

## Old Age in Northern Ireland— A Study of the Elderly in a Sea-side Town

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NORTHERN IRELAND'S social policy is governed by the principle of parity with Britain. This means that British measures of social welfare are usually adopted in Northern Ireland. There are often administrative modifications, but there is usually no systematic attempt to discover whether the measures suit the social characteristics of the Northern Irish people. Services for the aged exemplify this situation. Northern Ireland has an extensive range of social services for the elderly, based on the British model, but there has been little research into the social characteristics of the aged in Northern Ireland.<sup>1</sup> A good deal is known about the aged in Britain<sup>2</sup>, but we do not know whether the British findings hold good for Northern Ireland. British studies have shown, for instance, that most elderly people live in close contact with their families and are well cared for by them; but that there is a minority who live in isolation, deprived of meaningful social contact and with no one to turn to in time of trouble. British studies have also shown a fairly high incidence of anomia among the elderly, that is, the disorientation and lack of purpose which results from lack of social intercourse. Many of the services for the elderly in Britain are designed to off-set these factors. We do not know whether the elderly in Northern Ireland suffer the same characteristics, or if they do, whether they suffer from them to the same extent. Families in Northern Ireland are large, and the extended family is a functioning unit for many purposes. The very smallness of the province and the ease of communications help to keep families together. The social life of the elderly in Northern Ireland may

1. Apart from medical studies, there are only two published studies of the elderly in Northern Ireland, *Old People in Northern Ireland*, by G. F. Adams and E. A. Cheeseman, published by the Northern Ireland Hospitals Authority, 1951, and *Growing Old in Common Lodgings*, by E. M. Sargaison, published by the Nuffield Provincial Hospitals Trust, 1954.

2. See, for instance, E. Shanas, P. Townsend and others, *Old People in Three Industrial Societies*, London, 1968; P. Townsend and D. Wedderburn, *The Aged in the Welfare State*, London, 1965; and J. Tunstall, *Old and Alone*, London, 1966.

produce smaller minorities of isolated and anomic old people than are found in Britain, and the pattern of family care may be different.

Moreover, a body of theory is developing about the process of ageing in modern society generally. American sociologists have developed the disengagement theory, which suggests that elderly people withdraw from their social roles into a personal, inner world, until they cease to have an effective part in society at all.<sup>3</sup> British studies throw some doubt on this theory; they suggest that, while elderly people tend to withdraw from their "public" roles, they intensify their social participation within their own families and are linked to the wider society through an active family life. We do not know whether the disengagement theory, in any of its forms, holds good in Northern Ireland.

To try to fill the gap in our knowledge, the Northern Ireland Association for Mental Health and the Northern Ireland Council of Social Service sponsored a small enquiry into the circumstances of the elderly in a sea-side town near Belfast. The present article is the outcome of this enquiry. The enquiry was a modest one, based on structured interviews with 113 elderly people whose names were drawn from the Electoral Register by a two-stage sampling process. It covered men aged 65 and over and women aged 60 and over, except those living in residential establishments. Although the sample was small, and although the Electoral Register has weaknesses as a sampling frame, in age, sex, marital status and the proportion living alone the 113 people closely matched the elderly population of the town as shown in the 1966 Census; any discrepancies were well within the limits of sampling error. Some of the distributions within the sample were small, but a number of general characteristics emerged which enabled us to build up a reasonably reliable picture of the social life of the elderly in this small town. The picture may also offer some guidance to the circumstances of the elderly in Northern Ireland as a whole.

It should be noted that the views expressed here do not necessarily reflect those of the sponsoring bodies. Also, one of the authors, M. McKeown, who prepared and conducted the enquiry, did not participate in writing the report.

### SEATOWN AND ITS ELDERLY PEOPLE

The enquiry was conducted in a small seaside town about twelve miles from Belfast. We will call it Seatown. The town is a well-known holiday resort, but it is also a dormitory area for Belfast and it has recently become a growing town with industries of its own. It is a popular residential area for retired people. It has a lively borough council, which takes an active interest in the welfare of the residents and in the development of the town.

At the 1966 Census, Seatown had a population of just under 27,000. Approximately 20 per cent fell into our category of "elderly", and nearly a third of these

3. See E. Cumming and W. E. Henry, *Growing Old*, New York, 1961, and E. Rosenmayr and E. Kockeis, "Propositions for a Sociological Theory of Ageing and the Family", *International Social Science Journal*, 1963, No. 3.

were "very old", that is aged 75 or over. Elderly women were more than twice as numerous as elderly men.

Seatown is not typical of Northern Ireland, either in its general characteristics or in its population structure. It is a fairly prosperous town, as its rateable value shows, and it is largely a middle-class town.

*Rateable Value per Head of Population, 1966*

<i>Area</i>	<i>Rateable Value</i> £
Northern Ireland (average for the whole province)	10.7
Seatown	14.1
Belfast	15.1
*Ballymena	8.4
*Carrickfergus	12.1
*Portadown	10.9

\*Three towns chosen at random

(1966 Census, General Report)

In 1966, Seatown had a disproportionate number of elderly people in its population (20 per cent, compared with 13 per cent in the province as a whole), and the excess of elderly women was particularly marked. The difference was not merely a reflection of differences between town and country. In Belfast and three towns chosen at random, Ballymena, Carrickfergus and Portadown, the elderly populations ranged from 10 per cent to 15 per cent, and the proportions of "very old" people were also lower than in Seatown. Moreover, it is well-known that many of the Seatown elderly are newcomers who moved to Seatown from other parts of the province on retirement. These differences were of some significance in the enquiry. They suggested that the problems of elderly people might be magnified in Seatown, as compared with other parts of Northern Ireland, but they also suggested that some problems might be offset by the relative prosperity of the town.

