CHAPTER SIX

CONSTRAINT, CULTURE AND CARING

INTRODUCTION

In spite of the recognition of the socially structured nature of older people's poverty, dependency and care-giving role, little detailed attention has been given to the role of older carers or to the influence of poverty upon their role. It was the original aim of this research to help to redress this neglect by demonstrating the way in which material circumstances impacted on the role of older carers (chapter 1). However, as fieldwork and analysis progressed the assumptions and hypotheses underlying this research were modified. For, contrary to the second generation approaches on which the research hypothesis was based, while having relatively low incomes, older people did not always perceive themselves to be poor or experience money problems. Neither did they always regard their caring role as being unwillingly imposed as a result of such poverty with many experiencing positive benefits as a result of this role. The incidence of such positive benefits were anticipated at the hypothesis stage, but contrary to initial expectations, these were not incidental or arbitrary but were integral to the interdependent caring relationships of respondents. It thus became clear that material resources alone were inadequate in fully explaining the experiences of older carers in this sample and their diversity to those found to be exhibited by younger counterparts. In order to explain this diversity, it is suggested in this thesis that age-specific and generationally based factors of culture, attitude and physical pathology, as well as material factors, need to be taken into account if the experiences of respondents are to be fully understood. As such, it is argued that, while older age is characterised by relative material deprivation and the increased onset of disability, the way in which older people actively react to and negotiate these changes is shaped by age related cultural and attitudinal factors. However, contrary to postmodernist perspectives on older age (chapter 1), these factors are characterised by age-based homogeneity rather than by diversity. At the same time, in accordance with the concept of culture as being 'relatively autonomous' from economic conditions (chapter 1), this homogeneity can override diverse material situations. This concluding chapter will firstly summarise the findings presented throughout the thesis and will then go on to examine the implications of these findings for existing theory, future research and for the broader context of welfare provision.

CARING AND RESOURCES

Poverty and material resources

In accordance with structurally derived situational constraints theories of poverty, material circumstances did have a significant influence on the role of older carers and the way in which they performed and subjectively experienced this role. Thus, the decreasing access to material resources which tends to accompany the ageing process could be seen to reduce the choice in caring strategies utilised by respondents while exacerbating the practical demands upon them, serving to potentially diminish the quality of the experience both to carer and care recipient alike (Abrams, 1978). As such, it was seen in chapter three that carers experienced greater objective caring costs due to such things as their reduced ability to purchase aids and adaptations to help them in their role. This in turn served to compound their restrictedness (Bebbington et al, 1986) and the subsequent social isolation arising from this role. Material factors also potentially exacerbated the subjective costs of carers due to the role of poverty in undermining the incidence of reciprocity and spontaneity in the caring role, factors which have been found to be crucial in enhancing the intrinsic value of the informal caring relationship (Abrams, 1978). As Arber and Ginn (1992) maintain, an individual's material situation is not only influenced by their access to resources within the household but also to their access to external sources of support. As such, contrary to idealised portrayals of working class life; poverty could undermine respondents' access to informal sources of support and give rise to social isolation (chapter 5). While culture of poverty theorists such as Lewis (1966) attribute similar patterns of social marginality identified in socially deprived groups to attitudes of apathy and deviance, in accordance with the situational constraints theory of poverty, isolation for respondents in this sample was compounded by material factors such as access to a car and the inability to reciprocate for help provided within the context of the increasing instrumentalisation of informal caring relationships. These problems of access to external help were exacerbated by the general inadequacy of such provision with social trends such as geographical mobility and the increasing proportions of working women undermining the availability of informal support. At the same time, formal support was similarly inadequate both in terms of quality and quantity. This in turn serves to undermine pathological theories of ageing which attribute older people's

social disadvantage to individual inadequacy and physical incapacity alone and fails to take account of the influence of materially based situational constraints upon this issue.

Physical pathology, culture and attitude

Contrary to the economically determinist assumptions of the situational constraints theory, cultural, physical and psychological factors as well as material factors could also be seen to shape the experiences and actions of carers. For example, age related cultural factors, as well as material factors could help to explain the great diversity of financial management strategies utilised by poorer people at each end of the age spectrum. Thus the self-reliant and financially cautious approach exhibited by respondents in this sample contrasts markedly to the strategies of younger people in which credit and debt and reliance on others have been found to be commonly utilised. This could be seen to arise from generationally based cultural norms such as the lack of assimilation into the post-war consumer culture apparent amongst older people, as well as physical factors such as limited life expectancy and mobility problems, which prevented respondents from fully participating in the consumer economy. Similar age-based diversity was apparent in the influence of poverty on living arrangements. Thus while within this sample, relative poverty often strengthened the bonds between household members through the creation of a material interdependency, this contrasts with the position of younger people in poverty in which family break up has been found to be common. Again, this age-based diversity can be attributable to cultural factors such as traditional views of marriage and its lifelong nature held by older people as well as the many positive psychological benefits respondents claimed to gain from co-residence and the emotional interdependence arising from this. It can also be attributable to the high incidence of disability amongst older people leading to a practical interdependence between household members and a blurring of the traditional gender role divisions, which had characterised their younger lives.

Action and meaning

Both structural and pathological theories also neglect the potential diversity of responses to similar material situations, the fact that diverse motives can be attached to similar

actions and that these diverse motives will go on to effect the way in which the outcomes of these actions are perceived. For example, contrary to Arber and Ginn's (1992) speculation that a co-resident caring role is often unwillingly assumed as a result of financial expedience, for this sample of older carers, it was a role which was largely willingly adopted and from which many positive benefits, both material and non material, were claimed to be gained (chapters 3 and 4). It was also seen that older people's lack of participation as active consumers could, in accordance with the situational constraints perspective, partially be attributed to the role of poverty and physical pathology in excluding them from this culture. However, contrary to positivist assumptions of cultural homogeneity, it could also be attributed to the active rejection of this culture and older people's implicit adherence to what can broadly described as a 'counter culture' characterised by hard work, frugality and self-reliance. These respective motives could in turn effect the way in which respondents experienced their situation with their willing assumption of the co-resident caring role helping them to perceive this role in a positive light. At the same time, their active rejection of the consumer culture meant that the sense of relative deprivation arising from their subsequent exclusion from this culture was minimised. Age related cultural factors as well as material factors could also influence respondents' access to external sources of support with their general wish for independence in order to preserve their positive sense of identity (Coleman et al, 1998) rendering them reluctant to rely on help from such sources. In this respect, much research has observed the way in which older people's wish for independence leads to their reluctance to rely on help from rely on help from kin (Wenger, 1984; Tulle-Winton, 1999) with many preferring the state to meet their financial, health and social needs (Bowling et al, 1997; Wenger, 1999). However, Baldock et al (2001) suggest that this wish for independence is likely to also extend to a resistance of help from formal sources, leading them to perceive such support in a negative light, because to accept such services would be incompatible to maintaining their self-worth and identity. An outline of the various material, physical and attitudinal and cultural influences on the lives of carers is shown in table 6.1. The first row briefly summarises these issues, while the following three rows categorise these influences around the findings emerging in chapters three, four and five.

