SOCIAL WORK PRACTICE WITH
OLDER PEOPLE

[A POSITIVE PERSON-CENTRED APPROACH]

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HISTORICAL CONTEXT, LAW AND POLICY

Learning Outcomes

This chapter looks at:

- How older people are perceived within a structural context.
- Retirement, poverty and the future of an ageing population.
- The legislative and policy context of ageing and how this may be socially constructed.
- The role of the family and carers in supporting older people's needs.
- What does the future hold for older people, particularly within the context of major financial upheavals within the UK?

Introduction

Old age and ageing is something of a moveable feast. While individual older people may seek to answer specific questions of 'who am I?', policy makers and legislative developers may take the more pragmatic response of 'what are you?' This divergence of the existential aspect (Thompson, 1992) and how older people are engaged with and represented through policy and legislation may be increasingly at odds in a society where older people are referenced as net 'takers' as opposed to 'contributors'. I intend in this chapter to address these issues through a historical perspective of old age and ageing itself and how policy and legislation is developed for older people within a postmodernist society. This will include an examination of Fook's (2003) multiplicities of 'knowing' and how there is an increasing focus on the research-practitioner and the roles of the practitioner through experiential working in knowledge and skills development. This will also include a significant emphasis on the roles

that carers and service users may play and how they may influence future policy and legislative practice through the processes of inclusive and ethical social work engagement. Concurrent structural themes and a focus on the 'serenity' of older age can also be misleading within practice as this may have more to do with the perceived invisibility of older people than an acknowledgement of their real, expressed need. Rogers (1980) refers to his increasing anger in old age with more extreme ranges of emotions and sensations and that sense of the intuitive/existential/spiritual matrix that he defined as the new 'frontier of knowledge'. It does not take a huge intellectual leap to acknowledge that these finer philosophical points of existence may hold little sway when it comes to the functional aspects of how policy is derived to meet those fundamentals of existence as defined by Maslow (1987), in the current era.

World view of the older person

At the risk of stating the obvious, the longer a person lives the older he or she becomes, and the more the individual becomes identifiable as an older person. This is important in the context of the perception of ageing and its changing focus through the ages. In pre-industrial societies the choices may have been stark where an inability to contribute to food production may have had dire consequences. Similarly, cultures that prized the wisdom of age may have both venerated and supported the older person as a repository of experience and knowledge across the age of that society. These concepts of ageing are not new and in a postmodernist society practitioners need to consider the paradox of ageing as exemplified by Dewey (1939) where he suggested that as a society we value maturity but deprecate older age.

Concurrent with this is the sense that while younger people may be denigrated purely because of youth, this is a condition that they will inevitably grow *out of*. It is a period of transition (Garstka et al., 2004), whereas old age is a stage that is *grown into* and may deny older people a consideration of what is the social truth and reality of their circumstances. There is in fact no real evidence to indicate that older people make increasing demands on the welfare system or that they make unreasonable demands on that system (Bury and Holme, 1991). What there is evidence for is that older people may not be treated as equitably as other members of society when it comes to accessing services such as pensions, health care, housing and the social attitudes that prevail in relation to this group (Hughes, 1995).

Exercise

- Write down four key words or phrases that you associate with old age.
- Can you assess these words/phrases in the context of ageing and ageism?
- Where do you think your attitudes to older people and ageing come from?
- Can you contextualise these thoughts/opinions within a theoretical framework?

How do we define an ageing population?

McIntyre (1977) identifies how older age has been perceived as a 'social problem' by policy makers, where there is a tendency to frame the needs of older people within the language of dependency and crisis. As practitioners we cannot deny the reality of the increasing demographic of ageing. Almost 16% of the population is over 65 years of age and almost 2% are over the age of 85 years, with a perceived significant increase in the ageing population generally through improved medical and health care. It is all too easy to lose sight of the real discourse that should be taking place in relation to ageing and a consideration of how this is socially constructed and where older people need to be supported and encouraged to take more control over their lives (Tulle and Lynch, 2011).

It is certainly not helpful to draw any comparative analysis between chronological ageing, retirement (again constructed) and the ageing process itself where people age at different stages and with different experiences of the ageing process. This sociological consideration is important if we are to recognise that it is not the inevitability of ageing that creates poverty and dependence but poorly constructed policy that relates to insufficient benefits provision (Walker et al., 1993).

