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Ageing Update

Ageing 2000–questions for the 21st century

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'Ageing of the population is … one of the most important socioeconomic challenges … for the 21st Century' Andrej Wojrczak, Director, WHO Centre Health Development, Japan.

Introduction

This statement (WHO 1998: 5), reflects the growing awareness among politicians, policy makers and the general public of issues which have been recognised by gerontologists for the past 30 years or so. In both developed and less developed countries, demographic transition and the shift in the age structure of the population is now being publicly recognised as having fundamental implications for everyone in society. As British gerontology enters a new century, the time appears ripe to reflect on past achievements and highlight some future questions. In the following discussion I consider *ageing* and *later life*, discussing both societal and individual ageing, and the experiences, needs and contributions of those in later life. The paper focuses on social gerontology, defined as social, behavioural, historical, demographic and economic aspects of the study of ageing and later life, including the interface of these with health and health services. It thus touches upon medical and biological aspects only when they are of appropriate relevance.

The development of academic gerontology in the UK

The immediate postwar years saw a burgeoning of interest in old age, in part driven by the recognition of demographic ageing (Harper and Thane 1989). There were three broad areas of concern: the economics of providing pensions for a retired population; the role of the older worker; and the emerging health and welfare policy for older people. The highlighting of poverty, loneliness and disability among this group, in particular by Townsend (1957, 1962), raised the plight of older people, and questioned whether the current medical model of

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dealing with old age was appropriate, and should not rather be replaced by a strategy of personal social service delivery supporting older people in the community. While much of this work was taking place in universities, throughout this time the National Corporation for the Care of Old People (NCCOP), and the National Old People's Welfare Council (NOPWC), were also publishing a variety of reports primarily concerning the service needs of older people. The British Association for Service to the Elderly (BASE) was formed in 1968, to provide education and training to professionals and formal and informal carers of older people, and the first professional body for those interested in research into social aspects of ageing, the British Society of Gerontology, was founded in 1971. Running parallel to this was the foundation and then rapid growth of the specialty of geriatric medicine. The British Geriatrics Society, a professional body for doctors working in geriatric medicine, was founded in 1947, and Research into Ageing, a national medical research charity, was formed in 1976.

Yet despite the establishment of these structures, in terms of both research and policy development, the 1970s saw little progress:

> ... by the end of the 1970s ... older people were still seen, in policy terms, as primarily a dependent group in need of care. Their own views and voices were unheard, and issues about autonomy, privacy and dignity in residential care, together with ideas about what older people at home might need to bolster their independence, had yet to be addressed in public debates (Bernard and Phillips 1998b: 7).

It was partly in response to this lack of progress that Margot Jefferys, then Emeritus Professor of Medical Sociology at Bedford College, London, developed the ESRC Initiative on Ageing in the early 1980s (Jeffreys 1989), which brought a new generation of young academics into the subject from a variety of disciplinary backgrounds. The decade saw a rapid rejuvenation of academic interest in the area with the development of a variety of centres of gerontology, supported by a sudden and rapid demand for courses in gerontology, though mainly directed at the health care professional; a widening of the academic base of research in gerontology; and a growth of those seeing themselves as professionally interested in ageing.

This expansion and consolidation of ageing as an academic concern continued throughout the 1990s. Structurally, two broad themes characterised the development of social gerontology at this time. On the one hand, the subject drew on its multidisciplinary strengths, developing new centres, networks or groups based on a multi-disciplinary collection of individuals. These were either drawn from