As already stated, the 1966 Census showed that a large proportion of the elderly were "very old" and women greatly outnumbered men. It also showed that just under half the elderly were married, a third were widowed, a fifth were single and a tiny minority were separated or divorced. There was an important difference between men and women, however. More women than men lacked a spouse, whether by widowhood or by being single; a little over a third of the women were married, compared with three-quarters of the men.

The initial impression received during the enquiry was one of solid domestic comfort. Nearly all the respondents were well housed. The majority lived in detached or semi-detached houses, and only a tiny minority were in flats or bed-sittingrooms. The majority were owner-occupiers or were living with relatives who were owner-occupiers. Nearly all the houses were in a reasonable condition

of repair, and nearly half were judged to be in excellent condition. Most of the respondents lived in ordinary family houses, and there was little evidence of cramped or dilapidated quarters. Their living conditions, and the fact that only a fifth of them were living in rented terraced houses, suggests that they were mainly middle-class people in comfortable financial circumstances.

Four-fifths of the respondents were *not* living alone. Most of them were living with close relatives, mainly their spouse, children or siblings. As we should expect from their differing marital characteristics, men were more likely than women to be living with their spouse, and women were more likely than men to be living alone or as widows with their children.

A fifth of the elderly lived alone. A distressing but not unexpected finding was that people aged 75 and over were more liable to live alone than people under 75. The number of respondents in the sample who were living alone was small for reliable analysis, but it is interesting to note that nearly all were women and three-quarters were widows. This suggests that one-person households come into being mainly through women being widowed. It is also interesting to note that the peak age for living alone was 80 to 84.

More than half the respondents had lived in Seatown all or most of their lives.

The rest had moved there since retirement. We had expected that movement to Seatown in old age would tend to cut people off from their families and increase their likelihood of living alone. But the evidence suggested the contrary. There was some indication that people who moved to Seatown in old age were more likely to be living with their children than long-term residents in the area, thus suggesting that some people move to Seatown in old age to join sons and daughters who already live there.

**SOCIAL INTEGRATION**

#### *Social Contacts within the Home*

Studies of the elderly in other countries show that their main social contacts are with their relatives, especially their children; the general level of contact of the elderly appears to depend greatly on the number and whereabouts of their children. So we examined the family circumstances of the respondents and their contacts with their relatives, especially their children. It became clear that most of these contacts took place within the home, either the home of the old person himself or that of his relatives. We also examined other forms of social contact within the home, excluding contact by correspondence and telephone.

We have already seen that just under half the respondents had a living spouse. Over three-quarters had siblings and over two-thirds had children. Over half had at least two children, and nearly a fifth had four children or more. They were, therefore, well endowed with children and other relatives. Of the childless people, a surprisingly large proportion were widows, who were thus doubly deprived. Of the people with children, the vast majority had at least one child living in Northern Ireland, and nearly three-quarters had a child living within a few miles

of them. A small minority, however, had no child within the British Isles; this was not confined to small families. The four children of one couple, for instance, were distributed between the U.S.A., Canada and Australia, and the two children of another couple were in Canada and the Solomon Islands. There appeared to be a family pattern of emigration which, despite the large proportion of old people with children, tended to leave some elderly people with little face-to-face contact with any of their children.

The general pattern, however, was one of close and active contact with children and other relatives. Over two-thirds of the respondents actually lived with close relatives of one kind or another. Nearly half lived with a spouse, a quarter lived with one or more of their children, and a small minority lived with siblings. A surprisingly large number lived in joint households with their spouse, married children and grandchildren; about an eighth of all the respondents lived in this way. If the analysis is confined to respondents who had children, two-fifths lived with one or more of their children. There was, therefore, a close tie between the elderly people of Seatown and their children. Only a small number lived with siblings, but most of the single people who had siblings lived with one of them. Thus, the majority of the respondents had continuous social contact with at least one close relative by sharing a household with him or her.

Most of those who did not share a household with children or siblings maintained close contact with them by active family visiting. Of the people who had children but did not live with them, two-thirds saw a child at least weekly, including a considerable number who saw a child daily. Of the people who had siblings but did not live with one, a third saw a sibling at least weekly and half saw one at least monthly.

The elderly people of Seatown were far from neglected by their children. Of all our respondents who had children (including those who lived with a child), three-quarters saw one or more of their children at least weekly, and half saw a child daily. A small minority saw a child less often than once a year, but in all these cases there was no child living in the Seatown area. Moreover, of the people living alone who had children, half saw a child weekly, and in the other cases the children were mostly overseas.

Thus, most of our respondents were able to maintain an active and continuous association with close relatives. This was made possible by the large number of relatives who lived in the area and by the fairly frequent habit of living with a married son or daughter, as well as by the active family visiting. Only a small minority of people lacked contact with close relatives.

This was not the only kind of social contact that the elderly experienced in the home. Many were visited by other, more distant relatives and by friends and neighbours, and some received visits from professional people and welfare workers whose presence must have afforded some informal social intercourse. Two-fifths were visited daily by a friend or neighbour or distant relative, and well over three-quarters received such a visit at least weekly. Nearly half had received at least one visit from a clergyman; doctor; home help or similar "official visitor" during

the month preceding the enquiry. The clergy stood out as far the most active of the official visitors. Welfare workers, whether professional or voluntary, played only a small part in the pattern of visiting.

The degree of social contact that the elderly maintained within the home was, therefore, extensive, and even people living alone were less isolated than we might expect. This social contact was overwhelmingly familial. It was the outcome of an active family life, not an artificial phenomenon brought about by welfare organisations.