This over-focus on the 'cost' of ageing fails to address the bigger picture of the contribution that older people have made within society as well as the actual contribution they currently make both within the wider economy and caring roles within the home. Indeed, a perceived lack of resources to meet older age benefits can also be interpreted as the reduction of contributions from increased unemployment and employers who have managed to persuade employees out of the pension system (Naegele and Walker, 1999). This, coupled with the modern societal values of individualism, and even body image, can have a detrimental impact on the practitioner. He or she may subtly absorb these values and deny that sense of individualisation within a more homogeneous overview of the older population.

A world standard of care

The Care Minister Paul Bustow, supported by his Labour shadow Liz Kendall and a group of agencies including Age UK and the Royal College of Nursing, has recommended a 'dignity code' that all staff would sign up to within care settings for older people. This is to ensure that older people are not 'spoken down to or denied their dignity' (Bingham, 2012). While any policy decision that raises the profile of the older person and a wider public awareness is to be lauded, I do wonder what role existing legislation has to play? (I refer here, for example, to the Care Standards Act 2000, the guidelines published in the mid-1990s by the Department of Health Social Services Inspectorate for standards within care homes for older people and the Human Rights Act 1998.) The danger is that the waters can become somewhat muddied here by reactive policy as opposed to a reinforcement of existing strategies for older people.

> **? Reflective Question ?**
>
> • Do you consider dignity an aspect of social work ethical practice or a feature of human rights? Discuss.

Retirement

There is no logical reason why people should retire when they reach an older age, although some older people will want to devote energies to areas and interests they may feel they have missed out on during the course of their lives. Some older people may also feel that they have done their bit and it is now time to take stock of themselves, their relationships and what the future may hold. Historically, it was perceived within a capitalist ideology that older people would be effectively more expensive to maintain within the workforce. This stance had more to do with an ingrained ageism and an erroneous thinking that an older workforce would be less productive (Walker, 1992; see also Loretto, 2010). Dean (2009: 9) suggests this is not the case and more enlightened companies such as B&Q have recognised the value of employing older people 'because of their enthusiasm for the work, much lower absenteeism and their greater rapport with customers'.

Enforced redundancy

At the same time, any formal sense of enforced retirement has more to do with social constructionist thinking and is a product of a post-capitalist society where making older people redundant effectively frees up work opportunities for younger people (Phillipson, 1982). This will also have the effect of ensuring the hoped for beginnings of a new tax-paying cohort of people, who in their own time may become superfluous to economic need. The Employment Equality (Age) Regulations 2006 follow the European Directive on age discrimination and make it unlawful for an employer to treat someone less equitably because of their age. Unfortunately, the UK government decided on a 'default' position by making it mandatory for men and women to retire at 65, thus negating the possibility for older men and women to work on beyond this age except in exceptional circumstances (R on the Application of *Age UK* v. *Secretary of State for Business, Innovation and Skills* (2009) EWHC 2336).

In the meantime the state pension age for both men and women will increase to 65 years by 2020 with an additional sliding scale of increases through until approximately 2050 (Age UK, 2011a). The government identifies this as a means of ensuring there will be enough taxpayers within any age cohort to ensure there is funding and resources available to meet the needs of those more vulnerable in society. This would also take account of any potential decrease in the population up to that date.

Retirement and employment

Paradoxically, as forces impact on older people to ensure they retire, often at an age that is not of their choosing, the projection for the future is that we will need over 13 million more workers to make up for a shortfall in retirements and new and more advanced methods of working (UK Commission for Employment and Skills projections for 2007–2017). Since these figures have been published there has been a dramatic downturn in the economy generally, with over 1 million young people now out of work. The focus for the future will be the dichotomy that exists between a competitive market for employment generally that may disadvantage older people and the potential downturn in taxpayers to fund the needs of older people in the future. Interestingly research carried out by Walker and Maltby (1997) within a European perspective clearly showed that both younger and older respondents were opposed to any idea of people retiring in their fifties to make way for a younger generation. This has probably more to do with a consensus view that those who have devoted their time to both personal and career development should not be stigmatised or penalised by this application.

At the same time as this debate continues there is evidence within the UK to show that while employers may seek to retain employees past retirement age, not least to ensure transferable skills do not devolve to another competitor, there is little evidence to indicate that companies are actively recruiting new older people (McNair et al., 2007). The worrying feature for the future however is that a younger generation may blame and stigmatise an older generation for taking for granted that which they struggle to achieve.

Exercise

- What do you consider retirement to be?
- What do you consider the positive and negative aspects of retirement?
- What are the key features (either resources or support) that you think older people would value in retirement?

