensions, social security, special housing, home helps, free general practitioner, free hospital service, the advent of antibiotics, modern anaesthesia and surgery, blood transfusions and so on – the improvement is not very great. A point can be made very quickly, namely that the vast increase in the number of elderly has arisen because more people are living to the age of 65 not that those at 65 are living very much longer. It also raises the disturbing thought that a lot of very stressing and expensive medicine and surgery could perhaps be more of a luxury than a need. To take one matter as an example; retention of urine and an enlarged prostate gland has always been a common illness of elderly men and today numerous operations are done to relieve the situation. Why didn't these men die in the early 1900's, because evidently they did not. It is then probably true that 'cabbies' kept a catheter in their hats and used them in the public convenience at times of difficulty – I certainly have been told that this was a common custom.

It is not practical to list all the social changes but perhaps one could consider some of the changes resulting from a horse-drawn to a motor car society. Today the horse is rarely seen except at riding schools, but in the early 1900's and for centuries up to that time people had to either walk to and fro to work or to shop or go by horse-drawn vehicles, such as cabs, gigs, traps, governess carts and the like. This limited the

distance people travelled (except for the unusual train journey) to a few miles from their homes.

The stable yard often adjoining an hotel was a common meeting place and there were to be found a series of stables, horses being fed and groomed plus an occasional donkey – a friend in every stall! About the yard it was common to see pigeons, chickens, geese; quite often an egg could be found in a manger or a nearby nest and almost invariably there were dogs, puppies, cats and kittens about. The whole atmosphere was lively and friendly and one half expected Mr Pickwick and Sam Weller to drive in at any moment. The whole activity was that of a warm human society suited to the way of life of young and old, rich and poor, all jostling together. This was the kind of society that had been going on for very many centuries. Around and about the vicinity there may well have been and indeed there was poverty and neglect, but it was not pointedly for those over 65 years as a special class, neither was there loneliness.

Contrast this with the advent of the motor car in the early twenties, the fragmentation of town life by road traffic and the growth of the car park. At the latter it is just a mass of vehicles, difficult to get in, often cold and wet, no friendly shelter like a bar or a stable yard, hardly any exchange of greeting between the people, a general dehumanising scene. Around there are no obvious signs of poverty or neglect in the vicinity of the car park, but for those who care to look within a few hundred yards there are often to be found numbers of old people alone and solitary sometimes housebound from infirmity and devoid of family and friends. How has this all come about? In the unplanned society there was always much unemployment and too big a difference between the rich and poor; with the poor doing menial tasks of all sorts. But unemployment was not limited to the old, a great number of them had their own little businesses, for example: shops, shoe repairing, ironmongery, blacksmiths, tailors and so on and they never really retired. Others worked for small family concerns and were kept until advanced ages. The worst features of unemployment affected all equally. A good deal of employment came about through family and friends from whom there was also help during an illness or phase of being out of work; thus people tended to keep together as families and not to disperse to other areas where they had no such family influence. This may have been happening in a whole series of *Coronation Streets* but from the elderly folks' point of view their sons, daughters and grandchildren were all around and about them. Pensioning off and compulsory idleness did not occur. At first changes in work pattern took place slowly, but with the advent of quick travel by car and the replacement of men by machines followed by little mergers of local firms, then bigger

mergers and finally nationalisation the work pattern changed very rapidly. With each phase of change, just as today, the work force needed became less and less and many workers became redundant – how very easy and convenient to pension off those at 65. The very fact that a national pension exists is sufficient to select the elderly employee for retirement even though he may be a better worker than the younger man.

The planned society, by the statistician, computers and ‘campus’ minded, appears to take away a lot of individuality from society and ironically depresses millions of people into special sub-standard kind of citizens – the people who really benefit are the young.

The number of elderly women far exceeds those of elderly men. The latter also usually has a wife living, but since the women live so much longer they become widows. The social changes affecting women are therefore worth considering.

The emancipation of women has its drawbacks. It is very fine to give up the tie, and drudgery, of staying at home, looking after mum and dad, and/or the children, but it is not so wonderful to be tired out with buses and tube journeys, to work all day in a shop or in a factory or office; it can get a bit uninteresting and boring. It is even more so when to pay off the mortgage and keep up with the ‘Jones’s’ one *must* go out to work and perhaps see little of the children or because of difficulties have very few children. Certainly whereas in former times it was possible financially for a daughter to care for an aged parent, it is becoming less possible today. The latter must live on her own and look to home helps and neighbours for personal company and help, but as time passes the daughter herself is likely to become widowed and to spend many of the later years of her life also lonely and isolated – this is how the system works.

