

# Financial planning for social care in later life: the ‘shadow’ of fourth age dependency

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## **ABSTRACT**

As policy makers in the United Kingdom and many other countries grapple with financing the needs of an ageing population, financial planning for social care in later life is high on political agendas. We draw on qualitative research with older couples in the United Kingdom about their intimate money practices to analyse the day-to-day meanings attributed to money, saving and consumption in the context of financial planning for later life and death. We find that expenditure on funerals and home adaptations is discussed, negotiated and planned, as is ‘downsizing’ to release capital from the home for financing day-to-day expenses and leisure expenses. These outcomes are within easy contemplation and indeed money practice of older couples. In contrast, end-of-life planning for domiciliary or residential care was virtually non-existent across all socio-economic groups, and couples employed a range of techniques to avoid making these discussions ‘real’. Costs (while well known) are seen as astronomical, details are scarce, intensive domiciliary care is never discussed, and death is seen as preferable to residential care. We theorise antipathy to care planning as a product of social and psychological construction of the ‘fourth age’ as a period of abjection, and therefore ‘wasted’ expenditure. Exhortations by policy makers for individuals to consider care costs will be ineffective without recognition of the cultural transformation of later life.

**KEY WORDS**— social care, end-of-life, fourth age, couples, financial planning, care costs.

## **Introduction**

There has been a great deal of policy interest in financial planning for social care in later life, with the funding of social care for older people typically presented as an apocalyptic scenario. Across the world the older

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population are represented as a 'demographic time-bomb' constituting a burden to society with burgeoning demands and costs of care (Estes 2001; Mullan 2000; Phillipson 2000; Stevenson 2008), creating stresses for local authorities and social care departments, and inequities between the generations in the potential scale of public funding required (Higgs and Gilleard 2010; Senior 2009; Willetts 2010). At the same time, and as part of an 'empowering' agenda that both demands and encourages a diminishing role for the state in the provision of welfare services, the notion that individuals need to be responsible for financing their own costs of old age has simultaneously become a mantra of many different governments as well as becoming a policy imperative (Burstow 2011; HM Government 2008, 2009; Martin 2011). In the light of these demographic concerns, the Conservative–Liberal Democrat coalition government in the United Kingdom commissioned Andrew Dilnot to lead a Commission on Funding of Care and Support in England and Wales in 2010.<sup>1</sup> The Dilnot Commission and the government have each more or less ruled out a well-funded, high-quality, public social care system in favour of a mixed economy of care, with anticipated legislation in 2012 (Dilnot Commission 2011).

The issue of how people think about and plan for the potential cost of care is therefore one of critical importance for current policy making. The success of any plan or scheme that governments and policy makers design will ultimately depend on the willingness and ability of citizens to behave in a manner expected by government. Failure to anticipate how older people might see these issues could accordingly result in a policy crisis in the field of social care given that most costs are currently borne by individuals and their families (Wanless 2007), and this is almost certain to continue. The ageing of populations, and anticipated increases in the numbers of people with potentially debilitating conditions of old age such as cancers, dementias and stroke, mean that it becomes critical to understand how and why individuals might make decisions about planning for the costs of care in retirement becomes critical.

It is also important to understand that most people still marry over the lifecourse, and this was particularly true for cohorts now retired (Gjonça, Tabassum and Breeze 2006). For those who are married or co-habiting, spending, saving and consumption decisions are not made by individuals but are a matter of explicit or implicit negotiation between couples, sometimes over many years, reflecting many complex social processes including societal structures, gender norms and power imbalances (Vogler, Brockmann and Wiggins 2006; Vogler and Pahl 1994). Anticipating the likelihood and cost of social care is a complex issue since while all people need an income in later life, most people will

not have substantial care costs, and this is especially so if they have a living spouse (HM Government 2009). Indeed, the variation in care costs is one of the more difficult issues to deal with in policy terms. Twenty per cent of the population over 65 will have care needs costing less than £1,000 in retirement (HM Government 2009: 4), 20 per cent will need care in excess of £50,000 and 5 per cent may need care costing over £100,000 (Burstow 2011; HM Government 2009) – catastrophic levels that many in the population cannot afford. Thus we are asking people to save, and sacrifice consumption, for a cost that they might never incur, when most older people have very modest annual incomes (Banks *et al.* 2010). Moreover, planning for costs of care is not salient for younger people and neither state nor private institutions for its provision exist. It is therefore an issue that principally faces the retired or older population.