Poverty and older people

In his seminal work on poverty Townsend (1979) recognised that any discourse on poverty had to have a consideration of those wider inequalities that exist within society. He suggested that an emphasis on the disparity that existed between the haves and have-nots would give a better picture of the demographic of wealth distribution and structural inequality and poverty. What is clear is that, where there is a significant level of pre-existing discrimination and poverty, even small adjustments to the income of older people will have a significant impact (Smale et al., 2000). Walker (1981) suggests

that since information on older people has been collected 'systematically' there has been clear evidence that older people have been one of the largest groups who habitually experience poverty. They have been identified as the group more likely to be poor than any other sector of society. The authors of the Poverty and Social Exclusion Survey (2006) have suggested that between 32% and 62% of all older people households will experience some degree of poverty (Patsios, 2006).

Indeed, Scharf (2009) identifies that an average under-claim of benefits by older people of £28 per week may not appear significant but may have the capacity to move someone from a basic subsistence level to an increased quality of life. While the Welfare Reform Act 2008 went some way to addressing this issue by identifying where direct payments could be made, this needs a reinvigoration to find those older people who are eligible, particularly within the current financial climate.

Already we see that within the benefits system there is evidence that older people are depriving themselves of the basic necessities of life to cover amenities such as food and heating. Age Concern evidenced that despite government support one in five of older people are denying themselves food to pay for heating costs (Lewis, 2010). This is reinforced through the work of the National Pensioners Convention, who have criticised the government for the poorly publicised Warm Home Discount policy to support heating costs for older vulnerable groups. This is particularly significant where the Office for National Statistics has shown that there were over 25,000 excess deaths alone in 2010. It may not be possible to state definitively that inadequate heating was the cause. However, if there is consistent evidence that older people are depriving themselves of food to pay for heating then this has to be a significant factor at the very least (Murphy, 2011).

Concurrent with this Townsend (1979) recognised that where political ideology held sway that this would potentially have a negative impact on the poverty of disadvantaged groups. He speculated that an emphasis on these policies of inequality 'tend to misrepresent the shape of the wood, and in endeavouring to account for it, fail to account for the trees' (Townsend, 1979: 45). Essentially what is being said here is that policy engages often with homogeneous and generic groups at the expense of the lived experience of the individual. While some theoreticians may postulate that older age is a time for revisiting those areas of interest or ambition that may not have been fulfilled at an earlier stage of life, de Beauvoir (1972: 499) suggests that society 'allows old people leisure only when it has removed the material means for them to enjoy it'.

National wealth

The UK has one of the highest rates of gross domestic product (GDP) in Europe and in 2008 this was measured at approximately £24,000. As of March 2012 the UK has the seventh most buoyant economy in the world. At the same time it has one of the highest rates of older age poverty. Research (Pensions Commission, 2005; Zaidi, 2006) indicates that of the 25 European Union countries the UK has the sixth highest rate of potential poverty among older people. This is particularly the case among older women who may not have accrued enough pension rights over the course

of their working lifetime and who may also have a higher life expectancy, thus ensuring they will live in poverty for longer. The issue then becomes not one of providing for subsistence living but the more philosophical aspect of what equality is and what it confers to a complete and inclusive society.

In the same way that children can grow out of childhood they may also grow out of poverty through employment and education opportunities. The same is not true of older people. They may enter old age with a reduced income and it is extremely unlikely that these circumstances will improve over the course of that older age (Scharf, 2009). Essentially, this is not specifically an issue just about the range of benefits and the rather piecemeal approach to making up inadequate resources with top-up benefits. This is more related to the wider concept of social justice and whether, in one of the wealthiest countries in the world, we can countenance the idea that older people may be living in poverty.

Background to Poverty

Given that Britain is a very rich country, it has a poor record compared to other developed western countries in providing adequate pensions for older people and the capacity to address poverty among this demographic. If this is a consistent theme across all governments then this is evidence of a more *systemic* failure. The historical background is grounded within several factors, not least of which is a tacit understanding of the inevitability of reduced resources and poverty in older age (Walker, 1990). This tends to reinforce that notional sense that only those involved in the means of production are to be valued within society, whereas the sagacity of experience has little or no market value. This limited understanding of what is meant by 'productivity' does not take account of those other areas of support and expertise that older people can provide: kinship care, volunteering and support for need within their local communities. At the same time there is a significant class-base to older people poverty, where those with adequate resources can have a greater range of choices as to where and (just as importantly) how they live. Those without these resources may find themselves becoming increasingly impoverished, marginalised and ghettoised (Phillipson, 1993; Phillipson, 2007).

Pension inadequacy

So why are pension incomes often so inadequate? The main factor here is not the amount that is spent on overall benefits within any fiscal year. This tends to result in a points scoring exercise of statistical one-upmanship where the actual need of older people may be minimised or lost altogether. The main area of concern is where the link between older age pensions and earnings was broken in the 1980s and instead index-linked to prices. For instance, in 2000 the linkage between the state pension and the Retail Price Index (RPI) resulted in a 75 pence a week pension increase and this triggered a significant backlash from politicians and those representing the interests of older people (Cann, 2009).