Table 6.1: Material, physical, attitudinal and cultural factors affecting the lives of respondents

ASPECT OF LIFE	POVERTY: In accordance with situational constraints theories, access to material resources had an impact on the experiences of carers, influencing their access to aids, adaptations, formal and informal support and promoting material interdependency within the caring relationship	PHYSICAL PATHOLOGY: Despite the challenge by the political economy approach to pathologically based theories of ageing, physical pathology had an impact on the role of respondents, serving, to exacerbate the demands of this role and promoting practical interdependency within the caring relationship	ATTITUDES/CULTURE: In spite of the rejection of cultural explanations by situational constraints theories, culture and attitude mediated the impact of disability and material constraint, shaping respondents' responses to poverty, disability and the caring relationship
Material resources and the caring role	- Limited post retirement incomes serving to restrict access to aids and adaptations which would help the carer in their role and reduce the dependence of the cared for person. - The financial costs incurred from caring serving to feedback to material situation	- Social isolation, caring 'costs' and 'restrictedness' arising as a result of the disability/illness of the carer and the cared for person. - Disability/ill health giving rise to role transformations within the household. - Limited life expectancy leading to financial caution and lack of attractiveness to retailers. - Increased financial costs incurred as a result of disability	- Financial caution, a propensity to accumulate savings, negative attitudes to financial accessories, credit and debt and a 'tight control' approach to budgeting. - Unwillingness to pursue an independent life without the cared-for person, especially within the spousal relationship - Rejection of consumer culture
The experience of caring	- Material interdependence with the cared for person promoting the need to pool limited resources. - The role of poverty in promoting the objective and subjective costs of caring and in reducing the choice in caring strategies utilised.	- Practical interdependence with the cared for person due to the disability of the carer. - The blurring of gender role divisions in household roles. - The high incidence of impairment amongst contemporaries leading to the high likelihood that older people will become carers	-Emotional interdependence with the cared for person due to traditional views on marriage, a sense of duty, reciprocity and the positive benefits of caring. - Issues of assessment and 'gerotrancendance'
Access to external support	- Charging and means testing. - Insufficient and inappropriate welfare provision. - Social trends leading to the decline of supportive kinship networks. - The 'instrumentalisation' of informal support. - Complexity of welfare pluralism leading to confusion and barriers in access	- Onset of disability/ill health and difficulty in coming to terms with this, leading to an ambivalent attitude towards seeking external support. -Mobility problems leading to an exclusion from the consumer culture -Rapid onset of disability and subsequent incompatibility of needs to some forms of provision such as direct payments - Death and ill health of contemporaries	- Self-reliance, a wish for independence and a culture of 'coping' - Tendency not to perceive themselves as being poor, being a carer or being in need of support. - Ageist service provision. - Rejection of consumerised provision due to 'habits of the heart' and financial caution - Tendency to underplay level of need to themselves and to others. - 'Individualisation' amongst younger generation kin

THEORETICAL IMPLICATIONS

The need for synthesis

This influence of age-related attitudes, disability and culture on the behaviour of respondents and the subsequent diversity of this behaviour from their younger counterparts serves to undermine situational constraints theories which, along positivist lines, implicitly assume that people will react in similar ways to similar material circumstances. The influence of disability and culture on the lives of respondents in this sample, also highlights the omissions in the political economy approach to social gerontology which underplays the independent influence of such factors in older age. For it is argued that such perspectives serve to disguise the economic and socio-political dimensions of oppression in older age and exaggerate the incidence of illness and infirmity amongst older people. For example, contrary to the assumption of pathological theories, there is no straightforward connection between older age and dependency with the vast majority of older people being neither disabled nor dependent:

> Old age is being represented as a cluster of physiological and biological problems – the construction of dependency through economic and social inequality being usually ignored (Phillipson, 1989: 198)

Similar trends have been apparent in feminist literature, which has resisted psychological interpretations of caring because they divert attention from social structural analyses and are used by policy makers to reproduce a wider oppressive social organisation (Graham, 1991). However, in their critique of the pathological and cultural theories which preceded them (table 1.2), second generation theories such as the situational constraints theory of poverty, the political economy approach to ageing and oppressive concepts of caring fail to take full and explicit account of non-material factors which render unique the way in which individuals actively adapt, manage and experience their lives. As such, while it is important to reject ageist assumptions, the denial of the realities of ageing may perpetuate such ageism rather than challenge it (Andrews, 1999) with such issues as the cultural uniqueness of older people remaining unrecognised.

Moreover, contrary to the passive portrayals of older age held by pathological theories of ageing, as Hockey and James (1993: 175) observe, for older people, this adaptation can

be seen in terms of successful 'struggles' in adversity rather than as 'scenes of defeat', with respondents managing to 'resist' threats to 'selfhood' arising from such things as poverty and disability by finding alternative practical strategies and coping mechanisms. As such, this research suggests that material resources, disability and cultural factors mutually interact with each other to shape older people's response to their situation (figure 6.1). For example, respondent's material deprivation potentially compounded their own or the cared-for person's disability while this disability itself had implications for their material situation, potentially compounding the costs of caring. Attitudes and culture could also affect carers' responses to poverty and disability with their impact and severity being potentially compounded due to a culture of coping and a subsequent unwillingness to seek and accept help and support. Meanwhile, poverty, culture and disability could combine to promote an interdependence within the caring relationship (table 6.1)