#### *Social Contacts Outside the Home*

A rather different picture emerged of social contact outside the home. There were four main sources of contact: employment, clubs, holidays and church-going. But church-going was the only form of contact which attracted a considerable number of the elderly and also offered them extra-familial activities.

Only a tiny minority of the respondents were still engaged in gainful employment, and these were mainly people who owned their own businesses. About a quarter went regularly to clubs. The type of club they patronised varied widely, including church clubs, the British Legion, sports clubs and card clubs. A few went to clubs specifically for old people. Holidays played an important part in their lives. Half the respondents had taken a holiday during the year before the enquiry. But nearly all spent their holidays with relatives, and it was family contacts that holidays fostered, not extra-familial contacts. Most of the elderly were regular church-goers, however. Three-quarters went to church at least weekly, and some went more often. We did not investigate the actual contacts that church-going produced, but the churches are key institutions in Northern Ireland and church-going must involve a number of contacts outside the family circle, especially for Protestants, whose church activities include a good deal of social participation. Moreover, participation in communal worship in any form is a social act and it denotes a degree of social integration.

None of the respondents engaged in political activities, and very few undertook any kind of public service or voluntary social work. Apart from church-going, social activities outside the home were minimal, and even those in which the respondents did engage gave them few active rôles. It was clear that their social life was essentially "private", and consisted mainly of their active social intercourse within the home.

Most of the respondents were satisfied with this situation. Asked whether they missed anything since leaving work; half said they missed nothing, and none had missed "the feeling of being useful". One old gentleman said he wanted nothing in life except to be with his children and grandchildren; watching his grandchildren grow up gave him a complete sense of fulfilment. Most of the elderly found complete satisfaction in the family-based rôles of domestic life. There was a minority, however, who expressed a vague sense of frustration, suggesting that they hankered after a wider social life. This minority will be discussed later.

### *Social Contact Score*

To measure the level of social contact that the elderly experienced we used a social contact score. The scoring system was a modified version of that used by Jeremy Tunstall in *Old and Alone*.<sup>4</sup> Any scoring system is crude, as it takes no account of the purpose of the contacts or their emotional depth. Moreover, our scoring system was essentially comparative. It showed that some people had a higher social contact level than others, but there was no absolute standard of social contact that could be used as a measuring rod. Nevertheless, it provided a rough guide to the level of social participation achieved and its distribution between different groups.

The scores achieved by the respondents ranged from  $\frac{1}{2}$  to just under 100. The majority fell between 10 and 40. We found that certain scoring levels coincided with real differences in the incidence of social characteristics, and we grouped the scores into the corresponding intervals, 0 to 10, 11 to 15, 16 to 40, and 41 and over. We called these, respectively, low contact, moderate contact, high contact and very high contact.

Two-thirds of the respondents fell into the high contact group and a small proportion into the very high contact group. The high and very high contact groups together accounted for three-quarters of all the respondents. The remaining respondents were divided equally between the moderate contact group and the low contact group. Married people fared best; nearly all of them fell into the high or very high group. People who lived in households with others, as we should expect from the scoring system, were more likely to achieve high scores than people who lived alone. But a remarkable feature was the considerable proportion of people living alone who achieved a high or very high contact level; two-fifths of the people living alone had high or very high contact. People aged 75 and over tended to have lower levels of contact than people under 75, and they were more liable to fall into the bottom group. But it would be wrong to think of these older people as having a predominantly low contact level; two-thirds of them had high or very high contact.

In general, people who fell into the top group were people who lived amid a large number of kin who functioned as a modified extended family. One man of 87 for instance, lived with his wife, unmarried daughter, married son and daughter-in-law and their children, and he had five other children and nine other grandchildren in Seatown. He saw a large proportion of these relatives daily. One of the women living alone had similar circumstances. She said her relatives were "in and

4. Seven points were given for each member of the respondent's household, between one quarter and one point for each child seen during the previous month (other than a child living with him), and so on. The results are not directly comparable with Tunstall's, because of the modifications introduced. In particular, we used a more stringent interpretation of isolation. But the system resembles Tunstall's in giving the greatest number of points for members of the respondent's household, so that, to a considerable extent, the scores reflect household composition. Our enquiries suggested that living with other people tended to multiply contacts; so we think that weighting the scoring system in this way is justified.

out of her house all the time", and she described herself as "not bothering with anyone except my family".

People in the next group, the high contact group, tended to be those living in large households or people who had many visitors. The group also contained a few people with numerous "public" activities. Typical of this group was a widow in her middle sixties, who lived with her daughter, son-in-law and grandchildren; she often saw another daughter and a brother in her son-in-law's home, but she had no activities outside the home except church-going. A different type of case was a widow in her eighties who lived alone, and whose three children and thirteen siblings were all dead. She was visited daily both by a niece and a neighbour, and weekly by the niece's husband and children, and she had taken a holiday during the year. An unusual case was a middle-class widow in her late sixties, who was also childless and lived alone; she maintained a wide range of contacts by working part-time for a voluntary welfare organisation.

People in the moderate contact group tended to be living in two (or sometimes three) person households, who had few relatives or friends in Seatown and who did not engage in activities outside the home. In some ways, these were the people most to be pitied. They were not superficially unhappy, but their social lives were limited, and most of them were faced with the prospect of being left completely alone when one of the partners died. One example was a childless widow in her eighties who had a lodger. She saw a neighbour regularly and a sister intermittently, but her only activity outside the home was church-going. Another example was a married woman in her sixties who was looking after her father aged 92, with whom she and her husband lived. They had no children, and their only sibling was in New Zealand. They had no visitors, and their only activity outside the home was church-going.