within the social sciences, or through a link with medical or health care disciplines, the *AGENET* initiative being particularly influential in the latter. In addition, groups of academics increasingly began to identify sub-areas within the subject within which to develop strengths: dementia and rehabilitation being two key examples. The decade was also dominated intellectually by the consequences of the dismantling of the welfare state through the application of free market principles to health and welfare provision. Running parallel were a variety of associated policy debates: the impact of the 1990 NHS and Community Care Act (Laing 1993; Kestenbaum 1993; Laing and Buisoon 1993, Oldman 1991; Wittenburg 1989; DHSS 1978, 1981; DoH 1989, 1990*a*, 1990*b*, 1992*a*, 1992*b*; HMSO 1988, 1990*a*, *b*, *c*, 1991, 1993); the growth of voluntary and private sector input; and an increasing shift from state benefits in old age towards occupational and private pensions. The Joseph Rowntree Foundation was a key contributor to the stimulation of some of these debates with its *Inquiry into Meeting the Costs of Continuing Care* and *The Quality of Life and Services for Older People Programme*. Department of Health funded work at the various Personal Social Service Research Units was also influential (Wittenburg and Knapp 1998; Davies *et al*. 1990; Wistow *et al*. 1996); along with other prolific commentators such as Wistow (Wistow *et al*. 1994, Wistow 1990, 1995; Wistow and Hardy 1994, 1996). Similarly the ESRC Welfare State Programme made an important contribution at this time (Atkinson 1994; Evandrou 1993; Evandrou 1990; Falkingham and Johnson 1993).

The mid to late 1990s saw a further move towards consumerism, with older people positioned as the consumers of health and welfare services, with emphasis on user involvement, empowerment and citizenship. While more a shift in rhetoric than substance, it initiated advocacy and elder support groups that may in the future challenge some of the perceptions and realities of later life. The decade ended with a variety of government led initiatives which continue into the 21st century. The Royal Commission into long term care report *With Respect to Old Age* (March 1999) recommended the establishment of a National Care Commission to monitor trends, ensure transparency and accountability, represent the interests of consumers, and set national benchmarks. *Better Government for Older People*, a Cabinet Office led programme involving both academic and policy input was established to explore a variety of ways of improving the quality of life for older people. *The Inter-Ministerial Group on Ageing*, was launched by the Prime Minister in 1998, with a remit to ensure that the needs of older people were better understood. The same year, Age Concern England

instituted its *Debate of the Age*, producing a variety of Millennium Papers. Finally, the last year of the century saw four major initiatives – the ESRC *Growing Older* Programme, the *Older People and their Families* initiative from The Nuffield Foundation, the EU Fifth Framework EQUAL programme, and the PPP Health Care Trust *Older People* Programme, all with substantial investment in research into social gerontology.

Areas for future development

There are thus a number of areas of British research which have been successfully developed. In particular, the fields of health and social care as described above, including extensive work on the informal care sector (Twigg 1993, 1998), housing (Leather and Morrison 1997; Heywood 1994; Means 1998; Tinker *et al*. 1995; Morris 1990; Langan *et al*. 1996; Rapaport 1995; Peace and Johnson 1998) and national pension policy and provision (Johnson and Falkingham 1992; Falkingham and Johnson 1993; Evans and Falkingham 1997; Dilnot and Johnson 1992; World Bank 1994; Falkingham 1998; Atkinson 1990) have been relatively well funded (Harper 1999), and there are several excellent collections providing full literature reviews on these topics (Bernard and Phillips 1998*a*; Ginn *et al*. 1997; MRC 1994; Phillips 1997).

There are still several broad areas of research, however, which do not currently attract *significant* research support from funding agencies, and would benefit from further development. Despite nearly 30 years of continuous growth in academic output, the development of social theory for understanding ageing and later life is still in its infancy (Jamieson *et al*. 1997). Epistemologically, social gerontological research in the UK has two broad characteristics: it is typically informed by theory developed from outside the subject area, and this theory is primarily (though not exclusively) drawn from sociology and social policy. This is in contrast with the US where theoretical perspectives from history, economics, anthropology, psychology and the humanities in general, have made significant contributions to the understanding of ageing and later life. While it is acceptable to borrow these US theoretical perspectives, there are issues of cultural boundaries and cultural specificity. Thus our understanding would greatly benefit both from work which could transfer theoretical concepts across cultural boundaries, and from work which could develop new theoretical insights into the process of ageing and later life drawn from the UK experience itself. Both our understanding of the process behind

individual and societal ageing, and subsequent policy development, would be greatly enhanced through the development of a more sophisticated theoretical framework. Of particular relevance here is the importance of **historical approaches** to understanding ageing and later life. The value of historical study has long been recognised as a means of understanding contemporary developments. Yet, with a few notable exceptions, such as the historical population analysis of Laslett and the Cambridge Group (1989), there has been relatively little historical work done on ageing and later life. In comparison with the US, (Achenbaum 1978, 1995, 1997; Cole 1991), the historical perspective taken by British researchers has tended to be rather narrow, and typically dominated by the history of social policy approach, though work by McNicol (1998) and Thane (1982) has gone some way to rebalance the contribution. Similarly, despite some excellent exceptions such as work by Grundy (1995) and Murphy and Grundy (1995) for example, **the demography of later life**, in particular the causes and consequences of population ageing, still has many questions to be addressed in the British context. Yet, knowledge of the demographics of an ageing society is crucial to our understanding of the processes and subsequent policies which will be required.