In this article, we draw on in-depth qualitative interviews with 45 older couples (90 respondents) drawn from all socio-economic groups about money management in later life to examine the ways in which couples think about, talk about and act on issues relating to planning end-of-life costs. In doing so, we use Gilleard and Higgs' (2010, 2011a, 2011b) recent theorising of the fourth age as a 'social imaginary' casting shadows over later life, in our aim to understand the social and psychological barriers that might prevent people from engaging in thinking about financing a phase of their lives when they may be in need of care. Gilleard and Higgs (2010, 2011a) argue that while old age has been historically marginalised as a time of life defined by infirmity and long-term care needs, this has been transformed by the emergence of a culture of the third age that rejects the narrative of decay and dependency traditionally associated with later years. The pervasiveness of this culture has been debated (Chatzitheochari and Arber 2011; Polivka 2011), but what Gilleard and Higgs (2011b) want to establish is that the third age has separated those able to participate in this agentic cultural space from those defined by their dependency. This means that the 'fourth age', which has come to represent a period of ever more profound decline and dependence, is now an even more marginalised space than it has ever been historically, and it has become even more difficult to 'transgress the abjection that is associated with frailty and loss of agency' (Gilleard and Higgs 2011a: 135). The fourth age therefore becomes a symbolic presence in people's minds, akin to a metaphorical 'black hole', that swallows up all those subject to it. In consequence, the gist of the Gilleard and Higgs position on the role of the fourth age in older people's lives is that relying on either voluntarism or exhortation to encourage older people to make advance provision for such social and health costs is very problematic.

## Money in later life

Financial planning for later life takes many forms and crosses different spheres of daily life, varying according to income, health, housing and family support (Hurd 1990; Smith 2004). Assistance at home might be needed in varying domains to support quality of life, physical and psychological well-being, and social integration including transport, domestic help, personal care or specialised nursing input. Family and community might help with household, 'DIY' and garden tasks, but if not, paid help will be needed. Alterations may be needed to dwellings, for example stair lifts, ground floor bathrooms, grab rails indoors and outdoors. Funerals, of course, are another expense which families face. Financial planning and management is also needed in managing on low income, or managing the income and capital from modest assets and savings – increasingly problematic in an environment of rising living costs and low interest rates. The financial threat of widowhood might be profound (Price 2006), often simultaneous with poor health or increasing disability. Thus while later life is considered a phase of life in which decumulation of assets occurs (*i.e.* saving no longer generally takes place, and savings are drawn on and spent down over the remaining lifecourse), financial management, financial planning and financial strategies remain important.

Housing equity is seen by many stakeholders as an inviting source of funds for later life, since about 80 per cent of those over 65 own a property without mortgage (Parkinson *et al.* 2009; Pensions Policy Institute 2009; Sodha 2005). While one strategy for those with capital tied up in their houses is to 'downsize' and release capital by moving to a lower-cost home, the financial services industry offers equity release or reverse mortgage products which are aimed at older people who have capital tied up in their homes, but who are 'cash poor', a very common situation in the United Kingdom (Terry and Gibson 2010). However, using capital in these ways naturally reduces the amount of money which can be passed down through the family, which can be an important motive for many (Rowlingson and McKay 2005). It has also been the case that such schemes have acquired a poor reputation for home-owners in light of the profits generated by the companies offering equity release (Elsinga *et al.* 2010).

It can therefore be seen that multiple issues face older couples in later life, which require discussion, conferring and negotiation about money. How these negotiations and discussions operate becomes an important component in understanding both the decisions that people make, and how policy makers and those in the financial services industry should reflect those decision-making processes in practice.

## **Aims and methods**

In this article, we therefore pose the following questions:

1. What kinds of future costs do older couples discuss and plan for in later life?
2. What motivates this discussion, and in what terms are these talked about?
3. What are the implications of this for policy and practice?

Our article draws on the qualitative element of a wider project: ‘Behind Closed Doors: How Older Couples Manage Money’. The qualitative study consisted of ten focus groups (five with men, five with women) and in-depth interviews with 90 men and women, in 45 heterosexual couples,<sup>2</sup> with at least one partner aged 65 or over. Most of the couple interviews were conducted in the couple’s own home with couples interviewed first together and then separately. In most cases a female interviewer interviewed the woman and a man interviewed the male partner. The age range of those interviewed was 60–92. All fieldwork was conducted in the London and Home Counties area, and included participants from a variety of income levels and ethnic origins. The interview schema was wide ranging, and focused on understanding how money management in its widest sense was organised in the household. Focus groups and interviews were all digitally recorded, fully transcribed and analysed using NVivo 8. Names have been changed to preserve anonymity.

The Grounded Theory approach (Strauss and Corbin 1998) was used for the analysis. This method was chosen because we believed that the area is under-theorised and hence we were not framing the study within any particular theoretical approach. Rather, we anticipated that observations from the research might give rise to new ideas via an inductive process, with categories of findings being constructed by the researchers during the course of the research (Willig 2001). Thus our data have led us to Gilleard and Higgs’ work (2010, 2011a, 2011b), rather than this having been a prior theoretical conceptualisation.

## **Couples and money in later life**

We draw on our data to elucidate discourse and practice in money management in four specific domains: (a) funding the cost of funerals; (b) funding specific or anticipated costs of ‘old age’ including outgoings and anticipated home modifications; (c) using housing assets; and (d) funding care. Throughout we consider the thoughts and feelings which participants expressed about how they expected to live the latter part of their life, the

meaning they attached to money in this context, and accordingly, how associated financial needs might be met.

### *Funeral savings*

Funerals emerged as an important cost in old age, one which people were aware of and actively planned for, an inevitable cost. Those who had specifically saved for this purpose tended to be those on lower incomes, who could not perhaps rely on funding a funeral out of income. The main aim of this seemed to be to save families from the worry of funding the funeral, at what would anyway be a distressing time, as women in a Haringey focus group mention:

Louise: If I have a little extra cash I'm always thinking of when you passed away, what will have [to] happen. So I'm always trying to . . . I'm always planning to put something aside . . . When I have my little left over . . . I save it for my funeral, towards my funeral. The reason for it I said, I have six children, and when I've gone I don't want to leave them any great problem.