People in the bottom group, the low contact group, tended to be very elderly people living alone, but the group also included a few people not living alone whose circumstances tied them to the house. Typical of this group was a childless widow of 80 living alone, who saw a sister, nephew and niece twice a week and the nephew's children once a fortnight. She had a home help and she went to church regularly, but she had no other contacts. Less typical was a single woman without relatives in Seatown, who lived as a companion to another, very elderly woman. She had no visitors of her own, and she was tied to the house by the invalidity of the other woman.

Most of the people in the low contact group could not be regarded as isolated. Their social life was narrowly based, but they had a few relatives or friends whom they saw fairly frequently. But the group did contain a small number of people who could be classed as isolated.

#### *Social isolation*

Social isolation is an imprecise concept. It can have a psychological or a sociological connotation, and there are no agreed criteria for measuring it.

In its psychological sense, it usually implies diminished opportunity for social



interaction in which the personality is genuinely involved. This is likely to have adverse effects on personality development and on the individual's sense of fulfilment. Some people define this kind of isolation as lack of membership of primary groups. If isolation is interpreted in the psychological sense, a number of people in both the low contact and moderate contact groups probably experienced some degree of isolation. Their role relationships were limited and some of their contacts seemed fairly perfunctory. But we lacked means of measuring this kind of isolation. We can only suggest that a small number of people experienced it, and that it was not confined to those who lived alone.

In its sociological sense, isolation implies that people are cut off from the main structure of society, either individually or as a group, so that they hardly participate in the processes which keep the main body of society in being. If isolation is interpreted in this structural sense, the evidence suggests that the elderly people of Seatown as a whole were isolated. Their social life was confined almost entirely to the home and family and they had virtually no direct links with the wider society. An assessment of this form of isolation calls for a more detailed examination of their social roles, however, and of the whole structure of social life in Northern Ireland.

In the absence of a satisfactory definition of social isolation, we came to the conclusion that the five respondents with the lowest social contact scores, ranging from  $\frac{1}{2}$  to 5, might be regarded as isolated. They constituted just under 5 per cent of the sample. We classed them as isolated because their social contacts were infrequent and limited, so that they were liable to be deprived of true social participation. But it was difficult to regard even this group as fully isolated. All lived alone and all were either single or widowed. Two had married children in Seatown, but saw them seldom; they did not see many other visitors, and they had no activities outside the home. The other three were childless and they had no relatives in Northern Ireland. One was an invalid. Two of them, including the invalid, were visited weekly by one friend and monthly by another, and the invalid received regular visits from her minister and her doctor. Only the fifth respondent, a single man in his seventies whose only relative was in Canada, had no visitors or friends, though he saw a neighbour several times a week. His main occupations were reading, radio and television. He was neither lonely nor unhappy. In fact, only one of the five admitted to loneliness. Thus, even these five people, with one exception, were not completely cut off from relatives or friends and they all had someone to turn to in time of trouble.

### Loneliness

Loneliness can be distinguished from isolation. It has been described as a subjective experience, a sense of "feeling lonely".

The most remarkable feature of loneliness among our respondents was the number and variety of people who were *not* lonely. Nearly all the respondents denied feeling more than occasional loneliness; this held good for people with

5. J. Tunstall, *op. cit.*

low or moderate social contact, as well as those in the higher contact groups. Only a tenth of the respondents said they were often lonely. The number of lonely people was small for reliable analysis, but it included several who were deaf or mentally confused, two with sick husbands (in one case, so sick as to be "no company now"), and two who were not lonely in a generalised sense but for particular people who were dead or overseas. Several of the lonely people had very high social contact.

Contrary to general belief, therefore, we did not find loneliness to be a common characteristic of the elderly. Nor was it necessarily associated with isolation. Though our numbers were small, there was some indication that loneliness was the outcome of inability to communicate with other people, especially people who were loved; this could operate independently of the contact level, as in the case of the deaf. *Anomia* is a psycho-sociological term used to denote a state of normlessness, disorientation and loss of purpose; it is thought to stem from lack of social integration. Highly anomic people may feel invisible or dead; mildly anomic ones may feel unhappy and cut off from society. The incidence of anomia in a group of people is regarded as a guide to their degree of social integration.

To assess the incidence of anomia among the elderly of Seatown we used the test developed by Srole in the U.S.A. and used by Tunstall in Britain.<sup>6</sup> The results were puzzling. Only a small proportion of people were clearly anomic, but if these are grouped with the people who showed some signs of anomia, over half the respondents were anomic in some degree. Anomia was not confined to people with low contact; nor were any of the isolated people fully anomic. Anomia was a fairly widespread characteristic, found among many types of people.

It is difficult to interpret these findings. We do not believe that half the elderly people of Seatown were disorientated or unhappy, and we know that they were not all cut off from social intercourse. We are inclined to think that the widespread anomia reflected the segregation of the elderly. We think it suggested, not normlessness, but the maintenance of values and habits developed in earlier years, which tended to diverge from those of modern society. This would be in keeping with the home-centred lives of the elderly, as the home tends to preserve traditional attitudes. The results of the anomia test, therefore, tend to confirm our impression that the elderly were a separate segment of society, isolated from the main body.

6. The anomia test consisted of obtaining each respondent's agreement or disagreement with each of five statements, such as "In spite of what people say, the life of the ordinary person is getting worse, not better", and "These days, a person doesn't really know on whom he can rely". Positive answers scored one point. The maximum possible score for each respondent was five. Respondents scoring four or five points were regarded as anomic; those scoring two or three were regarded as showing some signs of anomia; and those scoring one or less were regarded as non-anomic.

