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## With respect to old age

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## **Chapter 13: With respect to old age**

Caroline Holland

What do older people want from social workers? This chapter considers what it means to be an older person in twenty-first century society and the increasing contribution that social workers can make to the well being of older people, and of their supporters and dependents. The chapter argues that respect for the older individual and the avoidance of making inappropriate assumptions based entirely on the category of 'age' is key to good practice. Assumptions about people's needs based on age alone have the potential to be misleading, oppressive, and sometimes dangerous. Not everyone working in social care can be an expert on ageing, but interactions with older people happen across the range of social care and support: for example older people may be primary carers of children or vulnerable younger adults, or of other older people. This means that a basic understanding of the variability of old age is helpful for the practice of all professionals in health and social care.

### **Context for practice**

Global long-term trends in population ageing are driven by two main factors, both with implications for Social Work practice. The first is increasing longevity: more people are able to live longer because of developments in health, welfare and medical technology. The second trend is declining birth rates: this means that over time the proportion of older to younger people has shifted, with an impact on the ability of younger generations to provide informal support for elders.

But when is 'old'? Between and within global national jurisdictions there are differences in the thresholds by which people are regarded as being 'older': for example there are variations in the age of eligibility for retirement pensions; access to concessions; or eligibility for senior housing. In addition to formal definitions there are cultural and individual variations in the perception of ageing that make simple age-based definitions less relevant to how individuals experience their own ageing process. Because people are not all the same, individuals may vary in their own consciousness of ageing and experience of being treated as aged, and this relates to many other parts of their life such as health, wealth, education, pension rights, and socialisation (Gilleard and Higgs, 2005). For some people discrimination on the grounds of age is experienced in a context of earlier and/or current discrimination based on ethnicity, sexual orientation, or disability (Ward and Bytheway, 2008). People may therefore be defined or consider themselves to be 'old' across a wide age range stretching from the mid-fifties to over one hundred years. Older populations are also highly varied in terms of culture, attitudes and expectations, so that people who have experienced life-long poverty and deprivation may experience a very different old age to many of the affluent and well educated post-war 'baby boomers' who are arguably part of the rise of the 'individualised consumer citizen' (Rees Jones et al, 2008). It is important for professionals working with older people to understand the contexts of ageing, and to have a good sense of the kinds of support that are available, and appropriate, in particular circumstances.

## **Understanding ageing**

Looking at the whole person enables Social Workers to consider different aspects of ageing – physical/biological, cognitive/psychological, and social/cultural - and how these aspects work together to affect individuals and families. As knowledge about ageing increases, there is wealth of writing and research available including work by and with older people and practitioners. Social Workers can bring to their practice a view of later life that demonstrates an understanding of diversity and the practice challenges involved and which avoids focussing exclusively on the pathology of ageing. This means regarding ageing as one aspect of the individual's complexity, not their defining characteristic.

### **Health**

Studies with older people repeatedly show that many are concerned to a greater or lesser degree about actual or potential loss of good health and what that means for their independence (e.g. Bowling and Gabriel, 2007; DLF, 2009). But there is no simple correlation between age and health because people vary so much in their genetic and social inheritance, in the impact of their past and current lifestyle and health behaviour, and in the general environment within which they live.

Older people also worry about the consequences of losing cognitive ability as they age, especially if they have experience of dementia in a relative (Corner and Bond, 2004). The prevalence of dementia increases in populations with increasing age, doubling for every five-year increase in age after 65 (ADI, 2008) so that around one third of people aged over 95 have some form of dementia. Most people with dementia are cared for in the community by family and friends, with or without formal care services. In many cases the primary carer will be a spouse or a child who may themselves be 'older and have their own need for social work support.

As with the population in general, older people may also experience mental illnesses, but these have tended to be less clearly identified and at times inadequately treated, arguably sometimes because of assumptions about the effects of ageing. For example depression has been described as the most common mental health problem in old age, but it has often gone undiagnosed for a number of reasons including older people themselves being reluctant to seek help; the association of depression with physical health problems and the side effects of medications; or the common occurrence of trigger factors such as loneliness, bereavement, or other losses (e.g. of sight or hearing, or of a person's own home when entering a care home).

