

# **CHAPTER ONE**

## **POVERTY, CARING AND OLDER AGE**

## INTRODUCTION

The link between poverty and caring has been well established with much research highlighting the way in which such caring can give rise to material deprivation both in terms of lost earnings and day-to-day expenses (Glendinning, 1992). However, little corresponding attention has been given to the way in which pre-existing material deprivation can, in turn, go on to affect caring. Not only has research into informal care been characterised by a classless analysis, it has also been characterised by an ‘ageless analysis’ with the role of older carers being greatly neglected (Milne et al, 2001). It will be the role of this chapter to help to review and identify gaps in existing literature by exploring the key themes of poverty, caring and older age, the interrelation between these themes and their location within contrasting perspectives of society and the state:

**Table 1.1: Contrasting perspectives on society and the state**

	<b>SOCIAL CONSENSUS</b>	<b>SOCIAL CONFLICT</b>	<b>SOCIAL DIVERSITY</b>
<b>S O C I E T Y</b>	<b>Functionalism</b> - Society is seen as being inherently consensual and analogous to a complex organism. It is unlikely to conceive of an organism which is inherently diseased and therefore any social problems such as poverty are regarded as transient and pathological phenomena which will eventually be resolved by means of welfare intervention.	<b>Marxism</b> - society is seen as being inherently conflictual, unequal and divided between the property owning ruling class and the propertyless proletariat, a division upon which the capitalist mode of production, which characterises modern society, is based. The route to social change and the resolution of social problems is through the evolution of capitalism and its ultimate replacement with a socialist society.	<b>Postmodernism</b> - at the economic level there is a process of industrial change known as post-Fordism characterised by differentiation in production and consumption. There is also a shift away from uniformity towards heterogeneity, diversity and choice, a rejection of the grand theories of functionalism and Marxism and a focus on consumption, self-identity and lifestyle.
<b>T H E S T A T E</b>	<b>Traditional social administration approach</b> - the state and its agencies are seen as being neutral arbiters of society’s well-being serving to represent the interests of all its members. As such, employees of the state, such as social workers are regarded as altruistically responding to individual need and this is reflected in individualised approaches such as casework, rather than in approaches focusing on wider social structural factors.	<b>New social administration approach</b> – the ‘capitalist state’ is seen as being an ‘instrument of the ruling class’, its role being to reflect and maintain the existing social order, rather than to challenge it. Employees of the state, such as social workers, are seen as being ‘agents of social control’, serving to institutionalise conflict and acting as an intermediary between the opposing interests of welfare recipients on one hand and capitalist society on the other.	<b>Neo-Liberal approach</b> - social policy interventions no longer reduce all policy needs to class and class related factors. There has developed a top down approach to diversity in the form of welfare pluralism and a bottom up approach to social divisions which rejects the false universalism of the post war welfare state. This has been accompanied by the emergence of consumerism in the welfare market.

The contrasting perspectives shown in the above table are inevitably ‘ideal types’, offering generalised summaries and the various approaches within each perspective are

typically characterised by slight diversity. For example, within the Marxist perspective there is ongoing debate on the degree to which history can be presented as a mechanical process directed by economic forces that follow 'iron laws'. Similarly, the postmodernist perspective is characterised by huge diversity and has been applied to a variety of phenomena including art, architecture and housing (Manning, 1999). Neither are the perspectives entirely opposed. For example, both functionalism and Marxism are positivistically orientated 'grand theories' that regard human action and meaning as being largely socially constrained rather than individually created as phenomenological or interpretivist sociologists would maintain.

Nevertheless, in spite of these observations, these three perspectives do help to provide a common theoretical context to issues, which have, henceforth, remained largely disjointed. Thus, functionalism takes a broadly consensual view of society which is itself viewed as a system or 'complex organism', with various parts of that system forming an interconnected whole. While it is a theory which has been subject to much academic criticism, it still has a pervasive influence on many everyday, 'common sense' assumptions about contemporary society and is reflected in cultural theories of poverty, pathological perceptions of ageing and positive concepts of caring. At the other end of the ideological spectrum is Marxist theory. In contrast to the socially consensual perspective of functionalism, Marxism adopts a conflictual concept of society and regards the whole of history as a dialectical movement driven by class struggle. Like functionalism, it is a theory, which has been much debated with some critics maintaining that its class-based analysis holds little relevance to modern or 'post-modern' society. Nevertheless, it remains a widely used tool of academic analysis within the social sciences as embodied in situational constraints theories of poverty, the political economy approach to ageing and concepts of caring as an oppressive activity. Finally, postmodernism provides a radical alternative both to Marxist and functionalist perspectives in that it rejects their grand narratives and places greater emphasis on subjectivity, diversity and choice rather than on social constraint (Williams, 1992). Such perspectives are broadly reflected in theories of consumption, the critical gerontological perspective and in individualistic concepts of caring. These perspectives will be

differentiated and examined in greater detail throughout the chapter and will be related to corresponding perceptions of poverty, older age and informal caring.

**Table 1.2: Contrasting perspectives on poverty, older age and informal caring**

	<b>FIRST GENERATION</b>	<b>SECOND GENERATION</b>	<b>THIRD GENERATION</b>
<b>P O V E R T Y</b>	<b>Cultural theories of poverty</b> – these ‘pathological’ approaches to poverty attribute its incidence to cultural and individual behavioural inadequacies, which are transmitted to future generations via poor upbringing and education. The solution is in changing people’s behaviour and motivating them out of their disadvantaged situation.	<b>Structural theories of poverty</b> – poverty is seen as being socially created. Like the culture of poverty theory, this approach recognises that poorer people behave in certain ways to help to maintain them in their poverty. However, in accordance with the materialist perspective of Marxism, it is argued that this behaviour is the product of situational constraints upon people’s actions rather than individual inadequacy.	<b>Consumption theories of poverty</b> – individual identity is primarily defined by people’s role as consumers rather than their social position or place in the workforce. From this perspective poorer social groups have little power in the market and therefore have little reward.
<b>O L D E R A G E</b>	<b>Social disengagement and role theory</b> – older people’s social position and vulnerability to poverty is attributed to their declining health, limited life expectancy and increased incidence of disability leading them to be expelled from the workforce and to disengage from their former social roles	<b>Political economy perspective</b> – this perspective attributes older people’s poverty and dependency to social processes and their enforced exclusion from the workforce under the capitalist mode of production. This marginality from the workforce, in turn gives rise to ageist attitudes, which help to reinforce and legitimise older people’s social disadvantage.	<b>Critical gerontology perspective</b> – older people are not seen as being a uniform group characterised by social exclusion as a result of retirement but are increasingly diverse. The growing visibility of healthy and affluent retired people has also led to an approach which combines a political economy approach with a life-course or biographical approach to ageing.
<b>C A R I N G</b>	<b>Positive concepts of informal caring</b> – informal caring is seen as being intrinsically preferable to formal support and is characterised by warmth, concern, reciprocity and spontaneity. This is reflected in state policies promoting fostering, adoption and community care instead of institutional care.	<b>Negative concepts of informal caring</b> – informal caring, especially from a feminist perspective is seen as being burdensome to the care providers. The disabled movement also argues that it can be oppressive to those receiving care, promoting their dependence. It is argued that informal caring is promoted by the state, as it is a cheaper alternative to formal support.	<b>Individualistic concepts of informal caring</b> – due to increasing social diversity, men and women are released from traditional gender roles prescribed by industrial society. Consequently, the assumption of caring has become individually idiosyncratic and narcissistic with the caring bond being broken when it ceases to satisfy.

Just as contrasting perspectives of poverty, older age and informal caring are very much ideologically bound and linked to corresponding perceptions of society and the state, the assumptions which this thesis set out to test were similarly shaped. These assumptions

were linked to the conflictual and second-generation perspectives shown in the above tables:

- In accordance with the ‘political economy’ approach, older people are vulnerable to poverty.
- In accordance with the ‘situational constraints’ theory, this poverty will ‘force’ older people into a demanding co-resident caring role.
- In accordance with the ‘caring as oppression’ model, this caring role will, in turn be experienced as burdensome.

This chapter explores these and related themes and not only identifies relevant gaps in existing knowledge but also aims to construct an ‘inter-textual coherence’ within this body of knowledge by showing how different contributions relate to each other (Golden-Biddle and Locke, 1993, 1997). This construction of inter-textual coherence incorporates ‘synthesised coherence’, in that it brings together literature on poverty, older age and informal caring and forges connections between this literature. By placing this literature in the context of contrasting theories of society and the state, it also incorporates ‘progressive coherence’ by building up an area of knowledge around which there is considerable consensus and, as such, will move progressively through the development of relevant theory over recent decades. With these goals in mind, the first part of the chapter charts the transition of social and social policy theory from consensual models, to theories of conflict and finally to post-structuralist concepts of social diversity as outlined in table 1.1. Incorporated in this discussion is a consideration of the parallel transition of contrasting concepts of poverty, older age and informal caring as outlined in table 1.2. The final sections of the chapter attempt to reassert the importance of structure in understanding the social world and finally the chapter concludes with a discussion of the role of older carers and the insights and omissions of existing research in this area.

