

Abstracts

Sociology and Social Policy

John Bond

D. T. Rowland. The vulnerability of the aged in Sydney. *Australia and New Zealand Journal of Sociology*, 18 (1982), 229–247.

A preoccupation of the developed world is the planning of services for elderly people. This article, which is the first of three included in this selection of abstracts, provides ideas and information helpful in the planning of services. The central concept used in this study is that of *vulnerability*. The author uses the concept in the customary sense of being exposed or defenceless and suggests that its meaning is akin to social risk. Rowland argues that the vulnerability of older people is a consequence of both ageing and their position in society. Ageing heightens vulnerability because it is accompanied by significant transitions in marital status, health, employment and income. These transitions are analysed in this article using census statistics which support the view that the position of old people in society is reflected in their lack of opportunities for gainful employment and in the nature of family relationships and support in old age. Despite the limited scope of census statistics this article illustrates how they can be used to provide an overview of the vulnerability of older people.

A key census variable for identifying the population at risk to social isolation is living arrangements. People living alone or with persons to whom they are unrelated are the most vulnerable and in Sydney, like most similar communities, the risk increases with advancing age, particularly for women. Thus the census data presented show that about one-third of women aged 75 or over live alone, while the proportion is only marginally smaller for women aged 65–74. One of the key indicators of potential family support is also derived from this variable. Over a quarter of people aged 75 or over live with other family members (not including spouse only).

A number of census variables (age, marital status, physical disability, living arrangements) provide indicators of life-cycle events which make older people vulnerable. However, the cross-sectional nature of census data prevents longitudinal analysis. However, they indicate that greater age is associated with a higher likelihood of disability or living alone

or in an institution but, as suggested by data on marital status and children ever born, the presence of a spouse or adult offspring provides some insurance against isolation and dependency. Rowland argues, despite the lack of census data on health, social networks, and the quality of family relationships, that these data highlight the important role that family members play in supporting older relatives.

Other census variables described in this article cast light on the economic vulnerability of older people. They are dwelling type and tenure, individual and household income, and birthplace. Economic security in later life will be generally affected by housing costs. These data show that a high proportion of elderly people are home owners. In Sydney those people who lived with a spouse were more likely to be home owners. Living with a spouse also provided added security because of access to sources of income besides their own, those living alone having less financial flexibility. The data reported in this article show that with advancing age higher proportions of the elderly on low incomes also lived in households with total low incomes, the proportion being especially high for women.

The aim of this article was to derive a first approximation of the numbers of older people at risk. Using census data Rowland shows that widows comprise the majority of older people at risk. In addition, 20 per cent of the aged are vulnerable to social isolation only, 6 per cent are vulnerable to poverty only and 3 per cent vulnerable to public dependency because of physical disability. A further 6 per cent were vulnerable to more than one of these.

COMMENT

To many readers of *Ageing and Society* these data will add little to what they already know, although perhaps few will know about data specific to Australia. Those readers with an interest in planning services for the elderly may also feel that these data are not particularly useful to their community. Some of my sociologist colleagues may wonder, as I do, why this article is included in this particular sociological journal. Given these comments you might all ask why I have included the article in this selection.

When doing research we often feel it is necessary to rush out and generate new theory through the collection of new data. This is a perfectly laudable approach but suffers from the disadvantage that there is often a time lag between the planner's definition of the problem and the answer to that problem being provided by the researcher. Rowland's article highlights how adequate insight into the planner's

problem can be obtained by a secondary analysis of existing data sets. Census data is not the only source. There are numerous data sets sitting half analysed in survey archives around the world. More of us should use them. The other value of this article is its commonsense grounding in theory. Many analyses of this kind are just simple descriptions of data without the support of theory. Rowland shows that, used imaginatively, simple data can be used to substantiate or illustrate existing theory.

A. J. Campbell, L. M. McCosh, J. Reinken and B. C. Allan. Dementia in old age and the need for services. *Age and Ageing*, 12 (1983), 11–16.

My second selection is also from the Australasian continent and is similarly helpful in the planning of services for old people. This article describes a study undertaken in Gisborne, New Zealand to determine the prevalence of dementia and to identify the requirements of those suffering from the disorder for both domiciliary and residential support.

A random sample was drawn, stratified by age of people aged 65 or over living in Gisborne, both in private households and institutions. A response rate of 94.9 per cent was achieved and 589 were interviewed using a British version of the Mental Status Questionnaire (MSQ).¹ A medical interviewer administered the MSQ and if the subject scored six or less a brief neurological examination was undertaken, a history of mental function and behaviour was obtained from relatives, and a sample of blood was taken. The use of domiciliary services was recorded and a judgement made by the medical and nurse investigator of the subject's requirements for services.

The article reports a prevalence of 2.4 per cent for severe dementia and 5.3 per cent for moderate dementia with no difference between men and women, but prevalence increased markedly with age. About half of those identified as suffering from dementia were in institutional care, while of those living in private households the majority (71 %) were receiving some kind of domiciliary service. The authors judged that day care was the only service required by those not receiving community services. Few people, who were identified as suffering from dementia, were judged as not requiring community services being provided for them.

These data support evidence from other industrial countries. The article compares the data with a variety of other studies, particularly those mounted in the United Kingdom and the United States.