Mary: It's in the Post Office, this is, y'know, to help, to help out . . . when you go and there's nothing to help with funeral.

(Focus group, women, African-Caribbean, Haringey)

One African-Caribbean man had also made £7,000 provision for having the large funeral he wanted for himself, although his wife did not consider it so important for herself. However, it is clear that this was an important enough discussion for them to know each other's views already. The discussion is good natured, and does not seem to hold fear or dread for either:

Baron: Because burials are expensive things today, especially where West Indians are concerned.

Int: Oh really, why is that?

Baron: Well we'd have, well our funerals are always big.

Int: Oh, are they?

Baron: Our funerals are always huge . . . We don't have a, a normal funeral like, you know, most other people have. But most West Indians their funerals are very large and it's very expensive.

Int: You have a big party?

Jamila: Mmm.

Baron: Oh yes, all that's included you see.

Jamila: No, but I don't want that. I want the monies.

Baron: But she don't, she want a choice, but the majority of people . . .

Jamila: Yes, it's a matter choice. I just want a modest funeral, mm.

Baron: 95 per cent tend to have a . . . But I would still, there are, I've got to put aside the money for a funeral in any case . . . So we'll have a good mashing (laughs).

(Couple 4, man 71–75, woman 65–70, African-Caribbean, middle class)

People on more substantial incomes seemed to assume the money was there for such purposes and did not have special funds allocated. However, in the case of one White upper middle-class couple in their late seventies, Marjorie and Derek, it appeared that Derek was in poor health and his death could come at any time. In the couple interview Derek said: 'Marjorie wanted something you see that she can get out quickly, because she's always thinking about the cost of my funeral when the time comes.' While he had said this in a humorous tone, in reality it seemed reasonable for Marjorie to assume that she would outlive him. She confided in her individual interview that this was why she felt she had to have some money under her own control, even though as a couple they were comfortably off.

Of the 45 couples in our sample, six had specific funeral savings plans, some associated with religious organisations. Motives for formal funeral savings plans were largely expressed as wishing to spare their children the worry of having to find the money for a funeral at a difficult time. As Michael below says of belonging to a synagogue plan, 'You can't leave a bill like that to somebody else, to bury you' and Gary, with similar arrangements, says he does not want his children to have to 'dig deeper'. Indeed, this is so salient that Michael reports that the death plan is 'the only reason' for belonging to the synagogue:

Michael: We belong to the synagogue, that's the only thing, because when you do go, they bury you, that's one of the things that . . . you do have to . . . I never go to the synagogue, but we're all going to go one day. So that, that, that covers the cost.

Int: So is that the major reason for belonging to the synagogue?

Michael: The only reason. The only reason.

Int: And how long have you belonged to there?

Michael: Always, yeah, you have to belong to a synagogue, as I say, otherwise it's very expen. . . you can't leave a bill like that to somebody else, to bury you. No it's the way, way it is.

(Couple 23, man, 65–70, British/Jewish, skilled working class)

Even where couples were not actively planning for funeral costs, they were conscious of the expense, had discussed it, and the language of funerals was

bound into their general discussion about savings – an expense that people discussed, negotiated and planned for. Funerals are understood as both inevitable and expensive, with associated anxieties about the cost to surviving partners or relatives. People made a variety of plans to cover the expense, and even where they were not so focused, death and funeral expenses formed part of their everyday language, and their everyday and money management behaviour.

### *Home modifications and ageing*

The second arena of familiar discussion within couples associated with ageing was the prospect of modification to the home. Most of the interview participants – 39 out of the 45 couples – were home-owners, almost all without mortgage, with the remainder renting from a local authority or Housing Trust. With the long-term rise in residential property values in Britain, especially in the South East of England, this meant that couples on low and modest incomes were often ‘asset rich, cash poor’.

As with funeral costs, retention of the house itself as old age progresses had been a matter of explicit discussion amongst interviewees across all socio-economic groups. Many couples were acutely aware of the significantly increased maintenance costs associated with being less physically able and/or living with increasing disability, as Carol explains:

We, we shall manage, but certainly age does impact quite considerably. . . . That, em, you know, one now needs somebody to come and to do the, em, the carpentry jobs and things that Don used to enjoy doing. . . . And so age impacts very much. Em, I would have cleaned the inside of the windows because I quite enjoyed cleaning windows, but again, you know. . . . So you more than double your window cleaning. . . . I mean, these are just silly little examples. . . . but yes, age impacts very much. . . . (Carol, Couple 29, woman, 76–80, White British, upper middle/middle class)

Commonly, couples would plan for major maintenance or alteration work to be carried out on their property, in preparation for a time when they might not be able to do this, so that it would not need further significant work for a long time:

And last year we did all the other things to the house because we’ve decided to stay put and rather to sell to downsize and all the rest of it, two years ago, we decided to stay put. So we’ve done all the things to the house, had it repainted, moved doors, done all the extra things so that we’ve spent, I don’t know, £15–20,000 then, so the house now will do us. We don’t need to do anything at it. You know, we don’t need to do anything else. (Celia, Couple 17, woman, <65, White British, upper middle/middle class)

For many couples, this remained in the ‘discussion’ rather than ‘action’ phase, even though disability might be quite pronounced already. One



example was Georgia, for whom her husband's health problems made a downstairs toilet desirable:

Well . . . That's what we are trying to do at the moment, because you find that he will use the toilet down here, we haven't got a toilet down here, and upstairs, more difficult to keep going up and coming down and going up and coming down. . . . So that's why we want to put a toilet round the back. Like we can just go at the back. Outside there. You see. Because it's very difficult to . . . it could become because my son he keep talking about it to that errr my husband . . . to have that thing taken . . . he can fall. And anything can happen. The bath is not easy for him to go in and come out. Getting hard for him. (Couple 2, woman, 76–80, African-Caribbean, unskilled working class)

Tina and her husband were thinking of a stair lift: they already had a downstairs toilet. Tina's husband was considerably older than her, and she was concerned about his future mobility:

Tina: As you said I was thinking about that, the, the little chair to take you up the stairs . . . You know, I was thinking later on we probably would get one of them. . . . Chair lift, you know, because now we can manage it so . . . because I go to the [T] Pension Group . . . and they discuss that and all with us.

Int: Did they, yeah.

Tina: Get one of them up the stairs, you know, to go up the stairs, but we've got a toilet out here.

(Couple 5, woman 65–70, man 81–85, African-Caribbean, unskilled working class)

Structural modification to the home is therefore apparent in the everyday discussion of several couples who had had alterations done to their home, or were planning such alterations, which would permit them to remain in their home even if they become more frail. These generally consisted of installing bathroom/toilet facilities downstairs and stair lifts to facilitate continuing to live in their present home. We see that potential ill health and increased disability associated with ageing is contemplated by couples, and actions to mitigate this are directed at retaining the life that couples already have. The 'alternative future', that of moving into a care home, is not mentioned and is not part of the discussion. The discussion of these adaptations is related to people wishing to maintain the kind of life they have always led and want to lead, rather than a emotional attachment to the importance and meaning of 'home' (Peace, Holland and Kellaher 2006). This interpretation is borne out when we consider the talk and practice of 'downsizing' to release housing equity.

### *Using housing equity*

Pensioners generally have a relatively fixed income, often not even increasing by the rate of inflation, and it was evident from our research that many couples have to make sacrifices such as buying cheaper goods, foregoing hobbies, outings and holidays, and watching their use of utilities carefully. In similar vein to the discussions about funerals, for some couples, the awareness of the potential drop in income for widows on the death of the principal pensioner was also on their minds. For the home-owners, options include using the home to generate income, either by exploiting it as an income-producing asset, by selling and moving to a smaller property, or by purchasing an equity release or reverse mortgage product using their housing equity as collateral. The house could also be seen as a kind of financial buffer in the event of widowhood. None of the couples in the study were willing to contemplate equity release, but as the extracts below reveal, the other two strategies were commonly employed.

Three couples interviewed were strategically planning to use their property to supplement their income, such as Peter and Anne, who had home alterations done to provide accommodation which might eventually house a live-in carer, but in the meantime was let out on a bed-and-breakfast basis. Darius and Celia had thought of converting their house into flats, with the idea of letting one out to generate more income. They had been running a small bed and breakfast (B&B) operation, but were unable to do that at the time of the interview because one of their sons had returned to live with them. Darius discussed these possible strategies for enabling his wife Celia to continue living in the house after his death, whereupon her income would be reduced to a widow's pension:

Darius: ...Celia's income will be a lot less when I die. That's a problem.

Int: Would she be able to manage in this house if anything did happen?

Darius: Well, I mean, my salary, because I mean my, my, my whatever [pension income] is about £40 K and the B&B has gone down a lot since J. [son] has come home. We were taking £20 K a year out of it, you know, plus what I was earning. That'll go down, now he's here, if he doesn't move out, the income will go down to about £26,000 in total. Now can people live off £26,000? The answer is obviously yes. ... Plan B is to, is to downsize. Plan C is to create a separate flat at the top of the house that lends itself to a very nice little separate one-bedroomed flat and indeed we have planned its plumbing and its electrics and everything accordingly. ... So there are contingency plans, but that's my main fear, because I would like her to

continue living here happily and now can she do it on £26,000 a year, that's the only question.

(Couple 17, man, 65–70, White British, upper middle/middle class)

In this discussion, we once again see that although distressing, the contemplation of death is a topic of discussion and planning between Darius and Celia, with Darius moving in his mind from his current lifestyle to contemplating Celia's future lifestyle after his death. Not only has effort gone into thinking about how much income can be generated from the property, but also into alterations necessary for the plan to be implemented when he is no longer around. Notably, as seen earlier in the discussions about funeral costs, this movement between the now and the phase post-death bypasses, in the negotiations between the couple, and the interaction with the interviewers, any possible contemplation of substantial residential care costs.