## **SOCIAL CONSENSUS**

### **Functionalism and pathological perceptions of poverty and older age**

Throughout the period of ‘welfare consensus’ lasting from the 1940s to the 1970s, it was generally believed that social problems such as poverty were temporary phenomena, which would eventually be resolved by means of economic development and welfare

provision. This general optimism was reflected by the predominance during that time of the 'traditional social administration' approach (Wilding, 1983) and its underlying sociological perspective of functionalism, which best articulates and illuminates the implicit assumptions on the role of the state and its social context, that characterised this period (Forder, 1984). According to these perspectives, the state was a neutral body, which arose to meet the needs of a broadly consensual society, which itself was seen as being analogous to a complex organism. As such, any social problems such as poverty were regarded as being socially pathological and dysfunctional for, as functionalist, Durkheim (1947) maintained, it is impossible to conceive of an organism, which is inherently diseased. This 'pathological' approach to poverty was very popular during the 1960s and 1970s and referred to a 'cycle of deprivation' or 'victim blaming' thesis in which the poor or 'underclass' were trapped into a culture of poverty which was transmitted to future generations via inadequate upbringing and education (Fitzgerald, 2002). According to anthropologist Oscar Lewis (1968), this culture of poverty was manifested on three main levels. Firstly, individuals had feelings of dependence marginality and fatalism. Secondly, families tended to be headed by women due to male desertion and thirdly, involvement in the wider community was limited. This pathological perception of poverty was reflected in social provision aimed at poorer people, which implicitly adopted a 'blaming the victim approach' through aiming to educate them or motivate them out of their disadvantaged situation and attempting to change their defective behaviour. In addition, in social work practice, in spite of the fact that the vast majority of those in receipt of social work services are likely to be relatively poor (Becker and Macpherson, 1986), the emphasis of intervention has continued to be placed on individual and familial solutions to social problems. Thus assistance has focused not on practical assistance with material problems but on case-work, interpersonal dynamics and pathological approaches, which emphasise the importance of the client's emotional state and their relationship with the social worker.

While debates on the 'underclass' were largely focused on the 'undeserving poor' such as the long-term unemployed, similarly pathological approaches were used to explain the poverty, dependency and social marginality experienced by older people. Consequently,

the disengagement theory maintained that, due to their declining health and limited life expectancy, it was a functional necessity to expel from work roles any older person with a statistically high risk of death. As such, retirement was seen for men as a form of permission to disengage from social roles, while for women, widowhood was seen as the formal marker of disengagement. This perceivedly universal and ahistorical characteristic of ageing is elaborated on by Cumming and Henry (1961:14)

Ageing is an inevitable mutual withdrawal or disengagement resulting in decreased interaction between the ageing person and others in the social system he belongs to. The process may be initiated by the individual or by others in the situation. The aged person may withdraw more markedly from some classes of people while remaining relatively close to others. His withdrawal may be accompanied from the outset by an increased preoccupation with himself; certain institutions in society may make the withdrawal easy for him. When the ageing process is complete the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterised by greater distance.

Also from a functionalist perspective, the 'role theory' emphasised the impact of social roles in determining individual behaviour with the loss of the work role for men being regarded as a major source of identity crisis. As functionalist Parsons maintains:

In view of the very great significance of occupational status and its psychological correlates, retirement leaves the older man in a peculiarly functionless situation, cut off from participation in the most important interests and activities of society.... Retirement not only cuts the ties to the job itself but also greatly loosens those to the community of residence. It may be surmised that this structural isolation from kinship, occupational and community ties is the fundamental basis of the recent political agitation for help to the old. It is suggested that it is far less the financial hardship of the position of elderly people than their 'social isolation', which makes old age a 'problem'. (1942: 616)

### **Positive perceptions of the family**

Parsons, also developed a theory of the family, from his 'evolutionary functionalist' perspective. In accordance with other sociologists, he observed how pre-industrial society was characterised by the 'extended family' which tended to incorporate a wide range of kin covering two or more generations and as Litwak (1965) states, was often composed of a number of sub-families whose needs were met through an interdependent kin system. Such families were a largely self-sufficient unit of production and

consumption. They also provided though in a very basic form, the functions now commonly associated with the welfare state such as the education of children and the care of aged relatives. However, the process of industrialisation saw the economic function of the extended family, which characterised feudal society being eroded by the demands of a highly mechanised labour market and its gradual replacement by the nuclear family 'norm'. This family was composed of a breadwinning husband, his economically dependent wife and their children, forming a unit, which was isolated from wider networks of kin. Parsons (1964) maintained that this isolated nuclear family had evolved because it was ideally suited to meet the needs of modern industrial society, allowing for the geographical and social mobility, which was an important prerequisite to the needs of this society. In accordance with the consensual perspective of functionalism, the family was not only seen as being ideally suited to the needs of modern society but also to those of family members themselves. This belief has been reflected in state policies which have promoted the social norm of the nuclear family and have correspondingly stigmatised and penalised families such as lone parent households, which are seen as deviating from this norm (Havas, 1995).

As the nuclear family form was seen as less capable of performing its previously held welfare role, state welfare provision began to assume this role, a process which culminated in the Beveridge Report in 1942 which was widely believed to form the origins of the modern British welfare state. However, in spite of the growth of formal welfare provision during the 20<sup>th</sup> century, there was a continued expectation that the family should also play a role in this provision in the form of a 'welfare partnership' (Qureshi and Walker, 1989). During the period of 'welfare consensus', there was a broad agreement on where the boundaries of responsibility in this partnership between the state and the family should lie, an agreement, which was based on certain assumptions on their respective roles and characteristics. Underlying the Beveridge plan and subsequent welfare provision was the explicit assumption by policy makers of the continued and widespread existence of the nuclear family 'norm' which itself would assume the prime responsibility for the provision of care within the welfare partnership, with the state

intervening only when such care was lacking or when professional expertise was required (Titmuss, 1974).

The care, which a family gives to its older members, is of prime importance and nothing is quite an adequate substitute. Therefore the social services and the social service departments in particular, should make every effort to support and assist the family, which is caring for an older member (Seebholm, 1968, para 294)

This important role of the family in the welfare partnership was reflected in the promotion of informal care by social work and other statutory welfare agencies. The ideology of 'possessive individualism' and 'familial ideology' upheld such care, which was regarded as being normal, natural, desirable and preferable to formal sources of support (Dalley, 1988). This qualitative distinction between formal and informal care was further emphasised by Parker (1981). He maintained that formal care was characterised by 'caring for' the care recipient through the extrinsic exchange of informal help but with little expressive involvement. In contrast, informal care was unique in that it involved 'caring for' as well as 'caring about', combining instrumental forms of practical help with the exchange of such expressive rewards as warmth, affection and concern (chapter 2).

## **SOCIAL CONFLICT**

### **Marxism and the 'new social administration' approach**

As the 1970s progressed and social problems continued to persist, the preceding optimism regarding society and social welfare and the corresponding pathological perception of such problems came to be increasingly questioned. This led to a reduction in the popularity of the previously held 'traditional social administration' approach and its underlying functionalist perspective and its replacement by the 'new social administration' approach (Wilding, 1983) and its corresponding theoretical perspective of Marxism (Forder, 1984). Like its precedent this new approach saw the state as arising to meet the needs of modern society. However, unlike the consensual perspective of functionalism, Marxism saw this society as being inherently conflictual, unequal and class-divided between the property owning ruling class and the property-less proletariat, a division underpinning the capitalist mode of production characterising modern society. As such, the state was not regarded as being a neutral arbiter of society's well-being, as

had previously been assumed but was the ‘instrument of the ruling class’, its role being to reflect and maintain the existing social order rather than to challenge it. For example, Marxists maintain that state welfare provision for the poor such as unemployment benefits are primarily concerned, not with the well being of recipients but with the maintenance of a reserve army of labour upon which the capitalist system depends. To substantiate their views on the state, Marxists go on to point out that several decades after the inception of the welfare state, the problem of poverty continues to persist with any redistribution of wealth taking place within classes rather than between them. According to Westergaard and Resler (1976), this is due to the failure of social policy to address and tackle the true causes of class inequality, which lie within the broader framework of capitalism. Neo-Marxists, for example, suggest that the structures and institutions of the capitalist economy necessarily entail the existence of poverty amongst certain social groups (Fitzgerald, 2002)

### **Structural theories of poverty**

This ‘rediscovery of poverty’ and its socially-derived nature led to a condemnation of functionalist theories. They were dismissed as being ‘teleological’ in that they provided a convenient rationalisation for an existing state of affairs, regarding it as natural and inevitable. Consequently, the disadvantaged situation of the ‘underclass’, as comprising of the long term unemployed, single parents and older people without occupational pensions (Field, 1989), was explained not in terms of behavioural or physical inadequacies but in terms of their workforce marginality and subsequent reliance on state benefits. These developments also led to a renewed interest in the study of the behaviour of poor people and an attempt to understand this in terms of structural rather than cultural factors (Dean and Taylor Gooby, 1992). Thus while it was accepted that poorer people exhibited behaviour which helped to perpetuate their poverty, this behaviour was not seen as being the product of a culture of poverty but, in accordance with the materialist perspective of Marxism, due to ‘situational constraints’ which were beyond their control. As Bauman (1998: 85) observes on pathological approaches to poverty:

What these perspectives leave out of sight and prevent from being considered is the possibility that, far from bearing responsibility for their own sorry fate, the excluded might be at the receiving end of forces they have been given no chance of resisting, let alone controlling.

