'Even to your old age and grey hairs I am He,
I am He who will sustain you.'

Isaiah 46:4

# From
# Generation
# 2 Generation

Edited by **Hannah Petra**     Foreword by **Elaine Storkey**

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# Acknowledgements

In 1990 the Jubilee Centre published Julia Burton-Jones' *From Generation to Generation: towards a Christian understanding of the role and care of older people*. The debt owed to Julia's pioneering scholarship is immense. Hers was a groundbreaking book and has inspired and informed the overall themes and approach used in this work, which seeks to reflect upon similar topics more than twenty years later.

Deep appreciation must be expressed to Pramacare (www.pramacare. co.uk) for the diligent and inspirational work they do in living out a Christian approach to later life, and the care of older people. The current project was made possible thanks to a generous donation from Pramacare, which enabled a team of people to build upon Julia's original work.

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Further thanks go to Andrew Drury for creating a study guide to accompany this book. The studies are available from the Jubilee Centre website, www.jubilee-centre.org.

# Foreword

A culture's deepest values become quickly evident when we look at the lives of its elderly citizens. Those who have moved through active, productive life into old age and vulnerability now need special consideration, for these are precious human beings who have simply grown old and will not return to their former youthful, energetic state. There is no 'recovery' from old age. So their care, whether statutory, voluntary or private, has to be properly resourced.

As older people move into different levels of dependence on others, the stories that rise to the surface are all too often of loneliness, neglect, social exclusion and financial hardship. Elderly people become exposed in many areas where the rest of us ensure we are well protected. Abuse of the elderly is not uncommon, whether physical or emotional. Even theft and fraud takes on a new dimension when the victims are people with memory loss, or limited vision and mobility. In a BBC report in March 2012 on the rise of financial abuse of the elderly, a particularly worrying factor was the way that theft and fraud had been carried out by people in positions of trust, who had crossed the boundary from care into exploitation.

Alongside these findings we have to place the weight of care given to older people by so many professional helpers and individual carers. We have to recognize the constant demands such care requires from those who give themselves to ensuring the safety and wellbeing of those they love. Carers within the family are often themselves beyond retirement age, and may be struggling with periodic ill-health and lack of energy. As this study documents, they can also face isolation, stress, and frustration as they cope with daily life and seemingly incompatible needs. The disclosure that carers over the age of 60 provide an equivalent of around £50 billion in unpaid family care is just one of the important facts we find in these pages. When this is put alongside an NHS budget for 2011/12 of £106 billion, we begin to see the financial extent of the burden they shoulder.

Old age does not take place in a vacuum. It is always in the context of society, with its structures, institutions and values. And when the values

that direct our society are those which idolize youth, virility, speed and success, then we can see there is going to be a headlong collision with a perspective that says we must honour and respect the old and impaired. That requirement calls at least for a rejection of the individualism and self-interest which undergirds so much of our thinking. Valuing the elderly must lie at the very foundation of any culture, for it is part of the mandate that God gives to human beings.

Demographically, our society continues to age. Getting to grips with all that entails in the care and inclusion of the elderly will take time, reflection, money and prayer. We cannot underestimate the commitment that this calls for. So we are enormously indebted to the Jubilee Centre and the writing team for the painstaking work they have done in this book in opening up many key areas to reflection and response. In its commitment to a biblical perspective on old age, the book provides a vital basis for seeing issues in depth, and in a deeply relational context. The biblical focus on the intergenerational family, on rootedness, concern for vulnerability and localism all offer a solid foundation for social and economic policy.

I have no doubt that *From Generation 2 Generation* will prove an indispensable resource for all who are involved in the lives of old people. Reading it, however, is only the start. We must also recognize its implications. The call to the individual, Church and State for responsible, compassionate action must be must be heeded if we are to truly reflect the humanity which God has given us. This publication is timely and significant. It offers us a challenge which no society can afford to ignore.

Elaine Storkey, April 2012

# Introduction

## Why this topic?

The themes of later life and the care of older people are ones of acute and growing relevance to our society. Literally millions of older people in Britain are suffering in ways that are disgraceful to a modern, economically developed nation. Nearly 2 million pensioners live below the poverty line,[1] with half of these in severe poverty.[2] One million pensioners say they are often or always feel lonely, and half of all over-65s – more than 5 million people – cite television as their main form of company.

Part One of this book outlines some of the key concerns for older people today – specifically in terms of the four major themes of health, housing, finance and social exclusion – and sketches some of the challenges faced by the individuals providing care to older people. It also unpacks the cultural tenets which have enabled these sad realities to develop and be sustained.

Responding to the problems surrounding later life is not merely optional humanitarianism: demographic changes have meant it has now become imperative for Britain to engage urgently with issues related to ageing. The combination of a decreasing birth rate and increasing life expectancy has meant that the UK now has a greater number and proportion of older people than ever before, with more people over 65 than under 16, a shrinking workforce supporting older people, and a care 'crisis'[3] looming as spending cuts bite against an existing background of care demand that is predicted to outstrip provision within a decade.[4] These trends are set to continue over the medium term, leaving Britain with a 'demographic time bomb'.

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[1] This equates to a weekly income of £124 for a single person and £214 for a couple.

[2] Classed as below the 50 percent median line.