When there was an increase in wages over this period (1980s) with a reduction in overall prices then it was not surprising that the overall value of the state pension fell and continues to do so at the present time where there have been significant increases in energy and food prices. The nettle that ultimately has to be grasped is one where there is an acceptance that the state pension is set too low and that this needs to be addressed. As I write, and as I approach older age myself, I see the issue more clearly as one of a greater distribution of wealth, a greater percentage of the gross national product (GNP) set aside for pension benefits and ultimately an increase in taxation. No one who is not politically naïve would see this as a potential vote winner for incumbent governments now and in the future. The current debate on capping the payments that older people should provide for their care costs is a starting point for debate. This figure started out at £20,000 but is now expected to rise to £75,000 within the current fiscal year. A more questioning approach might suggest this is a 'double-whammy' where the people who are the poorest and have paid the most over a lifetime are being asked to stump up again.

Whatever the outcome of a more radical approach to pension provision in the future, the demographics indicate that by the year 2015 approximately 22% of the population will be of pensionable age (OPCS, 1991).

Again, while ageing itself is something of a moveable feast, the pension age is somewhat the same. Future ideology may have to contend with a complex range of issues, from an extended retirement age and the availability of employment in a declining economy to how the general morbidity of health among older people will develop in the longer term.

Exercise

- What do you spend your money on as opposed to what you actually need to spend your money on?
- What are the fundamentals of everyday living and how much of your income do you spend on this?
- What proportion of income do older people spend on food and heating and why are these costs so significant in older age?

The politics of ageing in the UK

The welfare state in the UK was forged in the aftermath of the Second World War and included the Beveridge Report (1942) with its commitment to the alleviation of want, disease, idleness, squalor and ignorance. The report sought to protect some of the most vulnerable groups in society (widows, those who had become ill or unemployed) from poverty. The report recommended that a contributory social security system be adopted and this would involve contributions from workers, employers and the state (Hill, 2003). This was predicated on the understanding that there would be full employment within the UK with an attendant rate of contributions to the national social security pot to meet payments to these identified groups in the future.

Interestingly, when Beveridge (1942) formulated these benefits they were designed to meet a 'subsistence' level of living without having to resort to supplementary means-testing to top up any existing benefits. Unfortunately, this has largely not been achieved because of the implications for government expenditure and the potential impact on lower wages within the UK. A knock-on effect of this is the difficulties some older people have in accessing benefits they are entitled to and monies that remain unclaimed within any fiscal year. It is estimated that between 30% and 40% of older people of pension age fail to claim their Pension Credit. Overall it is estimated that over £5 billion may go unclaimed during each year of means-tested benefits (i.e. benefits that are set aside based on the approximate known number of older people who would be expected to claim identified benefits) (Department for Work and Pensions, 2008a).

The whole focus of those inequalities that exist within ageing can be difficult to address. Some may interpret these inequalities as self-inflicted and related to a perceived fecklessness or lack of preparedness of older people for their future. Others will clearly focus this within an understanding of structurally oppressive considerations. Walker (2009: 141) attempts to define the nature of these inequalities as those 'that either transgress a distributional notion of social justice or damage the health and well-being of those at the bottom of the stratification hierarchy'. He postulates that there are a significant number of pre-existing determinants ranging from childhood to middle age that can have a direct and detrimental impact on an older person. Key areas of significance within an individual's mid-life are employment history, marital status, gender, ethnicity and health history. These can have the effect of contributing to the means of provision for a financially secure old age with access to good health and services or the alternative of poverty and a more limited capacity for health and access to those services. Again it is important that there is not any natural correlation of ageing and health as significant numbers of older people experience good health or at least health needs that are not any more demanding than any other sector of the community. Grenier (2007) suggests that a consideration of older people's needs based on a purely biomedical approach with a focus on infirmity and necessity will have the effect of undermining the 'autonomy' of older people and limit their access to health services and other resources. A significant irony is the advent of the National Health Service and Community Care Act 1990 with its emphasis on community-based services and, more importantly, a complete rejection of any form of care deemed to be institutional. The subsequent lack of support and accommodation for older people within hospital settings and the closure of local authority care homes led to an explosion within private care provision and the current debate on how care needs will be paid for in the future (Dalley, 2000).

? Reflective Questions ?

- Why are older people the only significant group of people within society who are asked to pay for their own care?
- Does this rule apply to children or pregnant mothers?