Figure 6.1: A three way model of older age
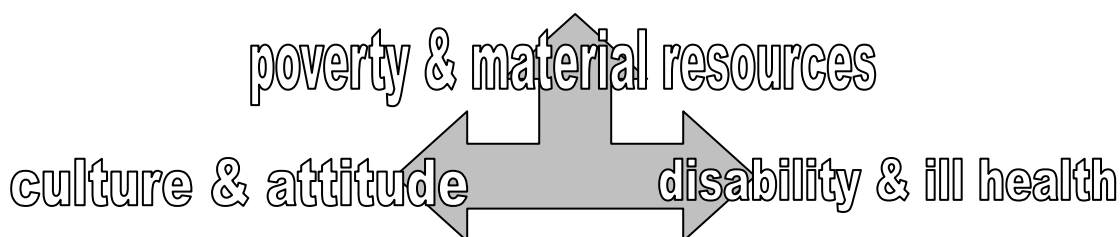
The relative autonomy of the age dynamic

The role of non-material age related factors in influencing the behaviour of older carers in this sample not only undermines situational constraints theories in explaining the diverse behaviour of those in poverty at each end of the age spectrum. It also serves to highlight the inadequacy of 'class reductionist' theories such as Marxism in wholly explaining the position of older people in society, failing as it does to take account of such age specific factors. As such Marxist theory can be seen as a theory of empty spaces for while it explains the social position of older people in society in terms of their enforced exclusion from the capitalist mode of production, it does not explain why older people in particular

were selected for this treatment. Neither does it explain their disadvantage in pre-and post-capitalist societies. Feminists have noted similar omissions in Marxist analyses of women's oppression which, like that of older people is attributed to their exclusion from the workforce under capitalism (chapter 1). In order to redress this omission 'radical feminists' utilise the term 'patriarchy' which while being a vague term can ultimately be seen as arising from women's natural reproductive capacity (Firestone, 1972). This 'patriarchal oppression' is seen as an all-pervasive, ahistorical and universal 'mode of power relationship' and the prime source of women's subordination (Millett, 1970). However, while radical feminist concepts of 'patriarchy' help to highlight and explain the oppression of women, the biologically determinist overtones of this approach, reflect in many ways the long discredited pathological approaches to older age advocated by theorists such as Cumming and Henry (1961). Moreover, such an ahistorical and universalistic concept fails to fully recognize and explain the huge diversity in the experiences of women and the mediation of gender by other social divisions (Walby, 1990).

In response to these observations, Marxist feminists suggest that there is a materialist basis to patriarchy and that this is generally the historically dynamic way in which society exercises control over women's labour (Kuhn and Wolpe, 1978). These ideas have been further refined by more contemporary feminists such as Walby (1990) who maintains that patriarchy is a 'relatively autonomous' set of social relations operating differently on different sites. While views differ over whether patriarchy or capitalism is the more significant force, a common theme of these social constructivist feminist accounts is that biology interacts with social and material conditions and that concepts of gender, patriarchy and reproduction should be combined with that of class, capitalism and the mode of production if the position of women in modern society is to be fully understood (Williams, 1989). This research suggests that, within gerontology, the social division of age also needs to be added to this equation with age specific factors of physical pathology and culture dynamically combining with socially derived material factors to help shape the position of older people in society and, like the subjective experience of poverty and

caring (chapters 3 and 4), giving the age dynamic a relative autonomy from its objective and economic base.

This need to recognise the relative autonomy of the age dynamic is apparent within this research on two dimensions. Firstly, the lives and experiences of respondents were greatly influenced by the occurrence of disability and ill health both of themselves and of the cared-for person, serving to promote the incidence of care within a co-resident setting and promoting the 'costs' experienced as a result of this role. In this respect, due to the physical process of ageing, it is indisputable that older people are more likely to suffer from such problems than younger counterparts and this is upheld by much statistical data (table 4.3). Moreover, the problems and struggles relating to such impairment can remain even when disabling barriers such as poverty are removed with some writers from the disability movement challenging structuralist theories of disability and the neglect of individual pain, comfort and diversity resulting from such theories (Oldman, 2002). Secondly, with regard to the attitudes and culture of respondents, as a result of age related life experiences and socialisation, these values and beliefs are more likely to differ from and be incompatible with contemporary ideals than those held by younger people, due, for example, to a cultural 'hangover' effect alluded to by Durkheim (chapter 1). While their marginality to post-Fordist developments in working patterns may mean that social trends arising from these developments will also pass them by (chapter 5). Similarly, older people's attitudes to the onset of dependence and poverty is likely to differ from other social groups due to their wish for independence and their past life histories (chapter 4). Thus while older people and children tend to be lumped together as 'dependent groups', the experience of dependence and poverty amongst older people and their carers is likely to be qualitatively quite unique.

The structuring of the age dynamic

In spite of the need to qualify Marxist perspectives and second generation theories on poverty and older age, such approaches remain crucial to the understanding of older people in society, for three main reasons. Firstly, it is likely that such approaches, in emphasising the influence of social structural factors such as poverty on the lives of

individuals, were not totally discounting the influence of non-material factors such as disability, culture and attitude. Instead they were simply trying to redress the neglect of structure as a result of the previous predominance of pathological and 'blaming the victim' approaches which associated poverty with deviance and apathy and older age with notions of dependency and frailty (Thompson, 1993). Indeed, political economists such as Peter Townsend have written widely on the influence of cultural factors in older age. While in line with the tradition of social policy (chapter 5), such cultural considerations often focus on service providers and their role in promoting dependency, others have focussed on the attitudes of older people themselves (Walker, 1993; Walker and Maltby, 1997)

Secondly, it is clear that material resources *do* have an important role in shaping the experience of older age. For example, older people have a greater propensity to poverty than other groups and this can have a significant impact on the experience of carers (chapter 3) and can promote interdependence within the caring relationship (chapter 4). Similarly, chapter five illustrated the way in which access to resources can mediate carers' receipt of formal and informal support and regardless of whether this restricted access was the product of choice arising from financial caution or constraint arising from poverty, it will clearly influence the way in which the caring role is experienced (chapter 3). Moreover, on a wider level it has been argued that social structural factors can influence the position of older people and the way in which they experience their everyday lives. Thus, from a political economy perspective Walker (1987) argues that retirement policies, pension policies and health and welfare provision have combined in twentieth century capitalism to exacerbate the oppression and dependency of older people (chapter 1 and 5). It is further argued that the impact of these social policy developments have been compounded by broader social trends under capitalism such as the drive to profitability leading to an increasingly mobile and consumer driven society, serving to further marginalise older people who tend to be less mobile and free spending than their younger counterparts (chapter 3). This marginality is likely to be particularly apparent amongst older people living in poorer communities. This is due, for example, to the increased incidence of crime in such communities (chapter 5) and the potential costs

incurred as a result of this. As Scharf et al (2002) observe, it is also due to such things as the withdrawal of public and commercial services from areas deemed to be unprofitable meaning that shops and services that remain have less competition and can charge more.