*Social integration: some interim conclusions*

It is clear that the elderly of Seatown enjoyed a high level of social participation. But this was largely "private", in the sense of being confined to the home and family. Their social integration was mainly integration in the life of the family, and they had few social links outside the home. Their most significant social activity outside the home was church-going.

Serious personal isolation was rare. Our sample did contain a small proportion of isolated people, and this could indicate a considerable number in the real population. But it would be wrong to over-emphasise personal isolation. Living alone did not necessarily make people isolated, and even people classed as isolated were not completely neglected or devoid of social contact. More significant, perhaps, was the position of the elderly as a whole. They appeared to be a structurally isolated segment of society, whose social links were almost entirely with their own families. This raises important theoretical questions, which will be discussed later.

*SOCIAL SERVICES AND SOCIAL NEEDS**Financial circumstances*

First impressions suggested that the elderly of Seatown were mainly prosperous people, in comfortable financial circumstances. But this impression was misleading. It is notoriously difficult to obtain precise particulars of income, and we did not attempt this. Instead, we discovered the *form* of each respondent's income (statutory retirement pension, private pension, supplementary benefit, and so on), and this gave us a rough guide to his financial position. We then modified this rough assessment by examining his reply to a question about the adequacy of government help to the elderly (a question which often elicited information about the respondent's own financial circumstances), and we also took into account any other relevant information we possessed, such as the type of holiday the respondent had taken. This combination of information enabled us to classify the respondents into three groups, those with a low income level, those with a modest income level, and those with a comfortable or very comfortable income level. The low income level corresponded roughly to supplementary benefit level or a little above it; people in this group relied mainly on statutory retirement pension, with or without supplementary benefit. The modest income group contained people whose income appeared to be higher than this but not more than £20 a week; they were mainly people who had some form of superannuation in addition to statutory retirement benefit, often supplemented by private savings. The top group contained people whose incomes appeared to be at least £20 a week and were often more. As far as we could judge, these were people with considerable income from investments, often combined with pensions. This method of classification was crude, but it provided a rough guide to the financial circumstances of the group as a whole.

More than two-fifths of the elderly fell into the low income group, and about

the same proportion had modest incomes. The remainder, less than a fifth of the total, had comfortable or very comfortable incomes. Nearly everyone received statutory retirement pension. Nearly a third relied almost entirely on it, and nearly a quarter relied on statutory retirement pension and supplementary benefit. About two-fifths received both statutory retirement pension and some other form of superannuation. The level of personal income was much lower than we had expected.<sup>7</sup>

But figures of personal income were misleading. Nearly all the respondents in the low income group who were not receiving supplementary benefit were living in households with other people, usually their married children, and they were mostly sharing a standard of living higher than their personal income implied. They were, in fact, being subsidised by their children. This left only about a quarter of the respondents who could be regarded as genuinely poor, that is, whose low incomes were not off-set by advantageous social circumstances.

But even the genuinely poor managed to maintain a standard of modest comfort. They may have been getting unacknowledged help from their families, but we had the impression that their comfort was, due to habits of contented frugality inherited from the lean pre-war days in Northern Ireland. One widow living alone, whose total income was under £6 a week, said: "I'm satisfied with what I get. It leaves me enough to work on". The poor did not seem conscious of their poverty. Those who said the government should give more financial help to the elderly (and many said this) were mainly people in comfortable circumstances, who were thinking of pensioners less well placed than themselves.

The air of comfortable prosperity which marked our elderly respondents, therefore, disguised a good deal of financial stringency. But this was not felt as a hardship, and for many it was mitigated by living with their children, a fact which further emphasises the importance of the family in the lives of the elderly people of Seatown.

### *Pastimes*

As few of the elderly were in paid employment, pastimes were particularly important. Nearly all engaged in pastimes of one kind or another. But their pastimes were overwhelmingly domestic. They consisted mainly of listening to radio, watching television, and doing gardening and needlework. Activities outside the home, such as theatre-going and golf, were rare, as were also creative hobbies such as photography and carpentry. In fact, the elderly tended to make hobbies of the ordinary activities of home life.

A narrow range of interests may be a normal characteristic of old age. It may also reflect a lifetime lack of wider interests. But the fact that nearly all the

7. Although our method of assessing personal income was crude, there can be little doubt about the large proportion of people in the low income group. All these people received supplementary benefit or else their personal incomes consisted entirely, or almost entirely, of statutory retirement pension, so that there is a firm criterion of assessment.

respondents' pastimes were inexpensive suggests that financial stringency was at least partly responsible for the narrowness of their interests.

As stated earlier, most of the respondents were satisfied with their home-based lives. But a quarter of them expressed interest in taking up paid employment. Desire for employment was expressed mainly by the men, particularly by those living in two-person households, and somewhat surprisingly it was expressed mainly by men with good incomes who showed little sign of anomia. It was not associated with poverty or loneliness, and it was by no means confined to the younger retired people. We are forced to the conclusion that desire for employment was a genuine expression of ennui by a minority of "unwilling disengagers", that is, by men whose retirement from work had been an enforced compliance with social norms, and who did not find meaningful social roles in the activities of the home.<sup>8</sup>

#### *Use of the social services*

The elderly showed a marked ambivalence towards the social services. Nearly all drew national insurance retirement pension, and they showed no reluctance to do so. A quarter drew supplementary benefit, and many others said they would do so if they were in need. Practically all were registered with a general practitioner under the National Health Service, and two-thirds had seen their general practitioner during the previous year. But they made little use of the other services. In fact, a fifth of them had used no services at all during the previous year, except national insurance. Moreover, there was some evidence that, in practice, living with a married son or daughter was a more acceptable form of financial help than applying for supplementary benefit. Only a small number of people used clubs, visiting services, home helps and similar services which are popularly regarded as the mainstay of the aged. Apart from the financial services, their sheet-anchor was the general practitioner; but the evidence suggests that even he was not used very frequently.<sup>9</sup>

Failure to use the social services was not due to ignorance. All the non-users knew about the services, mainly through informal channels such as friends and neighbours. Nor was non-use of the services due to lack of need. As we show in the next sub-section, there were a number of people in need of services who had not applied for them.