State pensions

The National Insurance Act 1946 introduced a state pension scheme funded by national insurance contributions that guaranteed a flat rate and below subsistence level pension for those on lower incomes. This allowed (in principle) for employees to make additional contributions to be accrued towards a final pension figure. This was at a time when men were the main earners within families and there was little acknowledgement of the role that women played either within the home or within often part-time and low paid work within pension provision (Ginn and Arber, 1999). There is something of the apocalyptic in the language frequently used to refer to the demographics of the ageing population and how this will be economically sustainable in the future. The World Bank and the International Monetary Fund (IMF) support this view, but as Cunningham (2006) so eloquently posits these agencies could hardly be described as 'politically neutral' within this debate. This is particularly where the promulgation of free market economics is deemed to be the saviour of pension provision for the future. The irony of this view will doubtless not be lost on those who are at the bitter end of current pension and service provision cuts as a result of an out of control marketplace overly focused on a worldwide inflated (although currently crashing) property market. Vincent (2003) goes further by suggesting that there is a deliberate attempt to 'demoralise' the public as to the sustainability of future state pension provision to enhance the role of the private sector.

Private pensions

Wolff (2011) speculates that individuals can never be sure what in fact they are purchasing in relation to private pensions. Pensions may be mis-sold due to commission considerations and the purchaser may not even be sure that the pension vendor will still be in business when the time for payment comes. Certainly by the 1990s a three-tier system of pensions had evolved where those with good public sector pensions to top up the state pensions were doing quite well financially. Those on lower pensions, through low paid or interrupted work and child care considerations, would need to access means-tested benefits as it is for those in the middle income bracket with modest and potentially declining private pensions. The debate was and is, how to create a balance between meeting the needs of an increasing number of poor older people and how to ensure that a reasonable level of pensions can be maintained in the future (Hill, 1997).

What does the future hold? Interestingly, Age UK has recently had a cool response towards the idea of an Older Person's Commissioner for England on the premise that older people need to start to represent their own views and become their own force for change (Brindle, 2012). There is still some way to go here and Age UK's charity chief, Michelle Mitchell, suggests that she does not foresee an 'army of older people' taking to the streets in the near future. Whatever the outcome of this, it will be less clear to policy makers and to the general public that a high level of scaremongering

in relation to the ageing population will inevitably have disadvantageous repercussions for older people. Research by Manton et al. (1995) evidences that there may be a shorter period of what is referred to as 'compression of morbidity' in the very old. This compression means that older people may experience life changing illness or disruption over a shorter period of time because of increases in health awareness and care. However, this 'morbidity' may be exacerbated by a range of interrelated aspects of health where poor physical and mental health may be heightened by poor access to support services and social isolation (Pilgrim, 2007).

World view of ageing

There is a direct correlation between poor mental health and the capacity for older individuals to maintain emotional relationships with others.

This means effectively that very old people are ill and have greater care needs for a shorter period when they are very old and consequently could/would not be a dramatic drain on any country with high levels of taxpayers and a working population. Perhaps the secret is a more proactive response to ageing and a reiteration to the general public that they are not being unfairly disadvantaged through taxation (or otherwise) but they are in fact investing in an inevitable future. Perhaps this is a consequence of a more individualistic culture and a more general fear of the ageing process itself.

Legislative and policy context in a changing world

I have often asked social work students what their thoughts are in relation to specific legislation for older people (i.e. the use of 'older people' within specific pieces of legislation) as opposed to the more generic 'adult'. Students often speculate that there should be as this would identify very specific areas of age and ageism directed at this cohort and provide added protection and support. It can often be frustrating for developing practitioners to consider that an excess of legislation will not of itself confer protection. Conversely, it may draw additional attention to a group who have committed no act other than accumulate years and buy into that wider ageist debate where age is expected to confer frailty with a concomitant inability to contribute to society (Grenier, 2007; Walker, 2009).

So what is the legislative context of support for older people? The background to any legislative or policy context has to include a consideration of ethics and human rights and how this relates to value-driven social work practice. There also needs to be an awareness of what 'capacity' means, particularly within the framework of mental health. If an older person has capacity and refuses assistance then there may be a limited range of opportunities to engage in this person's life. Conversely, where there is a lack of capacity then it is unethical to seek the consent of that person for any intervention (Naylor, 2010). The issue of capacity is extremely important when there are adult protection considerations and particularly where research shows that

approximately 4% of older people over the age of 66 are abused or neglected every year. The highest number of abused older people is among women, who may live longer, have poorer mental health and be incapacitated for longer (O'Keeffe et al., 2007). This level of abuse (possibly underreported) has to be viewed within the experience of older people generally, who may not be used to interference from outside agencies and who may have retained a fierce independence throughout their lives.

