

Understanding Ageing

Apocalyptic Demography

'Apocalyptic demography' is a term used by social gerontologists to describe how statistics can be used to suggest that ageing is a significant threat to public services and to the economy (Katz, 1996; Robertson, 1997; Gee, 2000).

There are several ways in which the ageing population can be quantified. One is simply to give a number or proportion of the population aged over a particular threshold. Another commonly used statistic, termed the Old Age Dependency Ratio (OADR), divides the number of people over 65 by the number of people aged 16-64. It is also sometimes presented in reverse as the Old Age Support Ratio (OASR).

The OADR is widely used in statistics on ageing because it is easy to calculate and uses data that is readily available (Bongaarts, 2004). It is used to project population ageing over time, and to compare population ageing in different countries and regions (e.g. Office for National Statistics, 2017b).

The OADR effectively assumes that everyone aged 16-64 will be working, and that everyone over 65 will be 'dependent'. These are broad generalisations. Data from the Office for National Statistics (2016a; 2016b; 2017a) highlights

that an increasing proportion of people over 65 are working, while others are engaged in volunteering or caring for others. In addition, not everyone aged between 16-64 works. In particular, an increasing proportion of women have entered the workforce (Gee, 2002; Spijker and MacInnes, 2013). OADR calculations do not take into account these population changes, or ways in which the population may change in the future.

The age threshold of 65 is most obviously associated with the pension age. However, statistics about the number or proportion of the population aged over 65 are also widely used in discussing issues such as health (see for example: Oliver et al., 2014; Prince et al., 2015; Grummet et al., 2017). While many health conditions are associated with age, the relationship is not usually linked to a specific threshold – 66 year olds do not generally have radically different needs to 64 year olds. The effect of age on health is also mediated by other factors. For example, socio-economic deprivation has a significant impact upon healthy life expectancy (Office for National Statistics, 2016c), meaning that 65 year olds in one area may have very different chances of poor health compared to those in other areas.

Key Points

- ❖ Statistics about the 'ageing population' rely on making generalised assumptions about people's needs based on age categories
- ❖ Both the working age population and the older population are diverse, and have changed over time.
- ❖ Statistics need to be used in context. For example, comparing the number of people over and under 65 may not be the best way of thinking about healthcare, where needs are more likely to change gradually over time

CHANGING THE ASSUMPTIONS

Spijker and MacInnes (2013) recalculate the Old Age Dependency Ratio, focusing on older people who have less than 15 years of life expectancy, and adults who are actually in work. By their calculations, the OADR peaked in the 1980s, and won't reach the same level until at least the 2050s. They also point out that at the time of their research, 48% of the total UK population was in work, compared to 46% 60 years before. Their calculations challenge the idea that workers today are supporting an unprecedented number of 'dependents'.

'Support' and 'Dependency'

The terminology used within the 'Old Age Dependency Ratio' and the 'Old Age Support Ratio' suggest that workers are invariably supporting dependent older people. However, this does not differentiate between different types of support and dependency, and risks contributing to stereotypes about the older population. For example, describing all older adults as dependent might be assumed to indicate that they make a high use of state-funded social services – but

less than 10% of the population aged over 65 receive state funded social care (Age UK, 2017).

Robertson (1997) argues that the idea of a divide between support and dependency is incorrect—members of a society are interdependent, and we are all engaged in both supporting others and receiving support ourselves over the course of our life. Martin-Matthews (2000) suggests that there is a tendency to classify all help provided to an older person as 'care', even when those involved may see it as part of a normal, reciprocal relationship.

With regard to financial support, it seems to be relatively uncommon for adults to be directly financially supporting older parents (Bonsang,

2007). Gee (2000) points out that official statistics tend to focus on formal financial transfers through government taxation and spending. This tends to underrepresent less formal financial transfers from older adults to younger people, for example giving money to a grandchild.

CONTRIBUTING TO THE ECONOMY

The WRVS (2011) calculated that when taxation, care activities, community contribution and spending power were taken into account, people over 65 made a net contribution of £40 billion to the UK economy, and that this would increase to £77 billion by 2030.



Statistics about ageing often suggest that population ageing is a relatively new social challenge. However, Katz (1996) argues that the perception that older people pose a 'burden' to society far precedes current demographic trends. He suggests that such beliefs structure how society thinks about ageing, and influence how statistics are used in policy.

Today, statistics about ageing are often presented and used in practical contexts, for example:

- ❖ Justifying welfare, pension or healthcare reforms, especially those that seek to reduce state responsibility (Katz, 1996; Gee, 2000).

Using statistics

- ❖ Funding allocation processes, where it is often beneficial to suggest that funding will help solve a high-priority 'problem'.
- ❖ Awareness and fundraising campaigns undertaken by charities.

