

# **CHAPTER THREE**

## **MATERIAL RESOURCES AND THE CARING ROLE**

## **INTRODUCTION**

Existing literature tends to indicate that poverty is likely to significantly exacerbate the demands on informal carers (chapter 1). However, not only is this literature few and far between, it also tends to be statistically orientated, revealing little about the way in which carers, especially older carers, subjectively experience this role. The aim of this chapter is therefore to 'look behind' these statistics by examining the influence of material circumstances on the role of older co-resident carers. Findings show that, in accordance with the situational constraints theory, enhanced access to income and material resources can alleviate the objective costs of caring by promoting access to such things as substitute care, aids and adaptations as well as reducing the need to perform a demanding co-resident caring role. The research also suggests that such income can affect the subjective costs of caring through such things as helping to provide a favourable caring environment as well as promoting the sense of reciprocity, spontaneity and independence within the caring relationship. The latter parts of this chapter help to redress the ageless analysis of research into the financial management strategies by examining the way in which older carers manage and control money within the household and comparing and contrasting these strategies to those reported to be employed by younger people. The final section reflects on the findings and their implications for existing theory. It is concluded that the role of material circumstances in influencing the experiences of older carers in the sample, combined with their socially productive role, serves to undermine the social disengagement theory which maintains that older people become disengaged from society as a result of individual pathology. However, it is also suggested that material factors alone are inadequate in explaining the experiences and behaviour of respondents and that physical and cultural factors must also be taken into account.

## **MATERIAL RESOURCES AND CARING 'COSTS'**

### **What is meant by 'low income' and 'poverty'?**

As a prelude to the examination of the ways in which material circumstances go on to influence the role of older carers, it is firstly useful to attempt to define what is meant by 'low income'. While in Britain there is no official yardstick for measuring low income or poverty, two broad approaches are generally used and like contrasting perceptions of

society and the state (chapter 1), these approaches are very much ideologically bound. The first of these is the ‘objective’ yardstick of ‘absolute poverty’ and incorporates all those whose income levels are inadequate to meet their basic needs (Liddiard, 1999). This approach often uses income support levels and the government set ‘Minimum Income Guarantee’ as a guideline. For example, the Minimum Income Guarantee stated that, in the year 2000, a single person aged 60 to 74 needed £78.45 pence a week to meet their basic needs. In contrast to concepts of absolute poverty, ‘relative poverty’ provides a more sophisticated and generous means of ascertaining low income in that it regards the poor as those living below a generally accepted standard of living as determined by the culture and norms in a specific society at a particular time. For example, from this perspective, those found to be living on incomes below fifty per cent of the national average, may be defined as living in poverty (Liddiard, 1999). To the concepts of absolute and relative poverty can be added a third measure of ‘subjective poverty’, which refers to whether or not individuals feel themselves to be poor. This is closely related to the social policy concept of ‘felt need’ (Liddiard, 1999) and to relative poverty, since those who are defined as being poor in terms of the standards of the day are also likely to perceive themselves as being poor.

Consequently, although the post war growth in the welfare state and social security provision has arguably helped to eradicate the incidence of absolute poverty, due to the continued incidence of social inequality and polarity (Rowntree Report, 1995; Walker and Walker, 1997), the experience of relative and subjective poverty is likely to persist. This is illustrated in the table below, which shows income differentials by occupational status. Indeed, material differentials are likely to be even more pronounced if inequities in capital ownership and inherited wealth were also taken into account.

**Table 3.1: Average income of FES respondents as defined by occupation (n=4426)**

SOCIAL CLASS OF RESPONDENT	1	2	3	4	5	6
Gross weekly income	£701	£552	£310	£289	£219	£166

**Source: secondary analysis of the Family Expenditure Survey, 2000-2001**

Similar inequities are apparent between different age groups with those aged over sixty seeing a sharp decline in their average income. As such, the incidence of relative poverty is likely to be especially significant amongst older people, with households headed by an older person having a greater propensity to low incomes than any other group.

**Table 3.2: Average income of FES respondents as defined by age group (n=6598)**

AGE GROUP OF RESPONDENT	20-29	30-39	40-49	50-59	60-69	70-79	80 +
Gross weekly income	£257	£351	£354	£324	£200	£162	£143

**Source: secondary analysis of the Family Expenditure Survey, 2000-2001**

However, a problem with such statistics is that, in focusing on income alone, they reveal nothing about corresponding inequities in the possession of other material resources. They also reveal little about the way in which living on a low income is experienced or coped with and its impact on the lives of recipients. It is therefore the purpose of this chapter to help to address this issue with particular reference to the role of older carers.

### **Access to material resources**

Older carers have been identified as being one of the poorest groups in this country (Milne and Williams, 2000). In accordance with these findings, the average weekly income of carers interviewed was £198 per week for a two-person household. Even taking into account shared household status, this was well below the recommended minimum of £150 per person advocated by Age Concern at the time the fieldwork was carried out (Parker, 2000). Not surprisingly, for most respondents this post-retirement income represented a significant drop compared to that received during their working lives. However for a minority of the poorest carers in the sample including Mr Caplow, Mr Denis and Mrs Williams, this was not the case:

*Neither of us got big wages, so neither of us are worse off than we were when we were working (Mrs Williams)*

In spite of the greater vulnerability to poverty experienced in older age and contrary to ageist assumptions, older people are not a materially homogeneous group. Moreover, retirement and the income transitions associated with this can be described as a process rather than as an abrupt change with different paths to retirement producing varying

levels of retirement income (Bardasi et al, 2002). In accordance with these suggestions, the household incomes of respondents ranged quite widely from £115 to £350

**Table 3.3: Weekly household income bands of respondents**

INCOME	£100-£149	£150-£199	£200-£249	£250-£299	£300+	UNKNOWN
Number	2	14	9	5	2	2

These incomes typically consisted of one or two state pensions and attendance allowance (AA) or disability living allowance (DLA). Some households were also in receipt of income support or occupational pensions.

**Table 3.4: Income sources of respondent households**

SOURCE	NUMBER OF CARERS
One state pension	5
Two state pensions	29
One occupational pension	17
Two occupational pensions	2
Attendance allowance	25
Income support	7
Earnings	2
Disability living allowance	9

In spite of feminist assertions of the greater poverty of households headed by women (Graham, 1992); there was no significant difference in the average weekly household income of male and female carers, which were £192 and £203 respectively. Indeed it was the housing status and age of the carer and care recipient rather than their gender, which appeared to be the main influence on household income. Thus, the average weekly income of council tenants was £184 as compared to £212 for owner-occupiers. Moreover, due to the low likelihood of carers of both sexes aged in their seventies to be in receipt of an occupational pension, their average household income was over fifty pounds a week less than the average weekly household incomes of carers in their sixties. Due to the more generous nature of benefits for younger disabled people, such as the

inclusion within DLA of a mobility component, the youth of the care recipient was also positively correlated with household income. As such the average income of the households of a younger disabled person being £272 per week as compared to £184 for the households of care recipients aged over 65. Forthcoming sections explore the way in which these diverse incomes went on to affect the role of the older carers taking part in the research.

In recognition of the fact that it is not only income but also access to other material resources which can influence the experience of caring (Arber and Ginn, 1992), carers were questioned on their access to such resources. The possession of good quality housing and private transport both emerged in the qualitative component of the interviews as resources highly valued by carers. Eleven carers in the sample were car owners and the sample was equally divided between owner-occupiers (17) and council tenants (17). These rates are broadly representative of wider trends of home and car ownership amongst pensioner households with around two-thirds of pensioner households lacking a car and roughly half renting rather than owning their home (see table 3.5). The possession of such resources was found to be strongly correlated with material well-being. Thus, within this sample, car ownership was highly associated with home ownership with only one of the car owners in the sample being a council tenant. Living in social housing has in turn been associated, for both sexes, with an inadequacy of income following retirement, with council tenants being around 30 per cent more likely to be poor than owner occupiers (Bardasi et al, 2002). Indeed, housing status was adopted in this research as a major indicator of the socio-economic status of respondents. This measure was thought to be preferable to the occupational categorisations commonly used to determine such status for three main reasons. Firstly, in retirement, the significance of such status is likely to have diminished while housing will continue to have a daily impact on the lives of respondents. I was able to further explore this impact with the use of the 'up my street' website (2001) which yields detailed information on the nature of localities based on postcode addresses (chapter 5). Secondly, information on housing status is, unlike occupational categorisation, easy to illicit and unambiguous and avoids the many problems in attempting to ascertain social class and economic situation

from ambiguous occupational categories such as 'engineer'. As other researchers have noted, there are numerous additional problems in using occupation as an indicator of social and economic position and this is particularly the case with older people. For example, with regard to the position of women, researchers have traditionally based their class position on the occupation of their husband, while, more recently, research has categorised them in terms of their own occupational status. However, for women in this research, such a practice would have been problematic as due to generational issues, many of the women respondents had never or rarely been in paid employment.