A third and related factor is that is that non-material and apparently individually derived factors of ill health and disability, culture and attitude are themselves at least partially influenced by the wider social structure. With regard to physical pathology, while it is indisputable that older people are more prone to such pathology than the young, it is also clear that its impact and incidence is exacerbated by social factors. For example, the Black Report (1992) showed that inequalities in the incidence of ill health have been widening since the 1950s and that this trend was principally related to growing material inequalities. Similar resource-based arguments can be made regarding the relationship between socio- economic status and the occurrence of disability. Thus, while the increased incidence of disability in older age helps to contribute to the social disadvantage of older people, some theorists such as Oliver (1990) maintain that disability is itself a social construct linked with the broader framework of capitalism and that adequate support and resources would help individuals to transcend the disadvantage which they experience as a result of this disability. In accordance with this argument, the access of respondent households to relevant aids and assistance could help to minimise the impact of disability upon their lives (chapter 3 and 5). The cultural values and attitudes held by respondents can also be linked to wider structural factors, for such culture and attitudes are themselves located in social, economic and demographic frameworks (Vincent, 1995). For example, while, on one hand, older people's common aversion to residential and hospital care could be attributed to outdated cultural notions of charity and the workhouse, it could equally be seen to be a rational response to the realities of an inadequate and ageist service (chapter 5)

This close and mutually interacting relationship between attitude, culture and social structure is well illustrated by Thompson (1993) who sees this relationship as taking place on three interrelated levels: in personal attitudes, cultural values and wider socio-political forces. So just as social structural factors help to shape the attitudes of

individuals within it, they also shape the way in which society as a whole views social groups such as older people. With their perceived marginality to society's mainstream projects of production, reproduction and consumption leading to 'ageist' attitudes and subsequently negative stereotyping:

> Ageism makes it easier to ignore the frequently poor social and economic plight of older people. We can avoid dealing with the reality that our productivity minded society has little use for non-producers – in this case those who have reached an arbitrarily defined retirement age. (Butler, 1975: 12)

Elaborating on this issue, from a Marxist perspective, it is maintained that social attitudes and culture are shaped by the 'ideological superstructure', which is itself shaped by the social structure and economic base. Thus as Marx states:

> Upon the different forms of property, upon the social conditions of existence rises an entire superstructure of distinct and peculiarly formed sentiments, illusions, modes of thought and rules of life. The entire class creates and forms them out of its material foundations and out of the corresponding social relations. The single individual, derives them through tradition and upbringing (Marx and Engels, Selected Works, 1969: 117).

The role of society and the 'economic base' in shaping the attitudes of individuals, helps to explain the great diversity of the views held by respondents in this sample to those found in younger people, with their attitudes of self reliance and financial caution likely to be a product of the bygone era of early industrial society in which the Protestant Ethic rather than the contemporary culture of consumption reigned supreme (chapter 1). As such, Marxists have never discounted the significance of culture but rather than regarding this culture as being free-floating and individually defined they see it as being linked to and led by the prevailing mode of production. Indeed, contrary to accusations of economic determinism, like Weber and Durkheim (chapter 1) most Marxists see this relationship between base and superstructure as being characterised by a certain degree of flexibility and 'relative autonomy' in that the latter has some degree of impact on the former, although this is itself determined 'in the first and last instance' by the economic base. This concept gave rise to the term 'dialectical materialism', a process by which progressive social change is fuelled by a dynamic interplay between base and superstructure, structure and action (Suchting, 1983: Townshend, 1996)

Postmodernists also recognise the importance of culture and its material base, however, they believe that developments in post-Fordism have led to an increased social and cultural diversity (chapter 1). For example, with regard to older people, Gilleard and Higgs (2000) maintain that they are not culturally homogeneous with differences such as those arising from class giving rise to great variations in the attitudes and experiences of older people. They go on to suggest that this great diversity will prevent the development of a common subculture in later life:

> At first sight, the increase in the numbers of older people might suggest greater opportunities for intra-generational solidarity and a strengthening political representation of and by older people. Precisely the opposite seems to have happened. Age is more a site of contradiction than of community. Instead of thinking of ours as a homogenized 'ageing society', what has emerged is a variety of potentially competing cultures of ageing, none of which is keen to identify itself with the old age that the policies of the 'post-modern' state address. (Gilleard and Higgs, 2000: 8)

However, rather than being a product of cultural fragmentation in older age, this allegedly increasing diversity may be partially a product of greater longevity combined with ever broadening definitions of what it means to be 'old' with older age potentially spanning up to fifty years of life. At the same time, contrary to the claims of Gilleard and Higgs (2000), this research suggests that the older people in this sample were indeed characterised by a significant degree of attitudinal and cultural homogeneity. Moreover, contrary to consensual and functionalist postulations of a 'common culture' shared by the majority, these attitudes and approaches differed from those held by their younger counterparts and served in many cases to over ride the diversity in their respective material positions. When this cultural uniformity is combined with their common exclusion from the workforce as a result of retirement, it can be argued that older people form a social class in their own right, conforming as they do to all the criteria used to define such class by functionalists, Marxists and Weberians alike (chapter 1). For, in accordance with Marxism, they share the same relationship to the means of production, while in accordance with Weberianism and functionalism, they share similar values, beliefs and market relationships.