All of these contexts tend to provide an incentive to present population ageing as a serious and worsening problem. However, there are alternative statistical approaches that reach different conclusions [see Changing the Assumptions, Page 1].

While it is true that life expectancies are increasing, political and cultural factors affect how this information is presented. Gee (2002), writing in Canada context, argues that some of the problems attributed to the ageing population in fact derive from

economic and political decisions, such as anti-inflationary policy by the national bank.

In the UK, the financial crash of 2008 was responded to with an 'austerity' policy, intended to reduce government spending in order to reduce the budget deficit. This is the type of political and economic context in which Katz (1996) and Gee (2000) suggest there is often an incentive to present ageing as an economic burden. Since 2008, spending on older adult social care has fallen in real terms, and fewer older adults are offered state-funded social care (National Audit Office, 2014). The interaction between ageing and public spending is therefore closely related to policy decisions

Life course and diversity

Everyone in society is ageing. The life course approach emphasizes that we cannot consider the needs of the older population in isolation but rather need to consider how life events and the situated experiences of different cohorts may affect people throughout their life course (World Health Organisation, 2000; Kuh, 2007; Bengtson et al., 2012; Stowe and Cooney, 2015).

There is sometimes a tendency to assume that the population becomes more homogenous as it ages. However, Andersson and Oberg (2004) point out that taking a lifecourse perspective means recognizing that aspects of diversity remain important throughout life. It is possible that older populations are in fact more diverse than younger ones,

because of the cumulative effect of different experiences. Inequalities also often have a more substantial effect in later life. For example, people from the least deprived communities can expect to live longer, and in better health, than people from the most deprived communities (Office for National Statistics, 2016c)

The life course perspective therefore recognises diversity in people's lives and experiences. Even beyond broad categories such as gender, marital status, ethnicity or sexuality, experiences of ageing are affected by a wide range of individual and community factors. Policies on ageing therefore need to recognize diversity and take into account the interconnection between prior experiences and later life.

AGEING

What we mean by 'age' is complex. Laslett (1991) suggests that there are 5 different ways the idea of age can be applied to an individual:

- ❖ Chronological age
- ❖ Biological age
- ❖ Personal sense of age
- ❖ Social categories applied by others
- ❖ Subjective sense of identity over time

These do not always align. As discussed below, it is common for people to suggest that they are in some sense not 'really' their chronological age.

Older people's attitudes to ageing

When older people are asked what old age means to them, many do not focus on chronological age. Instead, they emphasise factors such as autonomy, physical mobility and community involvement (Hurd, 2000; Clover, 2006; Stenner et al., 2011; Rudman, 2015). Often, speakers assert that they themselves are not old, regardless of their chronological age, for example because they remain active and involved in their community.

In part, this can be located in the broader context of negative attitudes to ageing. Most adults would prefer to be younger than

they are (Andersson and Oberg, 2004). Nelson (2005) suggests that ageism in society is potentially rather different from other forms of prejudice, in that it may be primarily rooted in individuals' fears about their own future.

Resisting ageing and distancing oneself from being old can therefore be a strategy for preserving positive self-image and deferring fears about the future (Hurd, 2000; Calasanti, 2007; Coupland, 2010; Slevin, 2010; Rudman, 2015). However, the fact that age is often a 'disavowed identity' creates a paradox. How can services or research centre the

'GOLDEN AGE' DEBATES

There is sometimes a belief that less industrial societies (either now or in the past) are inherently more respectful to older people. However, attitudes to ageing in any society are complex and contradictory. There is little evidence of a 'golden age' in which older people universally received good quality family support (Laslett, 1984; Katz, 1996; Aboderin, 2004)

perspectives of people who may not want to identify with the category 'old'?

Positive Ageing

Some models of ageing explicitly recognize positive experiences of ageing. For example, Rowe and Kahn (1987) set out a concept of successful ageing, while Laslett (1987) suggested that the Third Age after retirement can be a time of personal achievement and fulfilment. These models are presented as potentially countering ageism, and providing people with a more positive model for the future. They reflect the fact that for many people, later life is an enjoyable time. Notions of positive ageing are often also referred to within public policy: for example, 'Ageing Well' programmes.

However, positive aspects of ageing are often defined in relation to negative concepts of ageing. For example, Rowe and Kahn (1987) contrasted successful ageing against 'usual ageing', implying that successful ageing was an exception to the norm. Similarly, Laslett (1991:x) presented the third age as a positive period of life, but contrasted it against the fourth age as a period of "true dependency and decrepitude".

