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The Elderly: A study of the planning
implications of an ageing population

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Submitted as part of the
requirements for the
Degree of Master of Philosophy.

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o o o

This dissertation enquires into the implications for planning of an ageing population. The dissertation begins by making a study of the 'elderlys'' demographic and socio-economic position. The importance to planning of this study is then analysed. Finally, an examination is made of ways in which planning can be made more effective by being more responsive to the needs of the 'elderly'.

The 'elderly' were found to be a difficult group to define. The only thing they have in common is their stage in the life cycle, as they vary in their physical and mental well being and in their socio-economic characteristics. The 'elderly', especially the 'very elderly' were found to be increasing in both absolute and relative terms. At the same time, due to demographic and social factors they were increasingly being alienated from 'the family' and society.

An analysis based on objective social indicators of income, health, housing, mobility and education found the 'elderly' to be relatively deprived, particularly the vulnerable sub-groups of 'elderly', ie. 'elderly living alone, 'elderly' disabled, 'elderly' living with other 'elderly' ; many of whom are very 'elderly'. On subjective indicators, the majority of 'elderly' expressed below average levels of felt need. However, these indicators were found to have weaknesses as applied to this group. Spatial concentrations of 'elderly' were found in the depressed regions, the 'inner city', remote rural areas and in seaside resorts. In all but the seaside resorts the

'elderly' were found to be more relatively deprived than the 'elderly' in general.

In an examination of the 'elderlys'' income sources, they, especially those in the vulnerable category, were found to rely heavily on State income support. Because State income support was low many 'elderly' were in poverty and will remain in the future, as further increases in pension are limited by restraints on public expenditure. The earnings related pension scheme, which will be in full operation in 1998, may alleviate some of their problems. The 'elderly' were found to be politically weak in improving their income position.

In an analysis of services specific to the 'elderly' in Housing, the Social Services and the Health Services, it was found that these services had increased over the years in line with increases in public expenditure. However, they were found to be limited by an institutional bias against the 'elderly', the traditional attitude seeing the problems of the 'elderly' in terms of infirmity rather than rehabilitation and poor planning mechanisms. This had lead to chronic shortages of accommodation for the 'elderly' and a limited provision of community services. Lack of finance caused by the public expenditure restraints means these shortages will continue.

The implications for planning of this study of the 'elderly' were examined and its importance to the discipline was seen in social welfare and strategic terms. It was

concluded that better forward planning of services to the 'elderly' would be important to planning in its policy planning role and in sharpening the planner's main instrument for tackling deprivation, the area based approach.

This lead to an analysis of the effectiveness of forward planning initiatives of services to the 'elderly' at the national, regional and local levels. Two important findings made here were, the need for a policy to the 'elderly' to be built into a local authority's corporate strategy and the need for a community orientation to the policy, in order to identify and plan for the varied needs of the 'elderly'.

Finally, the effectiveness of the area-based approach to deprivation was examined in meeting the needs of the 'elderly' using the case study of the Glasgow Eastern Area Renewal Project. In this area the 'elderly' were found to be concentrated in large numbers and were very deprived. The G.E.A.R. Project was found to be particularly limited in meeting the needs of its 'elderly' because of its administrative structure, which inhibited the Project in its social aims and because of its orientation towards capital expenditure which ignored the importance of revenue projects, for instance community care projects.

It was concluded that even if the planning of services to the 'elderly' can be improved, the socio-economic position of the 'elderly' will be changed only marginally. This was because the social and economic conditions of the 'elderly' are deeply rooted in the prevailing social and economic structures and values. It can only be, by changing these that the 'elderlys'' societal position can be fundamentally changed.

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The twentieth century has seen in the industrialised countries of the Western World a steadily ageing population. The 'older' industrialised countries were the first to be affected. France experienced this ageing population very early on, in the late 19th century, while other countries like Belgium, Sweden and Great Britain have gradually followed the same pattern. In the last two decades the relatively 'newer' industrialised countries of America and Canada have begun to experience it. In the future an ageing population structure will also become a feature prevalent in the Third World.

Because these countries have in the past in the institutional sense related to a younger population, an ageing population has important social and economic consequences. Hobman has stated that "numerically the World population projections are staggering i.e. in 1970 (according to U.N. statistics) the number of people over 60 was 291 million, an increase of 100 million since 1950 and is expected to grow by 100% to 585 million by the year 2000" (Hobman 1978). He interprets this as a major social challenge. According to Mrs. Rafael Salas, a United Nations population analyst, "in wealthy countries of which 11 have already reached or are close to zero population growth, the increase in old people will have 'manifest social and economic' consequences". (Glasgow Herald 11.12.79)

It would therefore seem important at this period of time to make a planning study of the 'elderly' in Britain. This should also be of general interest as there is a good probability that everyone will be 'elderly' in their life.

Trying to define any group in relation to their societal position poses many problems. This applies especially to the 'elderly'.

In general terms one can easily have a perception of a coherent group known as the 'elderly'. This is due to the fact that almost everyone has had experience with an 'elderly' person, as a member of the family, as a neighbour or in everyday life. They are tied together in that they are a large group which occupy the final stage of the life cycle. In addition they are much more prone to physical and mental ill health especially as they become older. In a societal context they generally occupy a low socio-economic position because of their poor command over resources.

It is when one gets down to specific cases that the definitional problems begin to be illuminated. One finds that they are a group of individuals with different levels of physical and mental fitness and socio-economic characteristics. In other words, they are affected differently by the processes of ill health and adverse socio-economic conditions which characterise the group.

For service providers and policy makers, it therefore proves very difficult to draw a line based on a clear

definitional framework delineating who are 'elderly' and who are not. This is illustrated in Table A:1 by the number of different definitional lines drawn among local authority departments, ad-hoc statutory bodies, Central Government and voluntary agencies. Of course important influencing factors here are that definitions are linked to the nature of the statutory duties and/or service provision performed.

Table A:1

Agency	Definition of 'elderly'
<u>Statutory</u>	
Glasgow District Housing Dept. (G.D.C. 1979)	60+
Strathclyde Regional Council	
1. Social Work Dept.	65+
2. Physical Planning Dept. (SRC 1977)	65+M 60+F
Greater Glasgow Health Board	65+
D.H.S.S. Supplementary Benefit Commission	65+M 60+F
Scottish Education Dept. Social Work	
Services Group	65+
<u>Voluntary</u>	
Age Concern	65+
Pre-Retirement Council	65+M 60+F

It is important to realise that these definitional lines cannot be regarded as static. In fact, they will be dynamic over time as the health of the population improves as agencies

are affected by social and economic processes. This is illustrated in the former case by the Health Authorities where the age of 75 and over is increasingly being used as a criterion for service provision to the 'elderly' because of their improved health. The latter case can be illustrated by the current discussion on the pensionable age limit in Central Government as was pointed out in the D.H.S.S.'s discussion document "A Happier Old Age" (1978). Pressures for change have come from the Government's own Economic Opportunity Commission and 'equal rights' groups and also from public opinion worried about the plight of the young unemployed as the labour market continues to deteriorate. If the pensionable age is for example to be 63 for both men and women, then many public and voluntary bodies will be obliged to change their definitions accordingly.

The approach this dissertation takes will be to make a comprehensive study of the 'elderly' in terms of their demographic and socio-economic situation and the level of income support and service provision to them at both the national and local levels. At the local level Strathclyde will be used as the principal framework for reference. The implications of this analysis for planning will then be discussed.

Probably, the major limitation of the dissertation will be its heavy reliance on Strathclyde and Glasgow as illustrations of the socio-economic situation and service provision for the 'elderly' at the local level. However, the deprivation focus of the dissertation means that they are important examples.

Chapter One

Introduction

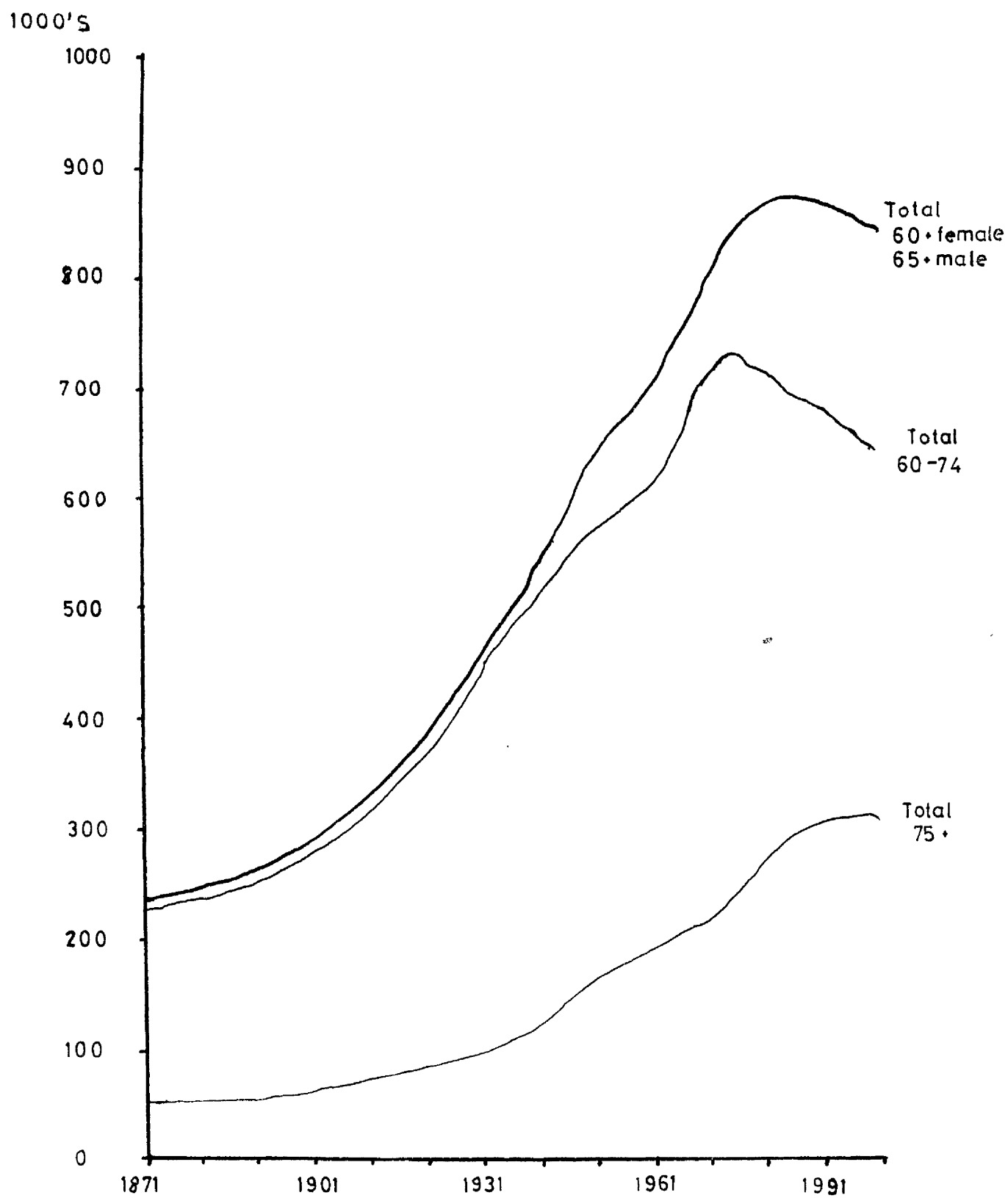
The aim of this chapter will be to provide a contextual background for the dissertation as a whole. The chapter will be divided into two sections. Section One will examine the present and future position of the 'elderly' demographically relative to the population as a whole. Scotland will be used as the principal framework of reference. Section Two will then examine historically the 'elderly' in society and will particularly focus on the role of familial care. In this section an attempt will be made to compare the elderly's position nationally with that of Strathclyde.

Section One

In Great Britain, the numbers of 'elderly' have increased both absolutely and relatively over the present century. This can be illustrated using Scottish demographic figures. They follow a similar pattern to that of Great Britain (Central Policy Review Staff 1977). Figures 1:1 and 1:2 show the increase of pensioners in absolute and relative terms respectively, in Scotland.

The increase of the 'elderly' absolutely has come about due to two factors, both having their roots in the improved socio-economic conditions and medical service which has characterised the 20th century. The first factor is that over the years there has been a decline in the infant mortality rates (See Figure 1:3). This has meant that many more people have been able to survive to become

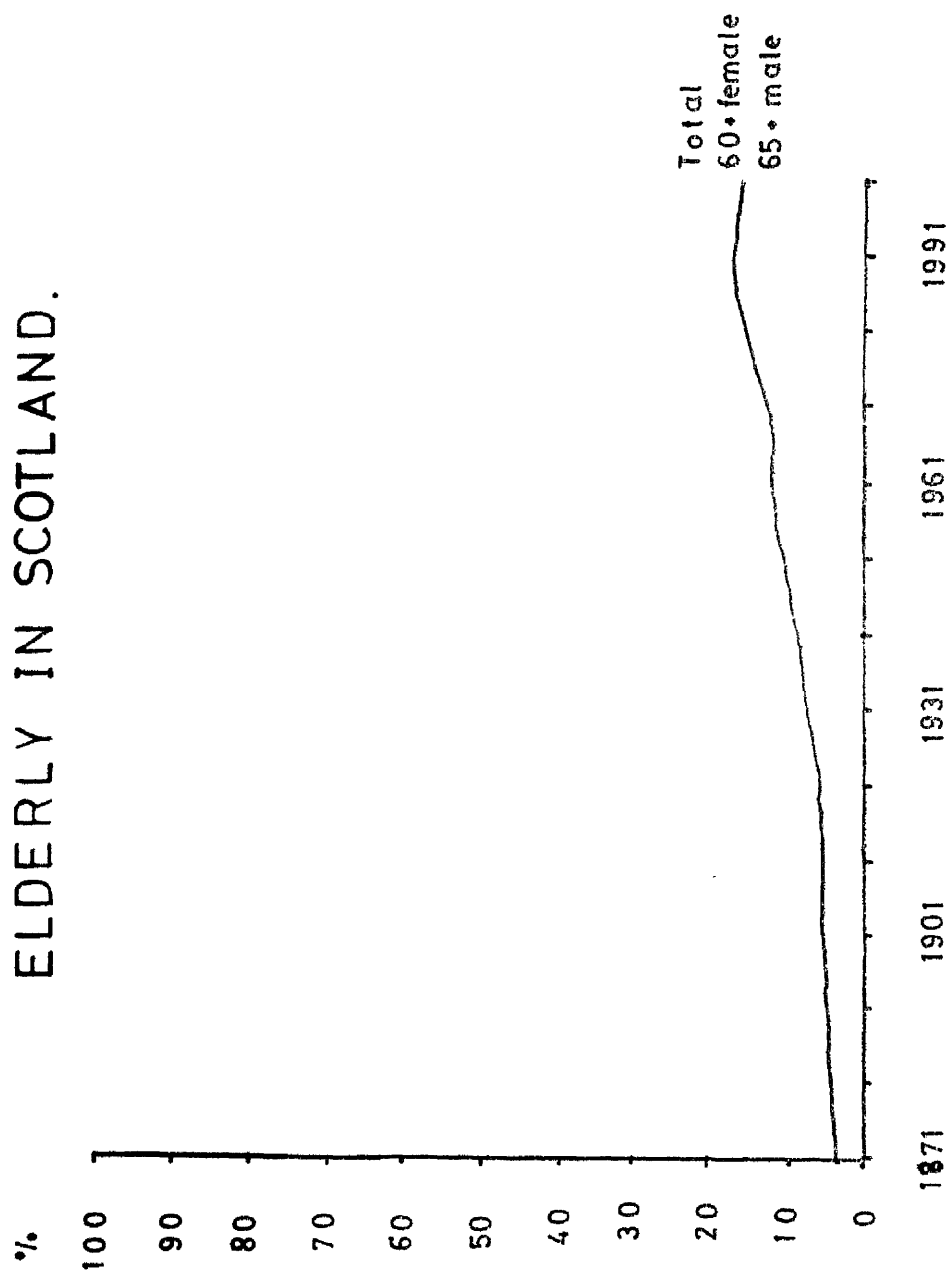
**FIGURE 1:1- ABSOLUTE NUMBERS
OF ELDERLY IN SCOTLAND.**



SOURCES - 1.Scottish Abstract of Statistics(1979)

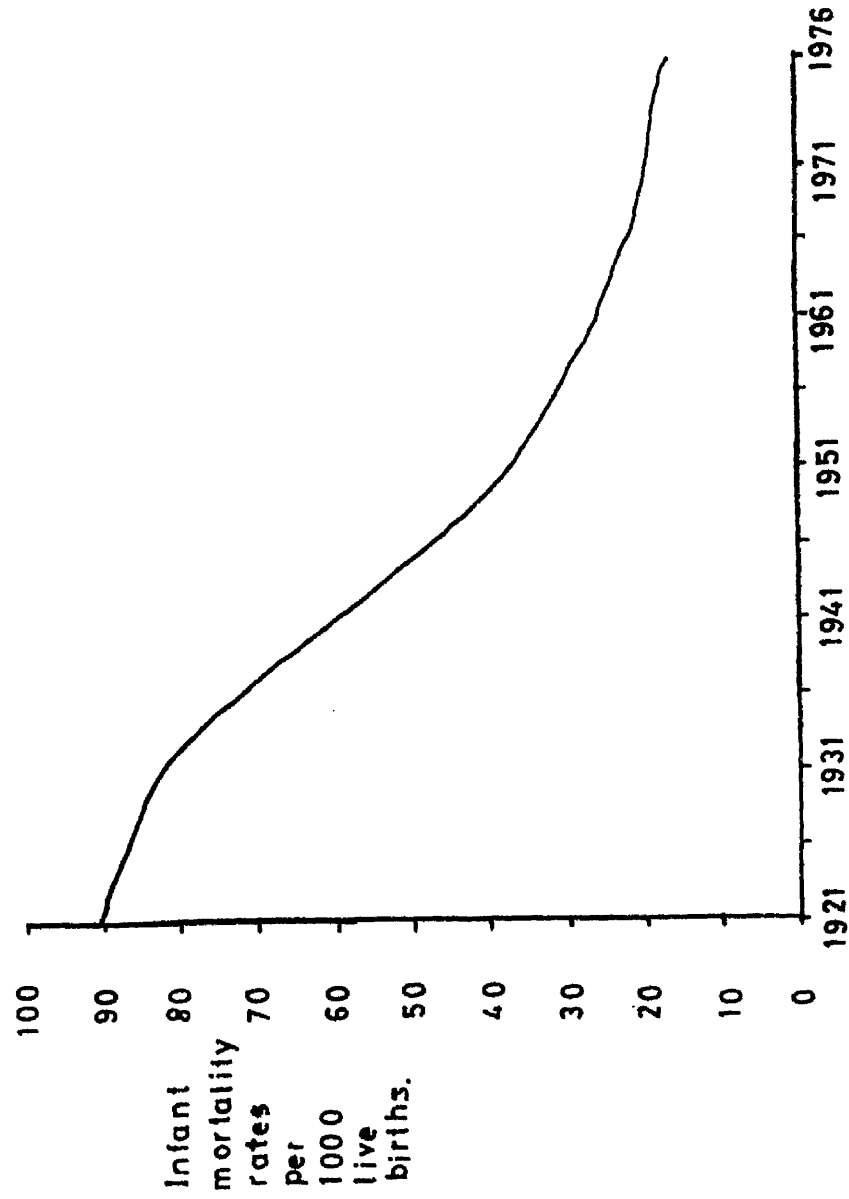
2.O.P.C.S. Population Projections(1977)

FIGURE 1:2 - RELATIVE PROPORTION OF
ELDERLY IN SCOTLAND.



SOURCES - 1. Scottish Abstract of Statistics (1979).
2. O.P.C.S. Population Projections (1977).

FIGURE 1:3-INFANT MORTALITY
IN SCOTLAND.