Darius and Celia's Plan B – 'downsizing' – was a strategy acceptable to many of moving to a smaller home. Some participant couples had already 'downsized' their home and more were contemplating this to supplement their income. Bill and Rita's strategy had been to withdraw equity from previous homes by moving house, and they were apparently prepared to downsize again if it proved necessary. They were less concerned about inheritance:

Bill: We obviously don't live on our pension. We live on the fact that we had equity on our houses. . .

Rita: Yeah.

Bill: So, em, you know, so, em, we basically, we're living on . . . We're spending the kids' inheritance, I tell them (laughter).

This strategy was intended to maintain their standard of living, to enable them to stay in the area which they liked and to socialise:

Bill: You know, so, em, you know, otherwise, we, we wouldn't be . . . you could, you couldn't live on the pension. That would pay the bills and what have you, but you couldn't, certainly couldn't socialise and run a car and . . . You just draw it out, you know. I'm always drawing it out. It doesn't, you know, em . . . as I say, depending on how much socialising. It's the . . . we have to pay, you know, you have to draw it out for socialising, holidays. . .

(Couple 25, both 65–70, White British, skilled working class)

Similarly, Wilfred and Jill were another couple who had downsized on retirement and had moved to a smaller house. They expressed a philosophy that they wanted to enjoy themselves while they could, so they wanted both to save on household outgoings and have a home which was simpler to leave if they wanted to travel.

Jill: Errm . . . we downsized here when we . . . just as we retired really.  
Three years.

Wilfred: Three years.

Int: And what was the reason for downsizing?

Jill: Errm, well we wanted, for economy, when we retired.

Wilfred: The economics basically.

Jill: Yeah. Errm . . . You know and we, we want to travel a lot, so we don't  
errr something big to have to worry about if we're away.

. . .

Wilfred: I suppose the, 90 per cent was economics. . .

(Couple 40, 65–70 and <65, White British, skilled working class)

Terry and Gemma, in common with a number of other couples, were considering downsizing should they suffer financial pressures, thus their house constituted a reserve on which they could draw if necessary:

Int: OK now looking here, also at the future is there anything you're particularly concerned about, you know, as time goes on in terms of having to make financial provision for it?

Gemma: The only thing I'd think about is um, mainly if um, anything did happen that we sort of felt financially really pushed, we would downsize the house. . . . We would get a smaller sort of two bedrooms, something like that. . . . bungalow or something like that. . . . We would downsize a bit and then sort of ease off a little bit of capital. . . . from the house. And do it that way.

(Couple 2, woman, 65–70, White British, skilled working class)

For these couples, releasing capital from their properties is part of maintaining their standard of living, their identities, and quality of life in old age, firmly in the active 'third age' stage of their lives. There is no sense that in the underlying negotiations, nor in the interview transaction with our researchers, equity in the property is part of a strategy for the possible costs of care for either partner. Indeed residential care costs are not in the language, nor the thinking of these couples.

### **Funding the costs of care homes**

When we turn to discussion of care home costs with our respondents, the tone and content is very different. Although respondents spanned all socio-economic groups from the very wealthy to the very poor, and many were in poor health, some very frail and/or disabled, we did not come across any couples who were deliberately putting money aside for the possible future

costs of either intensive social care at home, or residential care homes, nor was the financing of care a topic of active discussion between couples.

Within our sample there were couples who lived on state pension only, some being tenants and some home-owners. Those living in rented accommodation seemed not to have enough to save beyond short-term savings for day-to-day unexpected expenses. For those who owned their homes on low incomes, saving for funerals was salient, but this was out of income. For these couples, the home was not viewed as a cash asset, nor viewed as a form of savings. Money management meant budgeting on low income from day to day. Thus for this group of people, 'asset' or 'saving' or 'investment' was not one of the meanings ascribed to the home. Since they had no other savings or investments which could be applied to costs of care, nor were their incomes high enough to contribute, the subject did not arise.

### **Avoiding the issue**

Some couples at the better-off end of the spectrum in this sample had considered the possible need to fund care, and perhaps thought vaguely in terms of keeping some kind of reserve of money in case this was needed. The typical scenarios envisaged were that one of the partners would enter a residential home due to illness which could no longer be coped with at home, or that a partner having been widowed could no longer manage on their own. However, as the following extract illustrates, most couples have not even got to that stage of thinking. For Gary, the prospect of having to pay for care was a distinct 'negative', and as did a number of other respondents, he laughs anxiously when talking about this period:

Gary: . . .And I don't want to go down that road, but. . . hopefully I won't need any.

Int: No.

Gary: Em, but it is a bit of a worry, I must say.

Int: Right. Yeah.

Gary: But I try not see, I try not to think of anything which is negative. . . . And care cost is really negative (laughter).

When asked about whether his children could help, it is clear that Gary has never thought about it, even though he is in his seventies. This interchange also reveals that the issue has never been discussed in any meaningful way, since he and his wife are both still alive, and so a more complex plan would be needed in this eventuality:

Int: Would [the children] give [financial support] to you if you did need it?

Gary: (Pause) Er, I can't answer that question.

Int: Because there's never a reason?