[3] "Care for elderly in 'absolute crisis', charity warns", *The Guardian*, 28 December 2011. See www.guardian.co.uk/society/2011/dec/28/care-elderly-crisis-charity-warns

[4] Cf. *The role of Migrant Care Workers in Ageing Societies: Report on research findings in the United Kingdom, Ireland, Canada and the United States* (International Organisation for Migration, 2010), pp. 15-18. See http://publications.iom.int/bookstore/free/MRS41.pdf

How we understand later life, treat older people, and conceptualise care provision are vital issues for all sectors of society to engage with. The call for Christians to be salt and light in this context, plus the value of a biblical perspective (explored in Part Two) in the face of such a predicament, are undeniable.

## The goal

This book has three basic aims, covered by its three sections:

1. To describe the key realities of ageing and care for older people in the UK in the twenty-first century, and consider the underlying values which have facilitated the development of such a state of affairs.
2. To explore how the Bible conceptualises later life and care provision for older people, particularly drawing on the Old Testament for a framework of how society is structured and functions.
3. To apply biblical perspectives to contemporary life, drawing out implications and principles for the individual, the Church, and the State.

Through these elements, this book hopes to challenge and provoke, to offer encouragement and a fresh perspective, and to move a step closer to positive change.

## Limitations

Limitations are inevitable when grappling with such a contemporary topic: the situation is 'live' and constantly changing – one example being the abolition of the mandatory retirement age in April 2011. The issues raised by ageing and the care of older people are highly complex and can be explored through manifold perspectives – for example, from the vantage points of psychological, historical, economic or medical analysis – making exhaustive coverage impossible. Grappling with large swathes of the population and broad social trends necessarily involves speaking in terms of averages and generalities, which are innately limited and will always fail to represent everyone. Thus any treatment of the issues of ageing and care provision will necessarily be partial and time-bound. However, these are not valid reasons to avoid engaging with the topic altogether, especially when the stakes are so high. Whilst this publication hopes to serve as a call to action, it is ultimately what it provokes on the ground that will make the difference.

## A note about the publishers

Both the original and the updated versions of From Generation to Generation are grounded in the work of the Jubilee Centre. The Jubilee Centre (www.jubilee-centre.org) is a Cambridge-based Christian social reform organisation. Its aim is to offer a biblical perspective on issues and trends of relevance to the general public, believing that the Bible describes a coherent vision for society that has enduring relevance for Britain and the world in the twenty-first century.

This publication is written from an openly Christian, Bible-centred perspective. It endeavours to speak with a distinctly Christian voice into the debate on age-related issues, yet also to be accessible and thought-provoking to all readers.

## Who is this book for?

The issues of later life and the care of older people are highly relevant to everyone in Britain, and this book hopes to raise the profile of these issues, including within the Church. This publication also endeavours to be of value to those already engaged with the realities of ageing, for example those involved in care provision at a practical or a policy level. Reflecting this broad-spectrum readership, Part Three explores implications of the biblical perspective specifically for individuals, the State, and the Church.

## References and further reading

Articles, publications and websites used as source material have been listed in full in the footnotes. A section at the end, 'Selected further reading', details publications and websites of particular interest, but is not exhaustive. All URLs are accurate as of March 2012.

## Executive summary

- The UK's demography has changed significantly in the past half-century. Britain now has an 'ageing population' with an increasing number and proportion of older people. This book is a response to these shifts and their social consequences.

- Later life in modern Britain brings significant concerns relating to health, housing, finance and most importantly, social exclusion. The ageing population means that these challenges are anticipated to grow. More public funds will be required to continue to provide State services at the current level, yet the proportion of taxable population is shrinking and the broader economic context is one of cuts and deficits.

- Care for older people is currently provided by a wide range of sources; the voluntary and informal sector play a large role, and much care is provided by other older people. Individual carers face parallel problems of poor physical, mental and emotional health, financial difficulty and social exclusion. Looking ahead, Britain faces an imminent undersupply of care as demand is set to outstrip the UK's social and economic capacity to provide it.

- This worrying scene is not simply a function of economics and demography: there are underlying philosophical and spiritual worldviews which discriminate against age and facilitate the development and persistence of the problems outlined through a veneration of youth, an over-emphasis on economic productivity as a source of personal worth, and a fear of death.

- The wisdom of the Bible offers an alternative framework, which conceptualises later life markedly differently. Seen through the biblical lens, the older person has intrinsic worth and dignity, and a distinct blessing and wisdom linked to advanced years. He or she is designed to live in meaningful relationship with God and other people, and has a continued purpose in God's work and place in society.

- The social structure envisioned in the Bible also results in a different provision of care for older people. This social structure has at its core the three-generational family, with primary responsibility for care of its own. The members of this family were assumed to live in physical proximity to one another, rooted together by an inherited piece of family land.

- Social provisions were stipulated for those outside of this family structure. The State was limited to a facilitative role, creating the best context for smaller groups to act out their responsibilities effectively and avoiding the pitfalls of highly centralised power.

- These principles can be translated fruitfully for modern life though sensitive and creative application. They challenge modernity on a conceptual and a practical level. They demand recognition of the value and large-scale contribution of older people; challenge our understanding of the meaning and significance of later life personally and in others; destigmatise death; question the nature and role of the family; recast the role of the State; and re-envision care provision for older people and challenge our perception of carers.

- The biblical perspective should inspire, unsettle and ultimately galvanise the individual, the Church and the State to rethink ageing and care for older people and their contribution to modern Britain, resulting in clear gains for older people and for carers.

## Part One: State of the Nation

### An overview

The focus of this book is issues of later life and the care of older people in contemporary Britain. Before actions can be decided or decisions made, we must first stop and consider the actual situation with which Britain is faced. Part One of this book will therefore draw out some key realities of being an older person in modern Britain, followed by those of care provision for older people, and a reflection on some of the cultural values which may underpin such a state of affairs.