We came to the conclusion that failure to use the social services was due to an incompatibility between the way the services are provided and the social attitudes and expectations of the elderly. People whose lives are as "private" as those of our respondents do not easily turn to a formal public service in time of trouble. Nor do they take the initiative in making a request for help. They are used to

8. Adams and Cheeseman (*op. cit.*) found that many public service employees, who were compulsorily retired at sixty, resented their retirement and were anxious for employment.

9. Only a small proportion of the respondents mentioned a visit from their doctor during the previous month.

an informal, undifferentiated family system of mutual support, in which help is available without asking. In contrast to this, seeking outside help requires a conscious act, both analytical and positive, and this is out of keeping with the habits and attitudes of the elderly. Outside help is acceptable only when long usage has woven it into the ordinary fabric of their lives, so that little deliberate effort is required in seeking it. We think the essentially bureaucratic nature of the social services was the main barrier to their use.

#### *Un-met needs*

Handicapped and sick old people, and those suffering the frailty of extreme old age, often have special needs. A fifth of the respondents fell into one or other of these categories, though only a small number were housebound.

These infirm respondents did not draw heavily on the social services. Most of them lived with their families and were cared for by them. But some were clearly a heavy burden on their families. One unmarried daughter of 40 had given up her job to look after her very elderly mother, and one elderly invalid was looked after entirely by her husband. A number of families were getting help from the district nurse and home help service, but more help was needed.

More important was the fact that five of the infirm old people were living alone. One was classed as isolated. Two of them were getting no help from the social services and said they looked after themselves. One of these was a woman with multiple disabilities who had had a stroke, and the other was a frail old woman of 87. Cases of this kind were rare, but they could add up to a considerable total in the real elderly population of the town.

The elderly themselves were reticent about their un-met needs and they had difficulty in formulating their ideas. Needs appeared to fall into four categories, however, transport, finance, pastimes and more effective aid for the very elderly and infirm, including in some cases their families. This last need has already been indicated. Apart from specific services, the very elderly and infirm also needed supportive visiting, especially if they lived alone. Infirm people tended to be lonely and anxious, and it was often general support they needed, rather than specific help. As one old lady said, "Somebody should call to see that we're all right".

People on outlying estates complained of transport difficulties. These arose from the shortage of public transport and from its cost. Transport is a key factor in all social life today, and it must be particularly important to the elderly, who can no longer drive a car or walk more than a short distance. Lack of transport may help to account for their limited social lives, as well as hampering them in their domestic business. We think, therefore, that there was a real need for cheap and easy transport in outlying areas.

A number of respondents expressed a need for financial concessions of various kinds, such as reduced bus fares and rate rebates. There were enough of these suggestions to indicate that some people did feel financial strain. Small financial concessions, such as cheap transport and recreational facilities, would probably

ease their lives and widen their interests. The evidence of financial strain also means that any additional service provided for the elderly must be inexpensive if it is to be effective.

The need felt by some of the men for meaningful social roles outside the home has already been discussed. Other people asked for additional recreational facilities of a modest kind, such as more seats on the front, the re-opening of a bowling green that had been closed, and friendly visiting. Some people asked for services that already existed, such as clubs, and we can only conclude that these services did not reach the people who needed them. Apart from the needs of the role-deprived minority of men, there seemed to be a general need for simple recreational facilities that were easily accessible and which offered little more than an opportunity to sit and talk.

### GENERAL CONCLUSIONS AND THEORETICAL IMPLICATIONS

#### *Integration and disengagement*

The outstanding characteristic of the elderly people of Seatown was their active social life. Our findings suggest that most elderly people lived amid a wide circle of relatives and friends with whom they maintained a high level of contact. Their lives were almost entirely "private", however, and their social participation was mainly participation in the family group. They had few activities outside the home, except church-going.

Personal isolation was rare, and even when it did occur it was less devastating than we might expect. But it *did* occur, mainly among the minority of people who lacked relatives in Northern Ireland, though even in these cases the loyalty of friends and neighbours mitigated its severity. Living alone by no means implied isolation. A large proportion of the people living alone had a high level of social contact; they appeared to be practising what has been called "intimacy at a distance". More significant was the structural isolation of the elderly as a whole. They appeared to be a separate segment of society, having few direct links with the main body, and the widespread tendency to anomia suggests that they were to some extent ideologically alienated from the general body of society.

Does this situation support the disengagement theory? The lack of activities outside the home, the contentment of most of the elderly with their limited domestic lives, and the little sense of loss that people felt after retirement all suggest a process of disengagement, as far as "public" roles are concerned. But there are two important gaps in our knowledge. Despite the evidence of an active family life, we do not know what the place of the elderly within their families really was. We do not know whether they had strategic positions based on prestige, the provision of domestic services or even, in some cases, financial power, or whether they were linked to their families by ties of affection and dependence only. Consequently, we do not know whether they were dis-

engaging from "private" roles, just as they had disengaged from public ones, or whether their loss of public roles was balanced by an intensification of role-activity within the home.