The emphasis therefore will be to ensure that practitioners have a minimal and least restrictive approach to clients' lives with a concurrent respect for the individualism and privacy of the older person (see the Data Protection Act 1998). On a practitioner basis this will be underpinned and defined by the British Association of Social Workers (BASW) Code of Ethics (Mantell and Scragg, 2009). Related legislation such as the Human Rights Act 1998 and the Disability Discrimination Act 2005 will also have a considerable impact when considering the needs of vulnerable older people. The Human Rights Act 1998 is under considerable strain at the moment from politicians who feel that it confers too many 'rights' on some individuals, although this is generally couched in the language of the worst case scenario. Unlike many other aspects of social work practice human rights are absolute and the clue to this is in the wording!

There is no specific legislation in place within England and Wales to support investigations into adult abuse or exploitation and a range of related legislation will have to be considered. In Scotland, the Adults with Incapacity (Scotland) Act 2000 is widely considered to need a greater emphasis on 'capacity' as opposed to 'incapacity' as this relates more closely to modern considerations of the personalisation agenda where older people themselves are the focus of attention (Social Care Institute for Excellence, 2010).

The National Health Service and Community Care Act 1990 s.47 provides for practitioners to carry out an assessment of older people's needs, where the commissioning services will put in place support services to ensure that older people are free from abuse and abusive environments. At the same time there is the capacity for compulsory removal from home under the National Assistance Act 1948 s.47 for anyone who is suffering from chronic disease, is incapacitated or living in an insanitary environment. Tellingly, the Act allows for the removal of an older person to a hospital or care setting in the event he/she is not receiving adequate care within the home. The problem here is where the older person who is being abused may be the owner of the home and where the victim effectively becomes penalised. In Scotland the Adult Support and Protection (Scotland) Act 2007 allows for the removal of the perpetrator and, as far as possible, for the older person to maintain their independence within their own home.

Exercise

- Can you identify the positive aspects of a care setting for older people?
- What are some of the potential flaws in community-based services in meeting the needs of older people?

There is an ongoing debate throughout the UK on the rights of those with a mental illness. The same governing principles of the 'least restrictive' apply when interacting with the lives of older people with a mental illness. The Mental Capacity Act 2005 and the Mental Health Act 2007 provide the statutory basis for ensuring that the voice of those with a mental illness is heard. There is some way to go here as there is still considerable stigma associated with mental illness (Larkin, 2009).

While it is inevitable that people will grow older there is no associative linkage with mental illness other than dementia, and practitioners have to consider the very real stressors that will prevail with older people who may already be struggling with poor health and end of life considerations. For those who may spend their final days within a care setting, the Care Standards Act (CSA) 2000 set the standards for social work training as well as establishing the Commission for Social Care Inspection (CSCI; now the Care Quality Commission) to register and monitor social care services and specified the National Minimum Standards for care homes. The CSA 2000 s.80 also allows for the Protection of Vulnerable Adults List (POVA) to ensure that vulnerable older people are protected from staff who have been dismissed for misconduct.

The Safeguarding Vulnerable Groups Act 2006 provides a direct contact register for those who have been deemed a risk to children and vulnerable adults and is accessible to those seeking to check on the status of potential employees. As can be seen there is considerable legislation in place in relation to vulnerable adults. It is within this focus that we should consider the current debate on providing 'dignity' for older people and how this appears to have become lost within pre-existing legislation and policy.

The Equality Act 2010 came into force in October of that year and is currently superseding all anti-discriminatory legislation within the UK. The law sets out clearly the individual characteristics that are protected as well as the behaviour that is deemed unlawful. The key areas that are protected are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Students would do well to consider the latter two areas here and the fact they are *not* the same thing. More importantly, there is clear provision within the 2010 Act for service users. This encompasses rights of membership, political activity, transport, reasonable adjustments, removing barriers and how to counter discrimination generally. The Act also provides guidance on rights for employers, workers, service providers as well as guidance on equal pay. The focus here is on the new Codes of Practice for the Equality Act 2010 which have taken over the former Equality Commission's role, although some of the previous documentation will still be useful in the context of historical perspective as well as examples of practice. The Equality Act 2010 can be accessed in its entirety on the Home Office website (www.homeoffice.gov.uk/equalities/equality-act).

