Comment

Both these articles underline the salience to social gerontologists of central debates within urban sociology about the residualisation of council housing, the impact upon society of mass home ownership and the meaning of home. The Saunders and Williams article underlines variations in the meaning of home according to age, gender, ethnicity, social class and tenure. This enables us to realise that home will mean different things to different elderly people. Their article may also be a stimulus to further thought on how residential environments need to be developed to meet the requirements of different groups of older people. The Forrest and Murie article emphasises the extent to which home ownership is becoming the dominant tenure in later life but the wealth transfer implied by this will vary enormously from region to region, and from neighbourhood to neighbourhood. Certainly, ownership of a home may be a source of anxiety to older people but also a source of power and influence over other family members. Should they trade down, should they leave the property to children who may themselves be over sixty or should they let inheritance miss a generation? The answer to these questions will be an important factor in deciding the material resources available to future cohorts of older people.

NOTES

1 Giddens, A., *Constitution of Society*, Polity Press, Cambridge, 1984.
2 Murie, A. and Forrest, R., Wealth, inheritance and housing policy, *Policy and Politics*, **8** (1980), 1–19.
3 Morgan Grenfell, *Housing inheritance and wealth*, Morgan Grenfell Economic Review No. 45, Morgan Grenfell, London, 1987.

Demography and Societal Ageing — Tony Warnes

V. Kannisto, On the survival of centenarians and the span of life. *Population Studies*, **42** (1988), 389–406.

The age distribution of centenarian deaths in modern low mortality populations is examined to evaluate the general belief that the human life span has remained relatively constant over time and space. The analysis is based on carefully vetted official statistics from seventeen nations in which deaths are tabulated by single years of age combined in several cases with linked information on the year of birth. The reliability of age reporting is rigorously scrutinised. Various rules of thumb are used, such as an expectation that those aged 105+ years

https://doi.org/10.1017/S0144686X0001357X Published online by Cambridge University Press

should be less than 5 per cent of those aged 100+ years. In this way, the accuracy of Portuguese data for 1930–69, for Spain, the non-white population in the United States and the Maori population of New Zealand is doubted. On the other hand, the series from Australia, Austria, England and Wales, Finland, France, West Germany, Iceland, Italy, the Netherlands, New Zealand non-Maori, Norway, Sweden and Switzerland are accepted.

Mortality is measured by the 'method of extinct generations', which effectively involves close inspection of the death rate at single years of age for each year-of-birth cohort. By combining data from the 13 listed countries, Kannisto shows that the probability of dying increases from 0.454 at age 100 years, through 0.545 at 105, to 0.727 to 108. Also, the probabilities of dying in one year among all persons at and above a given age increases from 0.462 at 101.0+ years to 0.786 at 108.2+. He finds that in all reliable series, mortality increases continuously from age 100 years upwards, and that male mortality is consistently higher than female. He therefore dismisses the thesis that a process of selection among extremely old people results in exceptional longevity among 'fit' specimens with inherently lower mortality: he finds no evidence for a reduction of death rates after the age of 100 years. 'The mortality of centenarians stands in an organic relation to that of the aged generally' (p. 402).

Interesting time series are presented, based on a division of the data into three periods from 1920 to 1983. In France the female expectation of life at age 100 years has increased from 1.32 to 1.87 years; in Finland from 1.40 to 2.07 years. These increases are not uniform among the 13 nations, have been greater for women than men, and have recently slowed. The author examines the likelihood that intra-country variations in these trends are mainly attributable to changing data reliability. He concludes, 'all that we know about the nature of mortality makes it difficult to accept the notion that there is an age... which some may reach but no one has any chance of surviving. The only valid alternative assumption is that the probability of dying tends to an asymptote and, therefore, always remains below unity' (p. 402). He also suggests that survival beyond the age of 110 years is extremely rare, by which he appears to mean that there are few instances among these thirteen countries that can be accepted without reservation.

https://doi.org/10.1017/S0144686X0001357X Published online by Cambridge University Press

COMMENT

This is an original, valuable and extremely careful exercise in data compilation and analysis. It provides solid quantitative evidence of the slight gains in post-centennial longevity which have been achieved during the last sixty years, and a basis therefore for evaluating both the historical claims of exceptionally aged persons, which are now usually dismissed, and the more sympathetically received view that very recent years have seen significant survival improvements among centenarians which may well continue. In non-technical terms, the author deploys deep scepticism towards any statistically abnormal evidence of above-average longevity. His account does persuade that this is generally the correct attitude to take, but the comparative approach tends to reject all departures from the norm as artificial inflations in age reporting.