THE WELFARE RESPONSE

Lack of appropriateness

In spite of the obvious relationship between culture, attitudes and action and policy rhetoric towards the recognition of cultural diversity, in practice welfare provision has failed to respond to the unique and age specific needs and values of older people in general and older carers in particular. This can partly be attributed to the fact that within gerontological research, very little is known about the cultural norms of the white majority (chapter 1), with such culture tending to be regarded as an ethnic minority issue (Blakemore, 1997). While, as Baldock (1999) states, the analytical tradition of social policy has also tended to neglect the culture of welfare recipients (chapter 5). Moreover, in spite of the awareness within academic circles of the socially created nature of poverty in older age and the influence of this poverty on individuals' behaviour, this awareness has not been reflected in service provision which has continued to be implicitly based on pathological perceptions of poverty and older age. For example, it has been suggested that the newly decentralised and marketised system of welfare pluralism may enhance consumer sovereignty and power, with the increasing commodification of welfare through means testing and private payment for domestic and nursing care giving service users more control and choice. The rationale of such a policy is to respond to the increasing polarity in the material position of welfare recipients by focussing support on those in the greatest material need. Moreover, it has been suggested that paying for services helped to remove the potential stigma of being a welfare recipient (Johnson, 1993). However, such consumer choice is only available to those with sufficient financial resources to pay for such services with those without such resources being more likely to be forced into demanding caring relationships regardless of their wishes (Arber and Ginn, 1991). Thus as Baldock (2003: 66) states:

> Welfare users are often doubly excluded, both from the worlds of production and consumption, and welfare services fail to bridge the gap not only because they may be lacking in quality or exclusivity but also because using them does not allow the expression of choice

For older people this exclusion from the welfare market is exacerbated by its incompatibility to their specific needs and wishes (chapter 5). For example, the sudden

onset of disability, common in older age, is likely to be a deterrent in 'shopping around' arranging direct payments and exercising choice in the selection of formal support services. This is upheld by my own experiences as a social worker in which the needs of younger disabled clients tended to be relatively stable, while work with older people tended to involve crisis management. Moreover, due to the tendency of older people to recuperate at a slower rate than their younger counterparts following the onset of disability or ill health, the rapid discharge policies adopted by hospitals, are likely to be inherently discriminatory to older people and their carers. Thus, different people have their disability created in different ways and their requirements on how to have their needs met will show similar diversity. Indeed, this research has suggested that the support needs and wishes of older people run counter to trends in user-led, participatory services with help with practical problems being the overwhelming priority of respondents (Johnson, 1993). Barriers to access are likely, in addition to poverty and disability, to be further compounded by cultural and attitudinal factors in older age with welfare users' choices in the care market being driven as much by values and preferences as they are by their immediate care needs (Baldock, 1999b). For example, older people's self-perceptions, self-reliance and financial caution could form a barrier to accessing support. Thus even carers with significant capital were still unwilling to pay for services, choosing to go without them, often at great personal sacrifice. This lack of congruence between objective reality and subjective perception serves to highlight the failure of welfare trends such as means testing to take account of this subjectivity. For, in spite of the advocacy of client empowerment and the subsequent rejection of universalistic modes of intervention which treated such recipients as 'passive pawns' (Le Grand 1997), charging and means-testing policy implicitly assumes that such recipients will react passively and predictably to their financial circumstances and will pay for services if the State deems them as being able to afford this payment. For as Baldock and Ungerson (1994) point out, obstacles to market use may be 'habits of the heart', and a matter of culture rather than simply material constraint. Such obstacles will be further compounded by disability and frailty thus illustrating the central contradiction between being 'in need' of care and functioning as a autonomous, articulate and solvent consumer (Biggs, 2000).

As it has been seen, culture and values also shape older people's response to the onset of disability and lead to a subsequent process of denial, resistance and a wish to remain independent in order to preserve their sense of self worth. This can be incompatible with needs led assessments in which service users are expected to be explicit and open about their support needs and are also expected to pay for the services which they receive. In view of this reluctance to accept help from others or even to accept their need for help to themselves, some studies suggest that service providers should respond to these wishes and not provide service interventions unless they are requested. For example, Parker (1990) maintains that carer stress is reduced if they are happy with the amount of help which they get from others, regardless of how much this is, even presumably if it is none at all. This view is implicitly adhered to in community care policy and the role of care managers in carrying out 'client centred' assessments and matching and implementing services which are compatible to the expressed needs and wishes of the older person. However, contrary to these assumptions, Baldock et al (2001) maintain that, just as the 'production' of personal care is an essentially joint activity in which users, carers and providers all play a part, the assessment of need for this care is an equally joint activity in which service providers should play a more proactive role and persuasive role. These findings, in turn, suggest a change in the modes of assessment currently used within social care. Thus, as it was seen in chapter four, the tick box exercises currently in favour tend to focus on incapacities rather than capabilities and do not accurately reflect the needs and wishes of older people. As it was suggested in chapter two, neither do tokenistic attempts at the promotion of user participation (Beresford, 2002). Instead, more proactive and ongoing modes of assessment are suggested by Baldock et al (2001).

Lack of resourcing

However, appropriate methods of assessment of the needs and wishes of clients are pointless if appropriate resources are not available to match these needs and wishes. Therefore, in order that Baldock et al's recommendations can be effectively implemented

and that full participation in a consumer led welfare markets promoted, adequate services need to be available so that proper choices can be made. Adequate information is also needed about the availability of these services. However, the fragmentation of formal support provision which has taken place as a result of welfare pluralism has led to a confusion amongst carers over what help was available and how it could be accessed (chapter 5). Moreover, with the new role of the social worker as an arranger of services, clients are potentially left without the advocacy and counselling often needed to guide and support them through changes in their life and to provide the persuasion and coaxing to accept services in the interests of their physical and social well being (Baldock et al, 2001).

> Service users missed just those elements of social work, the interpersonal and empathetic, that were being written out of professional practice by process orientated and mechanistic care management (Simic, 1997: 2)

Indeed, the inherent reluctance of older people to accept help from outside agencies may suit the government very well. For, while the cultural norms of the general population have traditionally been seen in negative terms and as a 'spanner in the social policy works' (Baldock, 1999), the 'culture of coping' characterised by the older people in this sample, could, on the contrary be a positive asset. Thus their financial caution, traditional views of marriage and subsequent devotion to their caring role serves to reduce demand on limited formal welfare provision. For example, as Lloyd (1997: 12-13) observes:

> Continued cohabitation provides both partners with care in old age. As people live longer, so the state costs of care rise; these are reduced when the family continues to function. The state's economic interest in marriage is not just with dependent children; it is also with dependent adults.