### Sources

The facts relating to ageing in twenty-first century Britain have been sourced from a host of public bodies and not-for-profit organisations, and the conclusions drawn from these were also 'tested' through three focus groups of older people. These groups were not intended to constitute a formal piece of qualitative research, but more of a means to increase confidence in the conclusions reached in this book. It was also important to hear from a sample of the people about whom this book was written. Further details of this work can be found in the Appendix.

### A proviso

Endeavouring to speak about ageing and care provision on a national scale, as this book does, can only deal in generalities. However, this conceals the huge diversity within the group termed 'older people'. There is not even agreement on when this stage of life begins.[5] For example, a 2006 Age Concern survey showed that people aged 65 or older perceived 'old age' as beginning at around 68, whilst for those under the age of 35, 'old age' was perceived to begin between the ages of 50 and 55.[6]A

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[5] Dominic Abrams, Tiina Eilola and Hannah Swift, *Attitudes to age in Britain 2004-08* (Department for Work and Pensions, 2009). See http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_599.asp

[6] Policy Unit, *Ageism in Britain 2006* (Age Concern England, 2008). See www.ageuk.org.uk/professional-resources-home/policy/equality-and-human-rights/

national overview must necessarily deal in averages and generalities, which cannot be applied rigidly to all older people.

### Towards a definition of 'older people'

Later life or 'old age' seems to constitute a subjective impression more than a factual and agreed statement of chronological age, hence different perceptions of when 'old age' starts. Indeed, many of the sources that will be utilised in the following sections draw their lines in different places. Instead of arguing for a somewhat arbitrarily selected numerical age,[7] this book will consider later life primarily in terms of biological age (whilst recognising that there is often a correlation between biological and chronological age). Biological old age is the decline of personal functionality, both physical and mental, due to the passing of time, and is highly variable between individuals, reflecting the diversity of ageing experiences.[8] Therefore, this book's discussion of care of 'older people' will refer to individuals of more advanced years who are also in need of some form of care provided by another person and who cannot live completely independently.

### Realities of later life

Instead of attempting an exhaustive overview of the average experience of older people in modern Britain, four key areas will be considered, mirroring Julia Burton-Jones' 1990 work on later life.[9] These four issues have strong links to quality of life, and the focus groups in the Appendix confirmed them as being of great significance and concern in later life. The four areas are health, housing, finance, and social exclusion.

### Health

For nearly all people, advancing age will see a deterioration of health to some degree. Older people are more seriously affected by illnesses and injuries from which younger people typically recover more quickly, such as flu or fractures. For example, a 1998 study of people admitted

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[7] 'Definition of an older or elderly person', World Health Organization, see www.who.int/healthinfo/survey/ageingdefnolder/en/index.html

[8] For an overview see *Aging in the Know: Psychological and Social Issues* (The AGS Foundation for Health in Aging, 2005). See www.healthinaging.org/agingintheknow/chapters_ch_trial.asp?ch=3.

[9] Julia Burton-Jones, *From Generation to Generation: towards a Christian understanding of the role and care of older people* (Jubilee Centre, 1990).

to hospital with hip fractures found age to be a significant determinant in the subsequent mortality rate.[10] Older people may also be affected by illnesses which they were not typically at risk of in their younger years, such as dementia or osteoporosis.

Healthcare provision is thus a significant concern for older people, and trends such as the reduction in GP home visits disproportionately affect mobility-impaired groups, including older people. In secondary care the Care Quality Commission found that approximately half of the 100 National Health Service (NHS) hospital wards caring for older people inspected between March and June 2011 needed to do more to ensure that they were meeting patients' needs relating to dignity and nutrition. Twenty of the hospitals failed to meet essential standards required by law.[11]

Whilst ill health and frustrations with healthcare provision affect everyone to some extent, their significance may be elevated in later life. Conversations with older people through the focus groups detailed in the Appendix revealed health to be the primary day-to-day concern in the cohorts engaged with, especially when health issues occurred in a context of isolation and threatened an individual's independence (for example through illness that limits mobility). The fear of 'being a burden' was a theme running through numerous accounts, and ultimately ill health was linked with the fear and incidence of increased social exclusion.[12]

Three facts cloud a straightforward account of health in later life. Firstly, life expectancy in the UK is increasing, linked largely to improvements in medical care. Today's twenty year olds are three times more likely than their grandparents, and twice as likely as their parents, to reach the age of 100. It is estimated that by 2066 at least half a million people will be aged over 100.[13] However, whilst people are living longer, there has been no decrease in the *proportion* of older people who suffer illness that limits their activities – meaning a correspondingly larger number of older people with health limitations. This reality highlights the distinction between quantity and quality of life.[14]

Secondly, whilst increasing age may correlate overall with declining physical health, there is some contrary evidence regarding mental health: in a 2011 Chartered Institute of Personnel and Development employment survey, 91% of workers over 65 stated that they had good mental health compared to the survey average of 74%.[15] Many older people also have good physical health. However, and thirdly, the broader correlation between age and poor physical health cannot necessarily be assumed to also equal absolute causation. Ill health is also correlated with education, poor housing, gender, and lower socio-economic status[16] - those in the poorest communities die on average seven years earlier than those in the wealthiest[17] - to name a few. Whilst age is surely a contributing factor to poor physical health, it should not be assumed to be the only contributor. Such nuances offer a significant challenge to unhelpful assumptions and stereotypes regarding the medical status of older people and the experience of later life.