The motor car society has only been with us about fifty years and the planned society even less; how long will it take to make it all satisfactory. The welfare state owes much to the late Lord Beveridge but the planning was done in the 1930’s for a population harassed by unemployment and dole queues. The maintenance of good health was considered in terms of people being kept fit for work even though there was insufficient work then and this is partly true now. The problem of the care of the huge elderly population was not in their minds; yet the same old principles and ideologies of planning for an impoverished unemployed working class continues; only the phrases like ‘technical revolution’, the ‘compassionate society’, the ‘civilised or humane society’ and the like have been added to the ideological soup.

The point being laboured is that social change has brought about isolation and loneliness for a large number of elderly people.

Loneliness is the cause of much misery and also the root cause of

much ill health and disease in the elderly. It leads to depression, a disinterest in what is going on around and, coupled with a poor memory, presents many of the features of mild dementia. Commonly it results in lack of interest in meals with dietary restriction and imbalance leading to loss of weight and malnutrition. To this may be added bowel disorders (especially chronic constipation), with restlessness, insomnia and chronic mental confusion. Then again care of the house is neglected as also is that of the person and the patient is apt to become resentful, anti-social and a recluse. In the winter minor illnesses become major ones, falls may occur and the patient confined to bed without attention or she may suffer from hypothermia and so on, or the patient is constantly worrying the doctor for tablets and pills of various sorts; frequently getting muddled and overdosing herself.

Enough, I hope, has been said to establish a direct link between loneliness and ill-health. The causes are complex and the condition will not fully respond just to higher pensions, indoor sanitation and hot water supply; these may help. It is also very doubtful if hospitalisation even in new district general hospitals will meet the problem. The latter so often deal with necessary operations and perhaps a lot of unnecessary investigations and treatments keeping doctors and nurses very busy, but not always making life that much better for old people and, in many instances, sometimes worse!

In the first instance elderly people should plan as best they can not to become lonely and isolated from their accustomed neighbours, friends and acquaintances and should attempt to make new friends and keep up activities. The family should give more thought when moving or setting up home elsewhere, as perhaps also should close friends. No one can live their own life without it affecting others. One hears about the 200 000 to 300 000 people who emigrate from Britain with the accent on the cost of their education and upbringing and the loss of their skills to the country; little is said of the sadness to so many people at these partings and its general effect on the happiness of the community, though this is surely a more important matter.

The social services appear to be designed to meet the bodily requirements of elderly people, as if this were all that was necessary, but unless at the same time the services deal with loneliness they are unlikely to prevent deterioration in physical and mental health or maintain good health which should be the central theme for the health service.

PENSIONS AND SOCIAL SECURITY

Some figures on pensions are given in a later chapter. In 1963 the basic pension was £3.7s.6d. for a single person and £5.9s.6d. for a married couple. In 1970 the pension was £5.0.0. and £8.2s.0d. respectively. There

have been various analyses and surveys about what can be done with an old age pension, and perhaps one might name Rowntree's 'Survey of the City of York', as set out in his book *Poverty in the Welfare State*. There is, however, no need to go into sordid details in the matter; most people would agree existence is possible, but life is not worth while on such an income.

Lots of ordinary people spend 75p a week on tobacco, or £1 on drink, cinemas, football matches, going to dances, and so on. For elderly people, luxuries are not possible, a bus fare can be a hardship, an ounce of tobacco ruinous, a cold day and a coal crisis a calamity. Rents and rates have to be paid, clothes repaired and renewed, washing done or paid for, soap is for them the most fashionable detergent, and their company is often a cat or two. The highlights in their week are chats with the butcher, baker or milkman. Carpets become worn out or non-existent, and their clothes threadbare; they go to bed early or sit in the gloom to save electric light, and favour cups of tea and bread and butter and jam rather than the trouble and expense of a cooked dinner.

They can, of course, apply for Social Security and without it many would die very quickly; but with it many still die, but rather slowly. I think many pensioners feel they have earned a pension which should be adequate for their needs and are affronted by the idea of having to apply for assistance. Others are so aged, bemused and beyond even thinking about the matter that they may be quite incapable of asking for and filling up the necessary forms or putting their case properly. Theoretically, since there are pensions, and for those in need there is Social Security no one can starve in Britain. This claim looks well on paper, but in point of fact, as is well known to any doctor in touch with the problem, large numbers of the elderly have all the signs manifest of malnutrition and slow starvation.

Social Security is, of course, an excellent and necessary thing, and one can make no criticism of its use, or of the people who carry out the work, but the assistance is very limited and is not sufficient to allow elderly people to live properly and maintain good health. In many instances, Social Security allows an old age pensioner to pay for some help in the home. Usually, this means rewarding a nearby neighbour for her services, though in other cases it pays towards the employment of a home help from the public health department. Unfortunately well over 2 681 000 people in 1973 over the age of 75 implies the need for a great number of home helps. Of course many frail pensioners have sons and daughters, and in the main they do the housework that is needed. Nevertheless, there are a large number of debilitated pensioners who have no help from their relatives, and cannot afford a home help. Sons and daughters have no legal responsibility for the care of their parents,