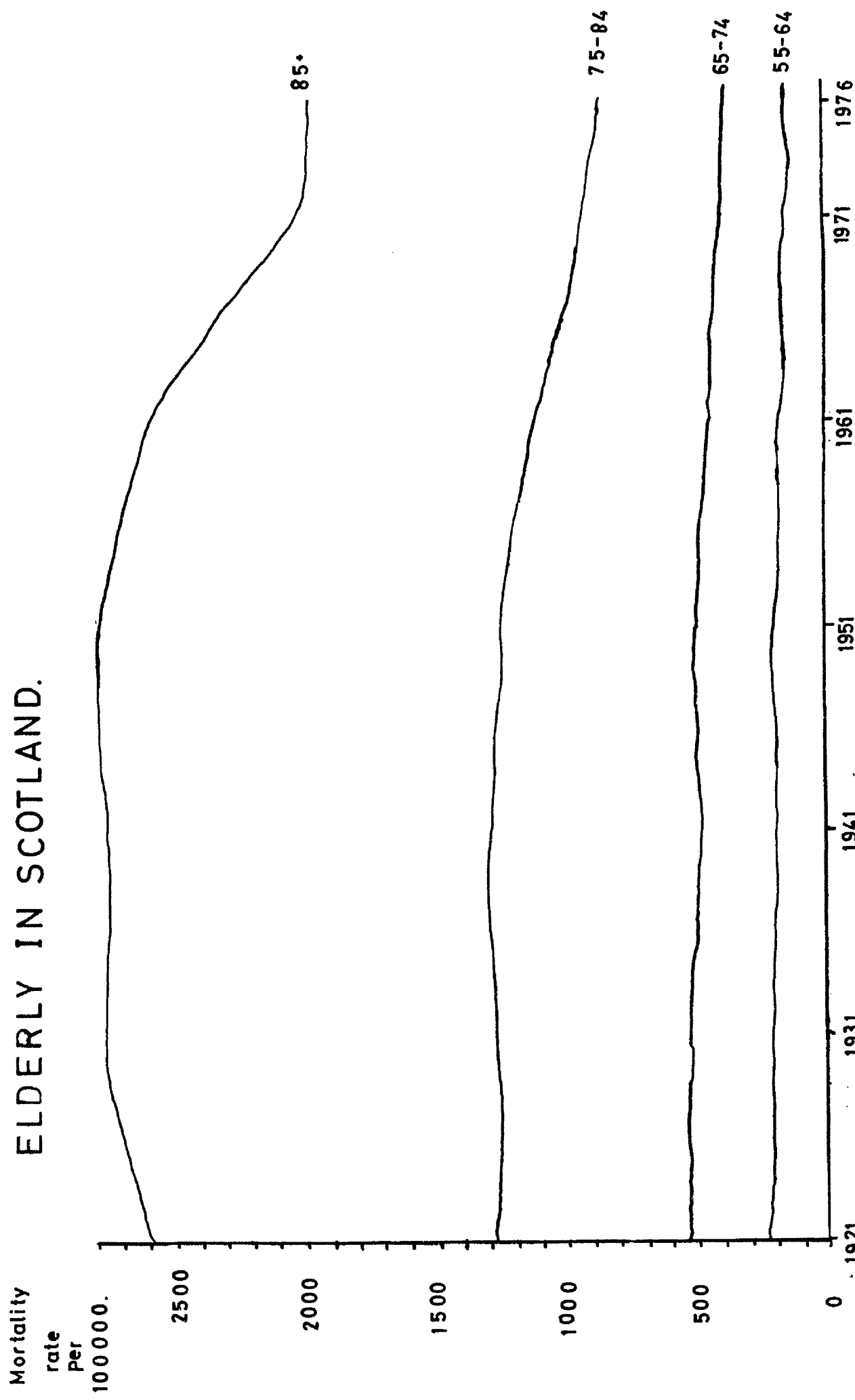


SOURCE - Scottish Abstract of Statistics(1976).

today's 'elderly'. The second factor is that people in the older age groups especially, have a greater expectation of life. This is illustrated by Figure 1:4 showing the decreasing mortality rates per annum for each age group. It should be noted, however, that in Figure 4, using the comparison of mortality rates by age groups, tends to play down the importance in absolute terms of the younger 'elderly' having a greater expectation to survive to become very old. Women have a greater probability of becoming very old than men. This can be seen in the case of Great Britain where "in 1911 a man aged 65 could expect to live a further 11 years compared with just over 12 years now; a woman aged 65 could expect to live 12 more years as opposed to over 16 years now" (Central Office of Information 1978). Women are more favoured biologically and socio-economically, as they are relatively sheltered from the hazards of unsuitable working conditions.

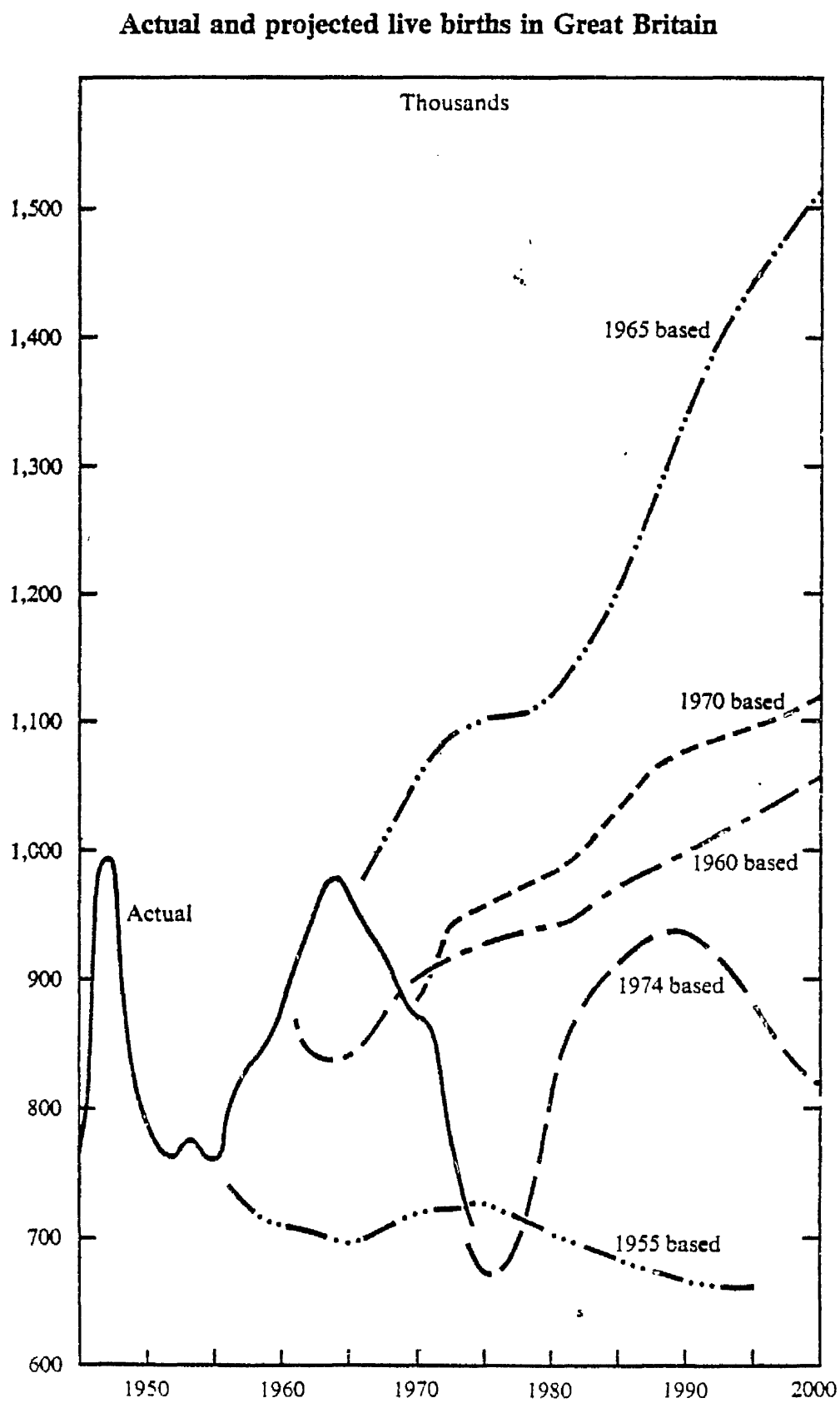
The increase of the 'elderly' relative to the total population can to some extent be put down to reasons given above for the absolute increase. However, Figure 1:2 shows that although this relative increase has been apparent throughout the present century, it has only recently begun to accelerate. The impact of this acceleration in Great Britain can be traced on Government population projections made during the last two decades. (See Figure 1:5) In the 1960 s the possibility of an acceleration was hidden by the optimism about increasing future birth rates. Indeed, the report by the Government's Inter-Department study Group (1971) which "looked at a number of aspects of

FIGURE 1:4--MORTALITY RATE BY AGE BAND OF
ELDERLY IN SCOTLAND.



SOURCE Scottish Abstract of Statistics (1979).

FIGURE 1:5

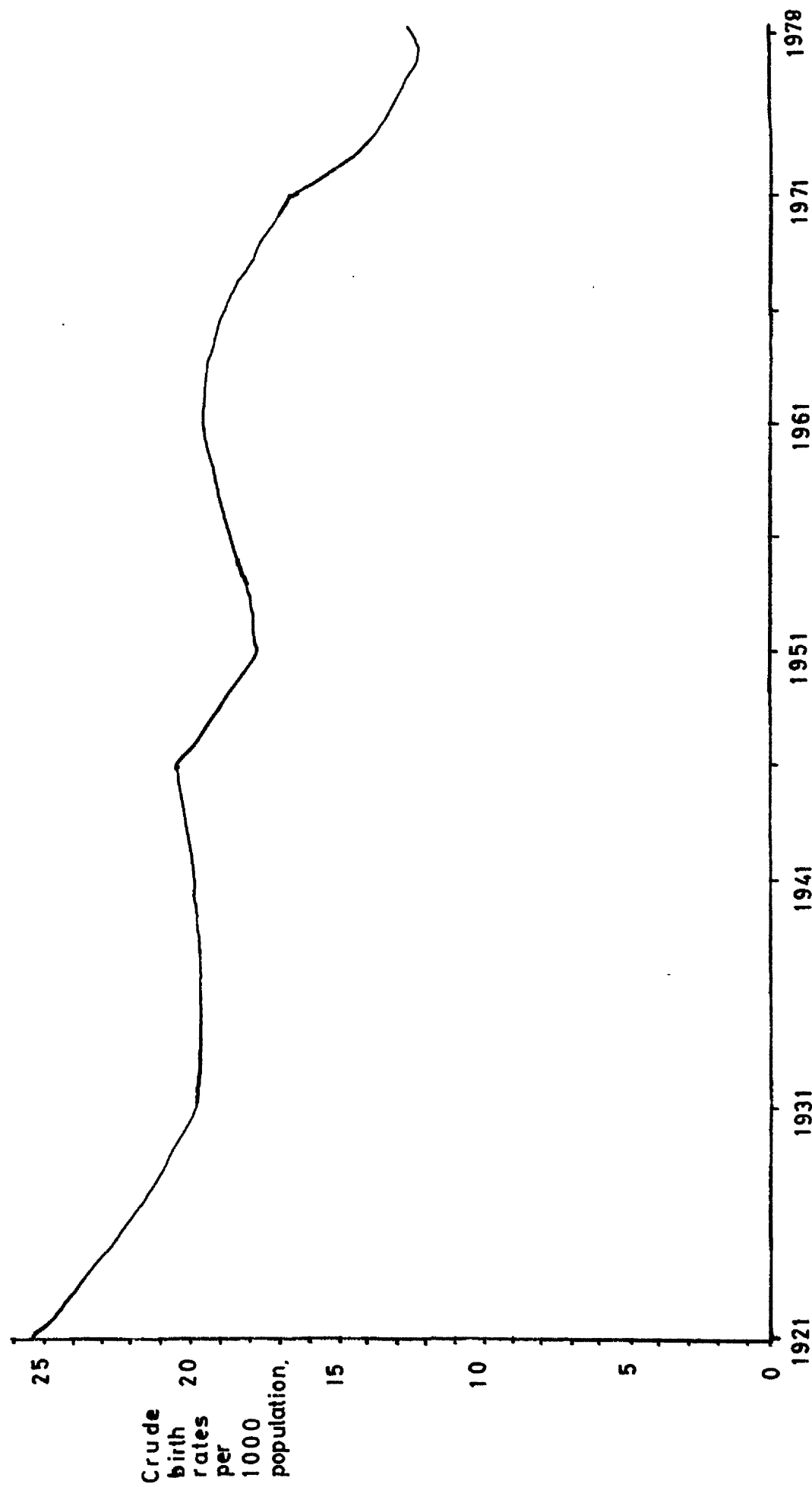


SOURCE- Central Policy Review Staff (1977).

population growth and their likely future distribution within Great Britain" and its future planning implications, forecasted by the end of the century an increase of ten million. However, in the light of forecasts of falling birth rates which appeared at the end of the report's study period, the figure was revised downwards to nine million. As Figure 1:5 hints this was only one of a series of population projections which characterised the late 1960 s and 1970 s which had to be changed due to falling birth rates. The present situation in Scotland sees the birth rates continuing to decline even below what is needed for zero population growth (see Figure 1:6).

In the future, the numbers of 'elderly' will continue to increase, both absolutely and relatively. Figures 1 and 2 illustrate these future population trends in Scotland. However, as Figure 1 shows there will be a division within the group in absolute terms. The 60-74 age group will decline while the over 75 group will increase. This can be explained by three factors. The first factor, is that the large families which prevailed until the end of the 19th century have tended to become smaller. This has meant a much smaller possible population for future 'elderly' to survive from, thus decreasing the numbers in the 60-74 age group. Secondly, the more immediate future will show the 60-74 group declining because of the effect of World War One fatalities. Finally, the over 75 group will continue to increase absolutely in the future because of the greater proportion of younger 'elderly' able to survive to reach it,

FIGURE 1:6 - BIRTH RATES IN SCOTLAND.



SOURCE - Register General for Scotland: Annual Reports.

even although the 60-74 group is going to be smaller.

Some care must be taken in comparing these Scottish population data with those for Great Britain, in relative terms. In the past the proportion of 'elderly' was similar to that of Great Britain even although Scotland was characterised by high outmigration rates. This was because the high birth rates of its predominantly working class population tended to cancel the effects of the out-migration rates. However, this situation is changing due to lower birth rates. In the future then the population in Scotland will age more than that of Great Britain.

The effect of migratory factors on the numbers of 'elderly' people regionally and intra-regionally will be discussed later in Chapter Two.

Section Two

In making a comprehensive study of the 'elderly' and their position in society, it is necessary to look at the process of ageing historically to see how attitudes have changed and the consequences which have followed from these attitudinal changes.

As has been pointed out, the 'elderly' are, in general, a vulnerable group in society. This is primarily because of their physical and mental weakening over time. This in turn means that they have a greater probability of having an illness or disability. Up until recently, it can be said that the majority of the more vulnerable 'elderly' have been protected by family kinship mechanisms.

In the time before the Industrial Revolution which came about in the first half of the 19th century, the 'elderly' were protected on the whole, by their status as hierarchical heads of their families. In many cases, these families were very large. The position of the 'elderly' was consolidated by social institutions and customs. Indeed, the Poor Law of 1601 made it compulsory for the son-in-law to look after his wife's parents. However, as Laslett (1978) points out, there were a minority of 'elderly' in his period of study, in the late 17th century who were not protected by kinship or social institutions, because of family disputes, poverty, and widowhood without any family at all.

The Industrial Revolution was the catalyst for the mass movement of people from the countryside to the towns and the cities. Because much of the migration was by the younger age groups, it tended to disrupt the traditional family kinship patterns. The kinship pattern was, however, continued in a milder form for two reasons.

The first reason was that the Protestant work ethic and its associated values of the higher duties and responsibilities to one's family and parents were strongly prevalent. The second reason was that when the young migratory population reached their destination in the towns and cities to work, they tended to remain. This was because the other factors of production were largely immobile. Strong kinship patterns developed in the working class areas of these towns and cities. Townsend (1957) later described

this phenomenon in East London, in the late 1950's. It could be said the Government reinforced these family kinship mechanisms during the period by its low level of income support and social service provision for the 'elderly'. The Poor Law was still in operation until 1941.

The coming of the Industrial Revolution did sow the seeds for the relative decline of the 'elderly' in importance to the 'family' and to society. For instance, it was found "in the 1890s, of all those in England and Wales aged 65 and over, nearly 30% were described in the official statistics as paupers and a quarter of these lived in workhouses" (Abrams 1978). There were three reasons for the relative decline in significance of the 'elderly'.

In the first place, the coming of the Industrial Revolution greatly increased the significance of man in his functional capacity, as a producer and consumer. This was translated into social institutions and beliefs, which cultivated and rewarded this functional capacity. The 'elderly' person in general, because of his or her inability to perform adequately at work for this system, led to the receiving of less rewards, which in turn led to smaller consumption. There was thus a tendency for the 'elderly' in this socio-economic milieu to become alienated.

Secondly, the economic system and its value system which arose out of the Industrial Revolution favoured the need for a smaller family. This was made possible in the 20th century with the spreading of birth

control methods which permeated the social classes gradually. This was to have an adverse affect on the more vulnerable 'elderly' for two reasons. The first reason was that the trend towards smaller families meant that an 'elderly' person in need was less likely to be looked after by family kinship patterns. The second reason , was that with the smaller family trend, there was now a greater likelihood of the 'elderly' person surviving his or her immediate children and thus become at greater risk of having to do without family care.

Finally, as was seen in Section One, as socio-economic conditions improved more people survived to become 'elderly' in both absolute and relative terms. This had the affect of increasing the dependency ratio for the more vulnerable 'elderly'. Putting it crudely, there was a decreasing proportion of the working population able to look after parents and relatives in the community.

In the period after World War Two up until the present day these trends described as contributing to the decline in importance of the 'elderly' relative to the family and society strengthened.

The period after World War Two saw factors of production becoming much more mobile and the economy reaching full employment. This in turn led to greater mobility in the population along with higher standards of living. An outcome of these changes has been the phenomenal increase of 'consumerist' attitudes. With the help of the media

youthfulness has been portrayed, much more strongly, as that to which society should relate. Society has thus become to view 'ageing as a disease, something to be avoided, regarded as infectious' (Elder 1977). The Government by its policies on 'compulsory retirement', an earnings limitations rule in pensions and its implicit acceptance of 'institutionalism' for the vulnerable 'elderly' has tended to make 'ageism' a self-fulfilling prophecy. Probably, the most distressing outcome of all this can be seen in the attacks of young teenagers on old people. Seabrook (1979) states that "the acts of violence are not simply the aberration of a few disordered individuals but represent the eruption of something much deeper, which we have failed to diagnose". 'Ageism' in society may form part of that diagnosis.

As we have seen demographically, the 'elderly' especially the 'very elderly' have increased both absolutely and relatively. At the same time there has been a growth of the 'structurally isolated conjugal family'. These two trends together have led in the post World War Two period to a large increase in the number of lone 'elderly'.

Tables 1:1 and 1:2 show 'elderly' persons over 65 by household type for England and Strathclyde respectively in the year 1976. Both tables illustrate the high percentage of 'elderly' especially 'very elderly' living alone. In Strathclyde it is more pronounced. Both tables also show the low proportion of 'elderly' staying with younger people.

Table 1:1 England: Elderly persons by household type

	Men and Women Grand Total - Age			
		65-74	75-84	85+
All elderly persons in sample weighted	3869	2571	1089	209
Unweighted figures	(2622)	(1354)	(1063)	(205)
Type of household	%	%	%	%
One elderly person only	29.6	25.0	37.4	44.0
One elderly person with non elderly spouse only	7.4	10.4	1.7	-
One elderly person with next generation only	6.7	4.3	10.6	17.2
One elderly person non- elderly spouse + next gen.	1.7	2.4	0.3	-
One elderly person with others	5.9	5.6	6.4	7.7
Elderly married couple only	36.7	40.2	33.1	11.5
Elderly siblings only	2.8	2.3	3.9	2.9
Elderly married couple with next gen. only	4.1	5.1	2.3	1.4
Other combination of 2 or more elderly with others	5.1	4.7	4.2	15.3
TOTAL	100	100	100	100

Source: A. Hunt, (1976) "The Elderly at Home" H.M.S.O.

Table 1:2 Strathclyde: Elderly persons by household type

	Men and Women Grand Total - Age			
		65-74	75-84	85+
Grossed figures	278187	187857	78709	11621
Total Elderly persons				
Type of Household	%	%	%	%
One elderly person alone	33.4	29.7	40.5	46.1
One elderly person with non elderly spouse only	7.9	11.1	1.3	-
One elderly person with next generation only	6.6	5.1	10.2	6.4
One elderly person, non elderly spouse + next gen.	1.8	2.5	0.2	-
One elderly person with others	3.7	1.9	5.3	11.2
Elderly married couple only	30.2	33.7	24.2	15.2
Elderly siblings only	6.1	5.4	7.4	7.7
Elderly married couple with next gen. only	5.7	6.0	5.5	2.6
Other combination of 2 or more elderly with others	4.6	4.6	4.4	10.8
TOTAL	100	100	100	100

Source: General Household Survey (1976) Strathclyde
Regional Council Physical Planning Department.

In England, this is shown to increase with age, while in Strathclyde, although a similar trend appears, the number declines dramatically for the over 85's living with their offspring. Strathclyde has a larger proportion of 'elderly' living with other 'elderly', and this number increases with age. The problems of the vulnerable 'elderly' in Strathclyde compared with those nationally are therefore much worse. The larger proportion of the 'elderly' in Strathclyde living alone or with other 'elderly' is due to the coincidence of high outmigration rates and declining birth rates. This has contributed to a contraction of the working population and a higher dependency ratio to the vulnerable 'elderly'.

Society and the 'family' have increasingly moved away from the 'elderly', especially the 'very elderly'. With the present high divorce rates, one in four in Scotland (1980) and the increasing longevity of the 'very old', this trend can only intensify. Although much concern is still shown by the 'family' toward the 'elderly', socio-economic and institutional influences on the 'family' have led to gaps, and a lessening in the care of the 'elderly'. Outside the 'family' and apart from friends and neighbours 'ageism' in society is causing the 'elderly' person to be increasingly alienated.

Chapter Two

Introduction

In the previous chapter, it was seen that the 'elderly' especially the 'very elderly' were a disadvantaged group in society. Social trends since the Second World War were found to have increased the alienation of the 'elderly'. The growth of the 'structurally isolated conjugal family' was a significant causal factor. Reinforcing these trends were the large increase of 'elderly' both absolutely and relatively. These social and demographic trends together have led to increases in the numbers of 'elderly' living alone many of whom are in the vulnerable categories of very old, 'fourth generation', and women.

This chapter will examine the present socio-economic position of the 'elderly' in the community using both objective and subjective indicators. In doing this the position of the 'elderly' nationally will be compared with the 'elderly' in Strathclyde. The chapter will then go on to examine the socio-economic position of the 'elderly' in areas where they are spatially concentrated.

A major weakness of this type of analysis is that it ignores the extent of Government income support and statutory and voluntary agencies' service provision to the 'elderly', which has a positive impact on the group's 'quality of life'. However, this weakness will be circumvented as Chapter Three will discuss income support to the 'elderly' and Chapter Four will discuss service provision to the 'elderly' by statutory and voluntary agencies.

Objective social indicators

The objective social indicators which will be used in examining the 'elderly' will be income, health, housing, mobility and education. The national statistics used will come mainly from Hunt's 1976 study of the 'elderly' in England. However, the 1976 United Kingdom Family Expenditure Survey will provide information on income and the 1977 General Household Survey and Age Concern (1977) will provide additional information on housing and education respectively. Although these surveys are of different population samples and use different definitions of the 'elderly', they will suffice in giving a description of the 'elderly' nationally. Statistics on the 'elderly' in Strathclyde will come from Strathclyde Regional Council's Household Survey which was carried out in 1976. As these statistics are all for the same period in time, they should provide an accurate perspective on the 'elderly'. At the same time, they will provide a good comparison, between the socio-economic position of the 'elderly' nationally, and those in Strathclyde.