## Housing

The 2007 English House Condition Survey found that 36% of older people in England live in a 'non-decent' home – 'non-decency' being identified by the Housing Health and Safety Rating System through the presence of hazards and lack of thermal comfort, modern facilities or repair.[18] The primary shortcoming of these non-decent homes occupied by older people was failure to provide adequate thermal comfort. The issue of

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[10] C J Todd, "Differences in mortality after fracture of hip: the East Anglian audit," *British Medical Journal* 310 (1998), p. 904.

[11] *Dignity and nutrition inspection programme: national overview* (Quality Care Commission, 2011). www.cqc.org.uk/media/cqc-calls-action-improve-care-older-people

[12] Focus groups with older people, October 2011, detailed in the Appendix.

[13] "Young people 'more likely to reach 100 years old,'" *BBC News UK*, 4 August 2011. See www.bbc.co.uk/news/uk-14398140

[14] *Health Survey for England 2007: healthy lifestyles: knowledge, attitudes and behaviour: Summary of key findings* (The Health and Social Care Information Centre, 2008), p. 6. See www.ic.nhs.uk/pubs/hse07healthylifestyles

[15] *Employee Outlook: focus on the ageing workforce* (Chartered Institute for Personnel and Development, 2011). See www.cipd.co.uk/hr-resources/survey-reports/employee-outlook-ageing-workforce-focus.aspx

[16] Cf. *General Lifestyle Survey 2008* (Office for National Statistics, 2010), table 7.4. See www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2008-report/index.html

[17] *Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England post-2010* (UCL: Global Health Equity Group, 2010). See www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[18] *English House Condition Survey 2007 Annual Report* (Communities and Local Government, 2009). See www.communities.gov.uk/publications/corporate/statistics/ehcs2007annualreport

excess cold affects 13% of older people.[19] This is almost 5% above the English average and can constitute a preventable cause of death that primarily affects older people.[20] The incidence of central heating in older-occupant households has actually risen in recent decades;[21] it is high fuel prices that prevent many people from heating their homes adequately. Although the recent winter fuel payment has helped alleviate the problem of heating, rising fuel prices and the current economic situation suggest that the issue is unlikely to improve significantly. Being unable to afford to heat one's home constitutes a major issue for older people.[22]

Older people face numerous other housing concerns besides thermal comfort: 10% of older people live in houses with serious disrepair, and a further 10% reported rising damp, vermin or lack of lighting in their houses.[23] Over three quarters of a million people aged 65 and over require specially adapted accommodation due to a heath condition or disability, 145,000 of whom report living in homes that do not cater for these needs.[24]

As of 2000, 90% of older people were occupying private or 'mainstream' housing, the other 10% living in care homes and supported housing.[25] Residential care homes are particularly a housing solution for those in much later life, and for those suffering poor health. The majority of care home residents are over 85, 45% of residents enter due to mental health issues, and over 50% due to hospital referrals.[26] Care home residents thus represent a highly vulnerable sector of society.

There is a wide variety of care homes. The whole market is estimated

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[19] *English House Condition Survey 2007 Annual Report*.

[20] See John Hills, *Fuel Poverty: The problem and its measurement*. Interim report of the Fuel Poverty Review (CASE Report 69, Department for Energy and Climate Change, October 2011), pp. 16, 65, 70, 73, 89 and 131. See www.decc.gov.uk/en/content/cms/funding/fuel_poverty/hills_review/hills_publicat/hills_publicat.aspx

[21] *General Lifestyle Survey 2008*

[22] *Faith in politics: poverty and social exclusion* (Churches Together in Britain and Ireland). See www.ctbi.org.uk/CFHGO/469

[23] *English House Condition Survey 2007 Annual Report*, p. 39.

[24] *Later Life in the UK: December 2011* (Age UK, 2011), quoting *Housing in England 2006/07* (Communities and Local Government, 2008), p. 14. See www.ageuk.org.uk/publications/age-uk-information-guides-and-factsheets/

[25] *Later Life in the UK: December 2011, p. 13*.

[26] *Care homes for older people in the UK: a market study (Office of Fair Trading, 2005), p. 24. See www.oft.gov.uk/OFTwork/markets-work/care-homes1*

to be worth £14 billion and the private sector is estimated to be worth £9.9 billion of this.[27] Age UK reports that, 'On average, weekly fees for residential care in England in 2008 were £60 higher than the standard council payment',[28] meaning that affording such care is a concern for many older people. All care homes fall under the same regulations and system of monitoring, and there are reports of abuse[29] and excellence in both.[30] The majority of care homes in the UK are privately owned, creating a tension between maintaining financial viability and providing good care. The variability in the availability and quality of care homes, and the lack of quality guarantees, constitute a significant concern for this vulnerable demographic.

## Finance

By and large later life, and particularly the time after retirement, correlates with a reduction in income. Whilst some older people may maintain a high income through large pension funds, savings and private investments, many will see a substantial drop in income with a corresponding decrease in standards of living.

The current state pension does not appear to match the cost of living. A 2005 study suggested that for a single person living alone, £122 per week (excluding rent) was necessary to live healthily.[31] By contrast the full basic state pension in 2005 came to £95; three quarters of the recommended figure (although this did not take into account any extra disability-related benefits or costs).[32] For 2012 the full basic state pension is £107.45 – still well below the 2005 level required to live healthily, even without taking inflation into account. Whilst there are systems to aid the income of older

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[27] *Later Life in the UK: December 2011*, p. 13, quoting *Care of Elderly People UK Market Survey 2010* (Laing and Buisson, 2010).