Even more important, we know little about the social system in Northern Ireland in general. We do not know whether there really is a "wider society", or whether all social life is essentially "private". It can hardly be completely private, but there is a good deal of evidence suggesting that it is still strongly influenced by the family-based system of an earlier peasant society, in which public and private roles were undifferentiated and practically all social relationships were familial.<sup>10</sup> People in Northern Ireland have difficulty in conceptualising formal, non-familial roles, and they tend to perform public activities through private channels, such as buying cars and selecting people for jobs. They tend to feel uneasy in public roles, and public forms of social life often have an air of unreality about them. Many of the respondents must have had public roles of some kind earlier in their lives, if only those of paid employment. But the process of withdrawing from them may not have been disengagement as it is usually understood, that is, the outcome of a gradual diminution of social interests, leading eventually to withdrawal into the inner self. Withdrawal from public roles by the elderly of Seatown may have been felt as relinquishment of a part of their social lives which, in most cases, had never been very meaningful to them; and the privatisation that followed may have meant absorption into a way of life that was in keeping with their real conception of social organisation. In fact, disengagement in Northern Ireland may not be the same thing as disengagement in other western countries. But we must await fuller knowledge of the social system in general in Northern Ireland before we can really understand the social position of the aged.

#### *Some thoughts on the organisation of services for the elderly*

The un-met needs of the elderly in Seatown did not seem extensive. But there was a need for cheap and easy transport, a need which will increase as the public transport services contract; there was a need for supportive visiting of the infirm and very aged; especially those living alone, and also perhaps for a different kind of visiting, friendly rather than supportive, to widen the social participation of people with low contact; there was a general need to make the domiciliary services for the infirm and very aged more effective, so that they reached those who needed them; there was need for additional recreational amenities of a modest and fairly passive kind, and for the minority of role-deprived men there was a need for responsible activity outside the home; and finally, as the elderly of Seatown were far less affluent than we had originally supposed, there was a need for small financial concessions over a wide range of activities.

<sup>10</sup> See C. M. Arensberg and S. T. Kimball, *Family and Community in Ireland*, Cambridge, Mass., 1940. Although this deals with an area in Southern Ireland, the influence of the family system it describes seems to have been widespread.



How could these needs best be met? We think the problem is not primarily one of establishing new services; a number of the services needed already existed, and they were not adequately used. Some of the difficulties of the elderly could be eased by a change in public attitudes. The idea of "retirement", for instance, is an administrative concept generated by superannuation schemes, and it is not in keeping with the capacities of some elderly people. It has made us think of old people as "dependents", with a wholly passive function in society. But in reality old age spans a period of twenty years, during which the potentialities of the elderly vary widely. Many of the young elderly are fit, responsible and active people, and to push people of this kind into passive seclusion is a form of psychological murder. The best way to meet their needs would be to develop the convention of a "second job", a new job taken up on retirement and pursued for ten years or so. It would have to be a job with easier hours and lighter responsibility than a man's main career commitment, and perhaps in a different field. This would enable a number of elderly people to remain in the wider society and retain their sense of fulfilment, but it would make allowance for their declining powers. The shortage of labour in the service industries and the professions should make such an arrangement possible. A change of attitude towards elderly people generally would also help to solve their problems. If we recognised that the elderly are part of society and that our ordinary institutions, such as shops, transport system and churches, should make provision for them as they do for groups such as adolescents and women, the need for special services would be mitigated. We need to get away from the idea that the elderly are a "welfare problem" to be dealt with by the social services.

For some elderly people, however, special services will always be needed. But more thought needs to be given to the way of providing these services, that is, to ways of identifying people in need, the channels through which services are most likely to reach them, and ways of making services acceptable to them. There is a three-fold problem of identification, access and acceptability.

The nature of our respondents' lives makes us think that the commonly accepted ways of providing services for the elderly are misconceived. The elderly live in an undifferentiated world of family relationships and mutual support, in which they expect help to come automatically in time of trouble as part of the ordinary activities of family life. Outside help is acceptable only if long usage has knit it into the ordinary fabric of their lives. People with this kind of background do not easily turn to a specialised, bureaucratic organisation, however kindly the administration may be. They are not likely to use public services unless the service comes to them in a personal, informal way, almost unnoticed, perhaps in association with some other activity to which they are accustomed. The two outside institutions which were incorporated into the lives of the elderly in Seatown were the churches and the general practitioner. We think, therefore, that greater use should be made of these institutions as channels of service. They have the added advantage that both general practitioners and clergy are able to identify most elderly people in their areas.

We think that preventive visiting of the very elderly and infirm should be the responsibility of general practitioners; it should probably be done by health visitors working in conjunction with the general practitioners. There is already a movement in this direction. This kind of visiting requires discretion and courtesy, however; the independence of elderly people must be respected, and visiting must have no overtones of "inspection". Visiting of this kind would provide support for the most dependent group from someone they already trust, and it could be the means of invoking more specialised help when it is needed.

It would be wrong to centre all help in the health services, however; too close an association of general welfare with matters of health is inappropriate and unacceptable. We think many forms of general welfare, including friendly visiting of people with low contact, could be done through the churches. The churches are respected and acceptable institutions in Northern Ireland, with which most elderly people have direct links, and work for the elderly seems a natural extension of work they already do for other groups, such as children and young people. Through their lay members, they could provide a variety of informal services, such as transport, recreation and opportunities for social intercourse. Work of this kind requires care and insight, and it should not be left to enthusiastic amateurs or the very young. But the churches have a wide range of human resources in Northern Ireland, and guidance could be provided by the statutory welfare services or by a co-ordinating service such as we suggest below.