A third reason for using housing rather than occupational category as the main indicator of socio-economic status was that the focus of this research was on material circumstances not social class. For while there is obviously some correlation between these two issues, housing status rather than former occupational status is likely to be a more accurate indicator of current material well-being. However, in spite of this close relationship between the possession of material goods and material well-being, while higher incomes appeared to alleviate caring costs, the possession of such material resources had a less clear-cut influence. Thus, contrary to postmodernist portrayals of consumerism as a source of liberation (chapter 1), carers reported a conflict between, on the one hand, enjoying the possession of material resources while, on the other hand, having difficulty in affording them.

*He has this big house which he's inherited and the maintenance costs are very high, it's much too big, it's all sentimental (Mrs Reid)*

Moreover, while Arber and Ginn (1992) found a high association between co-resident care and the non ownership of material resources such as cars, this association may not have been causal but may simply have been a reflection of the fact that a higher proportion of those without cars were also relatively poor and it is this poverty rather than car ownership which is the key determinant of the type of care provided. As Arber and Ginn (1992) recognise, this relationship between material goods, material circumstances and caring strategies utilised, as well as more general questions of the material influences on the assumption of co-resident care are issues which merit further investigation and are further pursued in this and subsequent chapters.

### **Access to help and support**

Previous research has identified the way in which caring can cause poverty due to the material costs of caring (Glendinning, 1992). Indeed, many respondents reported such costs which in turn ‘fed back’ into their current material situation (chapter 4). However, little corresponding attention has been given to the way in which poverty can go on to influence caring (chapter 1). In order to redress this neglect, this research found the low incomes of many carers in the sample could be seen to reduce their ability or willingness to pay for supportive provision thus, in accordance with the situational constraints theory of poverty, exacerbating the practical demands upon them and the subsequent ‘restrictedness’ experienced as a result of their role (Bebbington et al, 1986). For example, a 69-year-old carer, Mr Cicourel, described how he was unable to afford a home sitting service for his wife as his relatively low income meant that he did not feel able to afford the hourly fee of £6.50, which he was being asked to pay.

*She said ‘I’ll give you the phone number of Crossroads, they’ll come and see you’ and I said, ‘Fair enough’, they did and they said, ‘Have you got any money’. I said ‘Yes I’ve got a little bit put by’ and they said ‘In that case you’ll have to pay towards it’ and I said, ‘Oh how much is that?’ ‘£6.50 an hour they said’ .... so I said ‘Oh I’m not bothered’*

This contrasted with the position of better-off carers who were able to purchase outside help and who also tended to be financially rather than practically orientated in the care they provided. For example, Mr Hunter described how he for many years he had employed domestic help:

*I’m not very good (at housework), I just wash up and do a bit of cleaning now and again when it’s necessary because we pay for two cleaners to come in (Mr Hunter)*

However, even better off carers were sometimes reluctant to pay for outside help. For example, although Mrs Field was able to employ live in help to assist in the care of her husband, she had to be persuaded by her daughter to do so:

*It’s a firm based in Oxford and they send out people to take over the whole house but they are extremely expensive. Anyway my daughter said that we shall have to*

*regard this as a holiday, don't do anything just let the staff get on with it (Mrs Field)*

Similarly, Mrs Hudson, a carer in her sixties described how, because she had savings, she had been unsuccessful in obtaining a stair-lift from the social services but because she was unwilling to pay for one herself, for many years she and her husband had to manoeuvre their severely disabled son upstairs unaided:

*Oh we tried for years to get them to put one in but no they wouldn't put it in. They said that we'd got to pay for it because it was our house. We said that it was for David's benefit alone and he didn't have any money in the bank but they didn't go by that. They said that it was our house and it went on the money that we'd got so we had to buy it ourselves...I wish I'd had it ten years ago (Mrs Hudson)*

Consequently, the willingness to pay for outside help may not simply be the product of material circumstances but also due to cultural and attitudinal factors such as the degree of familiarity with the type of help employed:

Some people are used to buying other people's labour, particularly in the form of domestic labour. But for others, those with low incomes or who have spent a lifetime contributing their labour rather than their earning power to the household, the experience is novel and contrary to their best instincts about a sensible use of their money (Baldock and Ungerson, 1994: 49)

As well as material circumstances and attitude, access to information could have an impact on the ability of carers to access help. For as Northouse (1980) maintains, the increasingly fragmented nature of support for carers has been accompanied by a corresponding lack of awareness of these services and how to gain access to them, there being no routine pathways leading carers to sources of relief (chapter 5). This suggests a potential increase in unreported need and burden amongst carers and this problem is likely to be disproportionately high in lower social groups who are poorly represented in organisations such as its own and who have a generally lower access to information and services than their middle class counterparts (Alzheimer's Disease Society, 1993). Such confusion about the availability of services was expressed by a number of carers in the sample, for example as Mrs Taylor stated with regard to 'Dial a Ride' buses:

*We see all these buses going past but we can't seem to get the knack of them. Nobody's really been plain enough to tell us what you've got to do to get these buses*

However, while middle class carers benefited from their access to cultural and material resources they were potentially disadvantaged by their possession of savings which, due to the practice of means-testing could form a barrier to obtaining relevant services. In accordance with this, it was only the owner occupiers in the sample, such as Mrs Hudson, who criticised the policy of means testing, speaking of the way in which their possession of capital meant that they were potentially denied access to goods and services which would have been provided free of charge to those without such capital.

### **Access to transport**

Cahill (1994) observes that social trends such as the growth of out of town developments and the fall in public transport provision have led to a revolution in modern day transportation and an increasing reliance on the motor car. This development is likely to disadvantage poorer people and older people, the majority of whom are not car owners (Cahill, 1994). For example, due to mobility problems, respondents without access to private transport were often forced to rely on taxis, incurring 'indirect' expenses as a consequence of this:

*Neither of us can walk very far, if we want to go to hospital or to the doctors, we have to have a taxi which is twelve pounds there and back. Because, if we were able and went on buses, it's two buses there and two buses back to the doctors, so it's just getting to the bus stop isn't it and I can't walk to the bus stop so I have to have a taxi (Mrs Thompson)*

*If we go on holiday, we have to go on the train rather than a coach, which would be a lot cheaper, so that he can walk about if he needs to, so in that respect I'm worse off (Mrs Reid)*

Other disabled respondents spoke of how their car-less state was compensated for by Sheffield's relatively well-resourced public transport system, with the super-tram and its facilities for wheelchair and invalid scooter access enabling even those with mobility

impairments to travel widely throughout Sheffield. Thus one mobility-impaired carer described how he was able to drive his invalid scooter to the nearest super-tram stop and proceed to travel the city:

*Those that say it's a waste of money, it's because one doesn't run past their house. I think it's one of the best things since sliced bread and I can just drive on my scooter and go where I want - you can take the scooter on. So long as I'm charged up I can go to town, to Commercial Street, which would take me 9 to 10 minutes from here on my scooter, get on one called Herdings and that'll take me another five miles away to my daughter and get off at the terminus there. That's saved me five miles on my scooter...with the super-tram I can go to Meadow Hall (a shopping centre) (Mr Hammond)*

As such, access to transport was a resource valued by respondents helping to ease the demands of their caring role and also enabling them to maintain and extend their social life and social networks.

*Well if I didn't have a car, I wouldn't get her out. I mean I use it to go to the shop because I suffer from angina (Mr MacLellan)*

*With me having a car, I can go down to pay the bills, or to collect my pension, or go down to the supermarket (Mr Dale)*

*Yes I have to have a car, I couldn't take him on a bus...It wouldn't be so good no because when he's stuck at home at the weekend, I just put him in the car and take him for a drive, yes he likes that (Mrs Hudson)*

However, as with the problems of home maintenance, many carers spoke of the burdens of running their cars on their limited post-retirement incomes:

*We've got a car stuck in the garage. It's never been out since he had this stroke. It needs repairing but I can't afford to get the mechanic in, I don't know how much it's going to cost (Mrs Gibbons)*

### **Housing and the caring environment**

**Table 3.5: Non-ownership of goods by household type (n=6637)**

	NON-PENSIONER HOUSEHOLDS	PENSIONER HOUSEHOLDS
Non home owner	29.4 %	54.7 %
No car	22.9 %	71.7 %
No telephone	2.1 %	4.7 %
No washing machine	5.3 %	20.4 %
No video recorder	8.7 %	40.6 %
No microwave	13.7 %	33.3 %
No dishwasher	71.6 %	96.7 %
No CD player	18.6 %	74.6 %
No television	1.5 %	2.6 %
No tumble dryer	43.4 %	71.2 %
No deep freezer	5.4 %	14 %
No home computer	52.7 %	94.8 %
No internet connection	65.6 %	97.7 %

**Source: secondary analysis of the Family Expenditure Survey, 2000-2001**

Secondary analysis of Family Expenditure Survey statistics for 2000 to 2001 showed that, not only were older people much less likely than their younger counterparts to have access to private transport, they were also much less likely to own other household goods. This is illustrated in the table above, highlighting the differential access to such goods between pensioner and non-pensioner households (as defined by the status of the head of the household). This striking age based diversity in the ownership of material goods helps to undermine postmodernist claims of increasing affluence and consumerism amongst older people (Gilleard and Higgs, 2000). It also has implications for the role of older carers, suggesting that their relatively unfavourable living environment will mean that they will be more likely than younger and better-off counterparts to subjectively experience this role in a negative way. For example, the lack of a washing machine or

tumble dryer will potentially exacerbate the demands on carers, especially when dealing with incontinence. Shopping, food storage and preparation will also be more arduous in the absence of a microwave or deep freezer.