[28] *Later Life in the UK: December 2011*, p. 13. Calculation based on *Care of Elderly People UK Market Survey 2008*, and Community Care Market News *Annual Survey of UK Local Authority Baseline Fee Rates 2008/9* (Laing and Buisson, 2008).

[29] 'Sussex care home is investigated over neglect claims,' *BBC News UK*, 5 February 2010. See http://news.bbc.co.uk/1/hi/england/sussex/8500421.stm

[30] 'They've created a place where people want to be,' *BBC News UK*, 7 December 2009. See http://news.bbc.co.uk/1/hi/health/8400111.stm

[31] J Morris et al., 'Minimum Income for Healthy Living: older people,' *International Journal of Epidemiology* 38:2 (2005), pp. 612-613. See http://ije.oxfordjournals.org/content/38/2/612.full

[32] Similar evidence of discrepancy can be found in *Later Life in the UK: December 2011*, p. 16, quoting Pension Trends, (ONS, 2009), chapter 4.

people, such as pension credits, there is significant concern surrounding state pensions, which are the sole source of income (along with benefits) for 5% of pensioner couples and 16% of single pensioners.[33] Plans to increase the pension age to 66 for men and women by 2020, discrepancies with cost of living, and hits to private pensions create a worrying financial scene for many older people.

This worry is augmented by the high incidence of debt in older people. More than 20% of all people retiring in Britain in 2011 were calculated to be in debt. The average debt of £33,100 was mostly owed to credit card and mortgage companies.[34] Significant proportions of older people live in poverty, which is commonly defined as a household income of below 60% of the median equivalised income.[35] The Department for Work and Pensions reported that in 2009/10,

- 1.8 million pensioners (16%) lived below the poverty line (a weekly income of £124 for single pensioners and £214 for a couple);
- that of these, 1 million (8%) lived in severe poverty (below the 50% median line);
- that 9% of pensioners aged 65+ in the UK were materially deprived. That is, they do not have certain goods, services, or experiences because of financial, health-related, or social isolation barriers.
- 2% of pensioners were both in material deprivation and low income.
- 8% of pensioners were in persistent poverty (below the poverty line for at least 3 out of the last 4 years).[36]

It should be borne in mind that poverty is unevenly spread across older people, for example clustering around certain geographical areas or ethnicities.[37]

Whilst finance seems to represent a major concern for later life, the economic reality in relation to age is more nuanced. Poverty does not only correlate to increasing age – it is also strongly linked to lower social class, lack of educational qualifications, being a renter or mortgage holder (as opposed to owning the property outright), and general poor health.[38] There is a direct correlation between past work history and current income, and work history can be influenced by myriad factors.

There have also been signs that poverty in older people is decreasing. The 2009 *Just Ageing?* review reported that, 'Pensioner poverty has fluctuated since Labour came to power in 1997 and has risen since 2006, but over the period 1997 to 2008 there have been substantial falls in pensioner poverty on the two most commonly reported measures – below 60 per cent of median equivalised income Before Housing Costs (BHC) and After Housing Costs (AHC).'[39] Trends in poverty are complicated and vary significantly depending on the measures used. Changes such as the winter fuel allowance and pension credits have impacted the trends. However, consensus seems to be that the level of poverty in older people seems now to have settled to a relatively static level.[40] This is not to say that it is an acceptable level. In fact, in the UK the risk of poverty for the older person is 1.5 times higher than the typical risk of poverty for older people in Europe, and the fourth highest in the European Union.[41]

### Social exclusion

Whilst recognising that health, housing and finance are all legitimate concerns related to later life, it is the contention of this book that relational poverty is a profound and under-recognised reality of later life in modern Britain. Loneliness, isolation and social exclusion can lead to physical and mental illness and are rampant amongst older people. A 2010 survey indicated that 78% of those over 60 feel that they are marginalised from

[33] *Later Life in the UK: December 2011*, p. 15, quoting *Pensioners Income Series 2008/9* (DWP, 2010), Table 3.1.

[34] 'Nearly one in five will retire in debt this year' (Prudential, 2011). See www.pru.co.uk/pdf/presscenter/one_in_five_will_retire_debt.pdf

[35] 'Households Below Average Income HBAI,' Department for Work and Pensions, http://research.dwp.gov.uk/asd/index.php?page=hbai

[36] *Later Life in the UK: December 2011*, p. 15, quoting Households Below Average Income 2009/10, chapters 2, 6 and 7 (DWP, 2011). Figures quoted after housing costs.

[37] *Later Life in the UK: December 2011*, p. 15, quoting *Households Below Average Income 2009/10*, chapter 6 (DWP, 2011). Figures quoted after housing costs.

[38] Karen Glaser et al., *Just Ageing? Life course influences on poverty and social isolation in later life: a secondary analysis* (Equality and Human Rights Commission and Age UK, 2009), p. 10. See http://justageing.equalityhumanrights.com/just-ageing-seminar-28-october/

[39] Karen Glaser et al., *Just Ageing? Life course influences and well-being in later life: a review* (Equality and Human Rights Commission and Age UK, 2009), p. 15. See http://justageing.equalityhumanrights.com/just-ageing-seminar-28-october/

[40] *Just Ageing? Life course influences and well-being in later life: a review*, p. 15.