### **Wealth**

As with the rest of the population, older people are found at all levels of income distribution, from billionaires to those in extreme poverty. Many older people in wealthy and middle income countries have assets including capital in housing, occupational pensions and savings as a buffer against the loss of earned income after retirement, and these may well be taken into account when assessing eligibility for state benefits or assistance. However many more older people rely on pensions provided by the state, and in the UK this especially applies to people aged over 75 and older single women (ONS 2009), many of whom have not had the opportunity to acquire occupational or private pensions. Consequently there is huge variation in the wealth of older people, but

in general terms later life tends to be associated with restricted income, with all that entails.

One persistent source of anxiety in this situation is the high cost relative to income of difficult to avoid expenditure on basics such as food, energy bills, housing costs, and council tax/domestic rates (ONS 2009). 'Fuel poverty' is the term used to describe the situation where people need to spend more than 10% of their available income to keep adequately warm, and it is estimated that this applies to 1 in 3 older households in the UK.

The costs of care can also present problems to older people - partly because of the relationship between great old age, disability, and low income; partly because entitlement to care services and the actuality of getting access to them can be confusing and subject to change; and partly because of a reluctance to set out on a path that they may see as leading to loss of autonomy.

### **Social lives**

Social networks and relationships are of huge importance to older people and the absence of fulfilling relationships has severe consequences for happiness and well-being (Victor et al, 2009). In the UK most older people live within networks of family and friends (Phillipson et al. 1998; DWP, 2005). However in countries with a strong recent tradition of nuclear family living, many old people live alone. In the UK, almost 90% of older people live in independent accommodation (i.e. not communal establishments), of whom around a third live alone. While this does not necessarily imply isolation, many older people in this situation will experience periods of loneliness especially in the evenings and at other times when they do not have much human contact. Yet some will still state a preference to live independently alone rather than alternatives such as living with their children or in a residential care home (Peace et al, 2006), demonstrating how important the idea of independence can be.

One of the problems of ageing is the potential for a gradual accumulation of losses, as social roles (work; leisure) become surrendered, old friends and contemporaries die, and with increasing age the likelihood of chronic illnesses and disabilities increases (Pitt, 1998). Combine these circumstances with financial hardship and an unwillingness to appear not to be coping, and it is easy to see how some older people slip into isolation.

Social workers also need to be alert to the possibility of elder abuse in all kinds of settings and circumstances. The UK charity Action on Elder Abuse (AEA) describes how abuse may take many forms – physical, psychological, sexual, financial, or neglect: it may happen in care homes, hospitals, and family homes. It can be intentional or unintentional, and sometimes it is carried out by stressed carers. The physical and emotional signs of abuse are often there to be seen, but where an older person is isolated or afraid of the effects of disclosure it takes great sensitivity to uncover the facts. AEA recommends a careful, listening approach and treating the older person as an adult with opinions that must be taken into account.

### **Diversity**

In addition to variation in the health, material and social assets available to individual older people, it is important to recognise other aspects of diversity that may affect the services that older people need, as distinct from what they may be offered. For example

older people vary in their experience of and approach to sexuality and intimate relationships. There is often a tendency for people to assume that older people are essentially asexual, with expressions of sexual desire characterised as 'radical' (Jones 2002). Such assumptions resulted for example in the acceptance of older couples becoming separated in care institutions. Furthermore older people with a non-heterosexual orientation have tended to be hidden, or subject to even more discrimination in services (Jones and Ward, 2009). Non-heterosexuals, especially those who have not been 'out' about their relationships, can face particular problems of non-recognition and isolation in old age, for example following the death of a long-term partner. People of all ages make choices about what to disclose of themselves to others, and when to do so. Many older people with LGBT identities have lived through profoundly discriminatory times even in countries where such discrimination is now illegal, and Social Workers need to be sensitive to the possibility that older people's privately held intimate relationships will affect their preferences in services.