Similar associations have been made between the subjective experience of caring and housing type. Thus Grundy and Harrop (1992) found that middle class co-resident caring tended to be facilitated by the availability of larger dwellings or semi-independent annexes as compared to the more cramped living arrangements of poorer carers (case study 3.1).

**Case study 3.1: Mr MacLellan – the council flat tenant**

The strains arising from such cramped living arrangements were well illustrated by Mr MacLellan. He was a 78-year-old carer of his wife who had Parkinson's disease. While previously a homeowner, like several other carers in the sample, he had 'downsized' his living arrangements, several years ago, moving to a one-bed roomed council flat. This was primarily due to the disability of his wife who was no longer able to cope with the stairs at their former home, it also allowed him to release his property equity, most of which had now been spent. However, due to the small size of their current accommodation he found it difficult to manoeuvre his wife's wheelchair. Sleeping was also difficult because of his wife's restlessness:

*"We had a double bed when we first came here but I couldn't sleep with her because of her shaking. It makes it a bit tighter with two single beds. I could do with a bit more room"*

Moreover, as the only council tenant with his own car, due to lack of nearby parking facilities, until recently, Mr MacLellan had been forced to walk over a hundred yards from his flat to reach his car when he wanted to use it. This exertion, he said, exacerbated his angina.

*"I've got a garage now, which is only just across the road. I'm coping pretty well now. When I had a distance to walk it got a bit dodgy. I haven't used this (GTN spray) since I got the garage have I"*

However, although housing is an important part of the environment of caring, the role of housing in community care is a neglected subject which has only recently begun to be addressed. The main housing related difficulties which carers experience are poor quality or inappropriate housing and issues arising from tenure or inheritance. Moreover, some carers who are co-resident face the prospect of becoming homeless if their relative dies or is moved into residential care.

The close relationship between housing status and social status has been explored by Saunders (1990). He has maintained that, in accordance with 'mode of consumption' theorists, housing status had become the key social divide over-riding all other social and occupational divisions. As such he believes that tenants are much less emotionally attached to their homes than their owner-occupying counterparts for whom home ownership was a crucial source of ontological security. Indeed many owner-occupiers expressed such an attachment with Mrs Field and Mrs Hudson explaining how they refused to move house even though they recognised that their housing was now inappropriate to their needs:

*I've got used to the space. A friend who died aged 94, he lived on his own, he said, 'you know quite while you'll never leave there until one of you is carried out feet first' and I said, 'yes I expect you're right', unless my husband gets so bad that he has to go into respite permanently, in which case I would have to sell the house as it's too big (Mrs Field)*

*Well a bungalow would have been better. We should have had a bungalow years ago; it would have been much easier. Now it's too late. I wouldn't want to move on my own and everybody round here knows David. I wouldn't like to take him somewhere where nobody knows him and the neighbours are ever so good (Mrs Hudson)*

However, as Gurney and Means (1993) suggest, Saunders' theory minimises the many difficulties associated with home ownership, especially for those on low incomes. Thus the financial demands of such ownership were a great source of worry and difficulty for some of the 17 owner-occupiers interviewed, even though none had outstanding mortgages on their properties:

*We can pool her pension along with mine but if she goes in permanently then obviously I can't afford to live here and that's why I'm going to sell the property. I have no alternative (Mr Davis)*

*So apart from the emotional stress and shock of him being so ill, I couldn't see how I was going to manage financially. Because I had already moved from a*

*bigger house because we hadn't enough money. So I already had to move with great stress to a lesser house if you like to get some capital to pay off debts (Mrs Flude)*

Moreover, Gurney and Means (1993) go on to observe, an obvious implication of Saunder's theory is that, due to their allegedly low attachment to their homes, tenants can be relocated to other housing with minimum personal distress and disruption. However, they question this assumption maintaining that older people, regardless of their housing status are likely to be deeply attached to their home and that moving home in later life is consequently a source of potential distress and disruption. This, they maintain, is not only due to pragmatic factors such as leaving behind familiar and well-established neighbourhood networks but also due to the fact that relocation following retirement is likely to be perceived as a negative status passage, rather than a positive progression as tends to be the case with the young.

In accordance with the suggestions of Gurney and Means (1993), negative perceptions of rehousing were echoed not just by owner-occupiers but also by lifelong council tenants. For example, Mrs Taylor, a council flat tenant spoke of how she missed the garden of her former rented home:

*I miss it very much because when it was nice we used to go out and sit on the lawn. I never get any fresh air here and when they start throwing stuff out of the window, you get seagulls all flapping at the front of the window, all mess on the window (Mrs Taylor)*

Similarly, Mrs Halsey recounted her sense of deprivation after having been forced to move due to her disabled husband's problems in negotiating the stairs to access their former council maisonette. Her current council flat was far removed from relatives and friends:

*We was happy where we was on Lowedges, nobody wants to have to move through illness. We'd been there since 1963 and it's a big thing moving. We had to get rid of a hell of a lot of furniture. It's a lot smaller here than it was on Lowedges (Mrs Halsey)*

Not only are older council tenants just as likely as owner occupying counterparts to negatively perceive the experience of rehousing, but they are also more likely to have to undergo this experience due to their lesser ability to afford aids and adaptations which would help them to remain in their existing home. Indeed all of the respondents in this research who had moved home due to disability were council tenants. Council tenants also experienced a lesser degree of control over the rehousing process thus serving to exacerbate their levels of distress and reducing their choice in the type and location of housing allocated to them. For unlike owner-occupiers, they are largely reliant on the council housing bureaucracy to organise this rehousing.

*Anyway, it's a terrible thing but what they do is when a disabled person dies who ever is with them, they have to come out of that disabled accommodation and it's a terrible thing to say but we had to wait until somebody died before we could get one... (Mrs Halsey)*

### **Material interdependence**

Carers' material circumstances not only influenced the way in which their co-resident caring role was performed and subsequently experienced. For some carers, it also influenced their decision to assume this role. For their limited income increased their reliance on the income of the cared-for person to meet the household's financial commitments thus facilitating the need for carer and care recipient to pool their limited resources and promoting the decision to assume a co-resident caring role. This role of financial expedience in encouraging the older person to assume a co-resident caring role was substantiated by follow-up interviews. For many such carers their position had changed since the initial interviews, the cared-for person either having died or admitted into permanent care. All of the carers in this situation reported a significant decline in their household income (chapter 4). The subjective costs of poorer carers are likely to be exacerbated due to this role of poverty in undermining the choice and spontaneity which has been identified as crucial in maintaining the intrinsic value of the informal caring role (Abrams, 1978). Indeed, the two carers in the sample who felt that co-resident caring had been imposed on them as a result of financial expedience expressed a high degree of dissatisfaction with their role. Their experiences highlight the way in which informal

care is not necessarily an expressive, spontaneous and positive experience but may be instrumental, coerced and oppressive.

**Case study 3.2: Mr Davis and Mrs Flude – the unwilling co-resident carers**

Mr Davis was 60 and cared for his physically frail mother. Mrs Flude was 68 and cared for her husband who had dementia. Both were owner-occupiers. In spite of their relatively advantaged financial situation, both felt that financial concerns played an important role in shaping their caring responsibilities, describing how they were deterred from having their relative admitted into residential care due to the fact that they would have lost the income they needed to maintain their relatively large homes:

*“If he had gone into care I would have lost my home. They would have taken his occupational pension, his attendance allowance and his old age pension, so that would have left me with nothing except my old age pension, which is very little” (Mrs Flude)*

Similarly, Mr Davis spoke of the financial implications of his mother’s brief admission to permanent care four years previously

*“Well its remarkable really, about four years ago my health deteriorated and I did put her in permanently and I worked out, Elaine, by the time I worked out my income from my pension and the outgoings from the house and I took the previous years bills into account, all the lot, then I had £37 a week to live on. That £37 a week was a total figure and doesn’t include toothpaste, toilet rolls and things that you don’t think about. That £37 a week was for the whole lot including food” (Mr Davis)*

Both Mr Davis and Mrs Flude claimed to have had long term poor relationships with the cared for person and were highly dissatisfied with their respective roles:

*“I’ve lived like this for a quarter of a century and its far too long and I’m quite unhappy, I’m depressed” (Mr Davis)*

*“It’s no life except that I now get respite care. I have a lot of financial worries as well” (Mrs Flude)*