(a) Income

Of all the socio-economic indices, income has the most significant impact on the 'quality of life' of an individual. This is because a lack of it can be a constraint on the style of life one leads, the kind of accommodation one lives in and the kind of education, health and mobility one has.

Tables 2:1 and 2:2 show incomes by household for the United Kingdom and Strathclyde respectively for the year 1976. These tables together show that there are a very large proportion of 'elderly' living in households with low incomes. Examining households which contain 'elderly' there is a gradation with lone 'elderly' households the worst off, married 'elderly' households coming next, and the 'elderly' living with others the best off.

In making this finding from the tables there are three limitations. The first limitation is that Tables 2:1 and 2:2 in their calculations of income miss out the benefits which pensioners derive from exclusion of taxes on certain types of income, capital and social security payments. Townsend (1979) has however found that the amount gained in this way is small. The second limitation is that in stating that the 'elderly' living with others are best off, one must be aware of two points. The first point is that they represent a smaller proportion of the 'elderly' compared with the other sub-groups. This is illustrated in Tables 1:1 and 1:2. Secondly, the term the "'elderly' living with others" can be divided between those 'elderly' living with their offspring and those 'elderly' living with other 'elderly', like siblings and friends. The 'elderly' living with their offspring will generally benefit from the higher incomes of those still working. On the other hand those 'elderly' living with other 'elderly' will have to rely on smaller incomes, derived principally from pensions. Table 2:2 illustrates this point. The third

Table 2:1 Households by Head of Household's Income and Household Type: United Kingdom 1976.

Household Type	Annual Income Per Household										
No children	under £1043	£1043- £1564	£1564- £2086	£2086- £2607	£2607- £3129	£3129- £4171	£4171- £5214	£5214- £6257	£6257 +	Total %	Total in Sample
Lone adult 65+	39.4	38.2	11.6	5.0	2.5	2.3	0.6	-	0.4	100	813
Lone adult under 65	15.3	15.6	11.2	12.1	14.5	16.4	7.4	4.3	3.2	100	653
2 adults 65+	0.4	23.2	28.8	15.0	8.5	12.0	5.8	2.2	4.1	100	857
2 adults head under 65	0.9	3.3	3.6	5.0	8.2	19.4	20.4	17.5	21.7	100	1445
3 + adults	0.2	-	1.5	2.6	3.3	8.9	13.7	16.4	53.4	100	547
Children											
Lone Adult + 1 or more children	3.3	23.1	17.8	19.4	11.6	12.0	5.4	4.5	2.9	100	242
2 adults + 1 or 2 children	0.1	1.4	2.6	4.2	7.6	26.5	23.3	16.1	18.2	100	1658
2 adults + 3 or more children	-	0.4	3.6	4.3	6.6	21.7	26.6	15.7	21.1	100	530
3 adults with 1 + children	0.2	0.2	0.9	0.6	2.2	6.8	10.5	15.1	63.5	100	458
Households in sample	448	742	583	477	524	1173	1061	819	1376	-	7203

Source: Department of Employment (1976) Family Expenditure Survey.
Based on Table 6:7 p.99 Social Trends 8 (1977).

Table 2:2 Households by Head of Household's Income and Household Type: Strathclyde 1976
Actual Responses 5673.

Household Type	Annual Income per Household											No Response	Total %
No children	under £1125- £1125	£1125- £1750	£1751- £2250	£2251- £2750	£2751- £3375	£3376- £4125	£4126- £4875	£4876- £5625	Over £5626				
Lone adult 65+	73	12.2	1.9	1.5	0.6	-	-	-	-	10.8	100		
Lone adult Non-Pens.	27.8	15.9	13.2	8.9	8.9	4.0	3.2	2.7	3.0	12.7	100		
2 + adults all Pens.	47.9	25.3	5.5	3.6	1.8	1.0	-	-	-	14.8	100		
2 + adults all Non-Pens.	8.3	7.4	13.4	14.1	13.8	8.7	4.3	2.4	3.2	24.3	100		
2 + adults all but 1 Non-Pen.	34	16.3	9.6	7.5	5.9	2.4	1.9	0.9	1.6	20.0	100		
2 adults others	29.9	13.6	7.6	6.0	3.3	4.3	-	-	3.8	28.8	100		
Children													
Lone Adult Non-Pen.	18.8	46.5	14.6	7.6	-	3.5	-	-	-	3.5	100		
2 + Adults all Non-Pens.	3.1	9.6	12.9	15.0	15.4	10.3	4.9	4.0	4.6	20.5	100		
2 + Adults all but 1 Non-Pens.	65.2	34.8	-	-	-	-	-	-	-	-	100		
2 adults other	19.4	15.1	0.9	0.8	10.8	-	-	-	-	25.9	100		
Total Grossed 1000's	174.3	98.0	84.0	85.2	82.2	51.6	24.8	18.0	22.7	151.1	792		

Source: Strathclyde Regional Council (1977) General Housing Survey 1976.

limitation is that there is an extensive redistribution in kind from 'young' households to 'elderly' households, through the family, friends and neighbours. Townsend (1979) has shown that those 'elderly' who are poor or on the margins of poverty get a great deal more help in this way, than those well above the poverty line. However, Wedderburn (1965) has pointed out that the amount received does not amount to very much in real income terms.

In comparing the United Kingdom and Strathclyde, using Tables 2:1 and 2:2, differences in the income of the 'elderly' are apparent. The 'elderly' in Strathclyde are worse off than their United Kingdom counterparts. The fact that the United Kingdom Family Expenditure Survey defines the 'elderly' as those over 65, while the Strathclyde Household Survey defines the 'elderly' as those over pensionable age (65 for men, 60 for women) reinforces the differences. The differences are shown by comparing the tables, for the 'elderly' living alone and married 'elderly'. In Strathclyde there is no lone pensioner household getting above £3375 per year, while in the United Kingdom the 'elderly' over 65 living alone extend right through the range of income categories. This occurs similarly with married 'elderly'. In Strathclyde there are none over £4125 a year, while in the United Kingdom the full range of income categories is covered.

In both the United Kingdom and Strathclyde it is the 'very elderly' who are most affected by low incomes. This is because as Tables 1:1 and 1:2 show, large numbers of them are living alone. In addition, as was found in the

previous chapter, they will be the least likely to receive family contacts. The 'very elderly' in Strathclyde appear to be worse off financially than the 'very elderly' nationally. This is because of the greater prevalence of 'very elderly' living in lone households and with other 'elderly' in Strathclyde. A particularly interesting feature in the case of Strathclyde is that the tendency as the 'elderly' age to live with their offspring does not show up for the over 85 age group. (See Table 1:2)

The financial plight of the over 85 age group can be assumed to be much greater in Strathclyde than nationally. The explanation^{/of} why the 'elderly' have low incomes will be given in Chapter Three.

(b) Health

With regard to health, the 'elderly' are a vulnerable group. This is because of their proneness to physical and mental weakening over time. This means that they have a greater probability of having an illness or handicap. Tables 2:3 and 2:4 examine the health of the 'elderly' in terms of handicap or loss of mobility for England and Strathclyde respectively. In Table 2:3 the loss of permanent mobility is used as a surrogate for illness or disability. This surrogate is rather extreme, in that it leaves out many handicaps and illnesses that do not totally immobilise an 'elderly' person or make ^{her} her housebound. The table shows that the incidence of loss of mobility and therefore that of handicap and illness increases as the 'elderly' age. Table 2:4 shows the incidence of handicap

Table 2:3 Personal Mobility of 'Elderly' People (by age and sex) : England 1976.

Elderly Persons	Sex		Age					
Numbers sample weighted	Total (3869)	Men (1540)	Women (2329)	65-69 (1409)	70-74 (1162)	75-79 (697)	80-84 (392)	85+ (209)
Numbers sample(unweighted)	2622	994	1628	725	629	688	375	205
% Bedfast permanently	0.3	0.1	0.4	-	-	0.4	1.0	1.9
% Household permanently	4.2	3.4	4.7	1.1	2.5	5.5	10.5	18.7
% Goes Out	95.5	96.5	94.8	98.9	97.5	94.1	88.5	79.4
TOTAL %	100	100	100	100	100	100	100	100

Source: A Hunt (1976) "The Elderly at Home", H.M.S.O.

Table 2.4 Handicap by Age Group: Strathclyde 1976.

AGE	HANDICAP										
	Blind or partially sighted	Deaf or hard of hearing	Heart Condit- ion	Paralysed	Loss of limbs	Spastic	Mentally ill	Mentally defective	Other disabled conditions	Non- handicapped	Total %
65-74	3.0	6.4	5.5	1.0	0.5	0	0.4	0.1	6.0	77.1	100
75-84	6.2	12.4	7.1	0.9	0.4	0	0	0	11.1	61.9	100
85+	23.0	20.4	6.5	2.3	0	0	0	0	12.8	35.0	100
Subtotal	4.7	8.8	6.0	1.0	0.5	0	0.3	0.1	7.8	71	100
non- elderly	0.6	0.9	1.2	0.1	0.1	0.1	0.1	0.2	1.6	95	100
Grossed Total	24587	43590	41071	5756	3725	3108	3135	4758	54777		

Source: Strathclyde Regional Council Physical Planning Dept. (1977) General Household Survey 1976.

by age group for the 'elderly' in Strathclyde. The increasing amount of handicap with age is shown much more clearly in this table as the incidence of handicap is correlated directly by age group and a wide range of handicaps is used.

Although the higher levels of handicap and illness of the 'elderly', can be explained by the physical and/or mental weakening of an individual over time, socio-economic factors are also important. This is because health is affected by personal habits, diet, home environment, physical exercise, mental health and specific occupational hazards.

Two major types of socio-economic influence have been found to affect the health of the 'elderly'. The first type is the poverty and increasing social isolation of the 'elderly'. Kay, Beamish et al (1964) have shown that illnesses particularly prevalent among the 'elderly' such as dementia and hypothermia, have their origin in these social problems. A major causal factor in dementia is loneliness while hypothermia is primarily caused by poverty and depression. Secondly, health is affected by social class differences. Evidence of this can be seen in an examination of mortality rates in the social classes. Age Concern (1977) has found that "in all age groups mean annual death rates increases from Social Class I to Social Class V. For example the mean annual death rate for men aged 65-74 in Social Class III is 6317 per 100,000 compared to 4,666 per 100,000 for those aged

65-74 in Social Class I". The 'elderly' in the higher social classes can therefore expect to live longer than those in the lower social classes.

The health of Strathclyde's 'elderly' can be expected to be worse in comparison with the 'elderly' in the rest of the United Kingdom. This is because its 'elderly' especially in the older age groups, tend to be more socially isolated as more of them are living alone and because of the greater proportion of 'elderly' in the lower social classes reflecting its traditional working class population.

(c) Housing

The housing conditions of the 'elderly' will now be examined. Table 2:5 shows age of head of household by tenure for Great Britain based on statistics from the 1977 General Household Survey. The table shows that a relatively large proportion of 'elderly' (i.e. over 65) are outright owner occupiers, local authority tenants and live in the unfurnished private rented sector. Within the 'elderly' group itself, there is a relatively large proportion of the 'very elderly' in the private rented sector, while the numbers that are owner occupiers decline with age. Table 2:6 shows tenure by the 'elderly' age groups for England in 1976. It illustrates more clearly the relatively smaller proportion of 'very elderly' in the owner-occupier sector and the relatively greater numbers in the private rented sector.

Table 2:5 Tenure by Household Heads: Great Britain 1977.

Age of Head	OWNER OCCUPIERS		TENANTS		ALL TENURES	
	Outright Owner	Mortgagors	Local Authority	Unfurnished Private	Furnished Private	% Total Total Sample Size
Under 25	0.6	31.3	21.4	21.2	25.5	100 486
25-29	3.1	49.1	24.9	13.7	9.2	100 1004
30-44	7.5	53.9	27.2	9.5	1.9	100 3016
45-64	26.2	24.9	37.7	10.2	1.1	100 4154
65-74	42.4	3.0	38.5	15.5	0.5	100 2043
75+	43.8	0.9	37.3	17.1	1.0	100 1154
TOTAL	23	28.5	33.4	12.3	2.9	100 11870

Source: General Household Survey (1977) Great Britain
Table 9.6 p.148 Social Trends 1979 H.M.S.O.

The relatively large proportion of the 'elderly' especially the 'very elderly' in the private rented sector is a cause for concern because this sector is renowned for containing the poorest housing both in terms of amenities and need for repairs. The 'elderly' in the owner occupied sector may have similar problems for two reasons. The first reason is because many of them live in houses at the lower end of the owner occupier market. The second reason is that because of their generally low incomes and inability to work on their own homes, they may be unable to carry out major repairs.

Table 2:7 shows tenure by 'elderly' heads of household for Strathclyde and can be compared with Table 2:6 for England. In Strathclyde there is a smaller proportion of 'elderly' in the owner-occupier sector and in the private rented sector and there is a much larger proportion in the public sector. There are two reasons for this. The first reason is that in Strathclyde there is a much greater tradition of public authority housing. Secondly, the smaller proportion of 'elderly' in the owner occupier sector in Strathclyde in particular, can be explained by their relatively lower incomes compared with the 'elderly' nationally. Table 2:7 shows that the tenure pattern is not spread evenly within the 'elderly' age groups. The proportion of 'elderly' is greater in the public and private rented sectors. The problems contained in private rented housing have already been referred to above.

Households with elderly heads	elderly sample weighted figures	Un- weighted sample figures	Owner Occupier	Rented Council	Private Rented	Total %
Age of Household	(2705)	(1811)	48.5	31.1	20.4	100
<65	(54)	(29)	46.3	37.0	16.7	100
65-74	(1718)	(865)	49.9	30.8	19.3	100
75-84	(789)	(776)	47	30.8	22.2	100
85+	(144)	(141)	41.7	34.7	23.7	100

Source: A. Hunt(1976)'Elderly at Home' H.M.S.O. Table 7:3:2

Table 2:7 Age of 'elderly' by Tenure: Strathclyde 1976

Households with elderly heads	Owner occupied	Rented council	S.S.H.A.	New Town	Private Rented	Total %
<65	32.5	51.1	3.8	3.0	9.6	100
65-74	22.8	58.6	2.9	2.8	12.9	100
75-84	20.3	60.9	2.0	0.9	15.9	100
85+	16.9	53.1	0	0	30	100
Sub Total	23.6	57.7	2.7	2.3	13.7	100
Non elderly Households	30.1	53.9	5.4	3.9	6.7	100

Source: Strathclyde Regional Council General Households
Survey 1976.

It can be assumed from this analysis that the physical housing conditions of the 'elderly' in Strathclyde are relatively better than for the 'elderly' nationally. However, it should be noted that in the case of the over 85 age group Table 2:7 shows that in Strathclyde the proportion of this age group in the private rented sector is 50% higher than that shown in Table 2:6 for England.

In interpreting the above findings, one must be aware that the 'elderly' have other housing problems which the statistics do not show. These can be described as environmental and secondary housing problems and are apparent in all housing sectors. Environmental housing problems include those of security and lack of services and amenities. In Glasgow, for instance many 'elderly' are afraid to stay on the ground floors of houses or flats, because of vandals and intruders and in the large public housing estates many 'elderly' have problems in that they live far from shops and amenities. Secondary housing problems include those of heating. For instance in modern housing in the public sector many 'elderly' are unable to afford underfloor heating and in the owner-occupier sector many are unable to afford central heating.

(d) Mobility

The mobility of the 'elderly' will now be discussed. Health has a very important part to play in how mobile an 'elderly' person is. As Tables 2:3 and 2:4 have illustrated,

it will be the very 'elderly' whose mobility will be most affected by health. These Tables, however, ignored the affect of 'seasonal frailty' which will involve a great deal more of the 'elderly'. This will occur when the weather is bad and conditions underfoot are treacherous.

Transportation is of great importance to mobility. In recent times the need for transportation has greatly increased because of the tendency for private and public service provision to polarise spatially and with the dispersal of the settlement patterns in urban areas.

Ownership of a car is crucial to flexibility of movement. Table 2.8 shows the large proportion of 'elderly' over 65 without a car in England; 64% of 'elderly' households not having a car. Table 2:9 shows that in Strathclyde a much larger proportion of 'elderly' households do not contain a car. Only one category '2 + adults and one non-pensioner' does come very close to the lower English average proportion of elderly households without a car but this category represents a very small proportion of 'elderly' households.

/ownership trends,

In explaining these car it is not because the 'elderly' are old that they are unable to drive. Other factors include; the very low incomes of the 'elderly', which means that many cannot afford a car and that many of the 'elderly' did not have the opportunity to drive when they were younger, as the era of the motorcar had not then appeared.

Table 2:9 Vehicle Availability to Adult and Child Composition of Household: Strathclyde 1976.

Adult Composition	Child Composition			
	No Children		1 + Children	
	No Vehicle	1 + Vehicle	No Vehicle	1 + Vehicle
Lone Adult Pensionable Male %	83	17	*	*
Lone Adult Pensionable Female %	96	4	*	*
Lone Adult Non-Pen. Male %	63	37	*	*
Lone Adult Non-Pensionable %	79	21	90	10
2 + Adults All Pensionable %	78	22	*	*
2 + Adults All Non-Pensionable %	43	57	45	55
2 + Adults One Non-Pen. %	65	35	77	23
2 + Adults Other %	44	56	43	27

Source: Strathclyde Regional Council Physical Planning Department (1977)
General Household Survey 1976.

Table 2:8 Possession of cars in Household and Driving Licence by
'Elderly': England 1976.

All 'elderly' persons sample weighted	3869
Unweighted sample figures	(2622)
Elderly persons who are Housebound/bedfast	%
have car in household	0.9
have no car in household	3.5
Are able to go out and have car in household and drive	16.6
have car in household, do not drive	15.0
have no car in the household	64.0
TOTAL	100

Source: A. Hunt (1976) "The Elderly at Home" HMSO
Based on Table 14:2:1 .

Table 2:10 Length of Time and Mode of Travel, Lone Pensioners take to go
to their General Store: Strathclyde 1976.

Mode of Travel	Length of Time Takes (Minutes)												Total %
	Walked				Bus				Car				
	5	5-10	10-30		5	5-10	10-30	7-30	5	5-10	10-30	7-30	
House- hold type													
% lone pens. male	16.8	32.6	32.8		-	2.9	6.3	.6	.7	4.2	2.3	.8	100
% lone pens. female	10.1	27.2	36.5		1.0	3.0	15.1	2.3	.3	.8	3.4	.3	100
% total pens.	11.5	28.4	35.7		0.8	3	13.3	2.0	.3	1.6	3.1	.3	100

Source: Strathclyde Regional Council Household Survey 1976.

The conclusions gained from these findings are that many of the 'elderly' especially the 'very elderly' will have to walk, use public transport or rely on family and friends to give them lifts in cars, if they are going shopping, to the chemists and health centres. Table 2:10 shows the length of time and mode of travel, lone pensioners take to go to the general store in Strathclyde. The important feature of this table is the large proportion of lone pensioners particularly women who have to walk for more than 10-30 minutes to get to their general store.

(e) Education

The final objective social indicator to be examined for the 'elderly' is education. For the levels of education of the 'elderly' there is not much statistical evidence. Age Concern (1977) however, using data from national population studies undertaken by the Social Science Research Council Survey Unit in 1973 and 1975, has found that, " nearly 80% had left school at the age of 14 (or less) and the same proportion had no formal qualifications - not even a completed industrial apprenticeship. In these respects they differed sharply from the younger half of the population (i.e. non-elderly). In this group the surveys found that 44% had finished their full time education after reaching their sixteenth birthday and just as many had a formal education" (Age Concern 1977).

These results are not surprising if one considers the biographical background of many of the 'elderly'. The 'elderly' did not in their youth have the benefit of a national system of compulsory secondary education and higher education. This affected many of them because they were in lower socio-economic class families, who could not finance their children's education any further than the primary school.

On all the objective social indicators the 'elderly' have been found to be relatively deprived. In Strathclyde the 'elderly' are more deprived than the 'elderly' nationally. Within the 'elderly' group there are difference in the levels of deprivation. The 'elderly' in lone households and living with other 'elderly' are more deprived. These households contain mainly the 'very elderly' and most of these are women.

Subjective social indicators

In terms of income, health, housing, mobility and education the 'elderly' have been shown to be deprived in the normative sense. To get a more rounded appreciation of their social situation the 'elderly' own subjective viewpoint on their 'quality of life' is required.

Comparatively few attitudinal surveys involving the 'elderly' have been undertaken. However, Age Concern (1977) has used data from two national 'quality of life' studies carried out by the Survey Unit of the Social Science Unit, which have been referred to above, to give a perspective

on the 'elderly' and their attitudes on 'quality of life'.

These 'quality of life' studies covered attitudes on housing, residence, standard of living, leisure, health and overall life satisfaction. Attitudes were gauged on a ladder scale of 0 - 10. On every one of the domains except health, the 'elderly' defined as over 60 scored higher than the 'non-elderly'. In comparing these results with the analysis of objective social indicators, it can be concluded that the 'elderly' generally, have a much lower expectation of 'quality of life' than the population as a whole. Townsend (1965) came to similar conclusions, stating that the 'expectations of older people seem to lag behind those of younger generations.

Abrams (1978) has given the reasons explaining why the 'elderly' have a lower expectation of 'quality of life' in his biographical description of many women approaching 80: "the first three quarters of their lives were lived against a background of abject poverty, hard work, danger and wretched housing. It would not be surprising if their present criteria of what they need, or what they are entitled to and what gives them satisfaction is rather modest".