While there has been a variety of work done on pension policy, and intergenerational transfers at the national level, particularly by Atkinson (1990, 1994), Falkingham (1998), and Johnson and Falkingham (1992), **the economics of later life** from the perspective of the individual, in particular planning for later life and intra-family transfers, has been less well explored in this country. For example, the dynamic relationship between incomes and transfers is not well understood in relation to elderly individuals and their families. Similarly, our understanding of the relationship between household expenditure, economic and consumption needs, and individual wealth is limited. Yet the interaction between public and private transfers will become of increasing importance. Given the large changes in **household composition and family structures** (Walker 1996) we also need to explore the implications of this wide range of family circumstances. For example the impact of divorce and re-marriage of family members on intended and expected transfers, and the impact of changing gender patterns of employment and retirement. We currently know little about how both older and younger generations perceive and plan for their own old age in the light of the mix of potential forms of support provided by kin, the market and the state. If this planning is extended to cover long-term *support* (that is all components required for healthy living such as finances, housing, nutrition, companionship etc.)

as well as long-term *care* per se, then this is an area of key importance. Additionally, increasing life expectancy and the rising cost of long-term care is questioning the viability (that is the economic feasibility) of intergenerational wealth inheritance Finch (forthcoming). A greater understanding is thus required of the responsibilities of the individual, family and state for provision in old age; and the consequences of these changing family models and intergenerational relationships for future care of dependent adults. A full range of research in this area, would provide an essential context for the much-needed public debate in Britain on the responsibilities of the individual, family and state for provision in old age.

As noted, there already exists considerable high quality research and policy development, and a variety of funding opportunities in both **the medical and the social care** of older adults per se. However, there appears less opportunity for multidisciplinary interaction, and limited support for inter-disciplinary and inter-professional understanding across the medical social divide. In addition, there is a particular need for research and policy which *restores the individual*, *their family and support network to the centre of the research question*. Much recent work on the care and support of older adults, has focused on the perspective of the providers. This is in contrast to the call from the voluntary sector, for a more person-centred aspect to policy research. In particular research is needed to further our understanding of the personal strategies adopted by older adults and their families as they negotiate the range of care strategies open to them. Similarly, the relationship of the market and state in the provision of long-term care and support for older adults raises a variety of questions not only for older people and their families, but also for the professional health care workers who are also increasingly negotiating private sector and state boundaries in their work. Evidence from the US suggests that 'no-care' zones (Estes 1993) can emerge as the state withdraws from certain health care provision, and the private sector declines to provide alternative provision either for specific individuals who do not have appropriate insurance, or for the entire older population, if such provision is perceived as uneconomic. Clearly the UK, in contrast with the United States, has yet to debate fully the implications of the allocation of scarce health care resources (Callahan 1987; 1994; Grimley Evans 1997).

Beyond these broad debates, lie a series of more specific issues still to be resolved in the British context. Questions concerning **disadvantage in later life** such as homelessness, drug dependency and alcoholism, well researched among younger populations, have barely been touched upon among older people. Yet, as Crane's (1997, 1999) perceptive work

has indicated, there are currently no policies and few homeless services targeted specifically at homeless elderly people and, currently, little research available which describes their specific needs. While the prevalence of alcohol abuse and alcoholism appears to decline in later life, the potential health consequences of problematic drinking behaviours, and the effects they have on later life, and in particular on family and other social relationships, are poorly understood.