Gary: Well, I've never thought of it you see and, em, well, I don't think they would be in a position, it just depends, well, they might chip in, or, I don't think they'd keep us in a care home because, well, we'd just sell if it came, push came to shove, we'd just sell the house and we'd just say, well, you know . . . that's your inheritance and it's going to go on looking after us.

(Couple 26, man, 71–75, British/Jewish, upper middle/middle class)

Some people not in good health simply expected to die without needing residential care, and so once again, the idea and concept of care was not spoken about, even for the surviving partner. Typical of the way in which these respondents spoke about the issue is Denzil, content to have reached the age of 83, who said he did not worry about future needs:

My life isn't going to be very long, I don't think so (laughing). I feel . . . I feel that at 83 I've lived long enough – now. I'll, I'm not making – preparations – for future. I just live on what I've got. So I, I'm never worried about the future . . . I just live from day to day. (Couple 2, man, 83, African-Caribbean, unskilled working class)

Others may, perhaps unrealistically, 'hope for the best', such as Razak (65–70, Indian, working class) who said 'I just hope for the best that my, our health keeps healthy' or Ruth (71–75, British/Jewish, lower-middle class) who referred to 'people in their nineties who are . . . still living at home, you know, still living alone'; or participants who when pressed assumed their children would be able and willing to help out, even when this seemed unlikely.

### **The overwhelming costs of care**

Despite their lack of active engagement with the issues, the couples in this study were generally very well aware of the costs of residential care, and accurately so, having gleaned this information from the media, or direct experience through family and friends. Their lack of planning and integration of care costs into day-to-day thinking is not through lack of information as to what these amount to. No matter how well off a couple might be, the amounts involved seemed very high, overwhelmingly so, as Linda here comments. This leads to a kind of paralysis:

It is difficult, it is umm, umm, a bugbear. . . . What can you make provision for? I mean I have a friend whose husband is in a care home and it's costing £1,200 a week to have him looked after. . . . I couldn't provide for that. I don't know where I'd even start. (Linda, Couple 19, woman, 71–75, White British, upper middle/middle class)

Derek and Marjorie, a middle-income couple, had gone a little, but not much further down the road of considering the costs of care. The issue was becoming far more salient, since Derek was not in good health and Marjorie had to contemplate the prospect of being left on her own, and his moving into residential care:

Derek: . . .if I had to go into a care home, Marjorie would still want somewhere to live. So she would have to stay here. Ummm. And errr – I don't know how you'd pay for a care home in those circumstances, whether the council pay for it or what.

Marjorie: Well, if you, if, the thing is, if, if we neither of us were here, then you'd have to sell the house . . . if one of you's living here I'm not quite sure what the position is, because they can't turn you out, but you'd have to, if you went in a private nursing home you have to pay the fees. I've got a friend whose mother's just done that, and she's got to sell her bungalow to pay for the fees.

Derek: Fees are getting on now, some places £900 even a week. Incredible amount!

Marjorie: I think that is a, a, one of the worries when you get older, of what – I mean, you have to be realistic. One of us'll pro – well, I doubt very much we'll go together. One of us is gonna get left. Ummm, I mean, y'know, you just realise that it's a fact, isn't it?

(Couple P2, man 81–85, woman 76–80, White British, upper middle/middle class)

Thus, while they had recognised the problem, neither had taken any steps to identify a solution. Their limited discussions had not resulted in any progress on the issue, nor led to any specificity about the problem, but simply resulted in a great deal of anxiety. The costs which they have heard about from a friend are again, simply overwhelming.

### *Death and the wasted costs of care*

It becomes apparent through the interviews that it is far easier for respondents to talk about death than care, and the terms in which they do so treat death as preferable. Gervais, after recounting his family, friends and neighbours who have had to use residential care, expresses it as hoping that death would save him from a care home, rather than that he hopes he will live in reasonable health for the rest of his life:

The cost must be enormous. I mean so you know that's the other end of the spectrum. So it's becoming more and more. I mean I tend to be a little bit more sanguine . . . I'm gonna die before that happens. Right? But how do I know? (Gervais, Couple 38, man, 81–85, White British, upper middle/middle class)

The idea that death would be preferable to going into a care home and would also save you from that possible fate recurred several times. Daniel talked about the possibility of having to sell their home to fund care and, like Gervais, hopes to die before the money runs out:

If I – got to the stage where, as so many old people do, where your wife can't look after you and you have to go into a home, then of course, then you're in money trouble. . . . And then you have to sell the house, and hope that you die before the – well really, you know, that's being practical, before the kids are (inaudible) they're not wealthy, you hope you die before the money runs out from the house. (Daniel, Couple 39, man, 76, British/Jewish, lower middle class)

Cathy, when asked about inheritance for her children, regarded it as being threatened by the possibility of having to pay for care. By referring to 'Switzerland' (the Dignitas clinic in Zurich which organises assisted suicide) she is expressing the sentiment that death is preferable to spending resources on old-age care, which she would see as having 'just been wasted.' She is unable to construct the value or meaning in her own life at that stage of life:

Int: I mean, do you think in terms of, you know, inheritance for them or is there not much left?