The reasons for the 'elderly's' high level of satisfaction with 'quality of life' appear to be explained by their biographical experiences. However, in saying this it must be noted that the Age Concern (1977) research found that one fifth of the 'elderly' did express low levels of satisfaction on every one of the domains studied. "This

minority, compared with the majority of 'elderly' people, contained a high proportion who were council tenants, were women, were living alone and were certainly - in self reporting - in very poor health. The age composition of the two groups was almost identical" (Age Concern 1977).

Although the majority of 'elderly' have been found to have a high level of satisfaction with their 'quality of life', the reasons explaining why indicate limitations on how much weight should be placed on their attitudes. For these reasons and from a moral and subjective viewpoint of need, it will be concluded that because the 'elderly' on subjective indicators express a high level of satisfaction with their 'quality of life' does not lessen their 'relative deprivation' shown on objective social indicators. This will be an implicit assumption throughout the forthcoming text.

Spatial concentrations of the 'elderly'

In general, the 'elderly' are fairly dispersed throughout the country reflecting the population as a whole. However, there are areas in which they are spatially concentrated. This is due to the outmigration of younger people and the tendency of the 'elderly' to migrate on retirement. This sub-section attempts to analyse the socio-economic position of the 'elderly' in these areas. It will be obvious from what has been said previously concerning their high level of deprivation that spatial concentrations of the 'elderly' are bound to lead to social problems. These social problems will be reinforced by the higher

dependency ratios to the 'elderly' in these areas. The spatial concentration of 'elderly' people occurs in four types of area.

(1) Depressed regions

The first type of area where the 'elderly' are spatially concentrated is in regions which are suffering from a breakdown of their old industrial structures, as exemplified by Strathclyde, Tyneside and the North West of England. These areas have always had a traditionally high outmigration of young people because of their lack of employment opportunities, but this has tended to be balanced by high birth rates which have kept the proportion of 'elderly' to the rest of the population stable. However, now that birth rates are declining in these areas faster than the national average, an ageing population is quickly settling in. The social effects of this accelerating ageing population will be illustrated by the case of Strathclyde.

In Strathclyde between 1971 and 1976 there was a substantial fall in the number of children in the youngest age groups and the population as a whole was ageing, with growing numbers of pensionable adults in private households (Strathclyde Regional Council 1977). This ageing population is coinciding with an already above average relative deprivation of the 'elderly'.

The higher level of deprivation has been due to two reasons. The first is that the 'elderly' in Strathclyde represent the life cycle dynamic of the region's relatively

deprived working class population. The second is that the traditional high levels of outmigration of young people has meant there has been a tendency for the 'very elderly' to become socially isolated and impoverished. As the region's population is ageing at an accelerating rate, the social problems of the 'elderly' are worsening.

From the example of Strathclyde it can be concluded that the ageing of the population in depressed regions will only worsen the plight of their 'elderly'.

(2.) Inner City areas

The second type of area with a spatial concentration of the 'elderly' is the 'inner city' area. The post World War Two period has seen the urban structure change with many people, primarily in the relatively young 'affluent' age groups moving out to the suburbs.

These movements have tended to leave behind older people, especially the very old in the 'inner city' areas. This was a principal cause of concern by the Association of Metropolitan Authorities (1979) in their reply to the D.H.S.S.'s discussion document "A Happier Old Age" (1978). Worries were expressed about the increasing numbers in absolute and relative terms of the over 75 age group in the conurbations, particularly in view of the decreasing numbers of the working population caused by increased migration to the periphery. This was increasing the dependency ratio of the 'very elderly'. Some idea of the numbers of 'elderly' in absolute and relative terms in

cities is illustrated using the example of Glasgow. Using the 1971 Census, it was found that out of Strathclyde's 360,000 pensioners, Glasgow has 152,700, or 42.3% of the region's total. The problems of the 'elderly' in the cities are therefore significant.

A high proportion of the 'elderly' in 'inner city' areas, particularly in the English cities live in the private rented sector. The 'inner city' contains most of the private rented housing. This has declined this century, from the position of the main housing sector for the lower socio-economic classes to representing only a small proportion of the housing market at present. Biographically there is a relatively large proportion of the 'elderly' living in this sector. They have remained in it on account of the lack of motivation to move because of the familiarity of the environment and because of low incomes; Coates and Silburn (1970) taking the poverty line as 20% above supplementary benefit level found that 25.9% of all pensioner households in the St. Ann's district of Nottingham were in poverty.

The 'inner city' because of the decline in recent years of its population is characterised by a shabby environment, firms and shops closing down, and large amounts of social problems. Many Government studies have pointed to the problems in particular of the 'very old' in the 'inner city'. Their plight has been illustrated in Community Development Projects, particularly the Coventry C.D.P. (1975). The final reports of the Inner Area

Studies (1977) painted a depressing picture of the position of the 'elderly' in the 'inner city'. "The consultants concluded that half the 'elderly' were living in a state of poverty. For some the happy memories of home that they had known for years became soured by twilight fears of vandalism and loneliness" (Davies 1978).

It can be concluded that the continuing outmigration of young people and at the same time the increasing numbers of 'elderly' in absolute and relative terms will only make the 'elderly' more deprived in "inner city" areas.

(3) Rural areas

The third area of spatial concentration of the 'elderly' is in remote rural areas. These areas in the past have been characterised by a great outmigration of young people, because of the lack of employment opportunities. In Scotland rural areas in the Highlands and Islands, the Grampian region, Dunfries and Galloway and the Borders have been most effected by these population movements. They contain relatively high proportions of 'elderly' people ranging from an estimated 16% of the total population in the Highland Region to 21% in the Borders Region in 1977 (Register General for Scotland 1979). The highest proportions of 'elderly' tend to be in the most remote rural areas, as is illustrated by the island of Colonsay where the age breakdown of population shows that 35% are over pensionable age and 10% are over 85 (Oliver 1978).

A large proportion of the 'elderly' can be seen to be

relatively deprived in rural areas. A recent Scottish Office Report on rural housing (Scotsman 27.12.79) found, that in rural areas there is a high proportion of private sector housing often of poor quality; the prevalence of poor housing being highest in areas which are geographically remote and where small scattered settlements predominate. Many of the occupants tend to be small 'elderly' households with low incomes.

In the future using data from population projections for the Scottish 'rural' regions the proportion of 'elderly' will relatively decline. (Scottish Office 1979). This may contribute to a lessening of the relative deprivation of the 'elderly', with the lowering of the dependency ratio.

(4) Seaside resorts

The fourth type of area where the 'elderly' are spatially concentrated is the seaside resort. Karn (1973) has shown that large numbers of 'elderly' on retirement have moved from the conurbations to seaside resorts. Some seaside resorts have up to one third of their population composed of 'elderly'. This type of spatial concentration is different from the others in that the 'elderly' have moved to the resorts by choice. They have been able to make the choice in many cases, because they are relatively well off. Karn (1973) in an analysis of 1971 Census data has shown that a large proportion of the 'elderly' are in Social classes I and II. Murray (1979) has shown similar findings have been 'made abroad. It can be concluded

that, although the ageing process may lead to social isolation and impoverishment of the 'elderly' in these seaside resorts, their relative deprivation will be much less than that of the 'elderly' in the other types of areas.

Conclusion

The above analysis of the 'elderly's' present socio-economic position shows them to suffer from a high level of relative deprivation. Within the 'elderly', there are a number of different sub-groups experiencing different levels of relative deprivation depending on; age, former socio-economic class, health, household type, degree of contact with family and friends and attitudes. Finally, 'elderly' have been found to be spatially concentrated in four types of area. In three of these types, depressed regions, inner cities and rural areas, they experience above average levels of relative deprivation. In seaside resorts it is much less. In the future, because of increases in the number of 'elderly' both in absolute and relative terms the social problems of 'elderly' in depressed regions and the 'inner cities' in particular are expected to worsen.

Chapter Three

Introduction

This chapter will inquire into the reasons for the 'elderly', in general, having low incomes. The main aim of the chapter will be to show the importance and in turn the effectiveness of Government income support to the 'elderly'.

The importance of income in meeting the needs of the 'elderly' has been outlined by Len Murray, the T.U.C. General Secretary: "Whatever we do for the 'elderly', as relatives , friends and neighbours and through the social services we shall not be doing enough, or doing things in the right way, until we put them on a proper financial footing so that their material standard of living is safeguarded and their independence and dignity are preserved" (Murray 1977).

To illustrate the income deficiency of the 'elderly' the D.H.S.S. (1978) compared the average weekly income of an 'elderly' household with that of all households, and found them to be £42.68 and £82.30 respectively. The relative proportions of income sources for each of the household types were then compared. This is shown in Table 3:1.

/Table 3:1

Table 3:1 Income sources of Elderly Households.

	'Elderly' households%	All households%
Wages,Salaries and Self-Employment	24	79
Investments, annuities and private pensions	22	6
Social Security benefits	47	11
Other benefits	8	5

Source: Family Expenditure Survey 1976. Adapted from
D.H.S.S. (1978) "A Happier Old Age". Chart G.
p.22.

Table 3:1 shows that the 'elderly' households rely more on income sources from social security benefits, investments, and private pensions than 'all households' do. All households rely principally on wages, salaries and self-employment. The chapter will now go on to examine each of the 'elderly's' income sources in turn.

(1) Government income support

The early Post World War Two period saw the introduction of social legislation based on the proposals of the 1942 Beveridge Report. The Report was an attempt to solve the problems of poverty not just for the 'elderly' but for society as a whole. Its proposals were for a comprehensive social insurance and subsistence coverage backed up by family allowances and a National Health Service. The legislation came out in the form of the 1946 National Health Service Act, the 1948 National Insurance Act and the 1949 National Assistance Act.

Beveridge's proposals for income support to the 'elderly' were not fully met by this legislation. He had wanted to see 'universalist' benefits in the form of a contributory retirement pension for men aged 65 and women aged 60, to be based on a level of subsistence that was reasonable. The retirement pension introduced by the 1948 National Insurance Act based on flat rate contributions was however lower than the 1949 National Assistance Act's assistance level. The difference between them widened during the 1950's, because the National Assistance level was increased annually in line with prices, while the retirement pension level was reviewed quinquennially. The gap was accepted because it was thought the numbers of 'elderly' receiving the basic pension as their only source of income were small, and if an 'elderly' person was in this position, he or she could increase the basic pension up to assistance level on application. In practice, a large ^{minority of} 'elderly' did not bother to claim.

In the 1950's there was an increase in the number of 'elderly' receiving occupational pensions from both the public and private employment sectors. Previously, only non-manual workers benefitted from them, but now they were spreading to manual workers. In 1953 less than one million pensioners were paid occupational pensions. By 1963 the number had increased to six million. (Harris 1979)

The 1950s therefore saw two classes of pensioners developing. There were those who had to rely on State insurance pensions and there were those covered by

occupational pensions. The former were by far the largest group and included many widows who did not benefit from their husbands' occupations pensions.

The late 1950s saw the Government attempt to give the 'elderly' a share in the increasing national prosperity. Up until the present, however, the Government has only managed to keep the basic retirement pension in line with increases in standard of living; the single pensions' and married couples' retirement pensions fluctuating around one fifth and one third of average gross earnings respectively. (Townsend 1979). In the last decade, the fluctuations were ironed out when in 1973 the basic contributory pension was linked to the price index statutorily and later in 1975 it was statutorily index linked to prices and earnings on an annual basis.

The consequences of this relative lack of change between the basic retirement pension level and average gross earnings, has been that the basic retirement pension has remained at below the National Assistance level, which after 1966 was renamed the Supplementary Benefit level, administered by the Supplementary Benefit Commission. This has meant that increasingly large numbers of pensioners have had to claim supplementary benefits in line with their 'natural' increase in both absolute and relative terms. The 'elderly' have always been the largest group in the country claiming supplementary benefit. At present over one third of all pensioners eligible for supplementary benefits do not claim it. Considering the number in

absolute terms, 590,000 in 1976 (Jordan 1978) this points to a significant weakness in the pension system. There are three reasons, all inter-related to some extent, for the poor take up of supplementary benefit by the 'elderly'. The first, is ignorance of what benefits can be claimed. This is because there are the large number of different benefits available, many of which are obscure. This can be particularly found in the case of disabled persons, many of whom are 'elderly'. The second reason for low take up is that, to receive benefits, complex forms have to be filled in and sometimes benefits of a similar nature could have been applied for elsewhere, giving extra money. An example is the claiming of rent rebates from the Supplementary Benefits Commission, when more benefit would be received by claiming it from a local authority. Finally there is the stigma attached to applying for benefits, which is particularly prevalent among the 'elderly'. Many of the 'elderly' especially the 'very elderly' remember the Poor Law era when relief was given by the State reluctantly, with the aim of correction. Townsend (1979) has also found the attitudes to claimants of counter clerks at the local supplementary benefit office to be a factor causing low take up.

In 1961, in an attempt to give all workers some of the benefits of an occupational pension scheme, the Government introduced a graduated pension scheme. However, the benefits of this pension scheme were small and they were easily eaten away by inflation. Several attempts were made by successive Governments to find replacement

for the graduated pension scheme as a means of developing an earnings related pension scheme in the new pension scheme begun in April 1978 which will provide future generations of state pensioners with a retirement income comparable with the occupational pension schemes provided by the good employers (D.H.S.S. 1978) ; two thirds of their average income in their best 20 years at work and there will be adequate provision for widows. The occupational pension schemes which now cover eleven and a half million workers provide a counterpart to the Government pension scheme, with these linked to final salary and giving adequate security to widows.

(2) Wages, Salaries and Self-employment

The second main source of income to the 'elderly' is from wages, salaries and self employment. For many 'elderly', especially the 'very elderly' this source does not apply. Townsend (1979) has found that only 17% of men and 12% of women of pensionable age were in employment. Even those 'elderly' who do have jobs are mainly of very low status and part time and therefore not well paid.

The reasons for the low level of employment among the 'elderly' can only be partly explained by their physical and mental inability to work and to choice. This is because in the former case, many of the younger 'elderly' are still able to work because of their general standard of good health and in the latter case, many attitudinal surveys has shown the 'elderly's' preference for work. For example a sample study of the pre-retirement age group by

Jacobson (1974) found that most people would prefer to continue in some form of work based on a flexible employment policy, when they retire. Indeed only 21% favoured complete withdrawal. The low level of employment among the 'elderly' must therefore be explained by other reasons.

There are two types of constraint on the 'elderly's' employment opportunities. The first is that the employment problems of the 'elderly' are just an extension of those which many of them faced previously as an older worker. Townsend (1979) defined two classes of older workers; those with non-manual and professional jobs and thus having an enhanced income and a large proportion with manual, semi-skilled and unskilled jobs who are without employment security and who tend to have lower wages and job opportunities. Many of the 'elderly' were in the latter group and thus suffer the same disadvantages but worsened because of the economic situation and societal alienation towards them.

The second constraint on the 'elderlys' ' employment opportunities is compulsory retirement, in which the Government has played a major role with its retirement pension schemes. This has meant many 'elderly' losing their full time jobs and as they are unable to get another one, having to accept a lowering of their income. In its compulsory retirement policy the Government has however been pressured from two sides on the one hand the economic system structurally changing and needing to discard its labour force and on the other, the unions trying to get a

better deal for their members. In addition the Government operates an 'earnings limit' which means that if any of the 'elderly' do find employment in retirement, the earnings they receive over a certain limit will affect their retirement pensions.

These constraints have hindered the formulation of a flexible employment policy giving the 'elderly' an opportunity to work, in order to gain extra income and to show themselves as 'useful' members of society.

(3) Assets and private resources

The third main income source to the 'elderly' is from assets and private resources. Apart from the occupational pension schemes referred to above, this type of income source is limited. Townsend (1979) found a large proportion of 'elderly' held few assets and a minority of 'elderly' who owned non-fluid assets like a house rather than realisable assets. The few fluid assets the 'elderly' do hold are affected by inflation and they "fail to keep pace in value with resources of other groups in society either for certain forms of assets held such as household goods and equipment and certain types of income from savings and occupational pensions depreciate in value both absolutely and relatively to the rise in real living standards" (Social Trends 10 1980). It is the 'very elderly' who have held their assets longest who are most affected by inflation. Indeed this process along with the inability of the 'very' elderly to get extra income through work leads to increased poverty with age, irrespective of which socio-economic class a person retires from.

The above discussion on income sources to the 'elderly' serves to illustrate the importance of Government income support in meeting the needs of the 'elderly'. In the face of continuing low levels of income among the 'elderly' and their increasing numbers in both absolute and relative terms an examination is needed of the reasons why the Government has not increased the level of income support to them and solved the problem of take up in the present income support system.

There has been and still is, an all party political concern to alleviate the problems of low income among the 'elderly'. (Age Concern 1978) A simple solution to the low incomes of the 'elderly' would be to raise the basic retirement pension to at least the supplementary benefit level. In the past, all political parties have shown a great reluctance to try this solution because of the pressures on that national economy, the extra public expenditure would cause. "As the Supplementary Benefit Commission pointed out, to lift half of the 1,700,000 pensioners who at present have to turn to supplementary benefits or supplementary allowances would have required an additional £2,700 million in 1977 at a time, when the entire Supplementary Benefit system only costs £2,000 million (Deam 1980) ... and that part for the elderly only £500 million (D.H.S.S. 1978). The public expenditure needed has therefore precluded any universalist solution to the low incomes of the 'elderly' by the political parties. A solution of this kind is of less appeal at present and will lessen even more in the future, if the economic

recession continues. Because of the absolute numbers of 'elderly' and others receiving supplementary benefit any attempt to solve the problems of take up and simplify the system is also economically constrained.

The Government and the other political parties thus seem unable to improve the present income support system to the 'elderly'. Instead, they are looking forward to the late 1990s, when it is hoped many of the 'elderlys'' low income problems will be alleviated, with the earnings related pension scheme in full operation. In the interim period this means that the 'elderly' in the vulnerable categories, who tend to be 'very elderly' and/or without the benefit of occupational pension schemes will have to continue to rely on the basic contributory pension and supplementary benefits. However, people who retire in this period will receive credits from the earnings related pension scheme. It will be the 'elderly' in the vulnerable categories who will ^{/also} benefit the least from the scheme when it is in full operation, because of their low incomes. In addition those people on private occupational pension schemes, many of which are not inflation proofed unlike those in the public sector, will have their earnings related pension eaten away if the present high rates of inflation continue.

The inflation proofing of the basic contributory retirement pension in 1975 has given the 'elderly' on low incomes, the benefit of stability in income relative to the cost of living. However, the present Conservative Government

has changed this index linked pension scheme to earnings only. This will have an adverse effect, if earnings are kept down in relation to prices which is the trend with the current monetarist economic policies. The 'elderly' on low incomes will thus be vulnerable to large price increases especially on basic commodities. These fears have already been expressed with the present large increases in the price of oil and natural gas. (Jones, 24.1.80)

The 'elderly' have not themselves been able to unite to pressurise the Government in the easing of their income problems. This is because of their social fragmentation and their generally lower expectations of 'quality of life', which mean they do not appreciate fully their relatively deprived position. There are organisations which represent their views on these matters. The potential of these organisations in changing the 'elderly's' income position will now be examined.

The T.U.C. has been a traditional supporter of increased pensions and benefits to the 'elderly' but it takes a similar view as the political parties realising the adverse effect of large increases in pension and benefits on the economy, which in turn may affect the jobs of its present members. This attitude was exemplified when the £10 winter bonus to pensioners was taken away in 1976. The T.U.C. did not protest because they decided the £100 millions needed "was too much to add to the public sector spending at a time when the country was under great

economic strain" (Murray 1977). Age Concern represents the 'elderlys' views to the Government. Although this body is divided into four autonomous units for England, Scotland, Wales and Northern Ireland, they join together on matters such as income support in making representations to the Government. The organisation is composed of professional people and deals with the Government by submitting reports on the needs of the 'elderly' and scrutinising legislation on behalf of the 'elderly'. It receives most of its finance from State sources and only a relatively small amount from affiliated local branches. For example, Age Concern Scotland in 1979 received 73% of its income from State sources while receiving only 1% from membership fees (Age Concern Scotland 1978/79). Although Age Concern is politically active it is restrained by its professional nature and dependence on State resources. Its potential is therefore limited in helping the 'elderly' achieve better income support from the State.

Finally, there is the National Federation of Old Age Pensioners which was founded in 1938 and is the sole organisation which contains only 'elderly'. Its objects are to press for a fair and just pension for the 'elderly' and to win for the aged, consideration, care and content in their declining years. (N.F.O.A.P. 1979) The organisation is independently financed and is composed of a national committee, affiliated too by local Old Age Pensioner Associations, who contribute membership fees (scattered all over Great Britain). Many of the people involved in the

organisation are ex trade unionists. It therefore seems to have a considerable potential for rallying support among the 'elderly'. It was at its peak just after its birth in the campaign for an increase in the ten shillings basic non contributory pension, which had remained static since 1919. With the post World War Two welfare legislation, it lost much of its raison d'être. Today, it is in a similar position in the aftermath of the Government's legislation on earnings related retirement pensions. Its present concern is with the loss of branches, particularly in the 'inner city' through demolition and high rents (N.F.O.A.P. 1979). It can be concluded that the present potential of this organisation as with the others, is limited in helping the 'elderly' achieve better income support from the State.

The discussion above shows that the 'elderly' on low incomes seems to be destined to remain in that position in the short and medium term. Their position is indeed worsening because of the inflation and recession in the economy, Government economic policies and continuing societal alienation. The only possibility of any improvement in their position in the near future is if the Government eases its attitude on 'compulsory retirement' and more and more non-claimants take up supplementary benefits for which they are eligible. Strathclyde Social Work Department has undertaken a number of welfare rights projects to increase take up and has had considerable success, for example, in Glasgow (Casserly and Clark 1977) Lanark and Colonsay

(Oliver 1978). In the long term the 'elderly's' position may be improved with the implementation of the Government's earnings related pension scheme. However, the degree of improvement will depend on the performance of the national economy in the short and medium term.