David R. Phillips, Accommodation for elderly persons in newly industrializing countries: the Hong Kong experience, *International Journal of Health Services*, **18**, 2 (1988), 255–279.

Hong Kong is unusual among third world or newly industrializing countries: it is a city state with few agriculturalists and a population living at very high density in western-style, very small apartments. There are relatively high educational and income levels. To an extent matched in few third world countries, the government has adopted a lead role in the financing and planning of health and welfare services. Nonetheless, Phillips argues, the advances in public housing, health care and accommodation for elderly people provide valuable models for south east Asian and other countries that have undergone rapid economic change and modernization during the last fifteen years.

The elderly (60+ years) population of Hong Kong increased from 170,000 in 1961 (5% of the total) to 640,000 (12%) in 1986. Many old people, with a strong male over-representation, were migrants to the city and do not have relatives locally, and the predominant local household form is the nuclear family. Many social welfare services began to grow rapidly in Hong Kong during the 1960s, being provided by the government, through general taxation and user-chargers, by charities and by government-assisted agencies, the most important of which is the Hong Kong Council of Social Service. Rather than a universal social security scheme, public assistance and personal services are targeted to needy groups. In 1982–84, two-thirds of expenditure and public assistance involved old people.

https://doi.org/10.1017/S0144686X0001357X Published online by Cambridge University Press

Following a 1979 White Paper, *Social Welfare into the 1980s*, the guiding principle in planning services for the elderly has been the maintenance of people at home or in small units for as long as possible, through both encouraging families to care for their elderly relatives and domiciliary services such as home helps, meals deliveries, and social, day-care and multi-service centres. It is realised that more continuous and intensive care facilities will increasingly be required, and a range of residential facilities has recently been evolved. The expansion of public housing has been particularly impressive, but only relatively recently has special accommodation for elderly people received attention. A particular problem has been the shortage of housing for able-bodied, single elderly people. Recently, through a combination of priority public-housing allocation procedures, the construction of single elderly persons' units, and the creation of 15,000 places (by 1991) in shared flats, many such elderly people have been housed. Self-catering and bed-and-breakfast hostels are also multiplying, and in 1985 the policy was adopted of including in all new public housing estates (of at least 3,000 units) a sheltered housing scheme of 100–150 places. The first was opened in March 1987. Since 1982, families including an elderly member have also been given housing priority, resulting in 2,650 allocations by 1986.

There are two principal types of accommodation for more incapacitated elderly people, 'homes for the aged' and care-and-attention homes. The former has developed as a form of group housing for elderly people who are capable of their personal care but incapable of obtaining food, laundry, or household cleaning. The latter are similar to British nursing homes: the residents are expected to be in need of help with eating, dressing and bathing but not to suffer from acute or progressive medical problems that would require more than two and a half hours nursing care each week. By 1987, 1,400 places had been made available in care-and-attention homes, but substantial expansion is underway. Geriatric and psychogeriatric medical services are available, but few long-stay beds, and the planned trebling of provision by the mid-1990s will still leave a shortfall. Many frail elderly people will remain inappropriately in over-crowded family housing or in general hospital beds.

The recent rapid expansion of private sector provision and the Hong Kong government's tentative steps towards regulation and inspection are discussed. The effectiveness of a voluntary code of practice was being reviewed in late 1987. 'The manner in which Hong Kong deals with this important phenomenon of rapid growth in the private sector care for the elderly will undoubtedly prove an important lesson for

https://doi.org/10.1017/S0144686X0001357X Published online by Cambridge University Press

other newly industrialising countries.' Phillips calls for more research on the dynamics of the private sector and the needs of residents in the many types of special accommodation in Hong Kong.

Comment

The paper provides up-to-date and well-summarised details of public housing and social welfare developments in Hong Kong. The author discusses relationships between 'modernization' and the place of elderly people within Chinese family structures, finding little empirical evidence but concluding that the practical expression of the family's support of the elderly has declined. The directions of the government's policies to expand and diversify services and facilities for elderly people are described: the principal and recurring criticism is that not enough is being provided. He brings his considerable knowledge of the growth of private sector provision in England to bear on developments in Hong Kong, and points to several potential problems, deficiencies and needed policy responses. The article makes clear the wider relevance of developments in Hong Kong, as an interesting test-bed of the relevance of western and particularly British models in very different cultural and economic settings. The paper is a substantial early contribution to their evaluation beyond Britain.

Age Concern Institute of Gerontology,
King's College London

https://doi.org/10.1017/S0144686X0001357X Published online by Cambridge University Press