Categorisations of ageing are subjective and potentially rather judgemental. Critiques of successful ageing argue that the perspectives of older people are not always taken into account in defining success, and that there has been a lack of recognition of diversity (Martinson and Berridge, 2015). Many aspects of ageing are affected by social issues such as access to healthcare and housing, and financial security (Martinson and Berridge, 2015). Terminology such as successful ageing could be seen as blaming individuals for

'failing' due to factors that are beyond their control. Laslett (1987) acknowledges that his model of a positive third age can only occur in an affluent society, and that the wealthiest individuals in society tend to have earlier access to it than other groups.

Categories can also be rather simplistic. Individual situations cannot necessarily be readily categorized as successful or not successful. And rather than an inevitable trajectory from the third age to the fourth age, some older people may have needs that fluctuate over time. Even in the fourth age, identity and independence are important to individuals (Lloyd et al., 2014)

Baltes and Baltes (1990) present a model of successful ageing that emphasizes optimization and compensation. They argue that older people facing barriers such as a loss of ability will tend to prioritise what is personally important to them, and try to compensate for limitations. This model allows for greater recognition of individual definitions of success, and the agency of individuals in adapting to changing circumstances.

Tightening eligibility criteria often means that statutory services are working with older individuals who are already facing substantial health problems or functional limitations. Models that focus on promoting wellbeing among the mostly healthy 'younger-old', are less likely to be practically useful. Rather, there is a need for models of ageing that explore how to maintain and develop positive

aspects of life throughout older age.

KEY POINTS

A number of models of ageing seek to recognise positive elements of later life. These models aim to counteract perception that later life is simply a negative period of decline, and recognise that many people have positive experiences of later life.

In defining positive aspects of ageing, it is important to avoid imposing normative expectations, and to recognise older people's own preferences and priorities.

Accounts of positive ageing need to recognise the role of structural factors.

WHO DECIDES WHO IS AGEING SUCCESSFULLY?

Strawbridge et al. (2002) surveyed 867 people aged 65-99.

50.3%

considered themselves to be ageing successfully.

18.8%

would have been defined as ageing successfully by Rowe and Kahn's criteria.

Centring older people in research

Researchers are increasingly encouraged to involve affected communities in the research process in order to help ensure that research meets community needs, and can be effectively implemented.

The Great British Public Toilet Map

The TACT 3 project, led by Brunel University, aimed to reduce the impact of continence difficulties for older people. The project had a reference group of older people involved in planning the project, and undertook questionnaires and interviews with older people and with healthcare professionals. Also undertook participatory design workshops with older people. Produced guidance on design for public toilets, but also an online, easy to use and update map of public toilets – tested with older people. The project also worked with the Local Government Association, the Open Data User Group and local councils to help ensure that open data on toilets would be published to a suitable standard. The Toilet Map is still up and running and University also created an ongoing reference group of older people – pool of 160 people who have contributed to other research projects (Bichard and Knight, 2012; ESRC, 2015).

Sustaining IT use

The Sus-IT project sought to investigate how changing circumstances affect older people's abilities to sustain their IT use, and to identify solutions. The project brought together researchers, 1000 older people, local authorities and technology companies. A range of methods were used, including

interactive theatre, co-design sessions, surveys and testing IT concepts. The project developed strategies and frameworks, designed to make it easier for people to continue to use IT as they adapted to changes such as loss of vision or dexterity. The project also developed a catalogue of concepts that industry could take forward to develop new products for older people (Damodaran et al., 2015; ESRC, 2015)

Evaluating co-research and involving diverse communities

Littlechild et al. (2014) note that projects involving older co-researchers are often evaluated from the perspective of academic researchers. Ironically, this can mean that views of older people are not centred in understanding the impact of their involvement. There can also be a tendency for co-research to mainly involve older people who are white, middle-class, and in good health. Littlechild et al. provide a case study of research looking into care transitions, with work strands focusing specifically on south Asian communities and individuals living with dementia. They recruited 22 co-researchers, who were either older service users or older carers. Particularly for ethnic minority groups, co-researchers felt that speaking the same language and having shared experiences was important in building rapport. The involvement of co-researchers also helped to communicate the emotional impact of sometimes painful narratives, and increased the sense of accountability from local service providers

CENTRING OLDER PEOPLE

There are a number of ways of involving older people throughout the research process, including:

- Planning and co-designing research – asking older people to help identify what questions need answering and the best way of addressing those questions.
- Using mixed methods research designs, in which statistics about older people are used alongside methods that give more personal perspectives, such as interviews, focus groups or more innovative options such as theatre or art
- Peer interviewers – involving older people in planning and conducting interviews
- Disseminating research and outputs – for example, using community networks to help research findings reach relevant communities
- Effective partnership working – e.g. bringing together state services, older people, voluntary organisation and the private sector to develop approaches that meet older people's needs but are also practical and sustainable

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