Chapter Four

Introduction

In this chapter, the effectiveness of services specifically for the 'elderly' is explained with particular reference to Housing, the Social Services and the Health Services. Statistics describing levels of provision of these services to the 'elderly' will cover Scotland at the national level and Strathclyde and/or Glasgow at the local level. It can be concluded from the previous chapter that these services will often be attempting to solve problems of the 'elderly' on low incomes, many of whom are in the 'vulnerable' category.

Housing

This section focuses on the effectiveness of housing provision and policies for the 'elderly' in two specific areas; a) special needs housing and b) sheltered housing.

(a) Special needs housing

Special needs housing for the 'elderly' can be defined as mainstream housing with one or two bedrooms. This form of housing began with the almshouse in the 19th century, built by private charities and its development has been continued by the State since then because of its general unprofitability to the private sector. Up until the Second World War, little was built by the State.

In Scotland, the continued decline of the private rented sector and the slum clearance programmes in the Post-War period, put pressure on local authorities to provide special needs housing for the 'elderly'. However, the needs of special groups like the 'elderly' were overshadowed, up to the late 1960s, by acute housing problems of overcrowding and public housing subsidies for family housing, as a result of the slum clearance schemes. This led many local authorities to concentrate on the building of 3/4 apartment housing only. In the late 1960s these housing pressures eased. Housing policies had therefore to adapt from their previous disjointed incrementalist nature, responding to crises, to that of catering for the housing needs of special groups, the 'elderly' being by far the largest of these. A planning system was developed to cater for this change of direction in Housing Policy and Housing plans were introduced to the Scottish District local authorities in 1977.

Special needs housing has therefore greatly increased in the 1970s and may continue to do so in the future with local authorities in their Housing Plans placing a particular emphasis on it. This is because many local authorities have found they have an overprovision of 3/4 apartment housing and a large deficit of 2 apartment housing. For example in Glasgow 44917 units of 2 apartment housing are required by 1983. (Glasgow District Council 1979)

The provision of special needs housing is at present

slowing down because of public expenditure restraints on Housing's capital budget. The underprovision of special needs housing to the 'elderly' will therefore continue.

(b) Sheltered Housing

Sheltered housing is the most important housing provision for the 'elderly' who are 'vulnerable'. It differs from the special needs housing in making provision for a resident warden and a call system, together with special design features. A close cooperation between the Housing and Social Work departments is needed in its provision with the Social Work department providing the finance for the resident warden.

In Scotland, the development of sheltered housing was held up because of gaps in legislation. It was only with the Housing (Scotland) Act of 1962, by which sheltered housing could be defined as a house, and Section 101 of the 1964 Housing Act, which allowed welfare authorities to contribute financially to sheltered housing, that sheltered housing could be legally provided for.

In 1969 sheltered housing began to take a firmer foothold in Scotland. In that year, a Government circular introduced and defined two types of housing for the 'elderly' ; Type 1 was called special housing and was provided for the more active 'elderly', in the form of self-contained dwellings for one or two old people and Type 2 was called sheltered housing provided for the

frailer 'elderly' in grouped flatlets, supervised by a resident warden and with a mandatory provision of a common room and other facilities.

There were three problems with these housing types in practice, all caused directly by shortages of other accommodation for the elderly. The first problem arose because of the shortage of 2 apartment housing for the 'elderly'. This meant that sheltered housing provided by local authorities did not contain many frail 'elderly'. For example, many 'elderly' formerly in sub-standard accommodation who had nowhere else to go had been placed in sheltered housing (Bebbington 1979). The second problem was the expensiveness of the mandatory design of sheltered housing, especially as it did not cater for many frail 'elderly'. The final problem was the implicit assumption made in the designation of the two house types of movement between them, as the 'elderly' became frailer. This in practice was prevented by the shortage of special needs housing for the 'elderly', the shortages of places in residential homes and hospitals for the very frail 'elderly', and the adverse social effects of moving on the very frail 'elderly'.

In 1975 a Government circular on sheltered housing which applied to Scotland only, attempted to deal with these problems. It told local authorities that 'in future, provided that certain basic design standards are observed, and that a warden system is introduced, all specially designed housing for the 'elderly' will be

designated as sheltered housing'. (S.D.D. 1975) An old people's amenity housing type was also introduced to meet the needs of old people who did not require sheltered housing. The circular circumvented many of the problems which had been found in practice with the rigidly defined house types of the 1969 circular. It allowed sheltered housing to be provided more cheaply and accepted the realities of providing sheltered housing in a situation of overall shortage of accommodation for the 'elderly'.

Housing plans are the main planning vehicle for the provision of sheltered housing and a close relationship between Housing and Social Work departments is needed, as exemplified in Glasgow. However, these Housing Plans do not include provision for the accommodation for the 'elderly' in residential homes and hospitals which is required if sheltered housing is to cope adequately with the frail 'elderly'.

Because of the late development of sheltered housing in Scotland, there is a great shortfall of provision of around 23000 units (Brown 1979). In Strathclyde and Glasgow, in 1976, if sheltered housing units being built are included, only 52% and 24% of the national target of 25 units per 1000 over 65 had been achieved, respectively. (Strathclyde Region Social Work Statistics 1976).

At present, the Government's financial restraints on capital spending by local authorities are hindering

the development of sheltered housing. In Glasgow for example one fifth of the proposed sheltered housing programme has been cut. (Glasgow District Council November 1979).

The development of housing specific to the needs of the 'elderly' has been hindered because of its lateness in development, lack of resources caused by public expenditure restraints, and a shortage of accommodation in residential homes and hospitals. The only positive step forward within the financial constraints at present, is in including the Health and Social Services in the planning of housing for the 'elderly' because of their importance in providing accommodation for the very frail 'elderly'.

Social Services

Social service provision is very important to the care of the 'elderly'. It provides a safety net which reinforces and makes up for the loss of family care for the 'elderly' person who cannot cope with his or her situation, either due to social isolation or incapacity. In social service provision for the 'elderly' both statutory and voluntary agencies are involved. This brief analysis will concentrate on the effectiveness of statutory provision in the Scottish context. Voluntary agencies however do play a very important role in social services for the 'elderly' by complementing State provision, for instance in residential homes by providing services directly as for example, meals on wheels, and by pioneering services as in the case of chiropody in the 1950s,

In recent years although there has been a great increase in social service provision to the 'elderly' problems and limitations have arisen for three reasons.

In the first place social service provision to the 'elderly' has been limited because of a child orientation within the Social Services as a whole, and attitudes in the social administration and social work professions against working with the 'elderly'. Both these trends are interrelated. The fact that the problems of an ageing population were not really appreciated nationally until the mid 1970s, however, is also a significant factor in explaining the child orientation in the Social Services.

The child orientation was present in the early Post War welfare legislation. In the 1950s and 1960s the children's department had the biggest budget and most skilled staff of all the Social Service departments. The orientation is still apparent in the Social Work department (which since 1968 integrated the social services into one department) ^{with} /shortages in staff in services dealing mainly with the 'elderly', for example, occupational therapy. In services on the other hand dealing mainly with children there are few vacancies.

The attitude within the Social Services profession against working with the 'elderly' is evidence in the professional B.A.S.W. guidelines for Social Work when they state that "it is often assumed that work with 'elderly' is unrewarding and unconstructive" (Norrington 1978)

This attitude is also reflected in Social Work education, with insufficient attention being paid to the 'elderly' (Bosanquet 1975).

The second reason by which social services have been limited in the care of the 'elderly' is because of a traditional orientation towards residential care as opposed to community care. The reason for this emphasis were that the problems of the 'elderly' in the past were seen in terms of infirmity rather than rehabilitation. It was only in the late 1960s that the advantages of community care became apparent.

The provision of residential care has disadvantages for both the less frail and very frail 'elderly'. Putting the less frail 'elderly' in residential homes tends to take away their independence. Indeed, Townsend (1962) found that many became bored and he believed that many eventually died because of this loss of independence. The less frail 'elderly' have sometimes had to live in residential homes because of the lack of any other type of accommodation. The reason for this was that there were large gaps in special need and sheltered housing for the 'elderly'. The proportion of 'elderly' who could with support live in the community but instead stay in residential homes is very high. Carstairs (1971) found "that two thirds of 'elderly' people who are at present in 'homes' could live in sheltered housing". When in addition the expensiveness of residential accommodation is considered both in capital and revenue terms as

compared with community support services, then the disadvantages of providing residential accommodation to the 'elderly' can be fully appreciated (Bosanquet 1975, Green et al 1979).

Residential homes do not cater for the very frail 'elderly' adequately, because of the demands the very frail place on staff, unqualified to deal with them. They really need care in nursing homes provided by Health authorities but the provision of these have been hindered through lack of finance.

The last decade has seen a great increase in community support services to the 'elderly', especially domestic help services, laundry services, meals services visiting facilities, transport facilities, aids and adaptations and wardens for sheltered housing. However, this has not been enough to cater for the needs of the 'elderly' in the community, because of the expansion in numbers of the 'very elderly' during the period and a lessening in family care (Bebbington 1979). When in addition the need of the less frail 'elderly' in residential homes for community support are taken into consideration, the huge deficit of community services to the 'elderly' can be appreciated.

In Scotland, a recent Scottish Office report on the 'elderly' (Brown 1979) has emphasized the need for a great extension in community services to the 'elderly' particularly for homehelps, day care and services for

the handicapped. In Glasgow, there are similar deficits in community support services. In day care provision using the national target of 50 units per 1000 'elderly' over 65, only 22% of the required target was achieved in 1976 and also in meals provision using the national target of 200 meals per week for a 1000 'elderly' over 65, over 61% of the required target was achieved in 1976 (Strathclyde Social Work Dept. Social Statistics 1976). It is only in the home help service that provision is above average. The deficit of community services is even greater in the city, with its above average ageing of population. The public expenditure restraints mean that this need for community support services to the 'elderly' is unlikely to be met.

The third reason by which the Social Services have been limited in the care of the 'elderly' is because of their planning mechanisms. In England and Wales the only form of planning in the Social Services has been the 10 year Social Service plans introduced in 1963, for both capital and revenue projects and reintroduced later in 1973, while in Scotland 6 year Social Service plans were attempted in 1972.

These plans have proved inadequate for six main reasons. In the first place, the 10 year planning period especially, was found too long for effective planning within resource constraints. Secondly, the planning process was not continuous and the Government still had loan sanctions on every capital project (Bosanquet 1975).

Thirdly, the plans did not fit into the planning mechanisms of other local authority departments and the Health authorities. The other local authority departments plans were for different periods of time and the Health Services planning system since 1974 has been adapting to its reorganised structure. Fourthly, and following on from the last reason, the Social Service plans had no control over the social impact of the plans of other local authority departments. (Falk and Lee 1978). Fifthly, in practice the local authority Social Work departments in general have ignored Social Service plans because of the traditional lack of a strategic awareness in the Social Service profession and the crisis orientation of the departments working under great daily pressures on slim budgets (interview Strathclyde Social Work Dept. Jan. 1980). Finally, the plans are not orientated towards the community where the varied needs of individuals can best be identified and planned for accordingly, even although the 'area' unit is the basic building block from which Social Services operate. The 'elderly' as a major client group in the Social Services are affected by these limitations in planning. Areas in which they are most affected are; in accommodation where a good working relationship is needed with local authority Housing and Health authorities in meeting their needs, in the lack of control by Social Service plans over the social effects of other local authority departments plans, for instance in physical plans for the redevelopment in older urban areas where

many deprived 'elderly' live, and the lack of a community orientation in Social Service plans which is important considering that every 'elderly' person in need suffers a different range of handicaps.

Social services to the 'elderly' are limited because of their traditional child orientation and general attitudes of professionals against working with the 'elderly', lack of resources and poor planning mechanisms. In the present economic climate improvement in the care for the 'elderly' is hampered. However, improvements can still be made at the margin, ^{in the first place} with a more positive attitude in the Social Service profession towards the 'elderly' ^{/secondly,} and Social Service plans could become more incrementalist and financially disciplined, built into an intercorporate plan linking up the Health and local authorities. The Regional Report in Scotland, although it excludes the services of the ad hoc Health authorities and District local authority Housing departments, provides an example of a vehicle for this type of planning. For instance, the Strathclyde Regional Report (1976) and the area deprivation strategy which has been a major policy outcome, has seen an active involvement of the Social Work Department (interview Strathclyde Social Work Dept. Jan 1980).

Health Services

The Health Services are very important in meeting the needs of the 'elderly'. This is shown by the fact that

"half the total hospital in-patient population at any one time is made up of people over retirement age" (Age Concern 1977). In the Post World War Two period the Health Services have been characterised by similar underlying philosophies and attitudes about ageing and limitations on public expenditure as have the Social Services. This has meant the basic reasons given above for ineffectiveness of the Social Services to the 'elderly' can also be applied to the Health Services.

In the first place, although the child orientation in the Health Services has not been so apparent there has been a strong attitude in the Health Service profession against working with the 'elderly'. There have been several reasons for this; the lack of emphasis on the 'elderly' in medical education (Bosanquet 1975), Health Service staff finding lack of fulfillment in working with the 'elderly' and the influence of societal attitudes alienating the 'elderly'. Despite Government (Hospital Advisory Service 1973) and professional utterances (Royal College of Surgeons 1972) against these negative attitudes towards the 'elderly' these views have persisted. This is illustrated by the fact that "only 3.4% of hospital medical staff work in the geriatric speciality, the percentages of consultants and nurses are 2.6% and 12.7% respectively" (Age Concern 1977).

Secondly, there has been a traditional tendency in the Health Services to treat the health problems of the 'elderly' in terms of infirmity rather than rehabilitation.

This has meant the growth of geriatric and psycho-geriatric departments in hospitals and community health services has been only recent. For this reasons and also because of the increasing number of 'elderly' over 75, at present "Scottish geriatric medicine requires upwards of 1000 new hospital beds, better training of medical and ancillary staff and expanded resources generally" (Brown 1979). In Strathclyde and Glasgow there are also deficits in geriatric and psycho-geriatric bed places. Using the Scottish target of 15 beds per 1000 'elderly' over 65 in 1976, 97.6% and 31.7% of geriatric and psycho-geriatric bed places respectively were achieved in Strathclyde, while the proportions in Glasgow were 93% and 40.1% respectively. (Statistics of Hospital Utilisation 1976). There is also at present a large underprovision of community health services, i.e. community nurses, health visitors, day hospitals and 'half-way' houses for the 'elderly' mentally handicapped (Brown 1979, SHHD/SED 1979). This has meant that there is an underprovision for the increasing numbers of frail 'elderly' living in the community and in addition in meeting the varied needs of a frail 'elderly' person a good relationship between the two bodies is essential. Problems in working together between the Health and Social Services occur in general because of differences in organisational structure, boundaries, relationship with Central Government, the relationship between the tiers, professional relationships, professional versus democratic base and the different roles of appointed and elected members (Rogers 1978).

The degree of working together also varies between and within local authorities and personalities are a major explanatory factor for this. Within Glasgow, for example, there is said to be a good relationship between the North District Social Work team and the Northern area Health team, while the East District Social work team and Eastern area Health team have a poor relationship (Strathclyde Social Work Dept. interview Jan 1979).

The Government has encouraged joint planning between the agencies since 1963 as it was one of the factors behind the introduction of the Ten Year Health and Social Service plans. However, in England and Wales it was not until the last decade that joint financial arrangements were introduced (D.H.S.S. 1974, D.H.S.S. 1977, D.H.S.S. 1979), and a real attempt was made by the Health and Social Services to work together. The results of this exercise have so far been limited because of lack of finances. In Scotland, a Working Party on Joint Financing has reported, but no Government circular on joint financing has yet been produced. The public expenditure restraints will limit the amount of extra money made available to joint financing in the near future.

Conclusion

This chapter has examined the effectiveness of services specifically for the 'elderly' in Housing, the Social Services and the Health Services. However, one important service missed out has been Transportation. Suffice is to

say that the only provision specifically for the 'elderly' in Transportation are concessionary fares and these vary between local authorities, which in turn cause inequalities in the benefits the 'elderly' receive.

(Brown 1979 N.C.C.O.P.1977)

In the chapter three limitations in the services to the 'elderly' were found to exist; the services suffered from a lack of finance; in the administration of the services there has been a lack of sensitivity to the needs of the 'elderly', and there were inadequacies in planning between and within the services.

The lack of finance is the prime cause at present for the chronic shortage in accommodation and community support services to the 'elderly'. In Scotland a recent Scottish Office Report recommended that more than £100 million in capital commitments alone was needed to make an adequate provision for this group (Brown 1979). The problem has had its roots in the general housing pressures of the past and the traditional emphasis in the Health and Social Services on institutional care for the 'elderly'. This has led to many frail 'elderly' living in accommodation not suited to their needs, for example in sheltered housing, because there is a poor supply of special needs housing, and in long stay hospitals, because of the underprovision of community support services. Although, it would be cheaper in many cases for these 'elderly' to live in accommodation which best suits their needs, a massive initial provision of capital and revenue

resources is needed if the accommodation and community services deficit is to be met. This is because a limited provision of resources would only cover the extra need caused by the continuing increase in the number of 'very elderly'.

In the future, there is only a commitment by the Government, outlined in the Public Expenditure White Paper for 1980/81 (Cmnd 7746), to maintain the standards of the health and social services to the 'elderly' in the face of their growing numbers. Even this may be limited, in that extra money allocated to local authorities for this purpose could be used elsewhere, as the Government can only advise them to use resources. (See Hansard 24.10.79)

Within, the public expenditure restraints improvements in services to the 'elderly' can only be made at the margin. For instance, by a better working together of services it may be possible to encourage the 'elderly' to move around to get the most suitable mix of accommodation and community support services for their needs. However, considering the social effects on the ^{/there} 'elderly' of this policy would be many problems, as Cullingworth (1972) found in the late 1960s, when a similar policy was suggested to alleviate the housing shortage.

Chapter Five

Introduction

The study of the 'elderly' carried out in the previous chapters showed their numbers, especially in the case of the 'very elderly' to be increasing both absolutely and relatively. Needs are different for an older population as opposed to a younger one, and this means, one has to plan differently for them. Public decision makers and service providers have been made increasingly aware of this because the 'elderly' present a particular range of socio-economic problems causing them to depend relatively more heavily on social welfare provision by both Central Government and local authorities.

As planning is a social welfare orientated discipline the findings of the study of the 'elderly' must have considerable implications for it. These implications can only be appreciated through an analysis of present planning policy in social welfare terms. A historical sketch of the social welfare role in planning is therefore appropriate at this point.

Period up until the 1960s

Social welfare has been the main influence in the evolution of the planning discipline from its 19th century roots to its present form. The early philanthropists like Owen, Booth and Buckingham saw physical conditions and social welfare as inextricably linked, in an environmental deterministic fashion. This type of thinking was epitomized in Howard's (1902) garden city ideas and has

been a major influence ever since, particularly in the new towns movement.

The legislative provisions for physical planning in the 1909 Act and subsequently up to and including the 1947 Planning Act, while leading to the official recognition of the discipline, strongly emphasised land use. This proved detrimental to its social welfare origins because the statutory duties implicitly took a negative and conservative view of social welfare.

The 1960s

The 1960s were to see the social welfare connection in planning brought to the fore again as a result of three main influences, probably all to some extent interrelated.

Briefly, the first influence was that of writings stressing the importance of social awareness in physical planning. This is exemplified by the works of Glass (1959) and Foley (1960).

The second influence stemmed from the discontent with the 1947 Town Planning Act's static and negative view of planning. A more positive view was thought to be required, taking proper account of the social and economic underpinnings of land use at a time of economic growth. Emphasis was therefore placed on the need to plan strategically, in a rational fashion. The Planning Advisory Group Report (1965) followed this line of thinking and recommended structure and local plans as strategic and tactical planning instruments respectively. The plans were introduced into

the legislation in England and Wales in 1968 and in Scotland the following year. Social welfare assumptions underlay these plans, in the need to plan for the 'public interest'.

The third influence was the introduction of the area based approach to deprivation. The area based approach to problem solving was first recommended in relation to housing by the Milner Holland Report (1965). This was closely followed by similar recommendations in the Plowden Report on primary education (1967) and the Seeborn Report on the Personal Social Services (1968). It was in 1968 that Central Government initiated an area based programme for tackling deprivation, in the form of the Community Development Project. For the first time therefore, the focus was on overall service provision to the area rather than on the problems of one particular service to the area. The same year saw the start of the Urban Programme to allocate finance to deprived areas and deprived groups.

The 1960s can thus be summed up as leading to a widening in the perspective of planning away from a narrow land use orientation, to a more strategic and positive one, showing an increasing awareness of social and economic processes, as illustrated by the introduction of structure plans. At the same time there was a growing social awareness in the discipline and this was expressed explicitly by the interest in the area-based approach to deprivation. In the following decade this social welfare revival in the discipline was to continue, with the intensification of

the three influences.

The 1970s

The early 1970 s saw reaction to the physical orientation of planning from the public it served. The 1960s had been characterised by a series of grandiose projects such as high rise flats, new urban transport systems and comprehensive redevelopment areas, which had adverse social repercussions. Although, not all the blame could be laid at the door of the planners, the weaknesses in the discipline, due to its narrow physical orientation, were now exposed to public view. This forced the discipline to be more socially aware. A direct result of this was that social planning grew up as an important branch of the subject. It was founded in the early 1970s by academic planners such as Cherry (1970), Cullingworth (1972) and Eversley (1972) and its significance was reinforced with penetrating case studies on urban renewal and its social repercussions by Dennis (1970) in Sunderland and Davies (1972) in Newcastle.

The middle and late 1970s saw the consensus beliefs in planning being challenged. Distributional questions were being asked about in whose interests planners were planning. This in turn led to a questioning of the theoretical basis of the discipline. The analysis evolved from the late 1960s beginning with the works of Gans and his advocacy planning ideas. This was followed by Pahl (1975) with his 'urban managerialist' thesis, Harvey (1975) with his radical perspectives of the city and Simmie (1974)

with his analysis of the role of sociology in planning.