For example, from a situational constraints perspective, Liebow (1967) in his study of black 'street corner men' found that their strongly held present time orientation and their apparent refusal to participate in 'normal' family life was not solely the product of cultural factors as Lewis (1968) had maintained. Instead, it was a rational adaptation to the realities of their life in which their dead-end, insecure and low-paid jobs precluded any possibilities of the assumption of the traditional male breadwinner role which such conformity would require of them. On the other hand, Havas (1995) attributes the high incidence of single parenthood amongst poorer families to lack of female rather than male motivation to enter marriage. She states that economic trends resulting in the increasing scarcity and insecurity of male employment serve to diminish the economic basis of the nuclear family, the 'family wage' traditionally earned by men. This renders men less 'economically helpful' to women whose incentives to enter marriage and remain within it are removed as a result.

### **Towards a materialist understanding**

In sum, just as the nuclear family norm had evolved to the needs of industrial society (Parsons, 1964), so it continues to evolve to meet its changing needs, a fact of which the historically static approach of functionalism fails to take account, viewing industrial society as the ultimate stage of history. Indeed, statistics seem to suggest the progressive decline in the nuclear family 'norm' (see table 5.3). Current demographic trends similarly undermine the efficacy of the social disengagement theory of ageing. For not only does this theory assume that older people want to disengage from their former social roles, it also presupposes that they can afford to do so. Yet demographic trends towards an ageing population suggest that, in the future, retirement may have to be postponed indefinitely while those who do retire will be condemned to a life of poverty (Davidson, 2002). Consideration of economic trends also serve to highlight the biologically determinist approach of the social disengagement theory. For in attributing older people's social marginality solely to physically-based decline, it overlooks the

considerable diversity in the position of older people both between and within societies due to the influence of social factors. The influence of such factors have been further enlarged upon by Walker (1987) who, from a political economy approach, maintains that older people's disadvantage and dependency are not an inevitable by-product of ageing but are socially constructed due to the influence of inadequate welfare and pension provision, combined with age restrictive retirement policies:

The corollary to this process of exclusion from the labour force is that elderly people are heavily dependent on the state for financial support - about 90 per cent them receive some form of social security benefit. Elderly people are in effect, trapped in poverty by their reliance on state benefits. (Walker, 1987: 49)

Walker (1987) explains this disadvantage along Marxist lines in terms of older people's enforced exclusion from the workplace under the capitalist mode of production. He maintains that the emergence of age-specific retirement policies and the poverty associated with this is unique to the development of capitalism during the 20<sup>th</sup> century and was not apparent in pre-capitalist societies in which older people remained economically productive:

Retirement has not grown as a result of industrialisation – large numbers of older people were economically active in all industrial societies during the first half of this century – but changes in industrial processes and in the organisation of employment have been developed and managed in ways intended to exclude older workers. Work processes have been reorganised, the division of labour has increased and the labour process has been rationalised (Walker, 1987: 47)

Moreover, in accordance with the Marxist view that 'social being determines consciousness' and that 'base determines superstructure' (chapter 6), older people's workforce marginality gives rise to 'ageist' attitudes and to inadequate welfare provision, helping to reinforce and legitimise older people's social disadvantage (Townsend, 1986). Consequently, in spite of rhetoric towards anti-ageist practice, welfare services for older people remain particularly under resourced and are characterised by 'institutional ageism' (Thompson, 1993). For example, as Bowl (1986) points out, social services departments have maintained hierarchies amongst client groups and it is older people who almost invariably fall to the bottom of the pile in terms of resource allocation.

One manifestation of institutional ageism is the tendency for social work with older people to be seen as routine and uninteresting, and more suited to unqualified workers and social work assistants than to qualified social workers. For many staff, work with older people is seen as primarily matching service to need and indeed the Griffiths Report and subsequent community care legislation tend to reinforce this (Thompson, 1993: 86)

From the political economy perspective it is thus maintained that, far from being a neutral arbiter of the public's well-being, the welfare state in capitalist society reflects the conflicts of interest inherent in this society and as well as promoting welfare, also exerts control (Walker, 1987). This controlling role was enlarged upon by Marxist philosopher, Althusser (1972) who distinguished between 'Repressive State Apparatuses' such as the police and the armed forces and 'Ideological State Apparatuses', such as the family and religion, which produced a set of beliefs, ideas and attitudes which attempt to 'win our hearts and minds'.

### **Conflictual concepts of the family and its care**

Within this wider critique of functionalist understandings of poverty and older age, it is important to consider the position of women and the gendered nature of poverty, both on a primary and secondary level. For while it has been traditionally assumed by researchers and policy makers that for the purposes of measuring poverty, households could be treated as a unit within which individuals share the same standard of living, from a situational constraints perspective, feminist research has challenged this assumption. Thus it is argued that the enhanced male control over household income as a result of the breadwinning role can lead to an abuse of this power allowing men to retain a large proportion of this income for their own consumption. Graham (1987; 1992) and Pahl (1988) have found that this inequitable distribution of household income can lead to the 'secondary poverty' of women and an individualisation in the lifestyles of family members due to the self-sacrifice of women in the interests of household economies. From a Marxist perspective, this gendered nature of poverty is seen as the inevitable product of structural inequalities in power relationships within the family resulting from the economically dependent status of women. Women experience enforced exclusion from the workforce under capitalism and in the corresponding separation between home and work, women are restricted to the former (Kuhn and Wolpe, 1978). As such,

Marxists regard the family under capitalism as being inherently oppressive and bourgeois (Engels, 1972). However, like functionalists, they also regard it as being compatible to the needs of industrial capitalism for it is argued that women's unpaid labour within the home is advantageous to the capitalist system, helping to cheaply maintain and reproduce the labour power required by this system (Kuhn and Wolpe, 1978).

From these arguments emerged what can broadly be described as concepts of family care as oppression. These views run counter to traditional positive concepts of informal caring. Instead, oppressive models of informal caring emphasise the negative aspects of such care. Thus, it is argued, especially from a feminist perspective, that informal carers, particularly women, are socially oppressed and disadvantaged as a result of their caring role. Feminists go on to recommend the growth of collective care in order to eradicate this oppression (Johnson, 1993). Moreover, in spite of the insights of Marxist theory into the role of family care as a cheap source of labour reproduction, radical feminists have maintained that Marxist theory is 'gender blind'. For while it explains the role of the family in cheaply maintaining the capitalist system, it does not fully explain why women are usually given the main responsibility for this care. In order to redress this 'gender blindness', it is maintained that the Marxist focus on class and the mode of production should be complemented by a corresponding focus on gender and the mode of reproduction (chapter 6). Further modifications to debates on informal caring have been suggested by Graham (1993) who maintains that unlike other feminist debates, feminist research into caring has been characterised by a uniformity of perspective and a classless analysis. For while pointing to the greater caring costs experienced by women, it treats women as a homogeneous group and fails to recognise the influence of social divisions such as class upon their role. For example, Graham (1991) cites the tradition of domestic service amongst ethnic minority and working class women and its role in subjecting these women to lives of exploitation and oppression. The social division of age is also likely to give rise to variations in the caring role of women due to the possible blurring of traditional gender role divisions, the changing relationship to the mode of production taking place as a result of retirement and the increasing incidence of disability in older age (chapter 4). Indeed the disability movement has suggested that concepts of caring as

inevitably oppressive serve to pathologise those in need of care (Newman, 2002) and that, due to the gendered nature of disability in older age, women are not only likely to be involved in the giving of care, they are also likely to be in need of care themselves (Lloyd, 2001). Moreover, from the perspective of the disability movement it is argued that those in receipt of care can be oppressed so serving to reinforce their dependence (Morris, 1993). Instead, the disability rights movement advocates a redirection and an increase of resources which would give disabled people the freedom to arrange their own lives.