Cathy: Well, I have, that's what I, well, there'll still be, it depends on how long we live, but hopefully there will still be half the value of the house . . . unless we've had to use that for medical care . . . or something like that, you know, we just don't know . . . you know, talking about £20,000 tax on getting old<sup>3</sup> now in the paper today (laughter).

Int: Yes, I haven't had a chance to read it yet.

Cathy: Front page, I think, 'Oh, please, no.' Switzerland here we come. (Laughter) . . . No, I think that makes me a bit cross, you know . . . in that it's all just been wasted.

(Couple 30, woman, 71–75, White British, upper middle/middle class)

Indeed, the costs of care are repeatedly interpreted by respondents as 'wasted spending'. Celia, for example, talks explicitly of money being 'wasted on care' as opposed to being used for good or meaningful expenditure, in this instance, helping her children to pay off their mortgages:

Celia: So I've already built in if anything happens to David selling this house, downsizing and giving the children a lump, more lumps of money. . . . Because it's, I don't know I won't need to have a big house like this. . . . And if I get ill, you know, the children, I don't want the money to all go on, be wasted on. . .

Int: No.



Celia: You know, on, well I say not wasted on care but, you know, I want the children, we've earned it, I want my children to have something to show for our lives, you know, and they've got huge mortgages so, I mean, you know, really really huge mortgages, both of them, um, so I want them to be able to pay off their mortgages if anything happens to us.

(Couple 17, woman <65, White British, upper middle/middle class)

Like others in our study, Celia talks about having something to show that she has built through her life, which in her mind is achieved through helping her children to acquire property, and would not be achieved by funding herself or David in, for example, an excellent or luxurious nursing home. Similarly, Linda, who lives in the home in which she raised her family, and where she had coped alone for long periods while her husband was abroad, revealed that while she would 'downsize' to release money for leisure or day-to-day expenditure, she would not want to create a fund of capital that could potentially be taken up by residential care costs:

Int: ...What d'you think might lead to you having to downsize?

Linda: Money. ... Mmm. It would be purely money. I, I, I ... umm ... I, I wouldn't ... I wouldn't want to downsize for any other reason really.

At a later point in the interview Linda expanded on this:

Ummm. Something that might stop me from downsizing is the fact that if anything happened to one of us we'd lose all our money being in a, ummm, care home, or something like that. That is a horrendous ummm ... thought, after we've paid into the National Health system all these years. (Linda, Couple 19, woman, 71–75, White British, upper middle/middle class)

Her words suggest that the idea that the home is a financial asset for her own use is indeed part of her thinking, but not if the money is to be used for residential care. This is partly because of the expectation of the cradle-to-grave contract that she believes she had with the State, but it also reveals that she has a sense of having accumulated the property over a lifetime, and care is not seen as an appropriate use of the money. What is clear in this account is that in no sense is the home, the asset, or the money, part of a strategy of contemplating a period in life when care might be needed.

### **Good spending and wasted spending**

Our data thus show that a period of care is thought of, talked about, negotiated and planned for in a completely different way to other aspects of retirement, consumption, declining health or increasing disability, and

indeed death. In these other respects, topics are open for discussion, the terms are agreed and understood, the costs are contemplated, and plans are made. 'Spending the kids' inheritance' is entirely acceptable to maintain living standards and quality of life. When it comes to care though, either no thought has been given to it or thinking is abstract and has an unreal quality. Discussion is accompanied by nervous laughter. There is no active engagement with costs or plans, and trajectories are ill thought through. It is no longer viewed as acceptable to spend the money accrued in savings or more particularly housing equity at the expense of consumption or legacy to adult children, and such expenditure is seen as 'wasted'. A recurring theme was that death itself was preferable to any period in residential care.

## **Discussion**

Gilleard and Higgs argue that the fourth age is neither an inevitable nor an inescapable stage of life, but is rather a

...social imaginary, coordinated by our collective understandings of frailty and abjection and realised through the social institutions that develop in response to those understandings... (2011a: 140)

They talk of the 'densification' of old age, an intensification of agedness brought about by confining 'old age' to a narrower chronological age range and situating it within 'a more marginalised social space'. In this way, as growing older becomes subject to cultural currents of the third age, defined much more by consumption than dependency (Gilleard and Higgs 2005), so any intimation of the loss of agency, independence and control over the body that is projected by the fourth age becomes the Shakespearean trope of 'sans everything'. Thus, they suggest, the 'real' old age becomes 'ever more mired in the inescapable and unredeemable abjection associated with the fourth age' (Gilleard and Higgs 2011a: 141). As a social imaginary, this then is a bleak and dark location.

According to Gilleard and Higgs (2010), in institutional terms, this 'social imaginary' is represented by the residential care home, and thus in the popular mind this 20th-century replacement for the 'shadow of the work-house' projects outwards an image of old age as abjection and profound dependency. The power of this imaginary can be seen in the accounts of our respondents which refract the experiences of parents, friends and neighbours in relation to the institutionalised system that they can still avoid. In what might be highly emotive terminology, this then is a period of fear, distress and of no return. It is a dehumanised and objectified space, a one-way ticket to death. As our two interlocutors (Gilleard and Higgs 2010) pose it, it is 'aging without agency and without redemption'.