Indeed, my own recent experience as a care manager within a local authority adults team (Argyle, 2000b; 2001a), suggests that, in spite of their merits, within the current context of resource constraint, Baldock et al's (2001) recommendations for prompt and proactive assessment are unrealistic, with hard pressed community teams being more than willing to accept a clients decision not to take up services, unless that client is perceived to be physically at risk. This is especially the case in view of the fact that practitioners are often unable to meet the needs of those who are explicitly demanding a service. This position is reinforced by the allocation of priority ratings to new client referrals. For, due

to constraints on staff time and resources, if the client is not deemed to be at immediate physical risk then they are given a low priority rating and often have to wait weeks, months or even years before they are fully assessed and allocated a service. Even then, the service allocated may not be compatible with the clients' needs or wishes with such allocation tending to be led by resources rather than by individual need. As such, the length of waiting time tends to depend on the type of service requested and its degree of availability within the locality. For example, the typical waiting list for the installation of a wheel in shower can be up to seven years, by which time many potential recipients would have died. Due to the relatively low priority given to adult services, pressure on individual workers was further exacerbated by their caseloads which were significantly higher than those held by childcare counterparts. Thus while the recommended maximum caseload of a full time child care social worker was fourteen, full time social workers within the adult team typically had caseloads of around forty while occupational therapist within the team often held up to a hundred cases.

These issues of resourcing tend, in the 'real world', to undermine the practicality of Baldock et al's (2001) advocacy of prompt, proactive and sensitive assessment and intervention unless these recommendations are accompanied by a significant increase in funding for adult social welfare services. Indeed, it can be argued that progressive trends towards specialisation in local authority social services departments, originating from community care legislation, can be seen to have had the reverse effect. Thus, in the early 1990s there was a transition from generic social work teams in which social workers held caseloads characterised by age diversity, to adult and children's services. This development had a polarising influence on the issue of resourcing, with children's services receiving substantially more funds and better staffing ratios than adult teams, whose client groups are largely made of those aged over sixty. This position has been further exacerbated by more recent trends towards even greater specialisation with adult services now being subdivided into specific client groups including, physical disability, learning disability, mental health and older people. It is likely that, as is usually the case, services for older people will fall to the bottom of the pile, relative to other client groups, in terms of funding priorities. Similar trends have been apparent in voluntary sector

service provision with diverse specialist agencies, such as the NSPCC and Age Concern, competing with each other to obtain limited resources. Due to the relative unattractiveness of older people's services, agencies aiming at this group are likely to be disadvantaged in their fight for public funds and support. Moreover, as Leonard (1997) observes, the concept of 'care' is itself problematic for it implies paternalism and dependency (Seale, 1996; Priestley, 1999; Oldman, 2002) and fails to reflect the reality of lives based on reciprocity and interdependency (Nolan et al, 1996; Barnes, 1997). Consequently, the distinction drawn by welfare providers between the needs of those giving such care and those receiving it, overlooks the way in which their interests and identities coincide and their common need for adequate, affordable and accessible help (Williams, 1992). Instead the primary conflict of interest is between carers and care receivers on one side and the state on the other which is failing to provide adequate support for either (Qureshi and Walker, 1989)

RECOMMENDATIONS

Table 6.2: A synthesised approach to older age

	FIRST GENERATION	SECOND GENERATION	THIRD GENERATION
Aspect of theory	The influence of physical pathology on the experience of ageing and the cultural norms, values and attitudes held by older people	The influence of material resources on the experiences of older people and the social construction of their disability and dependency	The diverse, meaningful and active aspects of human behaviour
Possible implications for welfare provision	Services which are compatible and responsive to the specific cultural and physical needs of older people	Anti-poverty strategies and wider issues of resourcing	Culturally sensitive and user led approaches to service provision and assessment

In accordance with the arguments for theoretical synthesis highlighted in the findings of this research, the recommendations emerging from these findings suggest that policy, practice and research should adopt a similarly synthesised approach towards older carers in particular and older people in general. That is, one which incorporates elements of all

of the three generations of theories identified in chapter one (table 1.2) and which takes account of the material needs of carers and care receivers while also being responsive to their age related needs and wishes. These recommendations for a synthesised approach highlight the considerable overlap in the social and social policy ideologies that have accompanied these theoretical developments (table 1.1). They are also compatible with the holistic approaches and 'joined up thinking', which are advocated by the neo-liberal 'modernisation' agenda. Some of these issues are summarised in the above table and are more fully discussed in the rest of this section.

Care for older people by older people

In order to address the common needs of carers and care receivers, Twigg and Atkin (1994) suggest that instead of the currently advocated 'carers as co-clients model', a 'superseded carer model' be adopted by service providers. The aim of this model would be, not to support or underwrite the care giving relationship but to transcend it through maximising the independence of the cared for person. At the same time, Abrams et al (1989) have suggested the implementation of care *of* the community, which refers to patterns of caring which are compatible with people's own class-cultural traditions and preferences thus conforming to a form of 'differentiated universalism' advocated by Williams (1992). Thus, although the transition from care *in* to care *by* the community is often seen in a negative light, serving to compound the burden on carers and reducing the costs to the state (chapter 1), community based approaches see this transition as a potentially positive development. One commonly cited way in which this benefit can be achieved is through the implementation of 'shared care' or 'sensitive interweaving' between formal and informal sectors (Moroney, 1976; Bayley, 1982). For example, given the importance of perceptions of reciprocity and independence for the maintenance of their positive identity (Pratt and Norris, 1994) an effective community-based strategy would be, through formal input, to create and maximise opportunities for older people to engage in reciprocal help through the facilitation of networks of mutual support (Thornton and Tozer, 1994; Beresford and Trevillion, 1995). This could involve such things as more sensitive rehousing policies and the provision of free transport and

telephone installation for older people which would enable them to maintain and extend their existing support networks (Qureshi and Walker, 1989).