There is also a significant range of related and relevant policies in relation to the protection and support of older adults. While not definitive, you can find a more comprehensive list within the Home Office website and Her Majesty's Stationery Office website with its specific remit for publishing all UK-wide legislation

(www.tso.co.uk). For those students working and studying in Scotland, relevant documents can be found on the Scottish government's site (www.scotland.gov.uk/publications).

A Range of Legislation and Policy

Carers (Recognition and Services) Act 1995

Carers Strategy (Caring about Carers) 1999

No Secrets: Guidance on Developing and Implementing Multi-agency Protection of Vulnerable Adults (Department of Health, 2000)

In Safe Hands (National Assembly for Wales, 2000)

Care Homes Regulation 2001 Reg 37

Carers (Equal Opportunities) Act 2004

Safeguarding Adults (2005)

Carers at the Heart of 21st Century Families and Communities (Department of Health, 2008)

Equality Act 2010

Care Quality Commission (CQC) (www.cqc.org.uk) regulates all health and adult social care services in England. It also addresses the concerns and the protection of anyone detained under the Mental Health Act 2007. The following documents can be accessed on the CQC website: Community Mental Health Survey 2012 and the Mental Health Act Annual Report 2011–2012.

Changing role of the family

While there may be an emphasis within current literature on the difficulties that older people experience in straightened times, there are positive aspects to ageing. There is an increasing reintegration of older people within the family unit throughout the UK as they provide a kinship caring role for grandchildren or partners (Hothersall, 2006). There is also the issue of reciprocity where families are more likely to reinvest in the care of older people who have themselves invested in the support of the family unit over the years.

However only 5% of older people live with a family member throughout the UK and the advent of community care has meant that there is a greater likelihood that older people will stay within their own owner-occupied tenancies or care settings (Patsios, 2006). This has to be balanced by the awareness that there may be a degree of confusion within local authorities of the roles that family, professional and volunteers may play within support services for older people as resources diminish. An inevitable consequence of the devolution of families and sole occupancy is that there

will be a greater likelihood of isolation for older people. Riddell (2007) suggests that not all older people will grow old 'gracefully' and a vulnerable older person, isolated from the cohesion of friends and support services, may legitimately assume that they have therefore become 'disgraceful' with all the connotations of stigma and labelling that that may entail. The Better Life (O'Hara, 2012) initiative by the Joseph Rowntree Foundation (JRF) set up a five-year project in 2009 to assess the needs and raise the public profile of older adults with a range of high support needs. This group of older people has the added disadvantage of being older and with complex care and support needs that are exacerbated by a lack of resources.

For those older people who are cared for at home the primary carers tend to be children or partners and this raises complex issues of how older people themselves will cope in the future when providing care and support for equally old or older family members (Social Exclusion Unit, 2005).

Role of carers and caring

It is likely that in the future the family may not be the mainstay of meeting the needs of older people. There may be a dual focus here of families fracturing in a geographical sense in the pursuit of employment in an uncertain world. Families can also become disengaged through divorce where the children may feel less obligation to look after a parent in older age (Vincent et al., 2006). At the same time there has to be an awareness of the considerable stress families may be put under when coping with financial pressure and the potential for psychological trauma when coping with adverse financial and living conditions. Research by Lyonette and Yardley (2003) indicate that there are a variety of reasons why carers take on this role: a sense of obligation; the perceived disapproval of others if carers do not take on this role; and a means of reiterating a profoundly held sense of personal duty.

Resourcing care

It is clear that the value placed on meeting the needs of disadvantaged groups is generally evidenced by the amount of resource spending devoted to that particular group of people. Indeed, as practitioners, we could speculate that in a modern age the degree of funding is commensurate with the accord individuals and groups are afforded in society. Cunningham and Cunningham (2012) suggest that even where older people access residential care the focus is pre-eminently on meeting care needs. Even within care packages at home, the same thinking tends to apply rather than supporting and advocating for that older person to have as full a participation within the wider community as possible. This over-focus on care needs has the potential for what Martin-Matthews (2000) refers to as an 'apocalyptic' view of future care. This is more likely to occur because of the changing demographics of the family and the speculation that where this is the case there will not be a family member available or willing to provide this care.

Lloyd (2009) suggests that approximately 10% of people over 50 were providing some form of care for a parent, sibling or partner in 2004. The greatest number of these providers were women and this level of care increased over time, particularly when it related to spousal care. Indeed, Finch and Groves (1980) put the case clearly and in a less ambiguous way when they stated that care in the community effectively means care within the family, and family care generally means care by female members of the family. This raises significant issues in relation to gender neutrality when assessing what is equitable in the expectation of who provides future care for older people.

> Advice for Carers- A practical guide, Age UK – Improving Later Life, July 2011.