### **The statutory response**

The costly and potentially oppressive aspect of informal care highlighted in socially conflictual debates has, to a certain extent been recognised in state interventions. For example, in benefits which can help to compensate for the financial costs of caring (chapter 5) as well as in the requirement under the NHS and Community Care Act that social work assessment should not only be ‘needs led’ but should also take account of the interests of the carer as well as those of the client. This requirement has been further formalised in the recent Carers (Recognition of Services) Act 1995, which places a legal obligation on local authorities to assess the ability of carers to provide and continue to provide care, an ability, which must be considered when subsequent packages of care are being compiled. As Twigg and Atkin (1994) observe these developments have been accompanied by a changing approach towards informal carers and their needs. During the ‘welfare consensus’ this approach was guided by a ‘carers as resources’ model with provision being largely aimed at the care recipient in order to promote their independence and subsequent reliance on informal sources of care. This was replaced by the ‘carers as co-client’ model, which recognised that carers had needs in their own right, which may conflict with those of the care recipient. However, while, on one hand, policy rhetoric and intervention has recognised the ‘burdens’ of informal carers and their potential conflicts of interest with the cared for person, on the other, policy developments have potentially exacerbated these burdens. For example, in spite of the oppressive aspects of the family and family care as well as its potentially decreasing availability due to the ‘break-up’ of the traditional family unit, the state has continued to promote such care as

being preferable to alternative sources of support. Thus as Walker observes, the 1980s saw an effective redefinition of the meaning of community care policy from care *in* to care *by* the community, placing an ever greater emphasis on informal sources of support:

Publicly funded services constitute only a small part of the total care provided to people in need. Families, friends, neighbours and other local people provide the majority of care response to needs which they are uniquely well placed to identify and respond to. This will continue to be the primary means by which people are enabled to live normal lives. (Griffiths, 1988: 1)

As Qureshi and Walker (1989) maintain this policy shift can be seen as arising from a wider government concern that excessive formal provision would serve to erode the availability of informal care, leading to escalating costs to the public purse, as those who had the capacity to provide informal care, chose not to do so. Similar developments were apparent in other areas of social policy with increasing emphasis being placed on self-reliance and family values. The political rationale behind these developments can be seen as originating in the ideology of the new right and Thatcherism which maintained that the welfare state was expensive, overprotective and over bureaucratic serving to reward fecklessness, irresponsibility and family break up. The solution was in 'rolling back the boundaries of the state' in order to promote individual responsibility. Thus overall, as with other forms of social policy, responsibility for income maintenance has been shifted from the state to the individual, leaving a residual benefits system targetted at a minority serving to further stigmatise marginalize and impoverish such groups (Johnson, 1993). Such attempts by the government to motivate the poor out of their poverty and, more generally, to impose preconceived patterns of behaviour on the people it represents, not only serve to highlight its continued implicit adherence to pathological perceptions of social problems. It also highlights the fact that, in accordance with the Marxist perspective and contrary to functionalist assumptions, the welfare state does not simply autonomously and altruistically respond to the needs and wishes of its clients. It also has the hidden and potentially conflicting role of representing society to the client, embodying its social judgements, standards and norms and providing access to its scarce welfare resources.

## **SOCIAL DIVERSITY**

### **The emergence of post-modernism**

Modifications to Marxist and socially conflictual analyses have been suggested by postmodernists, who maintain that social changes have rendered these analyses and their focus on the mode of production obsolete. It is argued that this change has taken place on two levels. Firstly, on an economic level 'Fordism' has been replaced by 'post-Fordism' characterised by differentiation in both production and consumption. For example, the standardisation of full time and permanent employment has been replaced by part time contract work, flexible jobs and career breaks. Secondly, on a social and cultural level, there has been a shift away from uniformity towards an acknowledgement of heterogeneity and diversity as people exercise choice and pursue their identities as consumers. Identity and citizenship is now primarily defined, not by individuals' roles within the workforce and their relationship to the mode of production but through their roles as consumers and their relationship to the mode of consumption:

In the modern world, it has become a cliché to suggest that we inhabit, are even victims of, a 'consumer society'; that 'consumerism' is rampant; that we are dominated by 'consumer culture, having passed through a 'consumer revolution'. (Fine and Leopold 1993: 62)

This perceived shift from standardisation, uniformity and universalism to heterogeneity, fragmentation, diversity and difference has led to the dismissal of the 'grand theories' of classic Marxism. Thus the Marxist dichotomy of class has been rejected in favour of more open-ended and pluralistic enquiry into diverse political and cultural identities which places emphasis on activity and subjectivity rather than deterministic structures (Williams, 1992). This attempt to develop analyses which do not reduce all policy needs and outcomes to class and class-related factors suggests the adoption of 'a more multi-faceted and interrelated model of the divisions through which people's lives are constituted' (Williams, 1992: 213). Williams goes on to advocate the adoption of a 'polyhedron of oppression' highlighting the complex relationships between diversity and power and the intersection of multiple axes of oppression, incorporating class, age, disability, gender, ethnicity and sexuality. For example, Walby (1990) observes an increasing diversity in the position of women in modern society, noting the way in which

a polarisation has occurred between different generations with younger women becoming more advantaged in the workforce and independent from men.

In view of its focus on diversity and difference, the post-modernist perspective criticises structural approaches to ageing for seeing older people as a homogeneous category characterised by social exclusion due to retirement. The growing visibility of healthy, active and affluent retired people has led to a shift in focus away from non-productivity to patterns of consumption as a crucial factor in later life (Jamieson et al, 1997). As Gilleard and Higgs (2000) maintain, this consumption not only applies to the purchase of products but also to older people's choices of identity and lifestyle:

Within consumer society, the construction of identity is made up of a large number of choices. In the past, retirement has been an enforced choice connected to the decline of productivity or the need to remove older cohorts from the workforce. The circumstances in which retirement occurs now are more fluid and are much more connected to life style (Gilleard and Higgs, 2000: 23).

They go on to maintain that the structured dependency theory and the political economy approach no longer provide a satisfactory understanding of ageing and older age due to the increasing diversity and material wealth of older people, the changing ways in which citizenship is expressed as well as due to scientific and technological advances, helping to promote health and prolong life. Indeed, even Phillipson (1998), an originator of structural and political economy perspectives on ageing has recognised the increasing diversity amongst older people. He goes on to advocate the development of a 'critical gerontology', which combines an interest in material factors and a political economy approach with a life course or biographical approach to ageing. As Jamieson et al (1997) observe, such an approach attempts to go beyond an age-based definition of the subject matter, emphasising movement through the life course, the relationship between different stages and the individual meanings attached to these. As such, this theory presents an alternative to both functionalist and Marxist perspectives which, in spite of their differences, regard individual action and meaning as being largely socially constrained.

### **The importance of meaning and action**

This meaningful aspect of human behaviour and the potential impact of culture on this behaviour was further pursued by Weber (1958) an originator of the phenomenological perspective in sociology (chapter 2). Weber's analysis, unlike that of Marxism, adopted a multi-causal approach when explaining social phenomena. For example, in his treatment of class he maintained that shared market position, culture and beliefs were just as important as economic factors in the determination of this class. He also attributed a greater sense of agency to individuals, maintaining that contrary to the assumptions of positivists (chapter 2), human behaviour was not simply a passive reaction to external stimuli but was inherently meaningful and that different meanings could be attached to similar actions. For example, the high incidence of marital break-up amongst the poor people identified by Lewis (1968), Liebow (1967) and Havas (1995) has been subjected to a number of explanations. From a cultural-functionalist perspective, it would be attributed to irresponsibility and anomic normlessness. While from a situational constraints perspective it is attributed to an economically derived lack of male motivation on one hand and lack of female motivation on the other. Not only may different meanings and motives be attached to similar actions, contrary to the determinist perspective of structuralist approaches such as the situational constraints theory, individuals may react in different ways to similar circumstances according to such things as their age, social and cultural background. For example, contrary to the claims of Lewis (1968), Liebow (1967) and Havas (1995) that poverty serves to undermine family ties other research suggests that such poverty can actually reinforce such ties through the promotion of a material interdependence both within the household (Arber and Ginn, 1992) and with wider networks of kin (Young and Willmott, 1962). This suggests that non-material factors do indeed need to be taken into account if these potentially diverse responses to similar material situations are to be explained and understood.

These phenomenological perspectives have achieved increasing popularity in the study of the caring role. For, it is argued, research which emphasises the objective costs of informal caring overlooks the subjective meanings attached to this role which themselves

may hold little resemblance to the carer's objective levels of caring responsibility but as Parker (1990) observes, are of prime importance in influencing the way in which the caring role is managed and experienced. Thus the fact that carers subjectively feel that they can no longer 'carry on' is of more importance than the fact that a neighbour is coping easily with an objectively similar degree of caring responsibility. Moreover, as Abrams (1978) maintains, the uniquely expressive nature and intrinsic meaning of informal care is further enhanced by the way in which it is delivered. Thus, in accordance with the phenomenological perspective of the individual as an active being who helps to construct his or her own social reality rather than simply being constrained by pre-existing social structures, it is argued that formal and informal care are fundamentally different. For while formal care delivery is 'rule governed' being given to all in defined areas of need, the delivery of informal care is characterized by its idiosyncrasy and spontaneity arising from arbitrary factors such as the individual social contexts and life histories of those involved. Similarly, postmodernists utilise the term of individualisation in which men and women are released from the traditional gender roles prescribed by industrial society and become increasingly mobile and detached from commitments to family, relations and friends (Beck and Beck-Gernsheim, 1995). From this perspective, it is argued that family care and family relationships in general have become increasingly idiosyncratic and narcissistic with the caring bond being broken when it ceases to satisfy (Giddens, 1992; Phillipson et al, 2000).

### **The neo-liberal approach to welfare**

The rejection by postmodernism of uniformity and universalism and the recognition of diversity and difference has been reflected in more eclectic approach to policy making which claims to be more in tune with public opinion (Baldock, 1999) and in a neo-liberal stance on social welfare provision. One aspect of this has been the development of a 'top down' approach to diversity in the form of welfare pluralism (Williams, 1992). Thus, recent community care policy has placed great emphasis in the role of non-statutory formal support the growth of which has been promoted in favour of statutory forms of support. While this development has been apparent in all areas of welfare provision, it

has been particularly apparent in provision for older people, which has seen widespread privatisation both in residential and domiciliary support and in funding arrangements (O’Kell, 1997). This growth in non-statutory provision can be seen as part of an evolving government strategy to create a ‘dual system of care’ by marginalizing the role of the state from being a major provider of care to a manager of it. The government’s stated aims in achieving this are to increase room for choice, promote flexibility and stimulate innovation thus promoting services that are more sensitive to the needs of individual welfare recipients.