COMMENT

On its own this study provides little information from which health service planners might determine the provision of services for elderly people suffering from the handicaps caused by dementia. For one small community only it provides prevalence estimates of the disease and estimates of the service response to its social consequences, and because of the small sample size standard errors on any estimates are not insignificant. However, we would be wrong to judge this study in isolation. Together with other studies from different communities this article adds to the cumulative knowledge about the care of old people suffering from dementia. The planners' response to these findings should be to increase the relatively inexpensive provision (compared to institutional care) of day care and short-stay relief admission. Until we get this service response it will be necessary to replicate this kind of study with small samples in a variety of communities.

- 1 Wilson, L. A. and Brass, W., Brief assessment of the mental state in geriatric domiciliary practice: the usefulness of the mental status questionnaire. *Age and Ageing*, 2 (1973), 92-107.

C. Coulton and A. K. Frost. Use of social and health services by the elderly. *Journal of Health and Social Behaviour*, 23 (1982), 330-339.

For many health service planners the scarcity of resources limits their ability to expand community services in the ways indicated by Campbell and colleagues. Coulton and Frost imply that one way of releasing resources might be to explore the factors which influence health service utilisation by elderly people. The article describes the analysis of data collected as part of the *Study of Older People in Cleveland, Ohio, 1975, 1976*. An underlying assumption of the analysis is that the utilisation of health and social services is affected by three groups of factors: need factors, enabling factors and predisposing factors. An understanding of these is, of course, central to the interpretation of this analysis.

Need factors consist of the individual's perception of his own needs for a particular service and the professional's perception of the appropriateness of the service in the light of the individual's physical, mental, personal and social impairments. Enabling factors are those characteristics of the individual which facilitate the use of an appropriate service, once the need for the service has been recognised.

The ability of the individual to pay or to travel to the service are examples of enabling factors. Predisposing factors are those characteristics of the individual such as gender, race or social class which may affect either the recognition of need or the use of services.

Data included in this article were obtained in interviews with respondents aged 65 or over, cluster sampled from a list of Cleveland residents eligible for Medicare and Supplementary Security Income. The data collected included the frequency of doctor visits and the use of skilled nursing, home health aides, homemaking services, continuous supervision and meals. Physical and mental impairment was assessed by interviewers; an activity of daily living scale was used to measure functional ability and respondents were asked to indicate their own perceived needs. Income, educational level, gender, race, social isolation and a measure of psychological distress was included.

These data were subjected to a number of different regression analyses. Each service was analysed separately. The independent variables were grouped into three blocks of variables: need, enabling factors and predisposing factors. Hierarchical regression analyses were performed, with the blocks in each analyses being entered sequentially. This enabled examination of the effects of enabling factors after need had been taken into account, and an examination of the effects of predisposing factors after both need and enabling factors had been taken into account.

These analyses suggest that once need is taken into account, enabling and predisposing factors explain little variance in any of the services. An individual's perception of his own needs was found to have a strong effect on the use of mental health, personal care and recreational services, while the professional's perception had most effect on the use of medical services.

COMMENT

Coulton and Frost suggest that old people are not dissimilar to the general adult population in the factors affecting the use of health services. Their results are consistent with previous research that controlled for the effects of the different perceptions of need expressed by the individual and professionals. Such studies also report weak additional effects for enabling and predisposing factors.

Like the previous two selections, this article does not really excite me. This approach to an understanding of the use of health and social services has been tried many times before. But like the previous selections this analysis is necessary in order to replicate earlier studies and to

provide yet another brick for our castle of 'scientific knowledge'. At least this study does provide a different angle on the same story. Most analyses would include all possible variables without any reference to theory. The theory used in this article may not be particularly elaborate, but at least Coulton and Frost have made some attempt to build on it.

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Psychology and Psychiatry

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Jerome A. Yesavage, Terrence L. Rose and Gordon H. Bower, 'Interactive Imagery and Affective Judgments Improve Face-Name Learning in the Elderly', *Journal of Gerontology*, **38** (1983), 197-203.

In hideously vivid pyjamas, an old man, white-bearded but ruddy-cheeked and with a meaning glint in his eye, advances on a nubile blonde in the adjoining twin bed.

'What, again!' protests the damsel. 'You only came over ten minutes ago!'

Quick as a flash comes the classic rejoinder from an inspired ancient: 'Well, love, you're lucky it's only my memory that's going.'

This postcard, a favoured souvenir from a Northern seaside town, illustrates our ready acceptance of memory failure being involved in old age, while neatly deflating the assumption that for old people sex is a thing of the past.

While we must indeed accept that many, if not most, people suffer memory impairment in later life, research is beginning to give us hopeful glimpses of the prospect of minimising or compensating for some aspects of this impairment.

In a brief review of memory retrieval in 1978, Botwinick¹ expressed surprise at the lack of research into helping old people to cope more effectively with memory impairment. In the last five years, however, much more effort has been going in, and papers such as this are to be welcomed, although there is clearly still a very long way to go before a prosthetic course in memory retraining will be handed out as a bonus to the pensions queue in your local post office.

Yesavage *et al.* take up and develop a study by McCarty,² who found that a visual imagery mnemonic significantly improved young adults'