Services might also be made acceptable to the elderly if they were offered in the form of mutual aid. Elderly people often accept help more readily from their own generation than they do from others, because they have more in common with them. Retired people might be encouraged to set up mutual aid groups, in which resources could be pooled and the more recently retired could assist their older neighbours. An arrangement of this kind would also help to provide responsible activity for people who were seeking roles outside the home.

There would still be some needs which could not be met through any of these channels. Transport difficulties in the outlying areas of Seatown could only be met by the provision of a minibus, and the need for additional public amenities, such as seats and bowling greens, calls for pressure on public authorities. To deal with these wider problems, some form of general agency is needed. We think that a composite administration centre is called for, not to act as a first-line service, but to co-ordinate, stimulate and advise the more personal services, to act as a pressure group and to run services which are too expensive or too technical for other bodies.

The need for employment felt by a minority of the retired men was more than a local problem. It raises the whole question of retirement policy. A national organisation is needed to educate the public in the cruelty and unreality of an abrupt transition from full-time employment to slippered ease and to explore the possibilities of modified forms of employment for people in their sixties and early seventies. But a local administrative centre such as we suggest above

might educate opinion locally, it might act as a "labour exchange" for part-time work, and it might be able to organise some kinds of recreational occupation.

*Comparisons with Britain: are similarities misleading?*

Superficially, the elderly in Seatown were remarkably like the elderly in Britain. "Privatisation", segregation from the main body of society, close contact with their families, mainly through their children, a high incidence of anomia, a low take-up of public services except the health and financial services, and a low income level are all characteristic of the elderly in Britain. Like the elderly people of Seatown, most of the elderly in Britain are well cared for by their families; but in Britain as in Seatown, there is a small minority of isolated people.<sup>11</sup>

The similarities may be misleading, however. Statistically, they were often closer than we should expect. Seatown is a middle-class town, whereas national samples from Britain must contain a preponderance of working-class people. British studies have shown a significant difference between the pattern of relationships in middle-class families and the pattern of relationships in working-class families, and we should expect this difference to be reflected in the Seatown figures. There were, indeed, some differences, and some of them did appear to reflect the higher social status of the Seatown elderly. There were more single people in Seatown than in Britain generally; a smaller proportion of people had children; among those who had children, there was a smaller proportion with children living locally; and contact with children was somewhat lower. These differences appear to reflect the middle-class characteristics of the Seatown people. But other differences point in the opposite direction. The general level of contact of the Seatown elderly was higher than that of the British elderly. And their additional contacts must have been within their own families, as social participation outside the home (except for church-going) tended to be lower. This suggests that the family life of the elderly people of Seatown, despite their somewhat fewer local relatives, must have been closer and more intensive than that of the average elderly person in Britain. This kind of intensive family life, in which people are almost encapsulated in the family group, is typical of the old working-class areas of Britain, but not of middle-class areas. In other words, the middle-class elderly of Seatown may be *unlike* the middle-class elderly in Britain, and *like* the elderly in the old working-class areas in Britain. Thus, the similarities between the findings for Seatown and the findings for Britain may disguise important differences between the two countries.<sup>12</sup>

11. See E. Shanas, P. Townsend and others, P. Townsend and D. Wedderburn and J. Tunstall, *op. cit.*

12. The British figures used for comparison were those given by Townsend in E. Shanas and others, *op. cit.* The figures were not fully comparable (for instance, Townsend excluded women aged 60-64), and some of the Seatown figures were too small to be reliable. But the differences referred to in the text were large enough to be suggestive. "Isolated" people in Seatown were compared with "extremely isolated" people in Britain, as the two categories appeared to be the

It is difficult to judge from this study whether the elderly in Northern Ireland as a whole are likely to resemble those in Britain. As we explained earlier, Seatown is not typical of the whole province, either in its demographic structure or in its social and economic characteristics. The rural areas in the west of the province are probably more affected by migration than Seatown; they have a higher proportion of single people; and they may be more directly influenced by the older traditions of a peasant society. Even if there is a close similarity between the elderly of Seatown and the elderly of Britain, it is similarity between an *untypical* area of Northern Ireland and Britain. Findings from British studies cannot be applied with confidence in Northern Ireland, therefore, and further studies of the social process of ageing in the province are needed.

Such studies should be set within the framework of a general analysis of the family and society in Northern Ireland. We are apt to assume that Northern Ireland is a modern industrial society, similar to Britain and other western countries, and that a set of social phenomena in Northern Ireland has the same meaning as a similar set of phenomena in Britain. But what appears to be the same situation may be produced by different factors. The strong family life of the elderly in Britain and other industrial societies seems to be the effect of the later stages of industrialisation; it has been made possible by leisure, affluence and improved communications. But the close integration of the elderly with their families in Northern Ireland may be due to the residual influence of an earlier social system; it may represent a different point in the time-scale of industrialisation, an initial stage rather than a late stage. Or, indeed, it may represent a different form of social development, arising out of different initial conditions. For these reasons, a study of the elderly in Northern Ireland without an examination of the family and the social system, and the effects of industrialisation upon them, could be misleading.

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same. In both countries, less than 5 per cent fell into these categories. Similarly, "low contact" people in Seatown were compared with "semi-isolated" people in Britain; a quarter of the British sample were semi-isolated, but only about an eighth of the Seatown elderly had low contact. The intensive family life of the old working-class in Britain is described by P. Townsend in *The Family Life of Old People*, London, 1957, and by M. Kerr in *The People of Ship Street*, London, 1958.