These developments in welfare pluralism have, as Williams (1992) maintains, been accompanied by a shift towards perspectives in welfare which reject the preceding principles of universalist welfare provision. Such an approach, it is claimed serves to marginalize and exclude service users and, as Ignatieff (1989) recognises, reflects the patronising and dependency-creating approach of post-war social welfare provision as laid out in Section 29 of the National Assistance Act 1948 which requires local authorities to ‘arrange services’ for those not able to meet their own needs. In its place, a ‘bottom-up’ approach to assessment and intervention is increasingly advocated which focuses on the individual and subjective meanings of service users rather than on their objective levels of need thus promoting their integration and self-determination by allowing them to exercise choice and express their individuality. This advocacy towards choice has been accompanied by the consumerisation of the social welfare market and the aim, embodied in the Citizens Charter, to promote the individual service user and older people as ‘active citizens’ and consumers (Barnes, 1997). Thus, social policy has moved from a rights-based to a consumer-based notion of citizenship, with self-reliance being given more importance than state protection and with clients of the welfare state becoming customers exercising choice with procedural rather than substantive rights.

## **A REASSERTION OF STRUCTURE**

In spite of the modifications suggested to Marxist and conflictual approaches, as Williams (1992) maintains, such criticisms and their focus on social diversity and fragmentation, fail to recognize the structured conditions of existence which can create these forms of diversity and the way in which these are mediated and reinforced by wider contextual factors such as government policy and the economic infra-structure. For example, contrary to the claims of postmodernists who maintain that older age can lead to increased social diversity and a dissolution of class divisions, others maintain that retirement is increasingly more likely to give rise to social polarity rather than diversity and a transmission and exacerbation of pre-existing inequalities (Walker and Walker, 1997). For example, in spite of the growing flexibility and choice in retirement age that has occurred in recent decades, such choice tends to be greatest amongst middle class professionals. In contrast, manual workers are more likely to be coerced into such retirement due to such things as ill health (Walker, 1987) and caring responsibilities (Baldwin, 1985). Similarly, the growth of occupational pensions and private insurance schemes appears to be leading to an increasing class polarity in post retirement incomes serving to compound the material disadvantage of previously poor people (Ginn and Arber, 1991). Political economists thus maintain that poverty and material deprivation continue to play an important role in the social construction of dependency in older age. However, the economically deterministic perspective of this approach tends to portray older people as being the passive victims of poverty, thus overlooking the way in which adverse material circumstances are actively adapted to and negotiated. Furthermore, the rejection by political economists of pathological and cultural theories leads them to neglect the influence of non-material factors such as disability, culture and attitude on this mode of adaptation. It will be the purpose of the rest of this chapter to examine these factors, their interaction and their implications for this research. The first part of this section will focus on older people's access to and management of material resources and the way their participation in consumer society is structured not only by poverty but also by age-specific attitudes and physical pathology. Similar arguments will then be made with regard to structuring of the caring role in older age.

### **Consumption in older age**

As Williams (1992) maintains, the focus of post-modernist theory on individual identity, lifestyle and consumer choice overlooks the way in which these identities, lifestyles and choices are themselves subject to structural constraint. Moreover, in spite of its emphasis on subjectivity, this theory neglects the feelings of relative deprivation and marginality that can arise from this constraint. For despite its expansion, consumer society remains socially divisive, often adding to existing dimensions of oppression or constructing new forms of stratification according to income, credit status and physical access (Edwards, 2000). Consequently, in spite of the tendency to individualise issues of consumption through the ideology of consumer sovereignty, it is clear that poorer people, especially older people in poverty will be systematically excluded or 'disenfranchised' from this consumer culture. For example, Cahill (1994) outlines how developments in travelling, shopping, communicating, working, viewing and playing have exacerbated the social exclusion experienced from material deprivation. For older people this exclusion may be further compounded by physical factors such as mobility restrictions arising from disability and limited life expectancy, preventing older people from shopping around or from entering into lengthy credit agreements. This exclusion is further compounded by their lack of attractiveness to retailers, manufacturers and advertisers, who systematically discriminate against older people in favour of the young (Carrigan and Szmigin, 2000). Thus, in spite of the demographic trends of an ageing population, older people have been described as 'invisible consumers' (Oates et al, 1996) with marketers fearing that appealing to older consumers would make their products less attractive to younger people (Sawchuck, 1995) and would ally them to a group of consumers who 'would all die soon' (Miller, 1993)

Not only may older people be excluded from the post-war consumer culture but they may actively reject it, due to attitudes and cultural expectations unique to their 'Fordist' generation. Thus, sociologists maintain that cultural norms tend to be linked to the prevailing mode of production, representing the interests and the influence of society and internalised via a process of socialisation:

Society not only controls our movements but shapes our identity our thoughts and our emotions. The structures of society become the structures of our own consciousness. Society does not stop at the surface of our skins. Society penetrates us as much as it envelops us. (Berger, 1966: 140)

For example, Weber (1958) outlined the way in which the Protestant ethic was allied with the early years of industrial capitalism, helping to facilitate its growth and development. He maintained that this ‘spirit of capitalism’ was not simply a way of making money but a way of life, which had ethics, duties and obligations and was characterised by hard work, self-reliance and self-denial with reference to consumption and leisure. In spite of this close link between cultural attitudes and the prevalent mode of production, some sociologists recognise that such cultures can have also an independent existence and are not solely the product of their economic base but are the product of a partnership between individual meaning and action on one hand and social structure on the other. As Thompson (1990) described the conception of culture:

The study of symbolic forms - that is meaningful actions, objects and expressions of various kinds - in relation to the historically specific and socially structured contexts and processes within which and by means of which these symbolic forms are produced, transmitted and received (Thompson, 1990: 136).

Along these lines, Weber maintained that the Protestant ethic was not simply the product of industrialisation but also helped to lead this process and facilitate its development. Similarly, in a qualification to concepts of cultural commonality traditionally attributed to functionalists, Durkheim (1938; 1947) referred to a cultural ‘hangover’ effect maintaining that common culture or ‘collective conscience’ was to a certain extent independent of the particular conditions in which individuals are placed; ‘they pass on and it remains’. From this perspective, it can be argued that older generations may continue to adhere to ideologies of Protestantism which characterised their formative years and correspondingly reject cultures of consumerism which characterise contemporary society. It can further be argued that this common culture may over ride the diverse material situations of older people, in the same way that ‘affluent workers’ in Goldthorpe and Lockwood’s (1968) study, in spite of this affluence, adhered to working class attitudes and values.

Just as the Protestant ethic was, according to Weber (1958) linked to the emergence of capitalism, the culture of consumerism, Marxists claim, is equally linked to the maintenance of contemporary capitalist society and the mass production and workforce exploitation attendant with it, its pleasures merely acting as the ultimate opiate to the exploited masses. As a result, contrary to postmodernist claims that the emergence of the consumer has given rise to individual sovereignty and empowerment, Marxist theory, particularly the work of the Frankfurt School has tended to construct the consumer as a passive victim of society, suffering from a 'false consciousness' of what their true needs are. It is thus maintained that the sense of relative deprivation arising from consumerism is used to stimulate demand and exacerbate the sense of social marginality arising from poverty (Bauman, 1998). Such developments, it is argued, can lead to an increased instrumentalism and what Westergaard (1975) refers to as a 'brittle cash nexus' amongst those who perceive themselves as being relatively deprived. For example, while people undoubtedly experience more physical comforts than their ancestors:

Constant new goods actually promote dissatisfaction with what they already have and they become less willing to trust themselves to do things, becoming dependent on goods. (Cahill, 1994: 122)

Consequently, while writers such as Carrigan and Szmigan (2000) assume that older people's marginalisation as consumers is an inevitably undesirable state of affairs which should be redressed, this perception may not always be shared by older people themselves and their diverse motives will, in turn, affect the way in which the outcomes of these actions are subjectively perceived. This possibility that non-participation in the consumer society may be the product of choice rather than the product of exclusion as result of poverty, highlights the potentially active aspect of human behaviour, an aspect which as it has already been seen is neglected by structuralist approaches such as Marxism. However, such voluntary exclusion also highlights an inconsistency in the arguments of postmodernism. For while on one hand they stress cultural fragmentation, on the other they imply cultural homogeneity in their all-pervasive portrayal of consumerism.

The great contrast in spending behaviour at each end of the age spectrum is highlighted by the Family Expenditure survey:

**Table 1.3: Average weekly household expenditure (£) by age of head of household**

AGE GROUP	0-29	30-49	50-64	65-74	75 +	ALL
Average expenditure	381.70	472.80	416.40	262.60	169.10	385.70

**Source: Family Expenditure Survey, 2002: 36**

This low expenditure is reflected in relatively low levels of spending by older households on a range of commodities and services such as leisure, food, transport and holidays abroad.