In view of the priority placed by respondents on practical and accessible domiciliary support (chapter 5) an enlarged and collectivised home care service would be an invaluable policy development. This service could employ active older people who would themselves provide, for a wage which would supplement rather than replace their existing pension, care for disabled older people in the locality. This scheme would adhere to the flexible, personalised, culturally sensitive and reciprocal networks of support advocated by theorists such as Abrams et al (1989). It would avoid the current social marginalisation experienced by some older people, especially men, in existing older people's organisations (chapter 5) providing the type of 'low level' service preferred by older people (JRF, 1998). It would also conform to the 'interwoven' formalised type of neighbourhood support recommended by Snaith (1993) while avoiding the burdens of mutual obligation and instrumentalisation characterised by informal support networks (Oakley and Rajan, 1991). Moreover, unlike the direct payments scheme it would be cheap to run, non-bureaucratic and would provide older people with the practical and accessible support which this research suggests that they need. Not only would the service benefit recipients and their carers, it would also benefit the older care providers themselves, in terms of their income and also in terms of their self-esteem and social integration. For it would provide a continuing role for former carers:

> One way in which older people can find a role for themselves when they are no longer carers themselves is by becoming active in carers organisations, either to provide support to other carers, or to use their experiences to influence services for the benefit of others (Barnes, 1997, p126)

Such measures would be compatible with the neo-liberal focus on user led involvement and in promoting older people's role as active citizens (chapter 1). As a recent policy document stated:

> The contribution of older people is vital, both to families, and to voluntary organisations and charities. We believe their roles as mentors – providing ongoing support and advice to families,

young people and other older people – should be recognised (Building a Better Britain for Older People, 1998)

These developments would also help to break down the economic basis of ageism – older people's exclusion from the mode of production - through their subsequent reintegration into employment and the 'mainstream of society':

This change would provide an alternative interpretation of the role to be played by the elderly in modern British society, from an increasingly dependent one to an active and productive one. Such a change in the status of elderly people would be accompanied by increased incomes and by better and more appropriate housing and improved social services. (Walker,1987: 55)

With regard to the social position of older people, demographic trends towards an ageing population means that employers may, in the future, be forced to revise their age-restrictive retirement policies and employ people aged 65 and over (Davidson, 2002). Indeed, as this thesis is being written up in December, 2002, the government announced its proposal to abolish the statutory retirement age. In view of the partial autonomy of cultural norms from their economic base (chapter 1), issues surrounding ageist attitudes should also be addressed. One way in which this might be achieved is that as younger generations themselves become older, they may be less accepting of the ascribed position of older people in society and more demanding of their need and right for adequate welfare services (Oldman, 2002). Furthermore, along Marxist lines, as older people become integrated into the workforce and involved in the care of other older people in the community, they may become increasingly aware of their collective identity and interests, leading to the collective consciousness of older people and, in post modernist terms, their construction of a positive aged identity. As with older people's cultural commonality, contrary to postmodernist claims (Gilleard and Higgs, 2000) this collective identity has the potential to transcend individual diversity in older people's material situation (Goldthorpe and Lockwood, 1968).

The welfare dialectic

While the implementation of such radical forms of social change are obviously beyond the scope of individual practitioners, Marxists maintain that as an agent of the state, social welfare and social policy as a whole is unlikely to play a major part in any form of radical social change, its role being to reflect and maintain the wider context of society

rather than to challenge it. As such, contrary to consensual portrayals of the welfare state as being a neutral arbiter of the public's well-being, Marxist maintain that it is the instrument of the ruling class reflecting predominant social norms and ideals and restricting access to its scarce welfare resources (chapter 1). However, many theorists reject these economically deterministic perceptions of the state and social change. For example, some postmodernist theorists maintain that, contrary to claims that recent developments in community care have led to an increasing inflexibility and bureaucratisation of services (SimiH, 1997), such changes have in fact given rise to greater opportunities for practitioners to challenge and change the broader context on inequality in which they work (Bauman, 1992). Similarly, contemporary Marxists claim that, in its role of ensuring the long-term survival of capitalism, the state is in fact 'relatively autonomous', flexibly rising above the sectional and short-term interests of the ruling class. For example, as Bailey and Brake (1975: 55) maintain with regard to statutory social work:

> In capitalist society, social work operates as part of a social welfare system which is located at the centre of the contradictions arising from the dehumanising consequences of capitalist economic production. Social workers, although situated in a largely oppressive organisational and professional context, have the potential for recognising these contradictions and through working at the point of interaction between people and their social environment, of helping to increase the control by people over economic and political structures.

Sullivan (1987) thus claims that policy makers and practitioners should exploit this relative autonomy and the subsequent 'welfare dialectic' through the implementation of appropriately radical measures. For example, the emergence of multi-disciplinary team work in social welfare has not only enhanced the opportunity for more holistic care and greater inter-professional cooperation and communication, it has also given rise to the greater incidence of inter-professional conflict due to differing needs and priorities (Pahl, 1990).

This conflict and the fact that professionals are 'pulling in different directions' may, in some cases, work to the advantage of older people and their carers. Thus, drawing again on my own experience within an adult care management team, due to demands on bed space, social workers were under frequent pressure from hospital staff to arrange for the

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discharge of older clients as soon as possible. However, such arrangements can disadvantage older people and their carers as it can diminish their likelihood of receiving full medical investigation and treatment. Due to their tendency to recuperate at a slower rate than younger counterparts it can also leave the client to struggle at home while not fully recovered (chapter 5). Consequently, providing that the client was in agreement, it was common practice for social workers to resist this medical pressure and to delay discharge. For not only was this compatible with the interests of the client and their carers, it also met the needs of social workers who were given more time to carry out their assessment and assemble an appropriate package of support (however, the Hospital Discharge Act, initially proposed in 2002 may undermine this practice). Equally with regard to the assessment process, the growth of care managers and budget-holding practitioners may increase the autonomy of such practitioners enabling them to exercise greater discretion in the allocation of resources (Challis and Davis, 1980; 1986; Oldman, 2002). Moreover, social workers' central role in assessing client need, also extends to identifying and recording unmet need which may itself form a driving force for change in the appropriateness of service provision and its compatibility with the needs of older people and their carers. This is especially the case if the mode of assessment adopts a proactive, in-depth and ongoing approach (Baldock et al, 2001). Thus as a recent policy document on social work training observed, the assessment skills of social workers are particularly important during times of resource constraint:

> Expectations of social workers in circumstances of limited resources may be different from expectations where resources are more readily available. In the first case, social workers may find that their own role is all the more important because rather than helping clients to access a service, they *are* the service. Core skills such as listening, counselling and problem solving then become even more crucial. Social work training may need to recognise this new tension as limited resources and tight eligibility criteria increasingly put social workers in a very different kind of front line (DoH, 2002: 10)

