POLICY STRATEGIES FOR THE VULNERABLE MINORITY OF THE AGED

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Much of the empirical work on the elderly of social scientists in the last 15 years has tended to refute the crude hypothesis that the expansion and reorganisation of health and welfare services is made necessary by the modern family shedding its functions and responsibilities. Instead, there is support for an interrelated set of alternative hypotheses. Thus, expansion and reorganisation of these services is made necessary by the disproportionate increase in numbers of old people and therefore of isolated old people, and of the infirm and those of advanced age among them; by the development of new forms of treatment and professional care (like physiotherapy and chiropody) which the family had not formerly provided and could not provide; by the social perception of inadequacy of service according to different criteria of need; and, perhaps most importantly, by the failure of society through other means to compensate for or prevent isolation, give consistent support to the family and other groups in the community and protect the individual's right to equality of access to new types and levels of resources. This paper seeks to illustrate some of these statements.

There is accumulating evidence from many different countries today of frequent contacts between the majority of people aged 65 and over and some at least of their immediate relatives; that devoted and sustained care is provided by family members to many infirm and handicapped old people, but also, and this is equally important, that many people over 65 provide extensive services to members of their families. Those who do in fact depend most on the welfare and on some parts of the health services are the relatively isolated and handicapped elderly, who consist disproportionately of those lacking families. Directly and indirectly,

attention has begun therefore to concentrate both on identifying these individuals and groups among the elderly - whom I am describing as the "vulnerable minority" - and the conditions in which they have become isolated. If we can properly identify and account for this vulnerable minority there will be a better basis for developing policy.

People Without Families

A majority of old people with children in different industrial societies have daily contacts with one or more of their children. The percentages for Britain, the United States and Denmark, established in a carefully planned cross-national survey carried out in 1962, ranged between 62 per cent and 69 per cent. (Shanas, et al, 1968, p.428). Most of the others saw a child at least once a week. Only between 13 and 15 per cent had not seen one of their children within the previous week. Of course, people without children are not included in these figures. When various types of family relationships are studied and contacts with friends, neighbours and workmates included there remains extraordinary diversity in degree of social integration - with between half and three-quarters of the elderly living with or seeing daily for long periods at least two other people, often a variety of other people, and a small minority having very few contacts. In this cross-national study the minority varied in size according to the criteria applied. Around 25 per cent said they were "often alone". Between 14 per cent and 19 per cent either had no relatives or had seen none of them in the previous week. Between 1 per cent and 3 per cent claimed to have had no visits in the previous week and no human contacts at all on the day previous to interview. (Shanas, et al, loc cit, ch.9).

The picture of majority integration and minority isolation is sustained for surveys also carried out in Belgium, (Dooghe, G. 1967), Israel (Weihl, H, et al, 1970), Poland (Piotrowski, J, 1970),

Hungary (Czeh-Szombathy, L, and Andorka, R., 1965-6), and Czechoslovakia (Kaufman, B and Schimmerlingová, V., 1971). A recent Czech study of 700 people aged 70 and over in towns and another 700 in rural areas showed that although more in the rural areas were integrated into the wider family the majority in towns were "well integrated socially and can rely on /family/ help in case of need. Cases of older people requiring various kinds of help from the society appear to be statistically a marginal number so that it is economically, morally and organisationally fully within the power of the socialist state to solve every single case according to a purposefully set programme." (Kaufman, B. and Schimmerlingová, V., loc cit, p.9).

Changes over Time

Is there any evidence of changes over time? There is no comprehensive evidence of any marked diminution of contacts between old people and their families. The numbers of old people in many societies has grown relative to the number of adults under 65 and this may have led to some vertical splitting of the network of surviving kin. When three or four possible grandparents survive instead, say, of two grandparents or only one, patterns of family care will be organised differently. In practice a fourth generation has also emerged. It is becoming increasingly common for a grandmother and grandfather in their sixties to be caring for a widowed great-grandmother in her eighties.