**Table 1.4: Household expenditure as a percentage of total expenditure by age of head of household**

AGE GROUP	0-29	30-49	50-64	65-74	75 +	ALL
Housing (net)	21	18	14	13	18	17
Fuel and power	3	3	3	4	6	3
Food and non alcoholic drinks	14	16	16	18	21	16
Alcoholic drinks	5	4	4	3	3	4
Tobacco	2	1	2	1	1	2
Clothing and footwear	7	6	5	5	3	6
Household goods	7	8	9	11	9	8
Household services	5	6	5	7	7	6
Personal goods and services	4	4	4	4	4	4
Motoring	14	14	16	12	9	14
Fares and other travel costs	3	2	2	2	1	2
Leisure goods	5	5	5	5	4	5
Leisure services	10	13	15	13	13	13
All expenditure groups	100	100	100	100	100	100

**Source: Family Expenditure Survey, 2002: 37**

This lower total spending of older households is mainly the result of lower incomes, but even within the same income group, older households spend less. For example, amongst

households with the lowest incomes, total spending averaged £110 a week when the head is aged 65 or more, compared to £160 a week when the head is aged 30 to 65. Also, when looking at household expenditure as a percentage of total expenditure an age based disparity is apparent in the spending behaviour of households. For example, compared to households headed by a younger person, older households spend a greater proportion of their income on fuel and food and relatively less on transport, clothing and footwear.

In spite of the significant age based diversity in spending behaviour, little attention has been given to the consumption patterns of older people (Ford, 1991). Also neglected has been the way in which older people distribute resources within the household. However, existing research has provided important insights into the control and management of household income employed by younger people. For example, research by Pahl (1984) has focused on the way in which financial resources are allocated within the household. She identified four main income allocative systems employed by co-resident couples:

- The whole wage system in which one household member, usually the wife is responsible for all the financial affairs of the household.
- The allowance system, in which one household member, usually the husband, gives his wife a set amount of house-keeping money.
- The pooling system, in which adult household members contribute their earnings to a pool to which there is common access.
- The independent management system, in which household members keep their incomes separate and each are responsible for paying for specific household items

Applying these models, the British Household Panel Survey suggests that around half of all couples pool their income to a mutual fund to which they both have access, typically in a joint bank account, and attach considerable importance to financial equality. A small but growing number of couples maintain independence in financial matters, keeping their incomes separate, dividing responsibility for the payment of joint bills and attaching importance to privacy and autonomy in financial matters. Other couples attribute overall financial control to one partner, while others divide finances into separate spheres, making each partner responsible for specific areas of spending.

Research has further suggested that the income allocative system adopted reflects a range of different variables. When money is short and making ends meet is hard, women typically manage finances on behalf of the household in the form of the “whole wage system”, a system found to be adopted by around a third of all couples (Laurie, 1996). As Vogler (1998) observes, this lack of male involvement in day-to-day financial management can serve to protect men’s personal spending money and distance them from women’s struggles to make ends meet. At higher income levels, the allowance system is more likely to be adopted in which the main wage earner, usually the husband, tends to control the money, delegating the management of a part of it to his wife in the form of an allowance, a system utilised by about one sixth of all households (Laurie, 1996). Gender as well as income level can have an important influence on the income allocative systems adopted by couples. There generally tends to be a gender division between the tasks of controlling and managing household income (Pahl, 1989). The former task, involving the making of key decisions over income and its allocation, tends to be the domain of men arising from their breadwinning role. Conversely, the latter task, involving such things as shopping, budgeting and paying bills is allocated to the female partner. However, in focusing on the impact of poverty and gender on this issue, the impact of older age on allocative systems is correspondingly ignored. As this allocative system has been found to be correlated to material circumstances, it is possible that older people may accordingly alter the system, which they use due to their changing financial position following retirement (Vogler and Pahl, 1993). However, others have speculated that the allocative system adopted by household members is not simply the product of their material situation but is also influenced by cultural and ideological factors. For example, Pahl (1999) has suggested that the ideology of equality within marriage has probably had as much influence on the spread of the joint account as did the increase in women’s employment. While Beck and Beck-Gersheim (1995) maintain that the increase in the independent management of money between couples may reflect the individualisation that has been identified as being a feature of contemporary life. If such cultural factors are important then it might be expected that the financial management strategies employed by older couples do not necessarily alter as a result of changing material

circumstances following retirement due to a persistence of cultural and ideological expectations held by such couples (chapter 3).

In spite of the potential influence of age specific factors on the financial behaviour of older people and the combined role of these factors in forming a barrier to consumer society, welfare provision has failed to recognise or respond to this possibility. Thus, consumerist ideologies have now spread to the social care market which has seen the increased incidence of charging, means-testing and top-up fees. While the rhetoric behind this development has been to promote client choice and empowerment, others argue that it is merely a means of cost-cutting and the limitation of demand on hard pressed services:

If social services departments are required to implement comprehensive charging policies which make their services more expensive...service users may then be better off by by-passing social services altogether (Clements, 1995: 25)

Moreover, community care policy reforms, which have reframed service users as 'consumers' able to exercise choice in the welfare market (Walker, 1997; Harris, 1999) overlook the role of inadequate resources in restricting such choice. For as Arber and Ginn (1993) maintain, social class and poverty are intrinsically related to the creation of dependency and loss of autonomy. Therefore, in spite of postmodernist perspectives which see older age as leading to a liberating dislocation of previous social identities (Gilleard, 1996), as Thompson et al (1990) maintain, social inequality is one of the fundamental continuities of later life and such widening economic inequalities mean that inequitable access to private sources of care is likely to increase. Thus as Baldock (1998) states:

To extol the virtues of choice and competition in the face of sustained evidence that a not insignificant portion of Britain's disabled older citizens and their carers do not have...the incomes necessary to be independent purchasers in the social market is just plain insensitive (1998: 179)

In addition, as it has been suggested, such developments in consumerised welfare may be incompatible with the attitudes and culture of older people and their limited material resources with which to pay for these services may form a further barrier to access. For as Baldock and Ungerson (1994) state, obstacles to market use may be 'habits of the

heart' and a matter of values and 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 an autonomous, articulate and solvent consumer (Biggs, 2000). Such barriers to accessing formal provision will potentially promote the dependence of the person in need of care and increase their reliance on informal sources of support. At the same time, the focus of such provision on the diverse and potentially conflicting needs of informal carers on one hand and care receivers on the other overlooks the way in which their interests and identities may coincide and their common need for adequate, affordable and accessible help (Williams, 1992). As Barnes (1997) observes the wider context of structural inequality, which forms a barrier to the effective implementation of an inclusive community care policy for disabled people and their carers, is also ignored.

If community care is to be a truly empowering option, then it must enable people to be empowered beyond their role as service users. If previously marginalized and excluded people are to become part of local communities then that has implications not only for services, but also for social, economic and political institutions more broadly (Barnes, 1997: 4)

### **Caring in older age**

This generally classless analysis of community care in general and informal care in particular has been partially redressed by Arber and Ginn (1992) who discovered from their secondary analysis of quantitative data derived from the General Household Survey (Green, 1988) that class rather than gender was the main influence on the creation of dependence and the subsequent allocation of caring responsibilities. For example, in accordance with other research (Wolf, 1990; Caldock, 1992; Glaser and Grundy, 2002), they suggest that poorer older people are less likely to live independently than their better off counterparts. Arber and Ginn (1993) also found that both working class men and women were more likely to provide informal care than their middle class counterparts while unskilled men were more likely to become carers than other men. This class differential in caring is attributed to the role of poverty in reducing the ability of working class carers to resist the caring role while at the same time promoting the dependence of those in need of care upon them (Glaser and Grundy, 2002). For example, from a structural perspective, writers such as Oliver (1990) maintain that disability is itself a

social construct and is consequently felt more keenly and experienced more widely by those lacking resources.

**Table 1.5: Percentage of men and women caring for an elderly person (65+) in a co-resident setting by social class and age of carer**

AGE GROUP	HIGHER MIDDLE	LOWER MIDDLE	SKILLED MANUAL	SEMI-SKILLED	UN-SKILLED
16 to 44					
Men	0.2	1.7	0.9	1.7	3.3
Women	0.6	0.8	0.6	0.9	1.5
45 to 64					
men	2.1	3.1	1.4	3.6	5.9
women	3.2	5.7	2.4	3.3	3.5
65 plus					
men	4.9	2.0	5.2	3.9	10.4
women	6.0	3.3	6.0	1.5	1.7
All ages					
Men	1.6	2.1	1.7	2.7	5.4
Women	2.2	2.5	2.1	1.7	2.2

**Source: Arber and Ginn, 1993: 163**

As the above table indicates, material circumstances not only affect the allocation of informal caring responsibilities but, in accordance with the situational constraints theory of poverty, influences the way in which such care is provided. Thus, Arber and Ginn (1993) found that older people and poorer sections of the population are more likely to be involved in demanding co-resident care, especially within the spousal relationship, than their younger and more affluent counterparts amongst whom the less demanding extra-resident care was more common (Arber and Gilbert, 1989; Arber and Ginn, 1990). In order to explain this differential they utilise the term ‘leverage’ to refer to the way in which the possession of material and cultural resources can reduce the need for high levels of caring involvement, promote choice in caring strategies utilised and help to facilitate the implementation of ‘care at a distance’. For example, middle class carers are likely to have greater access to resources both in the sense of material surroundings and money with which to purchase care (Parker, 1990). While cultural resources such as knowledge and awareness mean that middle class carers are more likely to become visible to service providers (Ungerson, 1987).