**THE DISTRIBUTION OF HOUSEHOLD INCOME**

The material circumstances of informal carers and the subsequent management strategies employed as a result of these do not simply derive from carers’ personal material positions (Arber and Ginn, 1991). They are also influenced by broader factors including their access to resources within the household. Thus Pahl (1984) has explored the way in which social divisions of poverty and gender can help to structure the allocation of household resources, leading to a gender division between the control and management of such resources (chapter 1). However, a significant weakness of this research is that it has focused almost exclusively on those below retirement age. In addition, the limited research which does exist on the patterns of household resource management employed by older people has tended to focus on issues of gender and has revealed contradictory findings. Thus some researchers have argued that, in spite of the loss of the breadwinner

role due to retirement, gender distinctions between the control and management of household income and the hidden poverty of many married women arising as a result of this persist into old age and that men's earlier financial advantage over their wives is transmitted into later life through their higher pensions (Ginn and Arber, 1991). This continued financial dominance may be particularly the case for the increasing number of retired men in receipt of their own occupational pensions. Similarly, Pahl (1984) found that older couples tend to retain the allocative system, which they had adopted earlier in their marriage and that, due to the culturally based assumptions of traditional gender roles held by many older people, this system was likely to facilitate a high degree of male control even after retirement. Glendinning (1992) found that that this male control was likely to persist even if the male partner was physically incapacitated and in need of care from his wife. In contrast to these findings, other research maintains that retirement does, in fact, lead to a loss of male control over household finances as men lose their breadwinner role while women gain financial and decision-making power through the receipt of their own pension (Wilson, 1987; Townsend, 1957).

### **Ambiguous and arbitrary patterns**

In order to explore this debate, carers were questioned on the way in which their household resources were distributed both currently as well as earlier in their lives. However, contrary to the expectations of the researcher, rather than responding in ways such as "*We used to use the allowance system but now use the whole wage system*", carers' initial responses were often far from clear and did not neatly conform to the allocative systems identified by Pahl (1984) (chapter 1). In spite of these methodological problems, most carers were eventually able to make clear the allocation systems adopted by them both before and after retirement. This revealed that the systems adopted tended to be arbitrary and wide ranging and did not necessarily adhere to the class and gender divisions portrayed by Pahl (1984; 1989). Thus, some middle class women said that they had always assumed total responsibility for household management, a practice, which Pahl maintains, is more common amongst working class couples. For example, middle class Mrs Coates maintained that throughout their marriage she and her husband had

exercised a whole wage system, due to the fact that her husband was Polish and therefore unfamiliar with local currency.

*He's never had any money sense. He's from Poland, he's never understood English money (Mrs Coates)*

Conversely, some poorer women such as Mrs Halsey maintained that they had always shared responsibility for household financial management with their husband through the adoption of joint decisions and a pooling system:

*Me and Brian, if we wanted anything we sat down and pooled, well its always been pooled, we've always done it together (Mrs Halsey)*

It is significant to note in this respect that Mr Halsey, did not adhere to the traditional male role of breadwinning husband portrayed by Pahl (1984), due to his long-term unemployment prior to retirement. His non-traditional role was also reflected in other areas of his life. For example, Mrs Halsey described how her husband helped her out with housework throughout their married life:

*Aye he'd do different things. Say I'd cook the dinner; he'd wash the pots and things like that. He'd do all sorts. I'd do the washing and he'd help me to carry the washing down and put it in the yard because there were 32 steps to carry washing and then if it rained we'd run like hell to bring them in. We'd put washing out together and all things like that. That's when he were made redundant*

As such, it should be recognised that income allocative systems are not solely the product of gender and class divisions but are also related to the respective roles and material circumstances associated with these divisions. When these roles and circumstances are broken down due to such things as male unemployment then these systems may themselves be affected.

### **Continuity and change in allocative systems**

It is then reasonable to expect that, in accordance with the suggestions of Townsend (1957) and Wilson (1987), the changing roles and material circumstances following retirement will, like male unemployment, lead to an alteration in the income allocation

system adopted by couples. For example, the loss of the male breadwinner role could lead to a changing financial balance of power within the household with women experiencing greater financial power and autonomy, while the greater poverty arising from retirement could also lead to the adoption of systems commonly used by poorer people, such as the 'whole wage' system. However, for a few carers in the sample, this was not the case, with some couples retaining the allocative system adopted earlier in their lives. For example, Mr and Mrs Taylor recounted how they had adopted the allowance system throughout their married life and continued to do so:

*I pay the bills (Mr Taylor)*

*And I do the housekeeping (Mrs Taylor)*

*Has that always been the case? (interviewer)*

*Yes. I don't want her thinking and worrying about bills coming in. I worry about them (Mr Taylor)*

*He worries about that and I take out what I need (Mrs Taylor)*

Similarly Mr and Mrs Phillips and Mr and Mrs Harris recounted had they had always practiced the whole wage system:

*Barabara (his wife) has always done it all (Mr Harris)*

*I do it. I pay gas, rent, electric. Yes I've always done it. He used to give me the money and I used to manage it (Mrs Phillips)*

This continuation of allocative systems used earlier in marriage was possibly the result of an unwillingness to change from a familiar way of doing things and the struggle for continuity and stability in the context of unsettling change, a process which Tanner (2001) observes is characteristic of older people in their attempts to maintain their 'sense of self' (chapter 4). For example, Mr Tunstall maintained that he still put his wife's housekeeping money out even though he was now the housekeeper:

*I still put her housekeeping money out each week but instead of her paying for stuff, I take the money out instead (Mr Tunstall)*

Unwillingness to change could also be due to a retention of traditional cultural and ideological assumptions about gender roles (Pahl, 1984; Glendinning 1992) This role of ideology in influencing allocative strategies is well illustrated by two carers who

explained their adoption of the allowance system in terms of holding ‘old fashioned’ attitudes:

*Oh yes, all she paid for was bills and food, she ran the house, completely ran the house. I didn't do a thing about it. We were old fashioned. She was the housewife and she did the job. She wouldn't have it any other way (Mr Tumin)*

*She took the housekeeping yes. I would like to have it differently but we'd been reared in a very strict way as far as money was concerned. I was old fashioned and just gave her the housekeeping (Mr Hunter).*

However, couples retaining their lifelong allocative system were in the minority with most carers in the sample, both male and female, assuming total responsibility for household income. This financial controlling role was not simply due to increased poverty or the changing financial balance of power taking place as a result of retirement but was primarily due to the incapacity of the cared-for person. For example, Mr Tunstall explained how, due to his wife's ill health, he had taken responsibility for housekeeping expenditure after having adopted an allowance system earlier in his marriage:

*My biggest problem was that she can't distinguish a five pence piece from a ten pence piece or copper from silver because she can't see it. Actually she's no money sense at all now, I look after all hers (Mr Tunstall)*

Mr and Mrs Lane made similar adaptations:

*I used to have an allowance. In fact I sometimes joke that I've never got any money and he says, well you know where it is if you want it. Yes but since I went into hospital, he took over and I never took it back (Mrs Lane)*

The ease with which carers adapted to the responsibility of controlling and managing household finances depended on the income allocative system that was formerly utilised. As Mr Tumin and Mr Tunstall explained, both of whom had formerly practiced an allowance system with their wives:

*I never had anything to do with house finance, I gave her the money and she ruled the house with it...but I've had to learn, when you're thrown in at the deep end, you've got to swim (Mr Tumin)*

*If there's any problem now, it's actually deciding what we want. I have to do the thinking for her as well as the actual buying (Mr Tunstall)*

In spite of these problems in adaptation, previous research has suggested that households, in which only one person controls and manages household income, find it easier to cope financially than is the case if responsibility is shared (Graham, 1987). Like the lone parents in Graham's (1987) study, most of the carers in this sample experienced autonomy in their household's financial affairs, a factor that may help to explain their great success in coping on a low income. A further factor in explaining this success was in the financially cautious approach exhibited, in varying degrees, by all respondents in the sample.

### **FINANCIAL CAUTION**

In accordance with the social action perspective, individuals do not passively react to their material circumstances but actively adapt to them. As the previous section has highlighted, this active adaptation is influenced, not only by material factors but also by culture and attitudes and by health and disability. For example, it was seen that while relative poverty could form a barrier to accessing relevant sources of support, these barriers were exacerbated by attitudes of frugality, as even those with savings such as Mrs Hudson were reluctant to spend money on such support. Similarly, physical pathology had an impact on the financial management strategies utilised, leading to a transformation of such strategies within respondent households. However in their rejection of the cultural and pathological theories, which preceded them, situational constraint theories fail to fully take account of this active adaptation and the multiple factors affecting this adaptation, tending to adopt a deterministic approach to the understanding of individuals' behaviour. This perception has led to a corresponding neglect of the way in which those in poverty actively adapt to their material situation. In parallel, in spite of the widespread recognition of the socially constructed nature of

poverty and dependency in older age, little attention has been given to the way in which older people manage and negotiate their material situation. This compares to the relatively large amount of research into the influence of ‘situational constraints’ on the behaviour of younger people in poverty (chapter 1). Another focus of the study was therefore the resource management strategies of older carers.