Older people within ethnic minority groups may also have unexplored service preferences. While patterns of migration historically have varied, social workers often find themselves dealing with the effects of successive waves of migration and resettlement. Older members of minority ethnic groups may be native born, long-settled or recently arrived. They may speak the local language as a first or second language, or not at all. Cultural and language barriers can result in misunderstandings about the situation in which older members of minority communities live. Things that people think they know about other cultures - for example, that families will provide adequate care for older members - may not be examined or revisited. However social workers' professional understanding of the complexities of family life and variation within, as well as between, minority groups can and should play a crucial role in helping individual older members of minority groups towards the best possible quality of life. Social workers' familiarity with day-to-day issues of diversity, equality, and ethical treatment are also beneficial to older people where other aspects of their identity or lifestyle do not conform to expectations of old age. Older travellers and people living alternative lifestyles; those with alcohol/drug/gambling problems; ex-prisoners, and homeless older people, challenge stereotypes of ageing and may particularly need skilled social workers to hear and understand their needs and to advocate on their behalf.

## **Respect in Practice**

'Age does not limit the capacity to love; neither does it diminish the expectation to receive dignity and respect' (China National Committee on Ageing, 2008)

The Research on Age Discrimination (RoAD) project (Bytheway, 2007) looked at instances of 'everyday' discrimination, and identified a complex of cumulative practices which for some older people added up to a grinding diminution of their sense of value. The project involved older researchers as fieldworkers to commission and analyse diaries from other older people. A fieldworker described one woman's such experiences: She has a strong feeling that, as an older person, "the world isn't for you". A theme running through ... is how, on account of her age, she feels treated as someone to whom the normal rules of courtesy, human fellow-feeling or even the law no longer apply. You get ignored in queues for service, pushed off the pavement, people push past you in queues - and no-one will lift a finger to help. (RoAD fieldworker, p.90)

Turning the tide on such social attitudes is a long-term and complex project, but it is one in which the role of health and social care professionals should be progressive and not entrenched. Good practice respects people as individuals and aims to deliver accordingly to their needs: 'It is clear from the evidence ... that people value respectful delivery of services over task-oriented care and, getting to know people for what they are is, therefore, an essential aspect of person-centred health and social care practice.' SCIE (2009) Guide 15: Dignity in care. London: Social Care Institute for Excellence.

### **The Role of the Social Worker**

The social worker's ability to skilfully negotiate and mediate may be essential in helping many older people and their supporters to navigate their way around complexities of service provision and levels of entitlement. These same skills are essential in advocacy on behalf of older people, where social workers can find themselves negotiating between the older person, their family and formal carers, and a whole range of other professionals in health and social care. Efficient joint working between different services and between public and private provision is often very difficult to achieve in practice, making a social worker's ability to work with other professional at a personal level all the more valuable to the well-being of older service users.

Some older people come to request help for the first time very late in life – for example if a care responsibility becomes thrust upon them, or becomes more than they can handle. Social workers should acknowledge any feelings they may express of frustration, humiliation or anger, and work with them in a non-condescending way. Where an older person is emotionally vulnerable, an unsympathetic or ineffective encounter with one social worker may discourage further requests for help. It is crucial that the social worker both respects the integrity of the person before them, looking beyond 'the mask of age', and uses his or her professional skills to negotiate in often challenging situations.

A knowledgeable social worker can also play a crucial role in directing people to sources of information, advocacy and support. For example recent research in the UK (e.g. Holland and Katz, 2010) suggests that while many older people know something about residential care homes and 'sheltered housing' (congregate accommodation with some support), there tends to be much less understanding about alternatives such as adaptations to current housing, assistive technologies, or other kinds of supportive housing provision.

### **Conclusion**

There are specific areas related to ageing, including dementia, risk management and end-of-life that represent challenges to social work practice particularly where there are managerial pressures around budgets and assessments (Ray et al, 2008): making it more than ever important for social workers to focus on the individual older person and the context of her or his life and not be distracted by the processes of case management. Social workers trained to look at all the elements of a case and think analytically, provided they give people the attention they need, can sometimes find solutions where others have seen an intractable problem. This is particularly the case when dealing with older people because the 'fog' of old age can obscure underlying causes and effects unrelated to age. It is therefore of the utmost importance that social

workers do not fall unwitting into the trap of age discrimination. Older people rely on their social workers to work creatively and with respect.

### **Reflective questions**

How do you feel about the prospect of your own ageing? How do you picture yourself in great old age? Does your attitude to this have an effect on how you see older people?

How well do you know the older people that you work with, as individuals with a life-time of experience, attitudes and assumptions colouring their understanding of their own current situation?

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