[41] *Just Ageing? Life course influences and well-being in later life: a review*, p. 16.

society.[42] Some sobering facts include:

- Half of all people aged 75 and over live alone;[43]
- Just over 1 million (10%) of people aged 65 or over in the UK say they are always or often feel lonely;[44]
- Half of all older people (about 5 million) consider the television as their main form of company;[45]
- Over 500,000 older people spent Christmas Day alone in 2006.[46]

To some extent there is a natural tendency toward social isolation in later life, as over time children grow up and may move away, employment with its associated social interaction may cease, and contemporaries are more likely to pass away. Social exclusion, however, does not occur uniformly. For example, it may be linked to ethnicity, bereavement, and family size. Overall isolation looks set to increase as the number of older people living alone is expected to rise significantly in the coming years. The number of people over 85 is expected to double in the next 20 years and almost triple in the next 30, and the population over 75 is projected to double over the next 30 years.[47] Social exclusion is an under-appreciated theme, perhaps because – unlike housing, finance and health – its immediate costs cannot easily be quantified. However, relational poverty is such a significant contributing factor to these concerns that it cannot be ignored, and may even be considered the most far-reaching of the four areas under consideration.

Four realities facing older people have been discussed. These issues of health, housing, finance and social exclusion have all been shown to be pervasive and deeply concerning features of later life.

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[42] 'Most people over 60 feel ageing should be a time of celebration,' Age UK, 19 April 2010. See www.ageuk.org.uk/latest-press/archive/95-of-people-over-60-feel-ageing-should-be-a-time-of-celebration/

[43] *General Lifestyle Survey 2008*, table 3.3.

[44] *One Voice: shaping our ageing society* (Age Concern and Help the Aged, 2009). See www.ageuk.org.uk/

[45] *Later Life in the UK: December 2011*, p. 20, quoting ICM Research survey for Age UK, December 2009.

[46] *Later Life in the UK: December 2011*, p. 20, quoting Christmas Day survey (unpublished), ICM Research for Help the Aged, 2007.

[47] *Later Life in the UK: February 2012*, p. 3.

## Realities of caring for older people

### The current context: demography and economics

Britain has experienced a marked population change in the last century, as have a number of other 'economically developed' nations. There has been both a decrease in the British birth rate and an increase in life expectancy. This has led to an ageing population, with a significant increase in the number and proportion of older people: in 1901 people over 65 made up just over 5% of the population whereas in 2001, they comprised 15%. Correspondingly the proportion of younger people is on the decline: the proportion of under-16s dropped below 20% for the first time in the late nineties.[48]

These changes will increasingly impact upon Britain's economy. The growing number of older people means an increase in the number of those drawing a state pension and requiring care, and entails elevated health costs. The average yearly public expenditure on health for an individual under-16 is £511 per head, compared to £1,454 for people over-65.[49] As just one example, falls in people aged over 65 costs the NHS an estimated £4.6 million a day or £1.7 billion a year.[50]

These rising costs coincide with a shrinking proportion of the taxpaying population. The number of 'older dependents' (people over 65) is set to exceed the number of 'younger dependents' (people under 16) by 2014.[51] People over 65 are on average net financial beneficiaries from the state, and will remain so, whereas the under-16s will become contributors. In effect, the working and taxable population will drop and the demands for the healthcare they were previously financing will increase. The retirement of the baby boomers, those born in the twenty years following

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[48] *Population Estimates for UK, England and Wales, Scotland and Northern Ireland, mid 2007*, Office for National Statistics. See www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2007/index.html. Cf. Naomi Finch, *Demographic Trends in the UK – First report for the project 'Welfare Policy and Employment in the Context of Family Change'*, Social Policy Research Unit, University of York. See www.york.ac.uk/inst/spru/research/nordic/ukdemo.PDF

[49] Estimated HCHS per capita expenditure by age group, England, 2002/03. See http://oheschools.org/ohech6pg7.html. The Government has ceased to produce these statistics; however, they seem unlikely to change proportionally by any significant margin.

[50] 'Falls in the over 65s cost NHS £4.6 million a day,' Age UK, 21 June 2010. See www.ageuk.org.uk/latest-news/archive/cost-of-falls/

[51] *Social Trends 34* (Office for National Statistics, 2004). See www.ons.gov.uk/ons/rel/social-trends-rd/social-trends/no--34--2004-edition/index.html
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the end of the Second World War, means a marked decrease in State income since this cohort represents a particularly wealthy group. Indeed, at their height they were reported to 'hold 80% of the UK's wealth and buy 80% of all top of the range cars, 80% of cruises and 50% of skincare products.'[52]

The combination of these increasing age-related costs and decreasing government income has led the Organisation for Economic Cooperation and Development to conclude that the UK is looking at an extra £80 billion each year being spent on pensions, long-term care and the health service by 2050 – accounting for 21% of GDP, compared to 16.5% in 2010.[53] Thus a significant financial deficit is faced as a result of Britain's demographic changes, set in the context of wider debt and shortfall.

Such an economic treatment of age should not be interpreted as suggesting that people should be viewed merely in terms of pounds and pence, or read as any sort of value judgment of later life. It is simply another facet of ageing in modern Britain to be gauged and understood. The economic future is especially worthy of note in this publication, as many of the difficulties looming could be particularly damaging for older people because it is always the most vulnerable sections of society that are worst affected by hardship. In view of this likelihood, it is very important to gauge accurately the current care infrastructure for older people, which is highly likely to come under increasing pressure.