Two different trends are having their impact on the number of people over 65 who are living with children. On the one hand, the number of people in their sixties or early seventies who are living with an unmarried son or daughter is diminishing, partly because those now reaching retirement age have had fewer children (who, because they were born earlier in life, are older, have married and left home) and partly

because proportionately fewer of the younger age-groups now remain unmarried, perhaps in turn because some had felt impelled to stay at home to care for a prematurely widowed parent. But,on the other hand, because more marriages survive into a frail old age, more children feel the need to offer a home to a parent in his or her eighties who may be widowed. In Britain, the spread of owner-occupation and the gradual improvement in dwelling space per person allows supplementary households in the same dwelling to be established more easily. It is also making proximate dwelling more feasible. One mistake commonly made in interpreting changes in family relationships is to assign undue importance to residence under the same roof ¥ very close relationships can be and are maintained by many relatives who live in accommodation which is physically separate but near. Throughout the history of Britain and many other countries, as the patient research of Peter Laslett and his colleagues suggests, family units have more commonly lived near to one another and exchanged a variety of services than have lived under the same roof.

Other evidence about change can also be listed. For example, the proportion of people of 65 and over who reside in hospitals and other institutions has changed very little in the last 20 years, despite the growing proportion of over-eighties among them, though there are now relatively more old people in residential Homes and fewer in hospitals (Census, 1951, 1961, 1966). The proportion in all types of institution is marginally smaller than it was in the first years of the century (Abel-Smith, B. and Pinker, R., 1960).

Family Status and the Social Services

How is degree of family or social integration related to demand upon the social services? Table 1 shows the powerful relationship between marital status and institutionalisation. The widowed are three or four times more likely to be in hospitals or residential Homes than the married, and the unmarried are nearly twice as likely as the widowed to be in such institutions. The differences, moreover, are marked for each age-group.

INSERT TABLE 1

Marital status is, of course, only one rather crude index of social differentiation and integration. It is in theory possible to place the elderly on a social continuum according to the kind of support that is available to them. At one extreme will be the married old person with several sons and daughters and perhaps many grandchildren, still active in employment and among friends and neighbours in the locality. At the other will be the unmarried person whose brothers and sisters may be dead and who may have retired from domestic service, say, into an area which is relatively strange. Table 2 shows the relationship between family structure and institutionalisation. It reproduces data from a national survey of geriatric and psychiatric hospitals and residential Homes which was carried out in 1963 and later supplemented by Census data and a follow-up inquiry in the late 1960s (Townsend, P. and Benson, S. (forthcoming)).

INSERT TABLE 2

To a lesser extent the same can be said of community care services (Townsend, P. and Wedderburn, D., 1965). The public social services are used to a disproportionate extent by those whose family resources are non-existent or weak. Moreover, several research studies show, even so, that there are substantial numbers of people lacking a family who are eligible to receive services, such as home help and meals services but are failing to apply for them. (Harris, A.I., 1968; Williamson, J., 1970; Isaacs, B. et al, 1971).

This general pattern is borne out by studies in other countries. For example the study in Israel found that "the childless are potential consumers of services. Most of them need, when ill or infirm, outside help of various kinds ... It is therefore not surprising to find that proportionately more of them than of those who have children consider moving into Homes for the Aged." (Weihl, H., op.cit.)

The Role of Other Social Institutions

The vulnerability of many old people is not attributable simply to family structure but is compounded by more widespread negligence and discrimination on the part of society and, more specifically, Government. The rules governing retirement have been introduced primarily by industry, with the agreement of the unions, and have been reinforced by pension arrangements and national ideology. The rules defining pension levels are traceable to deprecatory valuation of the worth and indeed the needs of the retired not only by industry and political elites but by the employed and the public at large. These rules tend to discriminate in favour of men rather than of women, younger as compared with older pensioners, unmarried or married women as compared with widows, those who have been in continuous as compared with discontinuous employment, salaried

earners as compared with wage-earners, and skilled as compared with unskilled manual workers. Old people living in council-owned housing and in privately tenanted housing covered by legislation controlling rents and tenure have to a varying extent been protected against loss of security, homelessness and rapidly depreciating resources but others have not been so fortunate. The situation of old people is defined by differential access to a range of resource systems. Part of our problem is to identify these rules of resource systems which exclude some old people from benefits, or discriminate unequally among them.