Not only are poorer carers likely to experience greater objective levels of caring responsibility due to their limited access to resources with which to resist this role but they are also more likely to subjectively experience this role in a negative way. Thus as Graham (1983) observes, the objective and subjective costs of caring have tended to be seen as largely unrelated, the former depending on measurable factors such as financial sacrifice with the latter derived from apparently arbitrary and individually derived factors such as the degree of reciprocity, spontaneity and affect in the caring relationship (Abrams, 1978). As Platt (1985) and Perring et al (1990) maintain, this analytical distinction has been reflected in research, which has tended to focus on either objective or subjective aspects of caring but rarely both. However, this research has hypothesised that they may in fact be related. For example, a relief of subjective costs may arise for better-off carers as a result of favourable environmental factors and the possession of resources to ease the emotional stresses of caring. The possession of such resources will also potentially enhance the occurrence of reciprocal exchanges within the caring relationship, exchanges which have been identified as being crucial in mediating the subjective burden on informal carers and the perceived dependency of care recipients upon such carers (Arber and Ginn, 1993). The subjective costs of poorer carers are likely to be further exacerbated by the role of poverty in undermining the choice and spontaneity which has been identified as crucial in maintaining the intrinsic value of the caring relationship (Abrams, 1978). Thus, as Hirsch (1977) maintains, such relationships have to be entered into freely if they are to be experienced as genuine. If not, the value to recipients is diminished and the result can be a mutually destructive relationship involving the extrinsic exchange of help but which is lacking in intrinsic meaning.

In spite of the important insights provided by literature on the potential relationship between material circumstances and the objective and subjective costs of the caring role, findings have been sketchy and under theorised. For example, Arber and Ginn's suggestions that poverty could reduce choice or 'leverage' in the assumption of the caring role was purely speculative and based on the analysis of statistical trends rather than through a comprehensive study of carers themselves. While a small number other

researchers have conducted a more in depth studies of the relationship between poverty and caring, the limited research which has taken place into this area has tended to focus on the impact of poverty on the role of younger carers, especially on the mothers of young children (Graham, 1992). However, with regard to the caring role, it is possible that the high incidence of co-resident caring found among older people is not solely due to a material interdependence and lack of leverage arising from poverty, as Arber and Ginn (1992) suggest. It could also be due to cultural factors such as traditional views of marriage and its lifelong nature often held by older people, as well as to the positive benefits derived from caring. Age-related physical factors could also render unique the way in which older carers experience their role. For example, due to the high incidence of disability and ill health amongst their contemporaries, older people are more likely than other sections of the population to become informal carers, especially within the spousal relationship. While, the high incidence of physical frailty and impairment found amongst older carers themselves (Milne et al, 2001) could promote a practical interdependence within the caring relationship.

The high demands on informal carers have been further explored by Milne et al (2001) through the secondary analysis of General Household Survey statistics. From this they found that 31 per cent of the informal carers in Britain are aged over sixty and in contrast to younger counterparts, amongst whom women make up the majority, older carers are made up of roughly equal proportions of men (47 per cent) and women (53 per cent).

**Table 1.6: The age of carers**

AGE OF CARER	16-29	30-44	45-59	60-74	OVER 75
Percentage	9%	23%	37%	25%	6%

**Source: Milne et al, 2001: 17**

Most older carers (80 per cent) are married or cohabiting and the great majority (88 per cent) will be caring for a person who is themselves older. This finding that older carers will predominantly look after other older people is reflected in previous research which suggests a continuing trend towards an increasing number of older people being cared for by same generation carers (Parker, 1993; Arber and Ginn, 1995). As such, in spite of alarmist claims of the growing burden of dependency which is emerging as a result of an

ageing population, not only are most older people not in need of such care (Qureshi and Walker, 1989) but for those who are, this is likely to be provided by a person who is themselves older.

**Table 1.7: The age of the cared for person**

AGE OF CARED FOR PERSON	16-29	30-44	45-59	OVER 60
Percentage	1%	4%	7%	88%

**Source: Milne et al, 2001: 17**

As the table below illustrates, although older carers are involved in looking after a variety of relatives and non relatives, the great majority of older carers (33 per cent) look after spouses and this care is highly likely to be performed in a co-resident setting (Glaser and Grundy, 2002). Indeed, as Milne et al (2001) observe, 49 per cent of older carers are co-resident and are consequently much more likely to be living with the person they care for than their younger counterparts.

**Table 1.8: Who older carers care for**

RELATIONSHIP TO CARER	SPOUSE	FRIEND OR NEIGHBOUR	PARENT	OTHER RELATIVE	SON OR DAUGHTER
Percentage	33%	22%	20%	18%	7%

**Source: Milne et al, 2001: 18**

The high likelihood that older carers will also be co-resident carers means that such carers are also likely to be subjected to a highly demanding role with co-resident care tending to be more time-consuming than its extra-resident counterpart. Thus, as the table below reveals, 45 per cent of older co-resident carers provide more than fifty hours of care per week as compared to only two per cent of extra-resident carers.

**Table 1.9: Hours of caring per week for older co-resident and extra resident carers**

HOURS SPENT	0-9	10-19	20-49	50+
Co-resident	14%	16%	25%	45%
Extra resident	64%	21%	13%	2%

**Source: Milne et al, 2001: 21**

The time spent caring is likely to be positively correlated with the age of the older carer. As such, advancing years tends to be accompanied by a corresponding increase in the hours spent caring, with carers aged 75 and over being more likely to be intensive carers than those aged 65-74. Thus, while one third (34 per cent) of carers aged 60-74 provide 20 or more hours of care a week, half (50 per cent) of carers aged 75 and over provide this level of care. Furthermore, 18 per cent of carers aged 60 to 74 provide fifty or more hours of care per week compared to 31 per cent of carers aged 75 and over (Milne et al, 2001). This age-based disparity in the length of time spent caring is even more pronounced if the experiences of carers aged over 60 is compared to those carers aged 45 to 59 amongst whom only 12.5 per cent provide care for over 50 hours a week. This increasing intensity in the caring role of carers with advancing years is likely to be partly a reflection of the fact that the dependency needs of the cared-for person are also likely to be higher. These needs are variable: 65 per cent of those being looked after by older carers having physical disabilities; 15 per cent receive care because they are ‘old’; 11 per cent have physical and mental impairment; and 8 per cent have mental impairments only.

**Table 1.10: Characteristics of person needing care by an older carer**

IMPAIRMENT OF CARED FOR PERSON	PERCENTAGE
Physical disabilities only	65%
Age related frailty	15%
Physical and mental impairments	11%
Mental impairments only	8%
Other	1%

**Source: Milne et al, 2001: 19**

The long hours of caring performed by older carers are reflected in the tasks which they perform. As it can be seen in the table below, the tasks commonly carried out by informal carers can be broadly divided into four categories: personal care, nursing tasks, household and practical tasks and emotional and social support.

**Table 1.11: Type of help given by middle aged and older carers**

TYPE OF HELP	MIDDLE AGED CARERS (45-59)	OLDER CARERS (60 PLUS)
Personal care (eg washing)	25%	32%
Other practical help (eg shopping)	23%	26%
Paperwork or financial matters	27%	17%
Physical help (eg walking)	14%	13%
Keeping company	4%	4%
Taking out	3%	3%
Giving medicines	3%	3%
Keeping an eye on dependent	2%	3%
Other	1%	1%

**Source: Milne et al, 2001: 25**

The relatively intensive personal care is the most commonly performed task by older carers as compared to middle-aged carers for whom other tasks are more commonly performed. Not only are older carers caring intensively for many hours a week, they have also been caring for long periods of time. Thus around half of all older carers have been caring for between 0-4 years, one third for 5-14 years and one sixth for more than fifteen years and these proportions are broadly similar for men and women.

**Table 1.12: Length of time spent caring by gender of older carer**

LENGTH OF TIME SPENT CARING	0-4 YEARS	5-14 YEARS	OVER 15 YEARS
Older men	53 %	33 %	14 %
Older women	50 %	32 %	18 %

**Source: Milne et al, 2001: 22**

As Milne et al (2001) observe, the combined pressures of intensive and sustained caring may place many older carers at physical and psychological risk and these risks may be exacerbated by the social isolation which intensive carers frequently experience. Indeed,

over half of all older carers reported a long-standing illness or disability and two-thirds of those with such impairments stated that this limited their activities (Milne et al, 2001).

**Table 1.13: Long-standing illness/disability of older carers by age**

	AGED 60 – 74	AGED 75 PLUS
Long standing illness	54%	56%
No long standing illness	46%	44%

**Source: Milne et al, 2001: 23**

In spite of these problems, most older co-resident carers, receive no regular formal support, with services tending to be targetted at older people living alone (Bauld et al, 2000). This lack of support received by older co-resident carers, upholds previous suggestions concerning the low priority given to support for older people.