### Who cares for older people?

Older people need varying degrees of assistance, and there are currently a range of sources of care, notably: older people themselves; family and community groups; the State; the private sector; and the voluntary sector. Despite such a clear-sounding list, the boundaries between these groups are ambiguous and permeable.

### Older people themselves

Older people care for a variety of individuals, from grandchildren to other older people, and on a vast scale. There are a large number of older carers who together represent a big proportion of the unpaid care

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[52] 'Live fast, die old,' *BBC News UK*, 16 September 2004. See http://news.bbc.co.uk/1/hi/magazine/3659996.stm

[53] 'Health costs and family breakdown "undermining intergenerational bonds",' The Iona Institute, 23 May 2011. See www.ionainstitute.ie/index.php?id=1473

workforce: 'Of the UK's approximately six million carers, around half are aged over 50',[54] and there are 1.5 million carers who are over 60 years old.[55] People over 65 constitute a third of all carers providing more than 50 hours of care a week.[56] A significant portion of older people are involved in caring: 18% of those aged 55–64, 16% of those aged 65–74 and 13% of those aged 75 and above.[57]

There is an interesting gender difference within care provision:

> Among 50–64 year olds, a greater proportion of women than men provide unpaid care, and a higher proportion provide intensive care (50 or more hours a week). However for the older age groups (75 and over), men are more likely to provide care than women, and are more likely to be providing intensive care. For example, 4 per cent of men aged 85 and over reported providing 50 or more hours a week of unpaid care compared with 1 per cent of women of the same age.[58]

The gender differential is particularly strong in ethnic minority communities. For example, twice as many Pakistani women are involved in caring for the elderly than the national average.[59]

A significant proportion of this care is for other older people, as most care recipients are older people; the 2000 General Household Survey reported that 70% of those receiving care are 65 or older.[60] There is a shift in who older people care for, typically moving from caring for adult children and/or parents, to providing care for a partner as the carer gets

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[54] *Always on Call, Always Concerned: a survey of the experiences of older carers* (The Princess Royal Trust for Carers, 2011), p. 4. See www.carers.org/news/devastating-impact-health-older-carers

[55] *Tipping Point for Care: time for a new social contract* (Carers UK, 2010), p. 3. See www.carersuk.org/professionals/resources/research-library/item/495-tipping-point-for-care-time-for-a-new-social-contract

[56] 'Key facts about Carers', The Princess Royal Trust for Carers. See www.carers.org/key-facts-about-carers. See also *Facts about Carers: June 2009* (Carers UK, 2009), p. 1. See www.carersuk.org/professionals/resources/briefings/item/404-facts-about-carers-2009

[57] *Always on Call, Always Concerned*, p. 4

[58] A Soule et al., eds., *Focus on Older People: 2005 edition* (Office of National Statistics, 2005), p. 62. See www.ons.gov.uk/ons/rel/mortality-ageing/focus-on-older-people/2005-edition/index.html

[59] Alex Fox, *Putting people first without putting carers second* (The Princess Royal Trust for Carers and Crossroads Caring for Carers, 2009), p. 10. See http://professionals.carers.org/health/articles/putting-people-first-and-supporting-carers,6897,PR.html

[60] Quoted in *Facts about Carers: June 2009*, p. 5.

older.[61] Many carers themselves have health needs: a 2011 survey revealed two thirds of older carers have long term health problems or a disability, common conditions being joint problems, back problems, heart disease, cancer and depression.[62]

This care provided by older people is of enormous economic value. It is estimated that carers over 60 are providing an equivalent of up to £50 billion in unpaid family care.[63] To put this in context, the 2011/12 NHS budget was around £106 billion.[64]

### Family and community care

The wider family and community (friends and neighbours) offer a large amount of care, of varying degrees. The 2001 UK Census asked a question on unpaid care for the first time, and revealed that 12% of the adult population (around 6 million at the time) provided unpaid care of some sort.[65] Although 30 percent of carers spent up to nine hours per week providing care, 30 percent spent 35 hours or more and 13 percent spent 100 hours or more per week.[66] Many older people receive care from friends/neighbours/family living in another household.

The replacement cost for all unpaid carers in 2011 was calculated at a staggering £119 billion,[67] and this is likely to be an underestimate. However, the allowance given to carers (for those who claim it) is the lowest benefit of equivalent kind. For 2011/12, carers could receive £55.55 per week, compared, for example, to £67.50 for unemployed people over the age of 25. Furthermore, this Carer's Allowance cannot be claimed whilst studying, or when personal income is over £100/week, thus particularly disadvantaging younger carers, and those who care part-time. Many carers are unpaid, and those who do receive benefits cost the State significantly less than more formal sources of care would. Informal care is of huge economic and social value, which overall, seems acutely undervalued by the State and wider society.

### The State

A combination of local authority-controlled and financed workers (such as social workers) and establishments, payments to carers, and payments to the people requiring care together form a complex, multi-faceted approach to State care provision. The Department of Health summarises that, 'there is still a small remnant of services that councils provide directly. This equates to 9 per cent of care homes and 17 per cent of domiciliary agencies. Councils also provide nearly 80 per cent of adult placement schemes, although the carers themselves are not local authority employees.'[68]

The process of allocating support is devolved to local authorities who typically means test those seeking support. This regional approach has led to variability in quality of service depending on location. The criteria to qualify for care are not intuitive. In a nutshell, if the person requiring support is very poor, the State pays, but if they have a small income, they have to pay for the entire service.[69]

### Private sector

The private sector is a major provider of care for older people. There is significant variety in types and quality of private care. The number of places available at private care homes for older people has been steadily increasing (along with the number of older people). In 1987 the number stood at around 111,000. By 1997 this was 177,000, and by 2001 it was 246,000.[70] The cost of private care, whether residential accommodation/ sheltered housing or home help, is consistently higher than its state-provided equivalent.