By the end of the 1970s it was increasingly being realized that the use of space was a product principally of aspatial social and economic processes and that spatial processes were of less significance. For effective/^{social} planning it was primarily the aspatial processes which had to be manipulated. Intervention in the physical environment could at best only alleviate some of the symptoms of social problems.

The second main influence, strategic planning, developed greatly in importance during the 1970s largely on account of the problems which the national economy faced. The high economic growth rates of the 1950s and 1960s did not appear in the 1970s. Instead the decade marked a relative economic decline, which showed itself in the need to cut public expenditure. This meant that planning had to be much more concerned with effectiveness in implementation and had to take greater account of resources.

The introduction of corporate planning saw the reorientation of planning in the direction of resource effectiveness. Corporate planning had its birth in the cyclical type budgetary arrangements which characterised large American business firms in the 1950s (the Programme Planning and Budgeting System, P.P.B.S.) . In the late 1960s some English local authorities tried it out. As the system's 'efficiency' was shown, many more local authorities adopted it. A major reason for this adoption was the greatly increased responsibilities and public

spending by local authorities. Their traditional managerial arrangements were in many cases unable to cope. The advantages of this type of management were appreciated by Central Government, which saw it as an effective method of saving money. With the reorganisation of local government in England and Wales in 1974, and Scotland in 1975, the opportunity was realized for its widespread implementation. Indeed, the increased size of local authorities merited a different style of managerial approach.

Bains (1972) in his report on the best form of management for the new local authorities in England and Wales advocated a corporate planning approach. Bains saw corporate planning as different from the planning element in the P.P.B.S. system in that it should be geared to meet the needs of the community. In effect the difference was only slight as Bains had coupled the most 'efficient' form of corporate planning as the most 'effective' thus retaining many of the assumptions behind the P.P.B.S. system. However, with the public expenditure restraints which characterised local government later on in the decade the need for 'effective' corporate planning with the prime aim of being responsive to the needs of the community became apparent. This did not necessarily mean the most 'efficient' planning of services.

At the same time as corporate planning was evolving, the 'effectiveness' of structure plans was being questioned. Structure plans might, it was found, operate successfully in a period of economic growth but foundered in the period

of economic restraint, which characterised the mid and late 1970s. There were three reasons for this. The first was that there were fewer new public investment programmes introduced. The second was that the time scale over which structure plans were supposed to apply was too long. This meant they did not adequately take into account the resource constraints of their proposals. This problem had been made worse by the length of time it took to submit the structure plan to the Secretary of State and receive a response. In many cases plans were out of date, before they could be implemented. Finally, structure plans found problems with the implementation of their proposals because of the importance of aspatial economic and social processes in the use of land. In addition many of the proposals in structure plans were not related to land use but were important in meeting the aims of policies. As a result there had been a drive by planners to influence policy makers indirectly in other areas of local government and beyond. (Centre for Environmental Studies 1975)

Structure planning could therefore be seen to be a bad allocator of scarce resources. This indicated the need for a much more incremental and economically disciplined approach to planning and the need for planning to cover a wide range of local authority services.

In Scotland, local government reorganisation saw the introduction of the statutory obligation for the production of a regional report by strategic planning authorities. A regional report was supposed to look at the

strategic policies of a local authority and of the implications for land use. It was primarily a physical planning document but in practice many local authorities used it as a corporate document setting out policies and programmes, as exemplified by the Strathclyde Regional Report (1976). These regional reports differed from structure plans in that they were better able to cope with the incrementalism needed in reality for positive planning in a scarce resource situation. In addition because of the cooperation among local authority departments and the political input, the regional reports were potentially more likely to be implemented.

Because of the weaknesses in structure plans, the planning discipline is at present in 'no man's land'. It is in a position where it can either regress back into mainly development control and conservation activity, and concentrate very narrowly on the land use element of structure planning, or it can take the initiative and go forward to a role as the lead discipline in the corporate planning approach, as it has done in Scotland. After all it is the only discipline with all its members trained to think strategically. The ability of planning to implement its policies corporately has great advantages in social welfare terms, in attempting to solve the multi-dimensional problems of deprivation.

The third influence, the area based approach to deprivation, became in the 1970s planning's principal instrument for tackling deprivation. The major area-

based deprivation initiatives being undertaken in the decade were the continuation of the Community Development Project, the Neighbourhood Scheme, the Six Town Studies, the Comprehensive Community Programme, the Area management experiments and the most recent Inner Urban Areas policy.

At present, there is a major debate going on into the advantages and disadvantages of the area-based approach. In order to get some appreciation of the current state of the debate, it is necessary to consider what advantages and disadvantages the approach has. This will ^{/also} provide a context from which to discuss the planning implications of the study of the 'elderly'.

The area based approach to deprivation has four advantages. Firstly, it is well suited to local government, as local authority service departments can orientate themselves towards a specific area relatively easily. For instance, a local authority Education Department finds it easier to provide extra resources to a school in a deprived area than for a dispersed group of deprived school children.

The second advantage of the area based approach, is that community development has fitted well into it. It is only at this level that the community can be activated in a 'consensus' or 'conflict' manner towards the local authority and therefore to some degree improve its socio-economic position. In recent years community development

has considerably enhanced the importance of the area-based approach. This is because of corporate planning's increasing orientation towards the community, which has arisen out of criticism levelled at Bain's corporate management and the 'efficient' and 'effective' debate. Stewart (1974) can be seen as the main contributor to this debate in advocating the need for a responsive local authority. He believed this could only come about with a decentralisation of local authority powers to the community. Schon (1971) believed the community to be the most fertile location for responsiveness, it being at this point that there was contact between the policy maker and those affected by the policy. The importance of this has been recognised by a number of local authorities, especially Stockport Metropolitan District, which has given its component areas a limited delegation of power (Hambleton 1978).

The third advantage of the area based approach has been argued by Holtermann (1978) in that it is an effective method for distributing resources to the deprived. This may be questionable because she implicitly assumes that the most deprived people live in areas identified as deprived, without questioning qualitatively the indicators used to define them. However, her views on the advantages of the area based approach in externalities, production and cost relations to local authorities, increased benefit take up and psychological criteria cannot be ignored.

The fourth advantage of the area based approach is that it can be used as an experiment for the creation of national social policies and also it can be used to measure policy effectiveness by both local authorities and Central Government.

There are four disadvantages with area-based approaches to deprivation. In the first place, most of the deprived live outside of deprived areas (Holtermann 1975). However, there is still tendency for socio-economic processes to concentrate deprived people geographically. For instance, in the operations of the housing market.

Secondly, the census indicators used to define areas as deprived tend to be biased towards physical conditions. "A good example in this respect is provided by the Department of the Environment's analysis of census indicators of urban deprivation in Great Britain (1971): of the 39 indicators used 18 relate to housing tenure" (Norris 1979). All indicators were given equal weighting, and the absence of qualitative weighting of indicators is a major weakness in defining areas as deprived.

Thirdly, area-based approaches have been used without the Government and local authorities having an adequate conception of the causes of poverty and deprivation. This inadequate conceptualisation can be seen in the changing philosophies explaining why people are deprived, which have characterised deprivation policies.

The Community Development Project was initially based on a social pathological model of poverty. With criticism the Government changed its views and favoured the 'cycle of deprivation' explanation. This led to the solution of problems of deprivation being seen in managerial terms. At the moment socio-economic processes external to the area are increasingly seen as the root cause of many problems. The impact of this on Government thinking is exemplified in the increased economic powers given to local authorities involved in inner city partnerships under the Inner Areas Act of 1978.

The final disadvantage of the area based approach has been the inadequacy of resources given to the various initiatives. The urban programme expenditure was only £125 million in 1978/1979 and the Community Development Project expenditure only £5 million in its nine years.

To sum up, the advantages of the area-based approach described above clearly show its importance to local authority deprivation policies. On the other hand the disadvantages also described above mean that the limitations of the area based approach must be recognised and acted on positively.

Smith (1978) provided the best insight into how deprivation policies could be improved by saying that three factors in particular should be important determinants of a policy; the diversity of problems encompassed with deprivation, the dispersed and uneven distribution of the deprived, and the underlying significance of economic and

industrial change. The role of Central Government should be in tackling the economic and industrial structure while the local authorities are best able to tackle the diversity of problems and uneven dispersal of the deprived at the local level. This led Smith to the conclusion that the best model for tackling deprivation was by local authorities based on policies which would inform policy making at a variety of levels, reflecting the wide range of problems that constitute it. By covering a large area they would complement the limited number of small area initiatives and would take account of the degree of dispersal of deprived people as identified in the census. In other words, the scope of planners must broaden and include awareness of other methods of tackling deprivation.

Briefly, one final influence in the 1970s through which planners have been made more social welfare orientated was the introduction of public participation into planning' statutory duties. This developed out of the 1968 Skeffington Report. It has had an obvious effect in making planning more sensitive to the public's view. However, there are doubts at present of its validity to statutory planning. The effect of public participation in planning will not be expanded any further here as it is not immediately relevant to ongoing discussions.

Conclusion

The study of the 'elderly' in the last few chapters in effect described the socio-economic conditions of "the largest group of deprived people in the United Kingdom" (Townsend 1979). It differs from previous deprivation studies in that it has moved away from the initial point of a spatial perspective on deprivation which has been exemplified in the works of Holtermann (1975) and Knox (1975). The study instead takes an aspatial perspective and examines the socio-economic position of a large social minority, which is increasing in both absolute and relative terms.

A summary of the findings of the study will now follow. The study of the 'elderly' found them becoming increasingly alienated by society. On the objective socio-economic indicators of income, health, housing, mobility and education many of the 'elderly' especially the 'very elderly' were found to be relatively deprived. In terms of felt need the 'elderly' were found to be less deprived. However, the concept of felt need in the case of the 'elderly' was found to have inadequacies. The 'elderly' were also found to be concentrated spatially in depressed regions, inner-city areas, remote rural areas and in seaside resorts. In all but the last of these areas they were found to be relatively more deprived than the average 'elderly'. The study then investigated how effective income support and service provision, primarily by State agencies were in meeting the needs of the 'elderly'.

It was found that although recent years had seen improvements in provision there has been three constraints. In the first place there has been an institutional bias by service providers against the 'elderly'. Secondly, there has been an inability by statutory and voluntary agencies to come anywhere near forming a comprehensive community care approach to the 'elderly'. Finally, the major constraint has been a lack of resources. At present, public expenditure restraints mean that no further finance can be made available for income support and service provision to the 'elderly'. In fact a deterioration looks likely.

ways of improving service provision to the 'elderly' by statutory and voluntary agencies will be limited unless fundamental political changes are made which lead to a greater increase in public expenditure, and a lessening in the institutional bias against the 'elderly'. Improvement can however be made in the development of, and better cooperation and coordination of statutory and voluntary agencies in a more sensitive awareness to the needs of the 'elderly' in the community.

These findings and conclusions from the study of the 'elderly' have important implications for planning particularly as the numbers of 'elderly' are increasing both in relative and absolute terms thus leading to an intensification of their socio-economic problems. This is of especial significance because of the greater social welfare orientation which has characterised planning, as discussed above.

Improvements in the planning of services to the 'elderly' will be important to planning at present, for two reasons. The first is that it will be important to policy planning, in the improvement of social policies. From a different direction, better planning of services to the 'elderly' fits in with the need to diversify deprivation strategies from their sole concentration at present on the area based approach. Secondly, the fact that the 'elderly' were found to be concentrated and relatively more deprived in inner city areas, points to the continuing importance of the area based approach, the planners' main instrument for tackling deprivation, in meeting the needs of the 'elderly'. The area based approach has the advantage to the 'elderly' of bringing together statutory and voluntary agencies at a level where a sensitivity can be given to their varied needs. By improving the forward planning of services to the 'elderly' the area based approach will be made more effective in
/iating
alleviating deprivation problems.

The next two chapters will examine in depth ways in which planning policies can be made more effective, by focusing on the needs of the 'elderly'. In chapter Six, the feasibility of improving service delivery to the 'elderly' will be examined and a number of attempts at better working together by agencies, in trying to meet the needs of the 'elderly' will be referred to. Chapter Seven will then examine the effectiveness of the area based approach in meeting the needs of the 'elderly' using the Glasgow East End Renewal Project as a case study.

Chapter Six

Introduction

The aims of this chapter are to point to ways in which the planning of services to meet the needs of the 'elderly' living in the community can be improved as a way of improving policy planning. Chapter Four focused on specific services provided to the 'elderly' in housing, the social services and health, and examined primarily the effectiveness of the statutory involvement in these services with aid of an historical analysis. This showed that the most significant barriers to effective service provision for the 'elderly' were lack of finance and institutional bias against the 'elderly'. However, it was also found that gaps in services could be lessened if the needs of the 'elderly' were better known and, policies for the provision of housing to the 'elderly' within the community and policies for the phasing down of institutional care and provision of supporting services could be more effectively developed and coordinated than at present.

Chapter Four was limited however, in that there was no discussion of the many other statutory and voluntary agencies providing services to the 'elderly'. To rectify this it is now necessary to identify the other statutory and voluntary agencies involved. Glasgow will be used as a framework for reference. Before going any further, it must be said that the 'elderly' are a microcosm of

the population as a whole and this means that most services provided generally will affect the 'elderly'. The Glasgow study will therefore include only those voluntary and statutory agencies which are important in meeting the needs of the 'elderly'.

The statutory and voluntary agencies identified in Glasgow as providers of services to the 'elderly' are given in Table 6:1. This table outlines the nature of service provision by each of these agencies to the 'elderly'. In addition the main sources of finance for the voluntary agencies are given.

Table 6:1

Glasgow services provided to the 'elderly' by statutory and voluntary agencies.

Statutory Agencies

<u>Agency involved</u>	<u>Nature of service provided to the elderly</u>
<u>Central Government</u>	
1. Dept. of Health and Social Security (Supplementary Benefit Commission)	- pensions - supplementary pension and benefits
(Manpower Service Commission)	- S.T.E.P. funds (e.g. for identifying elderly at risk in community care projects)
2. Scottish Development Dept.	- responsible for housing standard and guidelines
3. Scottish Home and Health Dept.	- responsible for health standards and guidelines

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|--|--|
| 4. Scottish Education Dept.

(Social Work Services Unit) | - responsible for community/adult education, also for social services standards and guidelines |
|--|--|

Strathclyde Regional Council

- | | |
|---|--|
| 1. Transportation Dept.
(Greater Glasgow ^{Passenger} Transport Exec.) | - no specific policy apart from concessionary fares (4.09£million 1979/80) |
| 2. Social Work Dept. | - domiciliary services, residential care, grants, to voluntary agencies (e.g. W.R.V.S.) wardens for sheltered housing. |
| 3. Education Dept.
(Community Education Dept) | - community centres, adult education |
| 4. Public Relations Dept. | - information on service provision |
| 5. Policy Planning Dept. | - Overall corporate policy and urban aid (e.g. for surveys of 'elderly' at risk in community care projects) |
| 6. Physical Planning Dept. | - statistics on 'elderly' no specific service to the 'elderly' |
| 7. Architectural Services Dept. | - design of residential homes and day centres |
| 8. Estates Dept. | - finding sites for residential homes and day centres |
| 9. Administration Dept. | - community council grants to finance community projects voluntary advice centres |
| 10. Police
(Community Involvement Branch) | - preventive support security locks. |

Government ad-hoc bodies

- | | | |
|----|-------------------------------------|--|
| 1. | South of Scotland Electricity Board | - electricity discount schemes |
| 2. | Scottish Gas Board | - Natural gas discount schemes |
| 3. | British Rail | - travel concession cards |
| 4. | Housing Corporation | - finance voluntary housing associations 855 sheltered housing units to 1984 (G.D.C. 1979) |
| 5. | Greater Glasgow Health Board | - health care for 'elderly' |
| 6. | Scottish Special Housing Assoc. | - 390 sheltered housing units to 1982 (G.D.C. 1979) |

Glasgow District Council

- | | | |
|----|--|---|
| 1. | Housing Dept. | - 28 Amenity housing units with 449 sheltered housing units, projected another 613 to 1984 (G.D.C. 1979) hostels for homeless |
| 2. | Leisure and Recreation Dept. | - benches, gardening for 'elderly' in need. |
| 3. | Physical Planning Dept. | - sites for sheltered housing |
| 4. | Dept. of Administration and Legal Services | - community council resource centre and special grants for voluntary agencies |

Voluntary bodies

<u>Agency</u>	<u>Service</u>	<u>Finance</u>
1. Age Concern (Scotland)	- information local groups react to Gov. legislation 2 development officers	- State principa. + affiliated members

<u>Agency</u>	<u>Service</u>	<u>Finance</u>
2. Scottish Council on disability (sub-group of Scottish Council of Social Services	- information disabled reacts to Gov. legislation	- State principally + affiliated members
3. Help the Aged	- nationwide charity (has given grants to voluntary agencies in Strathclyde)	- self finance
4. National Federation of Old Age Pensioners	- reacts to Gov. legislation	- self finance by affiliated member
5. Scottish Old Age Pensioners Assoc.	- reacts to Gov. legislation	- self finance by affiliated members
6. Glasgow Old Peoples Welfare Committee	- 2 residential homes day clubs, lunch clubs visiting services	- principally self finance + some State
7. Salvation Army	- 6 luncheon clubs over 60's clubs, helping	- self finance
8. Glasgow (Pre)Retirement Council	- organise day release courses, 3 day centres, employment bureau	- Strathclyde Education Dept.
9. Workers Education Association	- seminar course on retirement	- Strathclyde Education Dept.
10. Citizens Advice Bureau	- legal advice, information 6 offices	- Strathclyde Dept of Administration
11. Glasgow Council for Voluntary Services	- Coord. voluntary agencies, community care projects for 'elderly	- urban aid Carnegie Trust
12. St. Andrews Ambulance Assoc.	- voluntary first aid visiting	- self finance
13. Community Councils	- community aims eg. community care projects	(1) Strathclyde Admin. Dept (2) Urban Aid (3) S.T.E.P. funds
14. Red Cross	- visiting disabled clubs	- self finance

<u>Agency</u>	<u>Service</u>	<u>Finance</u>
15. Roman Catholic Church	- parish St. Vincent De Paul Society - look after needs of 'elderly' residential homes	- self finance
16. Church of Scotland	- 3 Eventide Residential homes congregational activity	- mainly self finances - Homes State contribution
17. Womens Royal Voluntary Service	-- meals on wheels clothing	- State financed
18. Abbeyfield Glasgow Society	- 4 residential homes	- Trust/State finance

Voluntary Housing Associations

1. Order of St. John	- 24 sheltered housing units
2. Bield	- 69 sheltered housing units + projected 198 units 1984 (G.D.C. 1979)
3. Kirkcare	- 20 sheltered housing units + projected 100 units 1984 (G.D.C. 1979)
4. Christian Action	- 25 Sheltered housing units +
5. Hanover	- projected 207 sheltered housing units 1984 (G.D.C. 1979)
6. Pollokshields (Community Based)	- projected 17 sheltered housing units 1984 (G.D.C. 1979)
7. British Legion	- projected 129 sheltered housing units 1984 (G.D.C. 1979)
8. World Property Housing Trust-	projected 34 sheltered housing units 1984 (G.D.C. 1979)
9. Govanhill (Community Based)	- projected 24 sheltered housing units 1984 (G.D.C. 1979)
10. Glasgow City	- projected 30 sheltered housing units 1984 (G.D.C. 1979)

- | | |
|------------------------------------|---|
| 11. Loretto | - projected 25 sheltered housing units 1984 (G.D.C. 1979) |
| 12. Methodist | - projected 25 sheltered housing units 1984 (G.D.C. 1979) |
| 13. Bridgeton
(Community Based) | - projected 25 sheltered housing units 1984 (G.D.C. 1979) |

Voluntary agencies providing accommodation for homeless,
many of whom elderly

- | | |
|------------------------|--------------------|
| 1. Talbert Association | - hostel provision |
| 2. Simon Community | - hostel provision |
| 3. Wayside Club | - hostel provision |

In Glasgow, the large number of statutory and voluntary agencies involved in service provision to the 'elderly' presents problems in trying to formulate a comprehensive care policy to the 'elderly'. It is suffice to say at present, that there are three limitations to the satisfactory working together of statutory and voluntary agencies in providing services to the 'elderly'. In the first place voluntary agencies lack adequate manpower and resources. Attempts to encourage better cooperation by statutory agencies may therefore be unsuccessful because of the fear by voluntary agencies that they may be over-stretched. This fear is expressed, for example, by Glasgow Old People's Welfare Committee (interview with Director, May 1979). Secondly, as Table 6:1 shows, voluntary agencies are very dependent on State finance. In an era of restraint

in public expenditure, these funds to voluntary agencies are soft options for cuts. They represent an alternative to the State cutting its own resources and manpower (interview Strathclyde Social Work Dept. Jan.1980) . Finally, voluntary agencies are very interest orientated. If statutory agencies try to over influence them, they may lose interest altogether (interview Age Concern (Scotland) Oct. 1979).

The possibility of making services to the 'elderly' more effective will now be discussed at the national, regional and local levels because it is at these levels that social plans and policies can be formulated and implemented.

The national level

At the national level, it is only possible to plan services for the 'elderly' in broad terms. This is because individually the 'elderly' in need suffer from different combinations of handicap and will benefit differently from family care and the quality of support from the local community. In other words, an 'elderly' person is unique in the range of services he or she requires. Central Government is too remote to be sensitive to these varying needs and can therefore only take a general overview of them at the social policy level.

Before discussing the planning of services to the 'elderly' at the national level, the lack of involvement at this level in service provision by voluntary agencies should

be noted. This is because national voluntary agencies, such as Age Concern, are unable to influence their local counterparts in service provision. In the development of policies towards the 'elderly', they can only advise the Government (see Age Concern 1978).