Our data illustrate these themes in two key arenas. The first is in the ways in which all aspects of the physicality of ageing, short of needing intensive social and medical care, and indeed death itself, are imagined, and how this contrasts markedly with the ways that couples conceptualise a period of residential care. In the first instance, couples discuss, negotiate, contemplate and plan for the exigencies of old age and death. We see this in the realms of funeral expenses, home adaptations, downsizing and living expenses. Partners may not agree, but the topics are on the table, and ultimately decisions are both made and implemented. In marked contrast, the discussions about care have no detail, no timelines, no trajectories and no plans. Potential costs are understood, but are packaged as astronomical and terrifying. There is nervous laughter, and words like dementia, Alzheimer's, frailty, incontinence are never used, for example George, who simply says: '...because you never know, you might be hit, er, by that'. The details of intimate bodily care are not confronted, alternatives not contemplated. Indeed, couples employ a variety of tactics to avoid making this potential period real for themselves, including avoidance, denial, optimistic expressions of desire for a quick death or for children as saviours. Related to this, only one couple (Peter and Anne, referred to above) had factored into their broad discussion of home adaptations the possibility of a period of intensive nursing care at home, but even here, details beyond the home adaptation itself were notably lacking. More widely, it is not part of the public or private discourse or experience of our couples.

The second relates to the meaning of assets in the construction of emotions around bequests and generativity. Both downsizing and selling the house for care costs draw down value in the home, money which is not then available for passing on to the next generation. But downsizing is within the easy contemplation of many couples, who see the resultant release of capital as beneficial to themselves, for leisure, consumption, activity and maintaining social connections. They are able to joke about 'spending the kids' inheritance' and see this as unproblematic. Releasing capital from their properties is firmly part of the active third age that valorises choice and consumption. They are similarly happy to spend large amounts of savings on maintenance and adaptation of the home, producing a tangible, concrete output that enables them to continue living in a social space that is still part of life, and certainly not defined by the possibility of abjection and profound dependency.

This contrasts markedly with the way extracting money from the home to pay for care is conceptualised, when the meaning ascribed to the spending of assets is completely different. In discussions about using the home to pay for care, we see repeated assertions of negating the life lived so far, having nothing to show for progress through adulthood, nothing to pass on to the

next generation, no representation of achievement. There is no merit, worth or value seen in paying for this terminal period of life. Thus we see psychological, social and emotional constraints in contemplating the spending down of assets: relatively unproblematic when they are associated with the social space of the third age, but very problematic when associated with the social imaginary of the fourth age. Death is inevitable, but going into residential care is not. In our data, we see how residential care is seen as the ultimate 'failure' in a consumer society where asset accumulation is valued as a sign of self-worth and self-determination.

There are key implications of this analysis for practice and policy, not only for the United Kingdom but internationally. Primarily, it is neither appropriate nor sensible to expect that simply by telling them to do so, people will focus on, discuss and plan for residential or other forms of intensive social and nursing care in later life. Interestingly, our data show that people do indeed have a very good idea of the costs, with (accurate) figures of around £1,000 a week referred to by a number of respondents. They also have a clear understanding that this is a period or stage of life that they may experience. They are not ignorant of care needs and decline in later life. Most are well acquainted with the fourth age through family experience or close contact with friends and neighbours. Additional information from government or the media will not have the effect of forcing people to focus on it. Indeed, our data suggest that this will have the opposite effect, of causing people increased stress, distress and action paralysis. It is notable that even our wealthy couples, who could in fact afford residential care should they need it, were unable to contemplate or process the planning that would be needed for optimal care and financial provision. This is not just a form of irrationality. Some people use their own actuarial power to calculate their longevity risks – for example, Denzil saying that he is 83, and his life is not going to be very long. They assess that they will die soon, and are willing to take the risk that they will not need care. In many instances this will be a more sensible approach to risk assessment than paying in a large sum to an insurance company that is never realised.

A central argument of this article is that as we turn to seemingly prosaic issues of social policy such as paying for social care in later life, we need to be aware of the power of social and cultural changes to the nature of later life that make some of our assumptions about the 'rational' and 'sensible' way of doing things redundant. Models often used by policy makers focus too much on a rational process of resource accumulation and spending which may no longer be true (Parkinson *et al.* 2009). We would argue that an understanding of the transformation of later life in contemporary society has not only undermined the unitary conception of old age but has also ensured that later life is now as defined by cultural structures such as the third and fourth

age as it is by epidemiological and economic projections. This re-writing of the expectations of post-working life has subjected all those living in this period of life to positive narratives of agency and negative discourses of dependency. It is these cultural forces that have made the fear of a putative fourth age so strong, and it these same forces that have made it difficult for many older people to contemplate planning for long-term care irrespective of how much it might be in their (or the nation's) interest. While such a view seems out of sorts with the kind of 'rational choice' approach adopted by many policy analysts, we would conclude that it would be better to start our analysis from where people are, rather than where they should be.

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### NOTES

- 1 Scotland remains outside the scope of the review – policy around social care has important spatio-political differences.
- 2 It was felt that homosexual couples might face different issues, which could not practicably be covered in the same project.
- 3 Referring to the short-lived idea floated by the Labour government in 2009 of paying £20,000 on retirement to an insurance fund for later life care.

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