**Table 1.14: Visits from services by residence of older carer**

	CO-RESIDENT	EXTRA RESIDENT
No regular visitor	75%	42%
Doctor	7%	18%
Nurse	9%	12%
Home help	7%	23%
Social worker	1%	5%
Voluntary worker	1%	1%

**Source: Milne et al, 2001: 23**

Indeed, it is probable that these statistics present a significant underestimation of the true figures due to the tendency of older spouse carers not to perceive themselves as such. Typically seeing their role as a normal and natural part of the marital relationship, rendering them ‘invisible’ to policy makers and welfare services as a consequence of this (Milne et al, 2001: 56).

Older carers have remained largely invisible both amongst the general body of research on caring and the policy arena. This analysis demonstrates that their numbers are growing and their circumstances and their needs are significantly different. Research, policy and practice should recognise these differences and take far greater account of the voices of older carers if they are to be nurtured in a coherent and effective way.

### **Caring and resources in older age: an unexplored dimension**

The neglect of older carers and the influence of poverty upon their role can be partly attributed to the 'invisibility' of such carers and to the generally ageless and classless analysis of existing literature into informal care. It can also be attributed to the wider neglect of the importance of the marital relationship of older people to the maintenance of society and to their perceived marginality to society's mainstream projects of production and reproduction (Kohli, 1988; Arber and Ginn, 1991; Phillipson, 1998). For example, as Phillipson (1998) observes, the focus of academic analysis on the mode of production has meant that wider debates on poverty and the social exclusion arising from this have tended to concentrate on the young and long-term unemployed rather than on those past working age. At the same time, the focus on the mode of reproduction has led to a corresponding focus on the caring role of women, especially the mothers of young children (Graham, 1992) and on 'young carers' (Olsen, 1996). Older people's neglect may also be due to their similarly perceived marginality to the mode of consumption with their roles as 'invisible consumers' meaning that the economy is missing out on a group of consumers which 'marketers cannot afford to ignore' (Carrigan & Szmigan, 2000). As a result of these omissions, a lack of attention has been given to the views of older carers, particularly those in long-term, interdependent relationships or to variations between different groups of older carers as a result of their material circumstances (Milne et al, 2001). Moreover, while feminist theory is beginning to take an interest in older women, especially with regard to their caring responsibilities for frail family members, older women's other disadvantages in marriage arising from their financial position have been largely overlooked (Askham, 1995).

Consequently, while the research of Milne et al (2001) has provided a valuable insight into the neglected role of older carers, it does not explicitly explore the relationship between material circumstances and the role of older carers. It therefore leaves unanswered many questions on the influence of poverty and social exclusion upon such carers, with existing research tending to focus on the illness of the person cared for and not the care context. Moreover, like the research of Arber and Ginn (1992), the research of Milne et al (2001) is based purely on the analysis of statistics and is therefore unable to

look behind these statistics at the subjective experiences, meanings and motives of older carers themselves. This meaningful and active aspect of human behaviour is potentially particularly relevant to the study of older people whose attitudes and values are likely to diverge widely from younger counterparts due to their different traditions and social backgrounds serving to shape their attitudes towards their caring role, their money and the support that is available to them. For example, as Ford (1991) observes, financial management strategies utilised by older people in poverty may differ markedly to those utilised by younger counterparts due to differing needs and attitudes towards money:

While in many instances debt is associated with poverty, not all those in poverty face an identical situation, or respond to their situation in similar ways. Income and expenditure may be differently structured and situated in different social and cultural contexts. The absence of pensioners from the discussion of credit and debt is one useful reminder of this situation. For example, pensioner households have different demands because of the absence of young children; they may also have different and fewer needs than young couples...Developing a more complete understanding of the specific form of the processes that influence credit use and engender debt amongst different sectors of the poor is an important but as yet incomplete task (Ford, 1991: 60)

Similarly, with regard to the caring role, the way in which this is experienced and managed may differ from younger people. This may be due to age-specific aspects of disability, serving to exacerbate caring demands and promoting interdependence within the caring relationship. It may also be due to attitudinal and cultural factors serving to further promote this interdependence and mediating attitudes and subsequent access to external sources of support. However, henceforth, these unique attitudes and needs have been largely neglected. As Milne et al (2001: 56) observe:

More should and can be done to improve the health and quality of life of older carers and to develop a more in depth understanding of the nature and consequence of caring in later life

In spite of the possible impact of physical factors and cultural factors on the experiences of older people in general and older carers in particular, second and third generation approaches have tended to neglect these issues, preferring to emphasise the material basis of oppression on one hand or social diversity and self-determination on the other. Thus, although the ill health and disability will inevitably have an important impact on the lives

of older people, political economy (second generation) and critical gerontology (third generation) approaches have tended to 'play down' the importance of such factors, due to their wholesale rejection of the medicalised and pathological approaches which preceded them. Furthermore, debates on gerontological issues, on one hand, and disability studies, on the other, have remained largely disconnected:

In the index of any recent book that reviews contemporary debates in later life studies, 'disability' will have few counts; and equally, texts with accounts of debates on disability studies have few references to older people (Oldman, 2002: 791)

As Jamieson et al (1997) maintain, this trend towards demedicalisation is problematic, providing justification for denying the health care needs of older people. They go on to maintain that gerontology must instead incorporate a variety of perspectives, including medical perspectives.

In spite of the obvious relationship between attitudes, culture and action, the impact of such culture has also been neglected. Again this can be partly be attributed to the 'cultural reductionism' of second generation approaches such as Marxism and their corresponding rejection of functionalist-cultural perspectives such as that propounded by Oscar Lewis (1968). The neglect of age specific culture has also been apparent in third generation approaches. For while such approaches claim to take account of culture and the meaningful aspect of human behaviour, their focus on social diversity means that they tend to see this meaning as being free floating and individually defined rather than as socially structured. Indeed, as Baldock (1999) suggests, this culture blindness has also been reflected in social policy literature. For he maintains that the development of the welfare state was not produced in response to the cultures of the population it served but in spite of them, with such culture tending to be seen as a context rather than a cause. While post modern cultural formations are beginning to support policy making which is more eclectic and culturally sensitive, the culture of older people continues to be overlooked. For as Blakemore (1997) maintains, British gerontological research into culture in older age has tended to see such culture as being synonymous with ethnic minority issues and has therefore neglected the cultural context and identity of the older 'majority':

Little or nothing has been done to integrate or compare research findings on minority communities to those on the majority. 'Ethnicity' has too often been thought of as 'something to do with minorities in the inner city', and it is high time that such ghettoised thinking was challenged (Blakemore, 1997: 37)

## **CONCLUSION**

In an attempt to unify and provide a theoretical context to the diverse issues of poverty, older age and informal caring, this chapter has broadly followed the three generations of thought identified by Vincent (1995) passing through consensual and conflictual theories, both of which can be broadly defined as positivistically-orientated approaches to 'third generation' or 'synthesis theories'. In accordance with these latter 'third generation' theories and their claim to encompass both structure and action, it has been suggested that Marxist and functionalist approaches to older age, caring and poverty, do not fully recognise or explore active and meaningful aspects of human behaviour. This determinist perspective has been particularly apparent in structural and pathologising gerontological literature, which regardless of its ideological perspective, tends to portray older people as being passive victims of circumstances and 'disabled', 'poor' or 'marginalised consumers' rather than as active social agents. Moreover, contrary to the determinist assumptions of these theories, individuals may not always react in the same ways to similar circumstances and the meanings attached to these actions may also show diversity between individuals and social groups. Postmodernist perspectives have further emphasised this diversity maintaining that social trends have led to a shift from standardisation, uniformity and universalism to heterogeneity, fragmentation and difference (Williams, 1992). These trends, it is argued, have rendered obsolete the class-based analysis of Marxism as other unequal conditions need to be united with a theory of class, not subsumed as a mere branch of it (Vincent, 1995)

However, it has also been argued that the recent focus placed by third generation theories on activity, subjectivity and diversity has led to a corresponding neglect of the influence of structure on the lives of individuals and has failed to fully recognise the objective conditions of existence, such as poverty, from which such diversity, subjectivity and activity can arise. Moreover, in spite of the emphasis placed by these theories on the

active component of human behaviour and their claims towards synthesis, little attention has been given to the way in which objective social structures are negotiated and managed and the dynamic relationship between structure and action in the lives of older people. For example, although the social construction of poverty and caring in older age has been recognised, the way in which older people actively manage their financial situation or how they cope with and experience their caring role has been correspondingly neglected. In spite of this knowledge vacuum and the generally ageless and classless analysis of informal care, evidence would suggest that, due to their relative poverty, material circumstances will be especially significant to the role of older carers. For, in accordance with situational constraints theories, these circumstances are likely to exacerbate the demands which carers experience as a result of their role. However, the influence of these circumstances are themselves likely to be mediated by non-material factors such as culture and disability as well as being actively negotiated by the carers themselves. It will be a purpose of this thesis to help to address these questions by examining the impact of material circumstances on the role of older carers, the way in which these roles and circumstances are actively negotiated and experienced and the influence of culture, attitude and physical pathology upon this issue.