The other side of the question on disadvantage in later life concerns the concepts of **autonomy, empowerment and socio-legal frameworks**. There has been recent concern about the autonomy of older adults who might be deprived of the opportunity of making or participating in decisions about their own lives (*Who Decides? Making Decisions on Behalf of Mentally Incapacitated Adults* (Cm 3803)). These are often, but not exclusively, older people suffering from dementia. Intergenerational issues arise here, as adult children are often identified as proxy decision-makers either by the older people concerned, or by professionals such as health and social workers. As was earlier indicated, current emphasis in social policy is on user involvement and empowerment. Yet the concept of empowerment in the context of older adults currently has little substance. This is an area which underlies most themes associated with ageing and later life, and needs to be significantly developed. In addition these areas need to be complemented by a better understanding of the socio-legal frameworks within which personal and political decisions are taken. Specific topics for exploration here include, for example, autonomy and mental capacity in later life; euthanasia; living wills; family breakup and access to grandchildren; and the relationships between medical and legal practitioners (Help the Aged *et al*. 2000).

Another key area of potential development is the implication of changing patterns of employment on older people's lives (Phillipson 1998), in particular the relationship of **work, retirement and citizenship**, for both men and women (Arber and Ginn 1997). We need to know more about the role of flexible employment patterns and job insecurity on older people's later life income, and their consequent perception of retirement and later life, the impact of future labour and skill shortages, and the concept of 'productive ageing' in changing societies. Similarly, we need to fully address the impact of the new concepts of citizenship (Higgs 1995), equal opportunities and age discrimination in determining later life reward. As frequently pointed out in the literature (Ahmad and Walker 1996; Atkin, 1998; Blakemore and Boneham 1994; Blakemore 1997), while the proportion of **older people of ethnic minority status** continues to rise in the UK, the

needs of these people have not been high on either the policy or research agenda (though the ESRC 1999 *Growing Older* Programme does highlight this as a key area of research). As a consequence little is known about the relationship between these older people and the health and social care provision appropriate to their needs, nor about the cultural and social context of their specific experiences of ageing. In particular we need greater understanding of the extent, nature and experience of disability and chronic illness among these older ethnic minority populations; the relationship between specific ethnic minority groups and health and policy agencies; and the interaction of income, housing and social isolation.

Clearly, all these studies would benefit from both high quality, national, longitudinal data collection, and in-depth qualitative research. Yet despite various initiatives (Harper 1998; AGENET, 1999), and in particular the development of the *English Longitudinal Study of Ageing*, (*ELSA*), the UK is bereft of good **national level longitudinal data**, relative to both the US and other European countries. These data are required, not only to develop our understanding of individual and societal ageing, but also in order to make sound policy decisions, and in particular to develop high quality long-term strategic planning for our ageing population. Similarly, many of the above questions may also be informed by a greater **comparative understanding of policy and practice** in our country. Given our membership of the European Union, comparative study of European national policy is clearly important. In addition the advances made in the US and Australia (the latter being particularly innovative in its recent policy approach towards older people), might also prove useful. This comparative work should include an examination of the ways in which other countries ensure that research, policy and practice are linked.

Conclusion

It is clear that despite tremendous developments over the past 30 years, key issues still remain unresolved. Intellectually, the subject area remains dominated by researchers from social policy, and health care service and delivery. While those with training in anthropology, sociology, demography, history, geography and economics are active in the subject of ageing, their numbers are limited, unlike the United States where demographers, historians and economists are particularly strong in the field. Multidisciplinary funding is still difficult to achieve, despite genuine collaborative efforts by researchers. Unlike the

National Institute on Aging in the US, Britain does not have a separate governmental agency for co-ordinating research on ageing issues. Neither do we have national ageing programmes like several of our European neighbours. There is still no Research Council funded Centre for the Study of Ageing in the social sciences or humanities. Part of this derives from the uncertain disciplinary status of ageing research within academia. Britain has yet to tackle the question of whether gerontology should be established as a distinctive subject area with undergraduate to Ph.D. programmes, or continue to be an area of interest integrated into a variety of other disciplines. While the current lack of discipline status has clear funding implications (Kender 1997), to claim the subject area as a distinctive discipline, with a sound educational base, is a contentious issue. Strong views are held by both sides, as the debates of the 1970s and 1980s in the US demonstrated. Yet, this above all is perhaps the first question of the new millennium which the British academic gerontological community needs to address.

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