An effective Government strategy towards the 'elderly' requires interdepartmental coordination, since clearly policies on their income affect their housing opportunities and use of the social services. Social policies needing interdepartmental coordination have found difficulties on account of the traditional departmentalism in Government which has meant that each department is orientated towards the provision of a specific service, for instance health or housing. The wide range and complex nature of Government has strengthened this departmentalism. In addition, the crisis orientation of Government reacting incrementally to daily events and problems, has hindered the formulation of corporate social policies (Crossman 1979). It should be noted that in Scotland a corporate social policy is a greater possibility, because there are only four Government departments which work closely together, compared with eleven for Great Britain as a whole.

A corporate policy has been found easier to contemplate for a client group like the 'elderly'. A Government investigation enquiring into the possibility of greater corporateness in social policies concluded that policies with short term aims or for specific groups were more achievable, because of their limited focus (Central Policy

Review Staff 1975). An outcome of this finding has been the D.H.S.S. discussion document 'A Happier Old Age' (D.H.S.S. 1978) for England and Wales (The Scottish equivalent has not yet been published.) The document has arisen in response to the problems the Government faces with increasing numbers of 'elderly'. It takes a corporate view of services to the 'elderly', looking at income support, accommodation, health, social services and transportation in an attempt to stimulate a national discussion on how the State can better respond to the needs of the 'elderly'. The outcome of this, will be publication of a White Paper later this year (1980) for England and Wales. This will outline a general strategy towards the 'elderly'.

In the implementation of this general strategy there will be difficulties. This is because the Government has a policy of greater autonomy to local authorities in decision making which means in turn that the Government can only advise local authorities in this strategy. Local authorities therefore have the choice of whether to accept, or refuse to respond. With present restraints on public expenditure local authorities may not be willing to cooperate. Even if, as is mooted, (Riddell 1979) the Government does increase the rate support grant to those local authorities with high numbers of 'very elderly', the pressures of financial restraints on other local authority spending sectors may mean that extra resources will not be spent on the 'very elderly'.

However, in making the planning of services to the 'elderly' more effective at the national level, the publication of the White Paper should benefit the 'elderly' in that it should make statutory agencies more aware of the inter-connectivity of services in meeting needs of the 'elderly', for example the links between housing, social services and health services in the provision of accommodation and the importance of transport for the 'elderly' to reach day centres and to do their shopping.

The Regional level

At the regional level, it is again only possible to plan services for the 'elderly' generally, although it is less remote than the national level. At the regional level statutory agencies predominate as voluntary agencies are not generally organised at this level but at the local level.

In Scotland, the regional level does, however, form the primary tier of local government. These local authorities vary in size and organisation and this influences the degree to which they can meet the varied needs of their 'elderly'. Strathclyde Region, containing more than half of the 'elderly' population in Scotland, provides a useful illustration in an examination on how services to the 'elderly' could be better planned at the regional level.

Strathclyde Regional Council has a strong corporate

planning orientation centred around its policy planning department. The departments involved are listed in Table 6:1. The local authority's main policy planning instruments are the Transportation Policy Plan, the Structure Plan, the Financial Plan and the Regional Report. The Regional Report is the main corporate document. These planning documents relate to the community as a whole, the 'elderly' only being affected in that they are a microcosm of this community. According to its Director of Policy Planning the programmes of mainline departments, within the framework of aims laid down in the Regional Report, are relied on to solve any problems arising from the increasing numbers of 'very elderly' (November 1979).

The 1976 Regional Report outlined the two main aims of corporate policy in Strathclyde: to alleviate deprivation and to regenerate the regional economy (Strathclyde Regional Report 1976). The former aim is particularly relevant to this discussion. In this policy of alleviating deprivation the main instrument used is positive discrimination, principally now orientated towards seven deprived areas. These areas are favoured by mainline departments coordinating their services and redistributing their resources under the guidance of an area manager.

In the first few chapters of this dissertation, there was an analysis of the socio-economic position of the 'elderly' in Strathclyde. It was found that its 'elderly'

population, especially the 'very elderly', were increasing at a relatively greater rate than the national average and its 'elderly' were relatively more deprived than those nationally, because it is a depressed region. When the limitations of a deprivation strategy based only on an area-based approach are considered as discussed in the previous chapter, then the importance can be seen of greater effectiveness in the planning of services to the 'elderly' in alleviating deprivation in Strathclyde.

There seems to be a case for building a planning policy towards the 'elderly' into the Region's overall deprivation strategy, in order to deal with the 'elderly's' accommodation problems and improve community care services. This could mean that a permanent committee of councillors and officers would be set up ^{linked} to the Policy Planning Department, to develop and monitor policies to the 'elderly'. The effectiveness of this approach would however depend on two factors. The first factor would be the degree of coordination and cooperation with the Health Boards. This could be limited as the region is divided into four Health Boards. The second factor would be the degree of response and information received from the nineteen semi-autonomous District local authorities and from the sub-Regional offices of the Region's mainline departments. The remoteness of the central planning machine from these is likely to be a great hindrance.

In England and Wales there is not the same regional type of local government structure. However, Central Government is regionally organised. Norris (1978) has found that policies towards the 'elderly' at this level

can be made more effective with, for example, these regional organisations linking up with regional Health authorities in the planning of health centres.

The local level

At both the national and regional levels, then, it is only possible to plan generally for the needs of the 'elderly'. This is because of the remoteness of these levels, leading to a lack of sensitivity to the varied needs of the 'elderly'. It is only at the local level that the planning of services to meet these varied needs can be achieved. Both statutory and voluntary agencies are involved in service provision at the local level. Initiatives involving these agencies will now be examined within three purposely selected local authorities, in an attempt to find out how services to the 'elderly' can be planned more effectively at the local level. These local authorities are Glasgow District, Central Region and Stockport Metropolitan District.

(a) Glasgow District

Within Glasgow District there are two types of initiative involving statutory and voluntary agencies. They are the sheltered housing programme and community care projects.

In Glasgow up until the 1970s, there was more concern shown in meeting the housing requirements of the population as a whole, than in meeting the needs of special groups like the 'elderly'. With the easing of

pressures on housing in the 1970s, special needs housing became significant. In 1975 the Scottish Development Department introduced a national guideline of 50 sheltered housing units per 1000 people of pensionable age, to local authorities (S.D.D. circular 30/1975). In Glasgow a total of 6000 units were found to be needed and the S. D.D. wanted this to be met by 1981. In response to the S.D.D.'s requirement a sheltered Housing Working Party was set up in 1975 by Glasgow District Council to look into methods of fulfilling the requirement. The Working Party included representatives from the District's own Housing, Physical Planning and Architectural Departments, Strathclyde Regional Councils' Social Work Department, Greater Glasgow Health Board, Housing Corporation, Scottish Federation of Housing Associations and the Scottish Special Housing Association. It was a unique exercise in bringing together all the important statutory and voluntary agencies involved in sheltered housing provision. The involvement of Housing associations especially represented a turn about in policy as the former Glasgow City Corporation was politically against them. The results of the report of the Sheltered Housing Working Party can be seen in Table 6:1 with the commitments of the S.S.H.A. and the housing associations to the sheltered housing programme. Although the report has been completed, the Sheltered Housing Working Party has remained an ongoing concern; it is used to decide on sites for sheltered housing development and to solve any problems arising from the programme.

The major success in the development of the sheltered housing programme has been the cooperation of the Social Work Department. It has given blanket approval to the whole policy. This has been important because the Social Work Department supply the wardens. It has done this as part of its own policy of community care. The relationship between the District and the Region's Social Work Department in sheltered housing was further strengthened early last year (1979) when the District appointed a special needs officer from the Region's Social Work Department, to be responsible for the sheltered housing programme.

The sheltered housing programme is therefore a model exercise in cooperation by statutory and voluntary agencies. However, within the community care continuum in the provision of accommodation for the 'elderly', it represents the only case where cooperation is effective or in existence. Within the city there are problems in cooperation between the Health and Social Services even although there is a formal joint consultative committee. This has been caused by personality clashes (interview Social Work Dept. Jan 1980) and has been a contributory factor in the gaps in provision, for instance, in day care accommodation for the mentally handicapped 'elderly'. In Glasgow District Housing Department's own housing allocation policies no influence is allowed by outside caring agencies, except in the case of a person with very poor health. Housing allocation policies are therefore

sensitive to the needs of the 'elderly' for family care.

The second type of initiative within Glasgow District is the community care project. A number of these have been developed recently. The projects are carried out primarily by voluntary agencies but depend heavily on State resources. In Glasgow three kinds of community care project can be discerned including the Glasgow Council for Voluntary Services, mainly professional volunteers, or community councils. These three types of community care project will now be discussed in turn and an example will be taken of each one.

The Glasgow Council for Voluntary Services in its developmental role has been involved in two community care projects, the Bridgeton/Parkhead 'At Risk' project and the 'West 2' project. At present, it is only involved in the latter. As the Bridgeton/Parkhead 'At Risk' project will be discussed in greater detail in the next chapter, the 'West 2' project will be focused on here.

In the summer of 1978, social work students on placement to the G.C.V.S. working in 'West 2', found a large number of 'elderly' at risk. The G.C.V.S. early in 1979 began to enlist support within the area for a community care project. Interest was expressed by a wide range of voluntary agencies which included Church groups, Community Councils and members of neighbourhood centres. In addition, support was forthcoming from the Social Work Department. At present surveys are being carried out by some voluntary groups in an attempt to identify the 'elderly'

at risk. The survey so far has uncovered many 'elderly' at risk and 'elderly' who have been found with major problems are referred to the appropriate statutory agency. It is intended that a fully fledged community care scheme will develop out of this (interview G.C.V.S. Feb. 1980).

The second type of community care project is one which mainly involved professional volunteers. An example of this is the Govanhill 'Good Neighbour Scheme' run by a sub-committee of the Dixon Halls Day Centre. The scheme was initiated in 1975 with the help of job creation funds, with employees surveying the area and identifying the housebound, chronically sick and disabled, and the 'elderly' at risk in the Govanhill area. Out of this survey "a network of good neighbours has been established tied in with 12 street wardens, who act as good neighbours themselves and information officers for good neighbours in their street. The wardens receive an honorarium (to offset the cost of telephone calls) the money coming from Urban Aid." (G.C.V.S. 1977). At present many 'elderly at risk' are being watched over and those needing professional help are referred to the appropriate agency (Third Interim Report 1979).

Finally, there are community care projects developed by a number of community councils. An example is the Blairdardie/Old Drumchapel Community Council Friends and Good Neighbours scheme. The scheme arose out of concern expressed about the high concentration of old people in

the area (Glasgow District Council 1978). It is organised by a sub-committee of the Council comprising a Convener and members of three sub-areas. In addition there is a network of local street contacts. The scheme was initiated with a questionnaire handed out to every household in the community with the aim of identifying clients and potential volunteers and pin-pointing the particular services required or regarded as desirable. It has been found so far that the response of volunteers has outstripped the demand of work to be done.

Although these community care projects are relatively new they do hint at ^{/their} potential in identifying and meeting the varied needs of the 'elderly', which is especially important in Glasgow with the increasing numbers of 'very elderly' and the decline in family care. There has however been no attempt to link community care projects together into a city wide comprehensive care scheme. The community care schemes are also very vulnerable in that they rely on temporary funds, for instance Urban Aid and Manpower Services Commission funds. Only the Blairdardie/Old Drumchapel scheme has avoided this weakness with its innovative structure.

Central Region

Central Region is one of the smaller Regional local authorities in Scotland. In the region, there is an important initiative taking place involving statutory

and voluntary agencies. This began in 1976, initiated by Age Concern (Scotland) with the cooperation of Central Regional Councils' Social Work Department. This was a pilot scheme, "with the aim of finding better ways of coordinating statutory and voluntary agencies in meeting the needs of the 'elderly'". (Central Regional Council 1978) The impetus behind the scheme was the need to combat the adverse effects of financial restraints on public services to the 'elderly'. A steering committee was set up composed of the Regional Council's Social Work and Physical Planning departments, the Council's Youth and Community service, the Forth Valley Health Board, Age Concern, the Red Cross, the Scottish Old Age Pensioners Association, the Scottish Women's Rural Institute and the Womens Royal Voluntary Service.

The work of the committee began with an information study carried out jointly by the Social Work and Physical Planning departments which showed the numbers of 'elderly' and the services they were receiving, ward by ward throughout the region. This survey found deficits in service provision to the 'elderly' which varied locally.

A series of local conferences were held at Alloa, Grangemouth and Stirling in an attempt to bring statutory and voluntary agencies together to deal with the local variations in service provision and to encourage community support. The conferences were well attended but 'the results, have so far varied. In Alloa the impetus has been lost altogether; in Grangemouth and the nearby town of Bo'ness the conference has resulted in groups attempting

to get day centres off the ground, while in Stirling small surveys have been carried out of the 'elderly' and groups of professionals have met together to discuss the needs of the 'elderly'.

The initiative in the Central Region serves to illustrate the point that if local authorities, in particular, are to have any degree of success in coordinating statutory and voluntary agencies to meet the needs of the 'elderly', they must orientate themselves towards the community.

Stockport Metropolitan District

It is important now to examine the initiative by Stockport Metropolitan District. Stockport like all metropolitan districts has stronger powers than the Scottish Districts, as it has responsibility for education and the social services as well as housing.

Stockport Metropolitan District is very corporate in outlook. It is unique, in that it was the first local authority in Britain to experiment with an area committee system designed towards a corporate approach at the local level (in 1971) and was the first local authority to introduce a formal organisation into its management structure at both member and officer level (in 1974) (Hambleton 1978).

In 1976, worried about the increasing number of 'elderly' over 75, it formulated a policy towards the 'elderly'

to be built into its general corporate strategy. The aim of the policy was to keep as many 'elderly' in the community as possible, because many 'elderly' in institutions could with support live in the community which would be preferable, and relatively cheap.

(Metropolitan Borough of Stockport 1976) It involved all the service providers to the 'elderly'. These were the Councils' own departments, the Area Health authority, voluntary agencies and the community at large. The policy was sensitive to the needs of the 'elderly' for two reasons: it made use of information on services to the 'elderly' from its own area organisations, and a sample survey was carried out of the 'elderly' population and a dependency scale, measuring the degree of incapacity among the 'elderly', was used to find out which sub-groups of 'elderly' needed the most help to stay in the community. The information from these two sources together found gaps in service provision and provided the focus for the policy to the 'elderly'.

In the short term, a strategy towards the 'elderly' with three objectives has been decided on. The first objective is to link statutory and voluntary agencies at the local level in order that inequalities in service provision to the 'elderly' between areas can be ironed out. Secondly, a radio-controlled alarm system is to replace all wardens in sheltered housing because of its cheapness and flexibility in handling greater numbers of 'elderly' at risk. Finally, there is a programme of

sheltered housing in order that gaps in accommodation to the 'elderly' can be lessened. At present this strategy is being implemented but it will be further strengthened later this year (1980) when two reports on the 'elderly' will be published by the Social Services, Housing and Corporate Planning departments (interview S¹tockport Metropolitan District Feb. 1980).

The Stockport example is potentially the ideal model at the local level for the planning of services to the 'elderly'. However, it has only been made possible by its corporate management structure linked to sub-areas and by the additional services it has received as a metropolitan district.

Conclusion

The aim of this chapter has been to identify sources of services provision to the 'elderly' and to find ways of improving services to the elderly where this is necessary. At the national level the introduction of the White Paper on the 'elderly' will attempt to initiate a general strategy for the 'elderly', but it will be limited in implementation. At the regional level the example of Scotland's largest Regional Council, Strathclyde, illustrated the need for a policy towards the 'elderly' to be built into any corporate strategy. Finally, the local level was examined using examples of initiatives in three local authorities. These example underlined the

need for a community orientated approach by local authorities. if policies towards the 'elderly' were to be successful.

In more general terms the example of Stockport has policy implications for the four Scottish city District local authorities. This is because one of the main ingredients in the formulation of a policy for the 'elderly' in Stockport has been the local authority's control over all the personal services. Considering the case study of Glasgow and the problems of service to the 'elderly' working together, the control of the personal services could be an advantage. This would seem to strengthen the case for organic change of local government in Scotland, currently being examined by the Stoddart Committee, giving the four city local authorities control over the personal services. In view of the high numbers of relatively deprived 'elderly' in these cities, taking Glasgow again as an example, this need for organic change in local government should not go unheeded.

An alternative to a fully fledged policy for the elderly, and would bring statutory and voluntary agencies together at the local level with the aim of meeting the needs of the 'elderly',

is a community resource centre. This would be a local centre containing all the services for the 'elderly' within one building with the consequential expertise and influence which this would bring" (Strathclyde Social Work

Dept. 1979). This would be best suited to urban areas. The centre would have a sophisticated radio-communication system linked to hospitals, residential homes and hospitals. However, the provision of community resource centres would mean a huge capital and revenue expenditure which would be impossible for local authorities to make available with the public expenditure restraints. In addition the provision of centres could further stigmatise the 'elderly' by making provision for them apart from the population as a whole. If the centres were to provide for the community as a whole, this problem might be overcome. Other methods of improving services to the 'elderly' are the setting up by local authorities of a comprehensive register of 'elderly', in order that their needs are known and can be acted on and also better publicity of services to the 'elderly' may encourage greater take up.

In relation to planning as a whole this chapter by emphasising the desirability of meeting the needs of the 'elderly' at the local level, strengthens the need for a responsive local authority with a community orientation to corporate planning.

Chapter Seven

In the last chapter possible improvements in the planning of services to the 'elderly' were discussed. The initiatives sensitive to the needs of the 'elderly' at the community level were found to be most effective. The ideal policy for the 'elderly' was seen as one built into a local authority's corporate strategy, as the policy can have a greater impact if the corporate strategy is community orientated. Because of the high incidence of deprivation among the 'elderly' and their increasing absolute and relative numbers, improvements of this nature in the planning of services to the 'elderly' make local authority deprivation strategies as a whole more effective. However, there will be variations among local authorities in how far they can formulate and implement policies for the 'elderly'. This will mainly depend on four factors; their degree of corporateness, their command over the personal services, their responsiveness to the community and the political will for a policy.

The nearest local authorities have come to using a community orientated approach in corporate type policies, has been through the area based approach to deprivation. This is the principal instrument used in current deprivation strategies, as exemplified by Strathclyde Regional Council. (Strathclyde Regional Report 1976) with the 'inner city' as the prime focus.

The area based approach would seem to have advantages in meeting the needs of the 'elderly' for three reasons. In the first place the 'elderly' are heavily concentrated in absolute terms in the 'inner city' and this group is much more deprived than the average 'elderly'. Secondly, the area based approach by bringing statutory and voluntary agencies together at the local level means there is the potential for a greater sensitivity by these agencies to the varied needs and inter-dependent problems of the 'elderly'. Finally, the area based approach having one of its aims as meeting the needs of the 'elderly', would be an easier alternative for local authorities, than trying to establish an effective corporate policy towards the group.

A case study of the Glasgow East End Renewal Project will now be used to study the effectiveness of the area based approach to deprivation in meeting the needs of the 'elderly'. However, there will be limitations in the extent to which this case study is generalisable. This is because area based approaches to deprivation vary within and between local authorities: in their structure, the statutory and voluntary agencies involved and the resources used. For planning as a whole the conclusions should contribute to the present debate on the usefulness of the area based approach to deprivation described in Chapter Five.

The Glasgow East End Renewal Project

The Glasgow East End (Map 1) which traditionally had a heavy industrial base and a high density of population has been in rapid decline in the post World War Two period. The population in the area having fallen from 145000 in 1951 to 45000 in 1978.

The effect of the decline on the community and the vitality of the area has been dramatic, particularly as outward migration has tended to involve the younger and more able, leaving a high proportion of dependents - the unemployed, the handicapped and the 'elderly'. (G.E.A.R. Governing Committee 1977).

The population decline has in turn put pressure on established facilities and services within the area which has consequently led to declining levels of provision.

The Glasgow East Renewal Project was initiated in May 1976 to deal with this situation. The Project involved a unique partnership of statutory agencies. The Governing Committee which was established to oversee and control the general direction of the Project, consisted of representatives from Strathclyde Regional Council, Glasgow District Council, Greater Glasgow Health Board, Housing Corporation, Manpower Services Commission and the Scottish Development Agency. The organisational structure of the Project was that the overall coordination, and responsibility for land renewal and industrial promotion lay with the Scottish Development Agency. The other bodies continued

in their statutory duties but positively discriminating in favour of the G.E.A.R. area. The sum of £156 million (1977) was provided to the statutory agencies involved in the project by the Government for capital expenditure. The S.D.A. is responsible for carrying out the remit of the Project:

"to bring about in a coordinated way the social, economic and environmental regeneration of the East End; while creating the conditions for the redevelopment of a balanced and thriving community" (Strathclyde Regional Council 1978).

Ten working parties were set up to examine the problems which the area faced and recommend courses of action to alleviate them. These working parties covered Population, Housing, Health, Community Care, Social Work Services and Voluntary organisations, Shopping, Transportation, Leisure and Recreation and Employment. The working parties were composed of the relevant statutory agencies and interested voluntary agencies for each subject category. The S.D.A. was represented in each working party as the Project coordinator. These working parties have now finished their meetings and they are at present completing their final reports for submission later this year (1980).

The Project has affected the 'elderly' in the G.E.A.R. area in two ways. In the first place they have been affected as part of the community as a whole. Secondly, a joint sub-committee was set up between the Community Care and Health Working Parties to enquire into their needs. The

main advantage of this sub-committee was that it brought together the Health and Social Work authorities to examine the 'elderlys' problems. This was of especial importance because of the conflict between the services in the East End which had characterised past relationships. (Interview S.D.A. February 1980).

Before examining what action has been or will be undertaken in the G.E.A.R. project relevant to the 'elderly' resulting from the recommendations of the working parties, the socio-economic situation of the 'elderly' in the G.E.A.R. area needs to be discussed. The findings of the G.E.A.R. General Household Survey (1978) undertaken by Strathclyde Regional Council and those of the working parties will now be examined in turn.