Future directions in policy for older people

It is becoming increasingly difficult to assess the future role of policy in meeting the needs of older people. The economic downturn is likely to increase stressors within families and the nature of the support these families may be able to afford to older people in the future. What is clear is that a personalisation agenda, properly followed through, is welcomed by older people as is any initiative that gives a voice to their needs and concerns. This can extend to the Partnership of Older People Project (POPP) which ran in 29 local authorities within England from 2006 to 2009. The purpose was to bring together local groups to address issues of concern such as isolation, healthy living and delayed discharge among the older population and was very much a feature of the personalisation agenda. The findings indicate that poverty and a lack of awareness of support services were the two most important aspects of older people's lives (Windle et al., 2010).

Also, research into the sexuality of older people (Musingarimi, 2008; Ward et al., 2008) indicates that this may be a serious area for consideration, particularly at a time when there are increasing attempts to address sexual identities. Cronin (2006) identifies that 'heteronormative assumptions' are the focus of most debate on sexuality and older people and may leave a significant number of older people significantly disadvantaged through loneliness and isolation. Groups such as the Gay Greys (Age Concern, 2008) and the Grey Wolves draw wider attention to unacknowledged needs – although the vulpine analogy will not be lost on those who struggle with the accusations that they have taken more than their fair share as part of the baby boomer generation!

What is certain is that current radical changes in health and social care are predicated on resources that are already too limited to meet the identified demographic need (Wanless, 2006). Increasing awareness of personalisation issues and access to benefits and services will place further pressure on existing resources that are proposed to meet longer-term needs. There is only so far anything can be stretched before

it ultimately snaps. The more that policy makers assert that it is the reorganisation of services that is key to meeting future needs the more likely it is that the central focus of poor resourcing will be missed.

Lymbery (2010) refers to the political rhetoric of dismissing previous policy for the care and support of older people. There is then something of that sense of *year zero* in formulating new policy with a concurrent lack of continuity from the past. Saying is not doing and constant formulating of new policy directives may say more about meeting political ideology than meeting the needs of older people. While there is still the ongoing debate on whether policy is being developed to meet the needs of citizens (Clarke et al., 2007) (with all the rights associated with this) or consumers of services, it is clear there is still some way to go.

Essentially, as long as older people are at the end of the queue for services and resources there is unlikely to be a consensus opinion on how the needs of older people will be met in the future. The Health and Social Care Act 2012 currently wending its inexorable way through parliament is a case point. While the chairman of the British Medical Association refers to the potential here for 'fragmentation of health care', the Bill has other anomalies that may mitigate against the future well-being of older people: a lack of free personal care for older people within the proposed legislation as currently exists in Scotland and an abolition of patient watchdogs through the Community Health Council (CHC). The *Guardian* editorial of 5 March 2012 reiterates the ongoing fears of vulnerable groups within a market economy when cooperation and collective practice is a proven means of meeting their needs. In conclusion, and somewhat worryingly, the editorial suggests the Bill 'continues to place an unbalanced duty on the regulator to stamp out anti-competitive practices, but not practices which undercut co-operation'.

Conclusion

Any conclusion has to address a range of issues related to what has worked with older people in the past and an awareness of the impact of ideologies as opposed to the identified wishes of older people. These ideologies deny the rights of older people over time within the maelstrom of political divide. It is therefore clear that more of an all-party approach is required with something of the nature of social working itself with its emphasis on value-driven practice. While older people themselves should be allowed to identify what it is they want for a secure and fulfilling older age. I fear within the divide that currently exists between a more neoliberal focus and the pragmatism of a cradle to grave approach that there is unlikely to be this consensus. If there is one significant feature of older people and the changing demographic of ageing, it is that older people will inevitably wield more power in the future through the ballot box. An increasingly educated population may be less inclined to 'make do and mend' in the same way that previous generations have accepted.

📖 Recommended Reading 📖

Cunningham, J. and Cunningham, S. (2012) *Social Policy and Social Work: An Introduction*, Transforming Social Work Practice series. London: Sage/Learning Matters. Very good sections on autonomy and the social policy of ageing.

Hill, M. (2003) *Understanding Social Policy* (7th ed.). Oxford: Blackwell. A scholarly text that covers all the relevant areas of policy from health, social security and employment.

Johns, R. (ed.) (2011) *Social Work, Social Policy and Older People: Thinking Through Social Work*. Exeter: Learning Matters. A very concise historical account of the role of policy in meeting the needs of older people with a specific focus on why social workers need to understand social policy.

Larkin, M. (2009) *Vulnerable Groups in Health and Social Care*. London: Sage. Includes a very readable and informative chapter on 'older people'.