### **Credit, debt and saving**

Much research into the coping strategies of poorer households has found credit and debt to be widely utilised. For example, Bertoud and Kempson (1992) found that a third of non-pensioner households with incomes of less than £100 a week had debts, compared to 2 percent of households with weekly incomes of £400 or more. Similarly, Ford (1991) in her survey of claimant households with children found that 96% had debts averaging £441 with the average repayment representing 12% of their weekly income. As Cohen (1992) observes, these debts were often common in working class communities and were obtained from formal as well as informal sources. For example, ‘tick’ at local shops was often found to be a popular source of credit, particularly amongst Asian families. Borrowing from friends and family has also been found to be widely utilised by younger people living in poverty (Ford, 1991). Such debt could exacerbate the financial problems of poorer people with a survey of Birmingham moneylenders finding that, on average, loans had an annual interest rate of 525% (Ford, 1991). Debt could also give rise to feelings of stress; depression and feelings of low self-esteem. In contrast to these research findings, in spite of their predominantly low incomes, older people are less likely than younger counterparts to get into debt.

**Table 3.6: Households buying products on loan (n=6637)**

HOUSEHOLD TYPE	RETIRED HOUSEHOLDS	NON-RETIRED HOUSEHOLDS
Buying item/s on HP	2.3 %	11.8 %
Average price of purchase	£626.40p	£2952.10p
Home loan or mortgage	1.8 %	44.1 %

**Source: secondary analysis of Family Expenditure Survey, 2000-2001**

For example the Family Expenditure Survey reveals that in 2000 to 2001, only 2.3 % of retired households seen were currently buying products through a hire purchase agreement as compared to 11.8 % of non-retired households (table 3.6). Similarly, no respondents in this research claimed to experience problems with money or indebtedness. For example a word search of the interview transcripts revealed the very high incidence of the words ‘cope’ and ‘manage’ when carers were asked about their financial situation and such words were always used in a positive rather than a negative context, thus “*I can cope*” and not “*I can’t cope*”.

*We get by, I can manage. My weekly income’s £142 a week and we manage (Mr Caplow)*

*I can cope (Mrs Reid)*

On one hand these findings may suggest that the sample was unrepresentative of older people as a whole with much research finding that a lot of older people do in fact live in great poverty. On the other hand it could simply indicate a willingness of respondents to uncomplainingly adapt to their adverse financial situation (Walker and Maltby, 1997). In accordance with this latter view, most of the carers interviewed were in receipt of incomes, which were substantially below the national average, and all showed evidence of a cautious approach to money management and a corresponding aversion to debt:

*We live within our means (Mr Millett)*

*I have to watch every penny (Mr Tumin)*

*We’re OK for money but, as I say, we’re careful, we save (Mrs Halsey)*

Allied with this financial caution was a struggle to accumulate savings, with all of the respondents, including those on the lowest incomes had savings of some sort:

*You see I’ve got a bit of money, the bit of money I’ve got is for funerals and this and the other, do you know what I mean, if I had to use it now then something happened, I don’t like debts (Mr Cicourel)*

*I've still got around £3000 in the building society, so that'll be enough to bury us  
(Mr MacLellan)*

Mr MacLellan's and Mr Cicourel's concern with funeral expenses was echoed by Mr Phillips who recognised that this concern was a product of cultural factors:

*To tell you the truth love, we've just about got enough money to bury us. It costs about £2000. That's all the money we've got (Mr Phillips)*

*Have you ever seen anybody (a corpse) stuck outside on the grass? Of course not! (Mrs Phillips)*

*They have what's called a pauper's funeral if they haven't got any money, the state pays for it (interviewer)*

*Well it were a thing with older folks, they used to worry about that because everyone cried shame on them if they weren't buried properly (Mr Phillips)*

This financial caution was coupled with a commonly expressed attitude of personal resourcefulness and a subsequent reluctance to turn to others for help, attitudes which have been found to be particularly important to older people (Wenger, 1984; Thompson et al, 1990; Pound et al, 1999; Richards, 2000). This position contrasts with research findings on the behaviour of younger people in poverty that has found that relying on informal sources for practical help was widely practised by such households (Graham, 1992).

### **Financial Accessories**

As Edwards (2000) observes, an important correlate of the consumer culture has been the growth of financial accessories with recent years seeing the emergence of new forms of money and the 'electronic economy', which have revolutionised the way in which individuals manage and control their finances. This development has been recognised through a growing body of research into this new economy and the way in which it has enhanced or constrained individuals' access to money. As such, contrary to the claims of postmodernists that the emergence of consumerism has given rise to increasing social diversity and a subsequent liberation from class-based identities, other theorists have maintained that the electronic economy has tended to have a polarising effect giving privileges to those who are already privileged and further marginalizing those who are

not (Pahl, 1999). For example, Acorn profiles of poorer areas such as ‘type 40’ and ‘type 49’ (chapter 5) suggest the very low ownership of financial products such as plastic cards, as compared to more affluent areas in which such ownership is high (Acorn, 2002). Similarly, the Policy Studies Institute found that in 1989 only one in seven of the poorest households had a credit card, compared to three-quarters of the most affluent (Berthoud and Kempson, 1992).

**Case study 3.3: Mr Tunstall –a financially cautious carer**

Mr Tunstall was a 91-year-old spouse carer and had formerly worked for the council as an accounts clerk. Due to careful pension planning, his current household income was relatively high at £287 per week and incorporated attendance allowance, two state pensions and his own occupational pension. Like most carers in the sample, he displayed a cautious approach to his finances and kept a close eye on his financial situation:

*“I like to know just how much I have got in my account. I can even tell you what I’ve got in my bank account. So I’ll often go to the bank to support the pension to keep us going”*

However, in spite of his regular withdrawals from the bank and his preference for cash rather than cheques, Mr Tunstall refused to use his ‘cash card’ to access his money:

*“A lot of things I will pay cash. I don’t like these plastic cards, I’ve got one but I don’t use it, a cash card. It’s handy but I’ve never been used to it I think as we get older we don’t take kindly to change. When they first started with these cash safes in the wall I went into town and there was a queue outside waiting to use the cash dispenser and it was raining and I thought, what the heck are they doing there, why can’t they go inside the bank. People in there will look after them they will get their money, but no. I’m not saying it’s a bad idea; it’s a good idea. But there are people on the watch and if they see you getting out any money they’ll nobble you for it. That’s happened hasn’t it? I’m not saying that my way is the correct way to do it it’s just the way I like to do it”.*

While the specific experiences of older people have tended to be neglected in this growing field of research, this association between poverty and lack of access to financial accessories was upheld by respondents in this sample with many, especially council tenants, having neither a bank account or a credit card.

*If I want anything, I save up for it and pay cash. I like to put cash on the counter, I always do and if I have bills to pay I pay cash. I know it’s a silly thing but it’s the way I am (Mr Tumin)*

*I don’t agree in cheque-books or cards, if we want anything we save up for it, there’s nothing in this house that isn’t ours (Mrs Halsey)*

*The kids said to me you ought to get a credit card, I said I'm not going to get no card, I'm going to pay in cash, if you don't like it you can lump it. I like it that way. (Mr Caplow)*

In her focus groups with 26 to 60 year olds, Pahl (1999) attributed this 'exclusion' from the electronic economy to a lack of eligibility for credit as a result of low pay or unemployment. However, as the case of Mr Tunstall suggests (case study 3.3), for this sample of respondents, this 'exclusion' appeared to be largely a matter of personal preference arising from their general financial caution. This is further illustrated by Mr Dale, a 94-year-old man who unusually for this sample was in possession of a wide array of financial accessories but in spite of this still refused to use credit:

*I've always had a cheque- book; I very rarely pay by cash because what I got from work was always paid directly into the bank. I've got a credit card as well and I also use switch (a cash card). What I get from my monthly pension, that goes into my current account. I also have a premium at Somerfield where I can earn points. I don't use credit, there's no need.. If your bank balance is building up, you switch it to one where you can earn interest. (Mr Dale)*

Neither was the financial exclusion of respondents the product of lack of knowledge or sophistication in financial matters. Thus the highly developed management skills used by respondents has already been outlined. This financial sophistication is well illustrated by Mr Tunstall who, while refusing to use a cash or credit card, went on to detail his complex array of savings accounts:

*I opened a TESSA and then I got a 90-day which pays a much higher rate of interest than the ordinary account. I've got a 60 day which I use and I don't have to keep it over 60 days because if you have over £5000 you can withdraw money as and when you like. I've got a 60 day a 90 day and a TESSA and I've got a post office savings bank account which I can call on if I want a few pounds (Mr Tunstall)*

Nevertheless, as Kempson and Whyley (1999) state:

The consequences of not having access to key financial products are now much more serious than they were in the past. Being part of a small minority who are outside the mainstream financial services creates a new set of difficulties (p. 12).