Planning the Respective Functions of Family and Social Services

If we confine attention to integrative and caring functions, then the family, the community network of neighbours and friends and parts of the public welfare services are complementary. It is instructive to compare the role of the family and that of the public social services. The number of old people actually helped in their housework, provision of meals, and care during illness is dwarfed by the numbers being helped by husbands and wives and relatives (Townsend, P., and Wedderburn, D., op.cit.,p42) The number of bedfast aged who are cared for in the home is larger than in all hospitals and other institutions (Townsend, P., and Wedderburn, D., op.cit., p.25). For the foreseeable future the bulk of personal aid for the elderly must be performed within the family. It is arguable that since this is the normal setting we should ensure that an adequate substitute is available for the vulnerable minority and those who are on the margins of that minority whose family resources are slender. This means, for example, organising better visiting and preventive welfare services, within which skilled assessments by general practitioners and social workers would be more useful and appropriate, because their services could be distributed on the basis of more comprehensive information about priorities. It means providing sheltered

housing approximating in space, privacy and amenities to such qualities in private households. It also means eliminating or reducing the number of half-way residential Homes and hostels, unless they conform in standards of privacy, amenities and comfort and degrees of accessibility to private households. Table 3 shows that although many fewer people with than without surviving children enter institutions, they are not thereafter neglected. The table represents evidence of willingness on the part of relatives to keep in touch and also willingness to give further help if allowed, encouraged or supported. Although relatives sometimes bear great strain in caring for the elderly at home, they are often willing to shoulder considerable responsibility and to maintain this attitude after the old people have been admitted to hospital. (See also Isaacs, B., et al, 1972, op cit.) The social conditions of long-stay hospitals and of residential hostels might be expected to conform more closely with the concept of the family home.

INSERT TABLE 3

The Implications of the Principle of Family Support

The Seebohm Committee was asked to review the welfare provisions of the community to find what were the conditions under which an effective family service might be achieved. Nowhere in the report was a full or consistent answer to this question offered, least of all in the chapter about the aged. The Secretary of State for Social Services appreciated this difficulty when introducting the second reading of the Personal Social Services Bill in the House of Commons in 1970. He sketched the substitutive and supportive functions of the reorganised local welfare service, but refrained from trying to spell out what that would involve (Townsend, P., et al, 1970). Had he done so he would have been bound to call attention to the failure to commit substantial new resources and to reveal the flaccid ambiguities of the report and of subsequent statements by

directors of social service departments about the objectives of reorganisation. On what "family" principles can separation of different members of the families of the temporary or permanent homeless be justified? How can the "family-oriented" principles of the former children's departments, with groups of up to nine children of different ages being placed in ordinary homes under the care of a housefather or housemother, be reconciled with the herding principles of the residential care of the elderly, whereby up to 60 or 70 people of the same age, often of a single sex, occupy a communal household in circumstances which are often remote from those of a family home? Questions such as these lie awkwardly behind the programmes of the last two years.

Those in charge of the social services might take advantage more frequently therefore, of the national resources and impulses of the community, particularly in family support, and work with them instead of, as so often today, against them. Yet vested interests of different kinds - professional, bureaucratic and even class interests - interrupt the continuity of family care or fail to imitate its intimacies and constructive strengths. More than £250m. is spent annually on long-stay hospital care for the elderly and others, about £100m on local authority residential care and rather less than £100m on a range of community mental health and welfare services. The balance of priorities as symbolised by these ratios is misconceived and a lot of hard work is required to restore the right balance.

I conclude, therefore, that the most effective development of policy for the vulnerable minority of old people would arise from a searching attempt to work out the implications of adopting the principle of "family support".

TABLE 1

Percentage of unmarried, married and widowed and divorced men and women of different ages living in institutions in Britain (Census 1966)

Sex	Age	Unmarried	Married	Widowed & divorced
Men	65-69	12.1	1.1	3.8
	70-74	14.7	1.5	5.8
	75-79	18.3	2.1	8.4
	80+	27.1	3.6	12.4
	All men	15.8	1.6	7.9
Women	65-69	5.8	1.0	2.2
	70-74	7.8	1.2	3.2
	75-79	11.2	2.3	5.5
	80+	21.1	4.9	11.2
	All women	10.4	1.5	5.6

TABLE 2

Percentage of people in three types of institution according to their family structure (samples respectively of 1102 in institutions and 4067 in private households)