Like the neo-liberal emphasis on individual responsibility and citizenship, this increased emphasis on inter-relational issues holds many similarities to the pathologising and individualistic approaches of intervention favoured by consensual theorists (chapter 1). However, the current incompatibility services to the specific needs of older people and

their carers is economically compounded and subsequent compatibility cannot be achieved without a corresponding increase in resources (Twigg and Atkin, 1994). Intervention should therefore focus on increasing such resources, not only for direct supportive services but also to challenge the wider context of inequality which forms a barrier to the creation of an inclusive community care policy (Barnes, 1997). With this goal in mind Walker (1982) advocates the concept of care *for* the community, which refers to the enhanced development of resources, which enable the community to care such as statutory benefits, grants as well as private, occupational and voluntary provision. For example, due to the low take-up of targetted benefits amongst older people (Parker, 2000), as well as the ageist nature of such benefits (chapter 5), raising the level of the basic state pension would be the best way of eradicating poverty in older age (Scharf et al, 2002). As older people more likely to spend money in their own locality, this in turn would have a positive impact on their communities helping to sustain local service and amenities. It would also help to minimise the direct and indirect costs incurred as a result of poverty and disability both within the household (chapter 3) as well as on a wider level (chapter 5)

Research implications

In the light of the above discussion, this research has suggested that in spite of the developments in the intellectual exploration of poverty, caring and older age (chapter 1), progress has been hindered by the lack of synthesis in the three generations of thought which have engaged in this exploration. For each generation has led to a change in 'tack' or perspective rather than to a building on and consolidation of existing knowledge. For example, academic gerontology is strewn with medical research into the incidence and treatment of physical pathology in older people with little or no reference to social aspects of this pathology. At the same time, from a post-modernist perspective, writers such as Gilleard and Higgs (2000) stress the incidence of increasing diversity amongst older people but neglect their cultural, physical and material similarities and the material conditions from which aspects of diversity can arise. In order for future progress to take place theoretical synthesis is needed. While critical gerontologists recognise the need for synthesis between second and third generations of thought, this research suggests that all

three generations need to be incorporated. Thus conflictual and second-generation theories provide a good basis for understanding the role of material circumstances in structuring the lives of older people. They must however be supplemented by consensual, first generation approaches in order to understand the independent role of physical pathology, culture and attitude in mediating this structure. In addition, third generation approaches are also required in order that the meaningful aspects of older people's lives are taken account of and the way in which they actively negotiate pre-existing social structures is understood and recognised. This in turn suggests the need for research, especially from a multidisciplinary perspective, which aims to further explore and unify the influence of material circumstances, physical pathology and culture in the lives of older people. For example, in order to achieve greater understanding of cultural norms in older age, a comparative or longitudinal study of different groups of older people would help to further illuminate the way in which such norms were specific to a stage in the life-course or the product of generational experiences, or both (chapter 3).

Similar synthesis is required in research into poverty, caring and older age. For not only has much research falsely divided the interests and identities of carers on one hand and care receivers on the other, it has also been largely characterised by a 'classless' and 'ageless' analysis. The 'ageless' analysis of informal care research suggests that more exploration of the specific needs of older carers is required, for in spite of their significant numbers (Milne et al, 2001) this thesis is a very rare example of research into this group of people (Askham et al, 1992). Meanwhile, in view of the 'classless' analysis of literature in informal caring, more attention needs to be given to the way in which older carers in particular and older people general manage their money. Thus in spite of the social construction of poverty in older age, little attention has been given to the way in which older people experience or actively negotiate their financial situation (Argyle, 2002b; Scharf et al, 2002) or the way in which they experience the consumerised welfare market (Baldock, 2003). Furthermore, as it was suggested in chapter two, in order to explore both the meaningful and the structured aspects of human experience, both qualitative and quantitative methods should be used in these investigations. Nevertheless, in its attempts to unify diverse issues, which have henceforth remained

largely disconnected (chapter 1), the breadth of this thesis has been a drawback as well as an asset for it has limited the depth to which issues could be explored. This limitation has been compounded by the emergent nature of qualitative research for, due to constraints in time and resources as well as the disappearance or death of some respondents, emergent themes could not be fully explored through further fieldwork and 'theoretical saturation' was therefore, not wholly achieved (chapter 2).

CONCLUSION

In spite of the increasing recognition of 'active ageing', that is, the capacity of older people to lead socially and economically productive lives (British Society of Gerontology, 2002), older people are often perceived as being the passive victims of adverse circumstances and as 'poor', 'disabled' or 'marginalized consumers' rather than as active social agents. For example, there is very little research 'on what older people actually do, how they spend their time and money, whom they interact with or about their views and aspirations' (Warnes, 2002: 6). It has been a purpose of this thesis to redress this neglect by exploring the way in which older carers experience and manage their role. It has thus been argued that this role shows great diversity from that of younger counterparts and is characterised by a complex interaction between poverty and material resources, disability and ill health, attitudes and culture. As a consequence of these unique experiences it has been suggested that second generation approaches towards older age, poverty and informal caring and their materialist focus provide an important analytical foundation. However, such approaches also need to encompass within this analysis not only material issues but also concepts of culture and physical pathology. This in turn suggests the need for further research, especially from a multidisciplinary perspective, which aims at unifying these three diverse aspects in the lives of older people.

Focussing on the uniqueness of caring in older age is, by itself, not enough however, and must also incorporate concepts of age*ism* and the recognition that an active process of oppression is taking place. As such, it has been suggested that formal support provision has not responded to the specific needs of older people with the consumerised context of

the welfare market and the welfare benefits system neglecting the material needs of older people and their carers. While, the focus of provision on the diverse and potentially conflicting needs of informal carers on one hand and disabled people on the other overlooks their common need for adequate affordable and accessible help (Williams, 1992). Moreover, in spite of the advocacy of culturally sensitive and diverse service provision, carers' age-related physical and cultural needs have been similarly neglected. In order to address these shortcomings, it has been suggested that service intervention is adjusted to be more appropriate to the needs and wishes of older people and which incorporates elements of all three of the ideological trends in social policy outlined in chapter one. However, such approaches by themselves cannot be successful without a substantial increase in resourcing for older people's services and in order for this to be achieved wider ageist attitudes and practices need to be addressed. As Walker (1987) suggests, such changes can only be achieved through corresponding changes in the organisation and structure of capitalist production with the abolition of age restrictive retirement policies necessitating changes in pensions and other policies. As such, formal provision alone cannot compensate for the role of poverty in promoting the dependence of older people on informal sources of care while at the same time reducing the capacity of such sources to cope with this dependence. Therefore, intervention should focus not only on the provision of direct supportive services for older people but should also aim to challenge the wider structures of society which help to give rise to this poverty and which undermine the communities ability to care.