These difficulties are well illustrated by the experiences of Mr Tumin:

*I don't have a cheque account. I enquired at the bank about a cheque account, as they wanted to charge you £5 to make a cheque out. I said can you write me a cheque out. He said yes, I said how much will it cost, he said £5. So he says, why don't you open an account and I says well I don't have enough money to have another account for a cheque book anyway its not very often I want cheques. (Mr Tumin)*

### **Budgeting strategies**

Research by Kempson et al (1994) has identified two main strategies of budgeting in low-income households. The first, 'bill juggling', is more common in larger households in which income is irregular and debt is commonly utilised. The second, 'tight control', is common in smaller households with a regular income. In accordance with this, all carers, in an attempt to accommodate their reduced post-retirement income, utilised a cautious or 'tight control' approach to money management (Kempson et al, 1994) in which expenditure was routinised and debt problems were subsequently avoided. Indeed, just as debt has been found to be a source of shame and low self-esteem, the avoidance of such debt was a source of personal satisfaction for carers in this sample. Thus many respondents spoke with apparent pride and often at great length about their budgeting strategies:

*I pay the rent once a month and I save it away every week and then take it. I save every week for the television in case anything goes wrong, well I call it insurance, television insurance and then when the licence comes round I've got it covered, it covers my licence you see because I still have to pay a full licence. You see some pensioners get a remission on it but I don't, I think you have to live somewhere special to get it. So the financial situation is that I get the money and everything that I spend has got to come out of that and I have to put it away every week and by the time I put everything away there is nothing left. (Mr Tumin)*

*I pay my electric on a little card at the post office and I pay my gas like that as well, so I don't get a shocking big bill. We had a big bill last time, £80 something. So I pay in instalments (Mrs Phillips)*

*I have to save for the gas, electric and telephone, otherwise I wouldn't have the money would I, if I didn't save for it (Mr Caplow)*

*I make sure the rent's paid, gas, electric, phone. Now then, for the phone, I get stamps. For the television licence and the home carers, I get stamps. I put money aside for the gas and electric. I'm not on this direct debit. As soon as the bill comes in, I pay it (Mrs Halsey).*

It can thus be seen that respondent households were characterised by a common budgeting cycle in which financial commitments to external agencies for such fixed household costs as rent and utility bills were given priority over more flexible day-to-day costs over which the household had more control. In affluent households, in which income is likely to be adequate in meeting required expenditure, such a system of prioritisation is not potentially problematic. In poorer households, where money is short, such a system is likely to lead to economic downsizing and inevitable economies on perceived luxuries and non-essential items:

*You reduce yourself to it. If you live in the fast lane and then you come in the slow lane. If you adjust the speed then you're OK... (Mr Cicourel)*

### **Economic Downsizing**

According to research into the influence of poverty on the budgeting strategies of younger households, food expenditure, is most likely to be the household item on which economy is exercised (Pahl, 1989). For example, Graham (1992) found that the issue of maintaining a healthy diet for their families within a limited budget to be a major source of conflict for working class mothers. Similarly, Blaxter (1990) and Calnan (1987) found that many poorer people had unhealthy lifestyles often having poor diets and high levels of tobacco consumption and that in accordance with the situational constraints perspective, this was not due to ignorance or irresponsibility but to material constraints

upon their actions such as the inability to afford a healthy diet. Moreover, as Caplovitz (1963) observes, poorer people are also likely to pay more for their food due to their inability to buy in bulk at cheaper outlets as a result of lack of transport, lack of storage space and a 'hand to mouth existence'. While Caplovitz' book was written about life in 1960s America, his findings appear to be equally applicable to modern day Sheffield. As such, the 'Acorn' profiles of poorer regions of the city suggest the low incidence of freezer ownership, the high incidence of shopping on foot, often on a daily basis and the widespread consumption of cheap convenience foods. Thus as the dietary habits of 'Area 49' (chapter 5), a council estate characterised by very high unemployment, are described:

Thirty eight per cent of people do their grocery shopping on foot – this is 2.5 times more than average. Also the number doing daily food shopping is 2.6 times higher than average. Freezer ownership is below average, especially of deep freezers, but people are 38 per cent more likely than average to use freezer centres. Consumption of frozen beef burgers is high. There are over four times more heavy users of brown sauce and ketchup in these areas than average, 2.6 times more heavy consumers of sausages and 2.5 times more heavy consumers of crisps. In addition, there are 2.9 times more heavy smokers than average. (Acorn profile, 2002)

Although the influence of poverty on food consumption in older age has been generally neglected, existing research tends to yield contradictory findings. Some research suggests that older people have a cultural preference for traditionally prepared 'proper meals'. Alternatively, Parker (2000) found that older people reported food consumption levels well below Health Education Authority recommended limits and expressed a preference for simple meals, which did not require long or intricate preparation. In accordance with the findings of Parker (2000) many respondents in this study relied on convenience foods as a result of problems with shopping and cooking arising from their disability:

*There's so many boxed meals now (Mr Hunter)*

*I have bread cakes and things like that and put them in the freezer (Mrs Halsey)*

This preference for convenience foods, suggests that, as with income allocative systems utilised by respondents, restrictions arising from disability and caring can potentially over-ride the dietary preferences of older people. In spite of this, none of the carers in this research expressed concerns about healthy diets or referred to food as an important

area of economy. Thus while a word search of interview texts found the issue of food or diet referred to 17 times by respondents (2 owner occupiers and 6 council tenants), none referred to actual problems in affording an adequate diet:

*Do you find that you've had to economise on food at all (interviewer)?*

*Well there are lots of things that I'd like to have that I don't have (Mrs Phillips)*

This apparent lack of major concern with issues of diet may have been culturally derived. Thus while previous research has identified class and gender divisions in attitudes to food (Parker, 2000), age divisions are also likely to have an impact on these attitudes. For example, although only in her early sixties, Mrs Halsey referred to war-time experiences:

*I get these long lists about special diets. We didn't have diets during the war and were still here. Bread and dripping and all things like that. They say you shouldn't have things like that... you shouldn't have all this beef. We've always had beef stew and dumplings... (Mrs Halsey)*

The Family Expenditure Survey reveals a similar disregard for contemporary perceptions of 'healthy diets'. For example, older people tend to spend a higher proportion of their total food budget on sugar consumption than younger counterparts:

**Table 3.7: Weekly food expenditure by the age group of the head of household (n=6637)**

	UNDER 60	60-69	70-79	80-89	90+
Average food expenditure per week	£68	£55	£43	£37	£31
Average spent on sugar	18p	22p	22p	22p	15p

**Source: secondary analysis of the Family Expenditure Survey, 2000-2001**

Other areas of cutting back referred to in the interviews were on material resources such as housing, household goods and cars:

*The telly and the video are all reconditioned ones which we thought we could afford...everything in this house is paid for (Mrs Halsey)*

*We had one (a car) before he retired but after he retired he couldn't afford it (Mrs Williams)*

*I used to change the car every couple of years. I haven't changed the car for the past nine years, as long as it takes me from A to B to do a bit of shopping because that's all I need it for (Mr Cicourel)*

In view of the increased incidence of charging for services as a result of the consumerisation of the welfare market (Baldock and Ungerson, 1994), supportive services for the cared for person were also a common source of economy. For example, Mr Caplow explained how he stopped his wife's home carers, as he was unwilling to pay the weekly fee of £17:

*I stopped that because I couldn't afford to pay them. It's gone up to nearly £17 a week. I thought it were atrocious, £17 just to do a bit of shopping. They were there and back in an hour. That's what I would have paid if they'd carried on but I stopped it. I couldn't afford £17 out of my money (Mr Caplow)*

An implication of their tendency to cut back on resources such as cars and home carers as that it promoted carers social isolation and the 'restrictedness' which they experienced as a result of their caring role (Bebbington et al, 1986). This isolation was further compounded by respondents' propensity to cut back on their leisure and social life with most carers alluding to economies in this area:

*We don't go on holiday, we don't go out drinking (Mrs Phillips)*

*We don't go anywhere or do anything, it (household income) just goes on food and the upkeep of this house (Mr Hunter)*

*We don't go abroad for holidays and we don't stop in hotels (Mr Millett)*

*We can (manage) under the circumstances because I don't drink, I don't smoke (Mr MacLellan)*

*We manage quite well but its only because we have no social life, we don't go out and have a drink like most pensioners do. That costs money to go out and drink*

*and smoke and we don't go out so that's why we can live comfortably (Mr Phillips)*

*I don't go out a lot spending money, well I don't really go out (Mrs Lipset)*

*We don't really go anywhere so we don't need a lot (of money) Mrs Hudson*

*We manage as far as money's concerned because we don't go anywhere or do anything so you can't spend anything can you. (Mr MacLellan)*

Similar patterns of social isolation have been found amongst younger people in poverty. For example, the Family Expenditure Survey (1994) found that while the average household spent around 30 per cent of their income on leisure and motoring, lone parents in poverty spent only ten per cent of their income on these activities.