Family Structure	Residential Homes	Geriatric Hospitals	Psychiatric Hospitals	All institutions	Private households
No children*					
Unmarried	36	26	42	36	10
Other	18	18	12	16	14
One child only					
Son	8	10	8	8	9
Daughter	7	9	10	8	10
Two or more children					
all sons	6	2	5	5	7
all daughters	3	3	3	3	8
sons & daughters	21	31	19	23	41
Total	100	100	100	100	100
Number	471	322	285	1,078	4,065

* Includes persons with no children surviving in addition to those who have never had children. Unclassifiable: institutions 24; private households 2.

TABLE 3

Percentage of people in three types of institution, according to the most frequent contact with any child prior to admission (with children in institution sample and 3092 with children in private household sample)

Frequency of contact with child seen most often	Residential Homes	Geriatric hospitals	Psychiatric hospitals	All institutions	Private households	
					All aged 65 & over	aged 80 & over only
Every day	54	74	76	62	68	62
at least once a week	17	12	5	17	17	19
at least once a month	7	6	7	7	8	10
at least once a year	23	8	12	7	5	7
less than once a year				7	2	2
Total	100	100	100	100	100	100
Number	191	143	91	425	3,085	447

Note: Unclassifiable, institutions 123; private households 7.

References

ABEL-SMITH, B., and Pinker, R., Changes in the Use of Institutions in England and Wales between 1911 and 1951, Manchester Statistical Society, 1960.

CENSUS, 1961, England and Wales and Scotland, Age, Marital Condition and General Tables, London, H.M.S.O., 1963; Sample Census, 1966, Age, Marital Condition and Housing Tables, and Housing Tables, London, 1968.

CSEH-SZOMBATHY, L., and Andorka, R., Situation and Problems of the Pensioners of Budapest, Central Statistical Office, Research Group for Population Studies, 1965-66.

DOOGHE, G., Les Personnes Agées en Belgique, I. Validité et Invalidité, II. Logement, III. Famille, Belguim, Ministère de la Santé Publique et de la Famille, 1967, 1968 and 1969. See also, Population et Famille, Nos. 17 and 19.

HARRIS, A.I., Social Welfare for the Elderly, Government Social Survey, London, H.M.S.O., 1968; Williamson, J., The Care of the Elderly in Scotland: A Follow-Up Report, Edinburgh, Royal College of Physicians, 1970; Isaacs, B., et al, Studies of Illness and Death in the Elderly in Glasgow, Scottish Health Service Studies, No. 17, Scottish Home and Health Department, 1971.

ISAACS, B., et al, Studies in Illness and Death in The Elderly in Glasgow, Scottish Health Service Studies No. 17, Scottish Home and Health Department, Edinburgh, 1971.

ISAACS, B., Livingstone, M., and Neville, Y.B., The Survival of the Unfittest: A Study of Geriatric Patients in Glasgow, London, Routledge and Kegan Paul, 1972.

KAUFMAN, B., and Schimmerlingova, V., Research into the Life and Needs of Older Citizens in Chechoslovakia, I. Towns, II. Country, Research Institute of Social Security, Prague, Czechoslovakia, 1971.

PIOTROWSKI, J., Old People in Poland and their Vital Capacity, Report of research carried out in 1965-69 on the requirements of aged people and the related needs for developing social welfare facilities, Warsaw, Institute of Social Economy and Centre for Postgraduate Medical Studies, 1970.

SHANAS, E., Townsend, P., Wedderburn, D., Friis, H., Milhøj, P., and Stehouwer, J., Old People in Three Industrial Societies, New York and London, Atherton and Routledge, 1968, p. 428.

TOWNSEND, P., and Benson, S., Old People in Hospital (to be published).

TOWNSEND, P., and Wedderburn, D., The Aged in the Welfare State, London, Bell, 1965.

TOWNSEND, P., et al, The Fifth Social Service: A Critical Analysis of the Seebohm Proposals, Fabian Society, 1970, pp. 14-16.

WEIHL, H., et al, Investigation of the Family Life, Living Conditions and Needs of the Non-Institutionalised Urban Jewish Aged 65+ in Israel, Israel Ministry of Social Welfare, 1970.