The G.E.A.R. Household Survey was based on a 10% sample of the area's population and is reasonably representative of that population. (Strathclyde Regional Council 1978) The Survey showed the proportion of 'elderly' and 'very elderly' to be higher in the G.E.A.R. area than in Glasgow District and Strathclyde Region. (See Table 7:1) In addition, there was found to be a much greater proportion of single pensioner households in the area than in the Region as a whole: 19% compared with 14%. The higher proportion of very 'elderly' and the high out-migration of younger people accounted for this discrepancy.

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Table 7:1 Proportion of 'elderly' in the G.E.A.R. area

%of Total Population	Retired -74	75+
Strathclyde Region (1976)	11	4
Glasgow District (1976)	12	5
G.E.A.R. area(1977/78)	14	6

Source: G.E.A.R. Household Survey (Strathclyde
Regional Council 1978)

The Survey found a high incidence of handicaps in the G.E.A.R. area generally; 30% of households with a member who is handicapped compared to 20% for the Region. Of those who were handicapped, 60% were over 60.

In examining income the Survey found that, of all the households in the G.E.A.R. area, 55% had incomes of less than £1,750 per annum compared with 39% in the Region. Of this, 60% were found to be pensioners. In the G.E.A.R. area, there is also a low take up of supplementary benefits by pensioners. (SDA 1979).

In housing, although there has been much redevelopment there is still a high proportion in the private rented sector lacking amenities: 14% compared with 8% in the Region. Many of the 'very elderly' because of the length of time they have resided in the area, remain in this tenure category.

Under the heading of transport, the survey found a high proportion of the population without a car: 84% compared with 61% in Strathclyde. It can be deduced that the high proportion of 'elderly' in the area has contributed to this low car ownership. In education 83% of adults in the G.E.A.R. area were found to have no formal school qualifications. It can be deduced that many of these adults were 'elderly'.

Finally, subjective questions were asked about the quality of the environment in the G.E.A.R. area. It was found that the main cause of general concern was 'crime and vandalism', with more than half of households citing this as a problem. As was pointed out in Chapter One, the 'elderly' are particularly prone to this problem. The greatest general need was found by the survey to be for shops, especially in the Inner area and Sandyhills. Considering the high concentrations of lone pensioners in these areas, this is a particularly important need to the 'elderly'.

The G.E.A.R. General Household Survey therefore has found the 'elderly' to be a very large group of deprived people, even more so than the average of 'elderly' in Strathclyde Region.

An examination of the conclusions of the working parties investigating service provision in the Project has shown gaps, and a lack of cooperation and coordination in services for the care of the 'elderly'. This is of particular significance when it is considered

that the G.E.A.R. General Household survey found that only 55% of all pensioner households and 58% of lone pensioner households have relations living nearby who were seen frequently. An examination of the working parties' findings for the services to the 'elderly' provided by Strathclyde Region Social Work Department, Voluntary agencies, the Greater Glasgow Health Board and Glasgow District Housing department will now follow.

Within the G.E.A.R. area, two area Social Work teams were found to operate. For the G.E.A.R. area alone only 13 social workers were found to be operating compared with the Government target of 20 for the population. The deficit is even greater when it is considered that this area has 85% more social problems than the rest of Glasgow (Strathclyde Regional Council Internal ^{/mimeo} 1978). The adverse implications this has for meeting the needs of the 'elderly' in the area can be deduced. The reason for the shortage of staff is the great difficulty of getting people to work in the area, because of its acute environmental and social problems. The working parties also found low levels of provision of residential and day care provision for the 'elderly'. In the latter case one of the explanations is the poor relationship between the Health Board and the Social Work Department.

In services provided by voluntary agencies there was a considerable deficit of provision, as city wide voluntary agencies were almost completely absent. For instance the Womens Royal Voluntary Service had a particularly low

provision of meals on wheels in the G.E.A.R. area with only eight people receiving meals in the inner area and none in the outer area. Gaps in services were found for mental health mental handicap, disability, counselling services and advice which are all particularly important to the 'elderly'.

In the Health services, there was a low provision for the specific needs of the 'elderly', both in institutional and community care provision. In particular there was found to be very little provision of geriatric care in hospitals, little day hospital provision and a very poor health visitor ratio.

Finally, examining housing, it was only in July 1976 that only sheltered housing was built in the G.E.A.R. area. The provision of sheltered housing was therefore found to be very poor. In addition, public housing allocation in the area was found to affect family care arrangements for the 'elderly' adversely, with the Housing Department being unsympathetic to their needs.

Arising from the recommendations of the Project working parties there has been no general plan built into the G.E.A.R. Project, dealing with the needs of the 'elderly'. Instead, they were the benefit from general social provision as well as specific projects dealing with their needs, with the main emphasis on capital provision. The capital expenditure on social provision and the specific projects being rather small compared with the investment

in industrial infrastructure housing and environmental improvement. This is illustrated in Table 7:2 by comparing the expenditure on Social Work and Health with that of the other services. However, considering the remit of the Project and the poor infrastructure in the East End this may not be surprising.

Table 7:2 G.E.A.R. Summary of Capital Commitments 1977/82
(£million at September 1979)

Participant	Estimated Total Cost of Projects
<u>Strathclyde Regional Council</u>	<u>27.29</u>
Social Work	1.13
Education	2.90
Police	2.46
Fire	0.60
Transport	17.20
Clyderail	3.00
<u>Glasgow District Council</u>	<u>54.76</u>
New housing	18.40
Rehab./Modernisation	29.24
Other	7.12
<u>S.S.H.A.</u>	
New housing	22.12
Rehab./Modernisation	17.00
Other	0.56
<u>Scottish Development Agency</u>	<u>39.00</u>
Land Assembly	3.00
Derelict Land Clearance	3.00
Environmental Improvements	7.00
Factor Building	22.00
Investment	4.00
<u>Housing Corporation</u>	<u>24.00</u>
<u>Greater Glasgow Health Board</u>	<u>3.40</u>
Total	<u>188.13</u>

Source: Scottish Development Agency (1980).

The main social provision which has been or will be provided relevant to the needs of the 'elderly' are concerned with protection: a new police station will be built; health: three health centres will be built; income support: two welfare rights officers have been appointed; transport: improvements in rail and bus services have been made in areas of transport difficulty, and shopping: corner shops will be provided in areas at present with no facilities. (S.D.A. 1980)

Related specifically to the care of old people there has been the upgrading of two wards and the construction of a new 20 bed geriatric unit at Belvedere Hospital, with a further construction of a 120 bed geriatric unit planned for the future. At Parkhead a day hospital is to be provided, while at Bridgeton an old people's home has been completed. Finally, there is a programme of sheltered housing built into the G.E.A.R. housing programme. (S.D.A. 1980)

The only project which has addressed the problems of meeting the varied needs of the 'elderly' within the G.E.A.R. area has been the Glasgow Council for Voluntary Services 'At Risk' project.

The G.C.V.S. became involved in the G.E.A.R. Project from the outset, having been encouraged by its emphasis on community involvement. The 'Elderly at Risk' project was conceived in the middle of 1977 following the relative success of the Elderly Visitation Scheme in

Dalmarnock. The application for funds to the Manpower Services Job Creation Scheme for four workers was supported by the Community Care working party. An Advisory Committee was then established to monitor and provide operational support for the project, consisting of representatives from the Housing Department, Social Work Department, the Health Authority and the G.C.V.S. itself. It was this Committee which made the decision to focus the project on Bridgeton and Parkhead.

The project had two aims. The first aim was to identify the 'elderly' at risk by examining existing sources of information and surveying the areas. The second aim was to identify and encourage the development of sources of help from within the community.

The project found many 'very elderly' to be alone and without family support and a register was gradually developed of the 'elderly' at risk. The 'elderly' with problems were referred to the appropriate statutory and voluntary agency. The project was also relatively successful in identifying volunteers, with 27 volunteers involved in visiting the 'elderly' at risk. (Minutes of Advisory Committee 1978/79).

In carrying out the project three main problems were found. The first problem was confidentiality. The Health authorities and Housing Department were unwilling to allow the G.C.V.S. full access to their files in the identification of 'elderly' living alone. Secondly, the

city based voluntary organisations, for instance the Womens' Royal Voluntary Services, Age Concern (West of Scotland), Old People's Welfare Committee and the Red Cross were found in many cases to be unable to respond to the demands placed on them by the needs of the 'elderly' uncovered by the survey. In addition as the G.C.V.S. was an intermediary voluntary body, this meant that its role was only to develop initiatives and leave some other voluntary organisation to carry them on. However, in the case of the 'At Risk' project no city based voluntary organisation was found able to carry it on, because of lack of resources and manpower. (Minutes of Advisory Committee 1978/79).

The third problem the 'At Risk' project faced, was that throughout its life it was hampered by the temporary nature of its funding. In its second year it managed to secure finance again from the Manpower Service Commission under the S.T.E.P. programme. However, when this funding came to an end in September 1979, the project had to be discontinued, there having been a freeze on the only other source of finance, urban aid. The other reason for the discontinuation of the project was the problems of the G.C.V.S.'s role in the project referred to above. At present, the Social Work Department who had previously given a commitment to continue the project, is hoping that an urban aid application will be successfully so that the project can continue. (Minutes of the Advisory Committee 1978/79).

Conclusion

The case study of the G.E.A.R. Project has shown the advantage of the area based approach in meeting the needs of the 'elderly'. It was found that the Project brought statutory and voluntary agencies together to focus on the problems of the area, and one of the problems found was the high level of deprivation among the 'elderly'. This led to attempts to alleviate their plight through general social provision and specific project^s. In addition, the G.C.V.S. with its 'At Risk' project was encouraged to identify the 'elderly' at risk and find out their varied needs in Bridgeton and Parkhead.

A consideration of how the Project could be made more effective in meeting the needs of the 'elderly' will now be attempted. The findings of the working parties described above and the problems encountered by the 'At Risk' project will form the basis for this analysis.

The proposed programme of social provision, and specific projects for care of old people for the G.E.A.R. Project will alleviate some of the problems of the 'elderly' in the area. However, as this programme is capital orientated it does not solve the problems of staff shortages in the Health and Social Services and the lack of services provided by city wide voluntary agencies to the area. These gaps in service provision can only be closed to any extent by extra finance allocated from the revenue budgets of the Health and Social Services. The present

public expenditure restraints has made these statutory agencies unwilling to provide the extra finance. This is because it would mean redistributing revenue resources from other areas. This points to weaknesses the S.D.A. has as coordinator, in fulfilling the remit of the G.E.A.R. Project for improving social conditions. The Project does not extend directly to revenue expenditure in the area and the S.D.A. has no influence over the spending of statutory agencies in the Project.

The public expenditure restraints are causing another problem in the Project. The statutory agencies taking part in the Project have been affected differently. While the capital spending of the S.D.A., Health authorities and the S.S.H.A. has remained intact, Glasgow District Council and Strathclyde Regional Council are finding difficulty in meeting their commitment in G.E.A.R. This is causing considerable imbalances in the Project, with social provision being adversely effected. An example of this is Glasgow Districts' Alternative housing strategy which has come about in response to the public expenditure restraints. One of its provisions is that less sheltered housing will be built in the G.E.A.R. area (G.D.C. 1979) Because the S.D.A. is only the Project coordinator, there is no way that it can switch capital expenditure between agencies to make up for imbalances of this kind.

The main problem of the 'Elderly At Risk'

project was that it was unable to develop into a fully fledged community care scheme because of its reliance on temporary funds. In the end, because of this problem, the project had to be discontinued as the Social Work Department was unsuccessful in its application for urban aid. As the S.D.A. is limited in its powers by the Scottish/^{Development}Agency Act 1975 to environmental improvement and industrial regeneration, it could not provide assistance to the project. Even although only £15000 a year at 1977 prices was needed. The Project has therefore shown up a gap in finance for community care projects, which need continuity of funds. Considering the high level of deprivation of the 'elderly' in the G.E.A.R. area this is a major weakness in social provision.

In conclusion, the G.E.A.R. Project can be improved by a strategy for the 'elderly' being built into it, instead of the present focus on specific projects which is justified by the high level of deprivation among the group and For it to be effective, the S.D.A. and the Governing Committee of the Project would have to be given a much greater financial control of both capital and revenue expenditure of the statutory agencies involved in G.E.A.R. The advantages of this would be that social provision, including community care projects, could be more adequately financed. This would present many difficulties including the need for a change in the legislation affecting the Scottish Development Agency, but it would help in fulfilling the social part of the remit for the G.E.A.R. Project. An alternative could be to allow Strathclyde Regional Council to take over the Project. However, in

doing this the G.E.A.R. Project may lose its special status and just become part of the Region's overall area-based deprivation strategy. The problem would still remain of how to strengthen the position of the Region as controller of the Project over the other statutory agencies.

The general conclusion from the case study for improvements in the area based approach, is that there is a need to build a general strategy for the 'elderly' into the approach in a way which is sensitive to their varied needs. This in turn points to the need to use extra resources from the revenue budgets as well as the capital budgets of the statutory agencies involved, if improvements in social welfare are to be made.

CONCLUSION

The dissertation has made a planning study of the 'elderly'. In effect a study has been made of the largest group of deprived people in Britain. It differs from previous deprivation studies in that it has moved away from a spatial perspective on deprivation, as exemplified in the works of Holtermann (1975) and Knox (1975). The study instead took an aspatial perspective and examined the socio-economic position of a large social minority, which was increasing in both absolute and relative terms, and analysed the planning implications. In doing this, the dissertation has attempted to take an overall view of the problems of the 'elderly' examining their socio-economic characteristics, their income sources and service provision. It is therefore different from other studies of the 'elderly' which have only concentrated on particular aspects of their deprivation, for example Bosanquet (1975) and Bebbington (1979) examined services only, while Townsend (1979) and Walker (1980) focussed principally on income.

Throughout the dissertation need has been used in the normative sense favouring the concept of 'relative need' as opposed to 'felt need'. This was because ^{of} weakness inherent in the concept ^{/es} of 'felt need'. In the first place 'felt need' has been found an unsatisfactory method of measuring welfare shortfall since it is critically influenced by knowledge and expectations of service delivery. (Bebbington 1979). Secondly, as was

shown in Chapter Two, the biographical experiences of many of the 'elderly', have led to particular weaknesses in the concept of 'felt need' as applied to this group. This has meant that on subjective social indicators the 'elderly' were found to be the most satisfied group in society with their 'quality of life' while on objective social indicators they were the most deprived.

Before the conclusions are presented, the findings of the dissertation will be outlined. The 'elderly' are a difficult group to define. The only thing they have in common is their stage in the life cycle as they vary in their physical and mental well being and in their socio-economic characteristics. The 'elderly', especially the 'very elderly', are increasing in absolute and relative terms. At the same time, due to demographic and social factors they are increasingly being alienated from 'the family' and society.

An analysis based on objective social indicators of income, health, housing, mobility and education found the 'elderly' to be relatively deprived, particularly the vulnerable sub-groups of 'elderly', i.e. 'elderly' living alone, 'elderly' disabled and 'elderly' living with other 'elderly', most of whom are very elderly. Spatial concentrations of the 'elderly' were found in depressed regions, the 'inner city', remote rural areas and in seaside resorts. In all but the seaside resorts the 'elderly' were more deprived relative to the 'elderly' in general.

The 'elderly' depend heavily on State income support. This is because many are excluded from employment by compulsory retirement from their full time jobs. Many who prefer to remain employed are unable to get other jobs because none are available or they lack the necessary skills. Another reason, is that many have limited assets and these tend to be eaten away by inflation. This leads to many 'elderly' becoming poorer as they age. Because State income support is low many 'elderly' are in poverty and will remain so in the future, as further increases in pension will be limited by restraints on public expenditure. The earnings related pension scheme which will be in full operation in 1998, may alleviate some of the poverty among the 'elderly'. It is important to note that the 'elderly' are politically weak, in trying to improve their income position despite the work of voluntary pressure groups.

Services specific to the 'elderly' in Housing, the Social Services and the Health services have expanded in recent years in line with increases in public expenditure. However, the provision of these services has been constrained by an institutional bias against the 'elderly', the traditional attitude to the 'elderly' viewing their problems in terms of infirmity rather than rehabilitation and poor planning mechanisms. These factors have contributed to chronic shortages of suitable accommodation for the 'elderly' and a limited provision of community services. Lack of finance caused by public

expenditure restraints means that these shortages will continue.

The findings of the study of the 'elderly' as outlined were found to have important implications for the planning discipline, in social welfare and strategic terms. The improved forward planning of services to the 'elderly' were important to planning in its policy planning role and in sharpening the planner's main instrument for tackling deprivation, the area based approach.

An analysis of forward planning of services to the 'elderly' was made at the national, regional and local levels in order to find ways of making services to the 'elderly' more effective. However, before beginning this analysis, Glasgow was used as an example illustrating the large number of statutory and voluntary agencies involved in service provision to the 'elderly'. The limitations of cooperation between statutory and voluntary agencies providing services to the 'elderly' were then outlined with reference to Glasgow and one important finding was the tendency for the State to see the voluntary sector as a soft option for cuts in public expenditure. Because of the dependence of many voluntary agencies supplying services to the 'elderly' on State finance, any cuts in public expenditure would prove detrimental to the 'elderly'.

At the national level it is only possible to plan in general terms for the 'elderly'. It was found easier to formulate and implement a social policy for a client group, like the 'elderly' than for the population as a whole. Indeed a White Paper outlining a general strategy on the 'elderly' will be published later this year. The Government may find difficulty in implementing this strategy because of its policy of local autonomy. This means it can only advise local authorities and this advice could be ignored particularly in an era of public expenditure restraint. However, the strategy will be important in making local authorities more aware of the problems of the 'elderly'.

At the regional level, it is again only possible to plan in general terms for the 'elderly'. In Scotland, the primary tier of local government operates at this level, and Strathclyde Region was used as an example, illustrating ways in which the planning of services to the 'elderly' could be improved. It was recommended that a policy to the 'elderly' be built into the Region's corporate strategy. This would have the advantage of alleviating deprivation which was a principal aim of the corporate strategy outlined in the Regional Report (Strathclyde Regional Council 1976). In England no primary tier of local government exists at the regional level. However the Government is regionally organised and it was found using the work of Norris (1978), that a closer relationship between this level of Government and

the Regional Health Authorities could lead to the improved planning of health centres.

At the local level, it is possible to bring both statutory and voluntary agencies to plan more sensitively for the needs of the 'elderly'. Initiatives within three purposely selected local authorities, Glasgow District, Central Region and Stockport Metropolitan District, were examined, in order to see how services to the 'elderly' could be better planned. There were three main findings. In the first place, there was found to be potential in community care projects operated by voluntary agencies for identifying and looking after the 'elderly at risk' and local authorities should maintain a continuity of finance to them. Secondly, there was found to be a need for a policy to the 'elderly' to be built into a local authority's corporate strategy, in particular, to plan their accommodation. Finally, there was a need for a community orientation to this policy, bringing together all the statutory and voluntary agencies with an interest in the 'elderly' to identify and plan for the varied needs of the 'elderly'. In the four Scottish city District local authorities the absence of control of the personal services was seen as a disadvantage in the forward planning of services to the 'elderly'. An alternative to a fully fledged policy for the 'elderly' was proposed by social workers in Strathclyde was the provision of resource centres to the 'elderly'. However, the public expenditure restraints

were seen as a major barrier to the introduction of such centres.

Finally, the effectiveness of the area based approach to deprivation was examined using the case study of the Glasgow Eastern Area Renewal Project. In this area the 'elderly' are concentrated in large numbers and are very deprived. The G.E.A.R. Project was found to be particularly limited in meeting the needs of the 'elderly' because of its administrative structure and its orientation towards capital spending. This has led to the continuation of a large deficit in community service provision in health and social services and the abandonment of the Bridgeton/Parkhead 'At Risk' project, because of the Project's inability to provide extra revenue finance. It was concluded that if this gap in expenditure could be met, improvements could be made in identifying and meeting the needs of the 'elderly' in the area. This finding is also applicable to other area based approaches to deprivation.

It can be concluded that even if forward planning of services to the 'elderly' is improved the socio-economic position of the group will be changed only marginally. This is because the social and economic conditions of the 'elderly' are deeply rooted in the prevailing social and economic structures and values. In the dissertation this was found in their societal alienation, their poor command over income resources, the institutional bias in services against them and the lack of political

will by society to change their position. It can only be by changing these structures and values that the 'elderly's' societal position will be fundamentally changed.

The fact that the problems the 'elderly' have are common not only to Britain, but other Western societies and State Socialist countries as well (Hobham 1978, Walker 1980), points to similar inadequacies in both systems of distribution in meeting the needs of the 'elderly'. This is because both societies are based on a high specialised division of labour, using complex organisations for the accomplishment of tasks, and inert energy and high levels of science and technology (Simmie 1979). This form of society tends to favour the young, the alert and active in contrast to the favourable status based on age and experience which is conferred in some traditional societies.

In Britain, given the political will progress can be made in changing and economic and social conditions of the 'elderly', with the aim of seeing the problem of the 'elderly' as natural to the life cycle and not as a social problem. In the first place, people could be made more aware of the reasons for the inequality of the 'elderly'. This may reduce the institutional bias against them. Secondly, if overall unemployment was decreased, this would be a justification for the abolition of compulsory retirement which the State so rigidly adheres to. Thirdly, the chronic shortage of accommodation and

community services to the 'elderly', and poverty among the 'elderly' could be reduced through increased public expenditure. Finally, greater community involvement could be encouraged throughout the country because of its advantages in looking after the 'elderly' at risk.

If this plan of action is not implemented the socio-economic conditions of the 'elderly' especially those in the vulnerable category will only worsen as: the numbers of 'elderly', especially 'very elderly', increase both absolutely and relatively; unemployment continues to increase which will in turn lead to greater pressures for earlier compulsory retirement; public expenditure restraints continue to prevent increased State income support and services to the 'elderly' threatening the voluntary sector in particular; and the high inflation rates continues to eat away at the limited income and assets of the 'elderly'.

(c 35,000 words)

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