## **CULTURE, DISABILITY AND MATERIAL CONSTRAINT**

### **Objective and subjective deprivation**

In his culture of poverty theory Lewis (1968) maintained that, due to their strongly held present time orientation and fatalistic attitudes, poorer people behaved in ways which helped to maintain them in their poverty. Older carers could also be seen to behave in ways which effectively worsened their situation. However, this did not derive from fatalism or irresponsibility but from their financial caution which meant that, while they successfully made ends meet, their poverty and the subsequent 'costs' of their role were potentially compounded. For example, doing without material resources such as cars, stair-lifts or home carers in the interests of financial expedience could increase practical demands on carers. Self-imposed exclusion from the use of financial accessories could lead to further disadvantage and social exclusion (Pahl, 1999). Moreover, the perceived sense of financial well being which arose from respondents' 'tight control' approach to money, possibly exacerbated by a lack of knowledge or a sense of pride, prevented some from applying for benefits to which they were entitled thereby compounding their objective levels of poverty. For example, Mr MacLellan recounted his decision not to apply for income support:

*I didn't bother because we manage anyway, we don't spend anything. Oh income support, that's it, I looked at it, I read it through and I thought, if we can manage with what we're getting, fair enough (Mr MacLellan)*

This propensity for older people not to pursue relevant benefits entitlements is upheld by other research, which suggests that millions of pounds of such benefits remains unclaimed each year (chapter 5). This in turn suggests that, in spite of the existence of the 'minimum income guarantee', absolute poverty persists, especially amongst older people (Scarfe et al, 2002).

For other carers financial downsizing led to feelings of relative and subjective deprivation

*It's just an existence isn't it (Mrs Phillips)*

*The quality of life's not very exciting is it, sat here day after day, year after year, going out now and again for a Christmas dinner, that's all I've done for the past nine years, sat here and stared out the window (Mr Phillips)*

*Well we manage yes but we've got to a state where our happiness has gone, were stuck here (Mrs Taylor)*

Consequently, like the analytical duality between the objective and subjective experience of informal caring (chapter 1 and 4), the experience of poverty can be similarly divided between absolute and objectively measurable poverty on one hand and subjective poverty on the other. While these two dimensions of poverty are often linked, this is not necessarily the case. This is illustrated by Mrs Flude who, although living in a large house in a 'mature, affluent, home-owning' area of Sheffield (Acorn, 2002), still perceived herself as being deprived since moving from a larger house due to financial difficulties:

*It's all relative you see and I argue this too, it's what you've been used to, I think you'll appreciate that. It was a very nice house in Fulwood. So after spending 27 years in that house we had to move (Mrs Flude)*

### **Social isolation – a multi-causal approach**

For all carers, their financially cautious approach led to a social isolation and a subsequent avoidance of the financial expenditure that going out would involve. As it was seen in chapter one, previous theorists have attributed such patterns of social marginality to cultural attitudes of apathy and deviance (Lewis,1968) or to the social disengagement and physical decline occurring in older age (Cumming and Henry, 1961). However, the social isolation of respondents in this sample could also be seen to be materially compounded. Thus it was exacerbated by carers unfavourable economic circumstances with such things as the lack of money to pay for relief care, the lack of access to a car and a general unwillingness to spend their money on anything but the necessities of life preventing them from extending their social networks. For long term carers this partially self imposed isolation had spanned several decades throughout the duration of their caring careers, while for those who had begun caring recently, it had commenced during their retirement. For example, Mr Tumin, an 84-year-old carer described how in his sixties not only did he retire and sever all contact with former work colleagues but he also left the ex-service men's association, of which he had been an active member, and sold his car leading to a massive reduction in his social life.

*We never socialised as such since I retired. I had a car up to then, well after a couple of years, it was stuck on the door and I was paying all that money and then going on the bus...so I flogged it*

His motives behind these actions appeared to be partly financial in that he didn't feel able to afford to be as socially active as he was when he was working. This link between social withdrawal and financial issues is upheld by rates of car ownership in the sample, with only one of the eleven car owners being a council tenant.

However, this relationship between financial expedience and social withdrawal was a complex one and was mediated by the social divisions of age, disability as well as by poverty. As such, it was not only material deprivation and subsequent strategies adopted to cope with this deprivation, which was the only causal factor in this social isolation with other social divisions also appearing to play a contributory factor. For example, while car owners appeared to be less isolated than car-less respondents, it was unclear

whether lack of a car was a symptom or a cause of social isolation with some car owners explaining how they sold their cars following retirement as they felt they didn't need them as they never went out anyway:

*We don't go out like we used to, we used to go out in the car, we used petrol and that sort of thing but we don't go out at all now (Mrs Coates)*

*Is that because you can't or because you don't want to? (interviewer)*

*Both, we're quite happy staying at home.....if you run a car it's a lot of expense, we're too old anyway (Mrs Coates)*

Similarly, Mrs Field, who was a car owner, attributed her propensity not to go out to a general characteristic of older people:

*I'm very idle and stay at home all the time and only go out occasionally. We don't want to go out, we get lazy and stop in. Have you noticed that with other older people? Can't make the effort. (Mrs Field)*

Alternatively, Mr and Mrs Phillips attributed their social withdrawal to combination of lack of money and physical incapacity:

*We haven't had a holiday for 6 or 7 years now (Mr Phillips)*

*Is that because you can't afford it or because of your illness (interviewer)*

*Both really (Mrs Phillips)*

Consequently, unlike the experiences of most younger people in poverty, the disadvantage of older carers was potentially compounded by their own disability as well as that of the cared-for person. For example, enforced rehousing and the subjective deprivations arising from this, may have been experienced as a result of disability rather than poverty:

*At Norton Park Avenue it was a three bed roomed semi which was my own. I actually left it because I had a coronary thrombosis and I was warned not to tackle gardening and things like that and I left there because I didn't want my garden to go to waste (Mr Tunstall)*

*We had to move because we were in a maisonette on the second floor so there were 32 steps to the front door then there were another four to get upstairs. So they said I'd got to get some sort of adapted bungalow (Mrs Halsey)*

*Oh yes, we had a very long garden. We had to leave there because we couldn't get upstairs because of the angina, that's why we came here (Mrs Taylor)*

Similarly, disability featured significantly when respondents spoke of their decision to sell their car:

*We could afford to run it but Pete got this thing and I got this osteoporosis – we just couldn't cope so we got rid of it (Mrs Harris)*

**Case study 3.4: Mr Hunter – the 89-year-old car driver**

The way in which car ownership and mobility issues were mediated not only by access to material resources but also by age-specific factors was well illustrated by the case of Mr Hunter, an 89 year old middle class carer who had been driving for 72 years, often in the course of his former occupation as a master butcher. When seen for his initial interview, Mr Hunter had a car but rarely used it, relying instead on his son for most of his transportation needs. The reasons for this were not financial but due to his age, for while he felt himself to be in generally good health, he nevertheless, did not feel competent to drive:

*“I have a car but I don't use it and I'm getting rid of it because well I don't think I could get another licence at my age. At my age your reactions are not quick enough really”*

Indeed, when seen for his follow-up interview he had sold his car and replaced it with an invalid scooter.

In view of this impact of disability as well as poverty on car ownership there was an age based gradient of such ownership amongst respondents in this sample. As such, while car owners in their sixties outnumbered non-car owners, this position was reversed for carers aged over seventy amongst whom there was a gradual decline in car ownership. Thus, of the 11 car owners in the sample, six were in their sixties, two were in their seventies, two were in their eighties and only one was aged over ninety

**Table 3.8: Car ownership by age category**

	AGED 60 TO 69	AGED 70 TO 79	AGED 80 OR MORE
Car owner	6	2	3
No car	3	8	12

In accordance with these findings, as Warnes (1992) observes, while the issue of driving in older age has received little attention in gerontological research, statistics show that the ageing process is accompanied by a progressive decline in the likelihood of driving. Thus, during 1988/89, driving rates for men declined from a peak of 92 per cent amongst 40-49 year olds to 62 per cent amongst men aged 70 and over. While for women, driving rates peaked at 67 per cent for women aged 30 to 39 years and fell to 14 per cent for those aged over 70. As the above quotes suggest, this age-related decline in driving rates can be attributable, not simply to poverty but to the progressive decline in the physical and cognitive capacities relevant to driving due to such things as reduced physical function, mental processing and psychomotor speeds as well as the high prevalence of incapacities such as arthritis and glaucoma. This decline in car use obviously tends to restrict the mobility of older people with most gerontological studies into travel and transport in older age emphasising the reliance of elderly people upon walking, lifts and on public transport. The subsequent problems of transport availability, cost, boarding, dismounting, carrying goods and personal safety have all been described (Warnes, 1992). As Warnes (1992) goes on to observe, these problems are likely to be exacerbated with the progressive growth of car use and subsequent widening of inequalities between car owners and the car less. Such problems will be particularly apparent for older people, due to the high incidence of mobility impairments in older age:

*You see we can't get out and we don't have a car, we never have, and we can't walk far (Mrs Lane)*

*It's just that we can't get about, if we lived at the top near buses it would be better but it's ages since we went on a bus, its just that walking from here to the bus stop, so I never bother, I don't go out...I did get hold of one to take me to the chiropodist. It used to take me straight there and then take me straight back home. I never seemed to get that little bit of pleasure out of it (Mrs Taylor)*

As Edwards (2000) observes, such mobility impairments could, in addition to poverty, form a barrier to full participation in the consumer society:

*We manage. As I say we don't go anywhere. I haven't had any new clothes because as I say I can't get out to get them you see...My daughter-in-law's good but her mother's just died and she's been having to look after her and she'd say I'm going to get my mother a new frock, I'll get her this and I'll get her that but she just doesn't think to ask me if I'd like anything fetched. I've had one or two catalogues but they're all gathered waists in my size and I don't like them, they don't fit me (Mrs Lane)*

This role of disability and ill health in undermining participation in the consumer society has been further enlarged upon by Abrams (1985: 8) who observes the way that shopping becomes more difficult with age:

The incidence among elderly shoppers of ill health and health deficits that could affect their shopping behaviour is considerable: over 90% are short sighted, over half suffered from arthritis/rheumatism, and almost half said they could not walk for half an hour without difficulty; and nearly half are less than 5' 4" in height – ie. well below the height of many top shelves in the supermarkets they use.

However, contrary to functionalist assumptions of cultural consensus and homogeneity, interviews suggested that respondents were not simply excluded from consumer society but actively rejected it, as shown, for example, in their refusal to use credit and financial accessories. This implicit rejection of the consumer culture were expressed by many respondents, of all ages, who spoke of the 'greed', which characterised modern society:

*It's people isn't it? On Kilroy a woman went to prison for drugs – she started carting drugs about just to dress her kids in designer clothes, people want everything, it's greed.... On Kilroy there was a woman who went to prison because she didn't pay a television licence, well if you can't afford something you shouldn't have it. (MrCaplow)*

*Younger people tend to buy things whether they can afford them or not (Mrs Williams)*

*Young people want things now, but we had to save up in our day (Mr Wilson).*

### **Age-based diversity**

It has thus been seen that the mode of adaptation employed by older people characterised by its financially cautious and self-reliant approach, differed markedly from the financial coping strategies employed by their younger counterparts in which credit, debt and reliance upon help from others outside the household are widely used. This serves to throw into question the adequacy of the situational constraints theory of poverty alone in explaining the behaviour of the poor, failing as it does to adequately explain this great diversity in coping strategies between poorer people at each end of the age spectrum. Instead it suggests that cultural factors as well as the constraints arising from material circumstances, help to shape the actions of individuals. However, previous culture of poverty theories such as that propounded by the anthropologist Oscar Lewis (1968) suggested that this culture was uniformly shared by all poorer people. Conversely, post modernist theories, while also recognising the importance of culture, suggest that this is heterogeneous and 'free floating' as individuals narcissistically define their respective identities. Contrary to these postulations, this research suggests that this culture is in fact characterised by diversity between age groups with older people, regardless of their life-stage, social or occupational background, adhering to a culture of financial caution and self-reliance. Although, like the behaviour of younger people in poverty, this coping strategy could help to reinforce the disadvantage of respondents. Moreover, rather than wishing to disassociate themselves from age based identities (Gilleard and Higgs, 2000), respondents readily accepted and identified with this cultural uniqueness.

There is a further question regarding this apparent partnership between culture and constraint in shaping the behaviour of respondents. That is, the extent to which their culture of financial caution is unique to their generation or is specific to their stage in the life course. Evidence to support both arguments was yielded by the interview transcripts. On one hand, this cautious behaviour exhibited by respondents may have largely been adhered to throughout their lives as a result of the acquisition of life experiences and socialisation unique to their generation. For example, the Protestant ethic rather than the contemporary culture of consumerism would have been predominant during their formative years (chapter 1), with older people being brought up at a time when saving

and thrift were virtues (Cahill, 1994). At the same time, the material expectations of older people were likely to be relatively low due to earlier life experiences:

*I was brought up in a very careful family and I was brought up in several periods of really bad times, two wars for instance. I was born in the first world war and I was nine when it was over and things were very difficult you know, so I've been brought up to be very careful (Mr Hunter)*

*It's the way we were brought up. We've never had big wages, so you learn to be very careful. My husband's pension goes into the bank, so we have a chequebook but as I say we're comfortable, we're not absolutely destitute. I'm not saying that we've never had things that we haven't paid for weekly but we've never gone into anything that we couldn't afford (Mrs Williams)*

*I caught onto this very early on that I'd got to save for my old age, so I didn't go bingoing, I didn't go boozing, I didn't go smoking, very little social life, just enough for our needs. I've heard this before. They say 'I've worked all my life' but they never tell you how much they took to the bookies (Mr Tunstall)*

On the other hand, financial caution may have been acquired by respondents only in later life, due to age specific factors, with their younger lives being characterised by the same free spending behaviour attributed to younger people in contemporary society. For example, older people are likely to be at a stage of life when they are less inclined to spend money as their major life purchases have already been achieved (Cahill, 1994). While their limited life expectancy and reduced earning power as a result of retirement may form a further barrier to spending:

*I think this is the point mean when you're younger you think oh dear I'll have to give up that. But you find when you're old that you don't want it anyway. Too many clothes and going out for meals: we very rarely do because we don't want to really (Mrs Field)*

*Well naturally the money's not coming in like it was when we were working, we'd got money coming in when we were working, we had a good life and went out drinking, went on holidays. We didn't have a motorcar but we smoked. Yes we really enjoyed life but when you stop work and there's no money coming in – we haven't had a holiday for 6 or 7 years now (Mr Phillips)*

*When I was working I was getting £300 or £400 a week so I could do what I wanted with it, you just have to cut out the trimmings, there's a hell of a lot that you don't really need. (Mr Cicourel)*

A third speculation could be that generational and age-specific issues combine to render older people more willing and able to adapt to adverse material circumstances than their younger counterparts. Thus age specific factors such as the increased incidence of poverty, ill health and disability and the subsequent mobility restrictions arising as a result of this may, as Edwards (2000) observes, form a barrier to full participation in the consumer society and its culture. While older people's pre-existing aversion to credit and debt may be compounded by their limited life expectancy as well as their subsequent lack of attractiveness to advertisers and retailers. At the same time, in view of respondents generationally based rejection of the consumer culture, their enforced exclusion from it will be accepted more willingly than is the case with younger people in poverty thus as Walker and Maltby (1997) observe, rendering them likely to adapt uncomplainingly to their adverse financial situation. A process which may be further facilitated by older people's generally low material expectations arising from their earlier life experiences which serve to minimise their subjective feelings of poverty.

## **CONCLUSION**

Throughout this chapter it has been seen how, in accordance with the situational constraints theory, material circumstances can go on to affect the caring role and the way in which this is experienced with inadequate material resources tending to lead to greater objective and subjective costs as a result of this role. For example, it has been seen how, in line with the suggestions of Arber and Ginn (1992), for Mr Davis and Mrs Flude,

material deprivation promoted the decision to assume a co-resident caring role due to the necessity for carer and care recipient to pool their limited resources in order to meet their household's financial commitments. Similarly, the inability to afford such things as substitute care and private transportation further exacerbated the practical and emotional demands on carers and potentially compounded the 'restrictedness' and social isolation arising from their role (Bebbington et al 1986). In accordance with the political economy approach, the partially financial origins of this restrictedness serve to emphasise the influence of wider social structures on respondents. This influence is further highlighted by the materially-based variations in circumstances between carers, giving rise to diversity in their experiences. This in turn, throws into question the validity of psychological theories such as the "disengagement theory" (Cumming and Henry, 1961), which attribute the social isolation of older people to individual pathology rather than social processes and regards this pathology as affecting all older people equally. This theory and its suggestion that older people become socially peripheral and obsolete, is also undermined by the fact that, in spite of their older age, respondents continue to play an important an active social role in their capacity as informal carers. This issue of the social creation of carer's isolation will be explored in greater depth in chapter five '*Access to External Sources of Support*'.

However, contrary to the determinist assumptions of the situational constraints theory, cultural and physical factors as well as material factors could also be seen to shape the experiences and actions of carers. For example, cultural and attitudinal factors could help to explain the great diversity of financial management strategies utilised by the older people in this sample as compared to their younger counterparts as well as the way in which these circumstances are subjectively perceived. Meanwhile, disability also had a significant impact on the experiences of respondents. For example, the degree of disability of the cared-for person obviously had an influence of the way in which the caring role was experienced and performed and often gave rise to a blurring of the traditional gender role divisions which had characterised carers' younger lives. Such disability could also exacerbate the social exclusion arising from poverty due to such things as mobility problems. However, in their wholesale rejection of the cultural and

pathological theories which preceded them (chapter 1), situational constraints theories of poverty and political economy approaches to ageing fail to fully take account of the influence of these non-material factors on the lives of older people. This three way relationship between culture, physical pathology and material circumstances will be pursued in the next chapter which will further explore the unique experiences of older carers, the potentially positive as well as negative aspects of being a co-resident carer and the influence of social divisions upon this role.