[61] *Always on Call, Always Concerned*, p. 13.
[62] *Always on Call, Always Concerned*, p. 5.
[63] Geraldine Bedell and Rowena Young (eds.), *The New Old Age: Perspectives on innovating our way to the good life for all* (NESTA, 2009), pp. 14-15. See www.nesta.org.uk/library/documents/the-new-old-age.pdf
[64] 'About the NHS,' NHS. See www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx
[65] Lisa Buckner and Sue Yeandle, *Valuing Carers 2011: calculating the value of carers' support* (University of Leeds and Carers UK, 2011), p. 4. www.carersuk.org/professionals/resources
[66] *Survey of Carers in Households 2009/10* (The NHS Information Centre, 2010), p. 2. See www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/survey-of-carers-in-households--2009-10-england
[67] 'Unpaid carers save £119 billion a year,' University of Leeds and Carers UK, 12 May 2011. See www.leeds.ac.uk/news/article/2008/unpaid_carers_save_119_billion_a_year

[68] 'How social care is delivered', Department of Health. See http://webarchive.nationalarchives.gov.uk/20100407165612/http://www.dh.gov.uk/en/SocialCare/Aboutthedirectorate/Howsocialcareisdelivered/index.htm
[69] Sue Yeandle, 'Why we need to care for the carers' in *The Guardian*, 12 December 2011. See www.guardian.co.uk/society/joepublic/2011/dec/12/why-need-care-for-carers. See also Sue Yeandle and Andrea Wigfield (eds.), *New Approaches to Supporting Carer's Health and Well-being: Evidence from the National Carers' Strategy Demonstrator Sites Programme* (CIRCLE: Centre for International Research on Care, Labour and Equalities, University of Leeds, Autumn 2011). See www.sociology.leeds.ac.uk/circle/circle-projects/completed-projects/national-carers-strategy-demonstrator-sites.php
[70] Jil Matheson and Carol Summerfield (eds.), *Social Trends 30: 2000 edition* (Office for National Statistics, 2000), p. 131 (Table 8.1). See www.ons.gov.uk/ons/rel/social-trends-rd/social-trends/no--30--2000-edition/index.html

## Voluntary organisations

The more formalised categories of providers of care – the statutory, the voluntary, and the private – overlap significantly and the boundaries are difficult to define. The permeability of the categories is aptly illustrated by the fact that voluntary organisations are often funded or supported in whole or in part by government money. There is significant variation between voluntary sector organisations, but they can be broadly classified as either providing support to the carers, practically, financially, emotionally or politically; or providing care directly to older people who require it. The majority of voluntary and community sector care organisations (90 per cent) are small and neighbourhood- or community-based.[71]

## The care forecast

Britain has witnessed a significant demographic shift towards an older population, with the average age increasing by two years in the last decade.[72] Employers are going to be significantly affected by the growing demand for informal care and will have to think carefully about flexible working arrangements and other carer-friendly provisions. This may not be enough though: the increasing demand for care is set to overtake society's ability to provide it. A 2008 study concluded that by 2017 demand for informal care will outstrip this country's capacity to deliver it.[73] However some, when considering the problems currently facing carers, would argue that a care crisis is already upon us.

## Challenges facing carers

Whilst nationally care is provided by broad collectives of people, in reality it is provided by individual men and women. These people face

[71] *Third Sector Strategy for Communities and Local Government* (Department for Communities and Local Government, 2007), cited in Blessing Chiwera, *A planning guide: health in equalities and the voluntary and community sector* (Royal Society for Public Health, October 2009). In 1992, publicly funded home care handled by the private and voluntary sector was 2 per cent, cf. *Domiciliary Care UK Market Report 2011* (Laing and Buisson, 2011); the share had increased to 84 per cent by 2009/10, cf. *Community Care Statistics 2009-10: Social Services Activity Report* (NHS Information Centre, 2011). See www.ic.nhs.uk/webfiles/publications/009_Social_Care/carestats0910asrfinal/Community_Care_Statistics_200910_Social_Services_Activity_Report_England.pdf

[72] Cf. 'Is there a limit to life expectancy?' *BBC News*, 19 March 2011. See www.bbc.co.uk/news/health-12783874

[73] Linda Pickard, *Informal Care for older people provided by their adult children: projections of supply and demand to 2041 in England* (Personal Social Services Research Unit, 2008), p. 15. See www.pssru.ac.uk/archive/pdf/dp2515.pdf

significant changes stemming from their caring roles. Whilst the issues associated with ageing and care of older people are the special interest of this publication, many of the challenges detailed here are unfortunately not restricted to the older subsection of carers. An additional dimension to bear in mind is that the challenges faced by carers can greatly affect the quality of care they provide. Therefore increased support for carers would benefit both carers and those for whom they care.

## Physical health

Carers are likely to suffer physical health problems. More than 80% of carers reported that their caring role had caused damage to their health,[74] for example, in the form of musculoskeletal problems: half of carers complained of sore backs or backache in a year.[75] The 2001 Census indicated that those caring for 50 hours a week or more are almost twice as likely to be in poor health as those not caring (21% against 11%).[76]

In a 2011 Princess Royal Trust for Carers survey of older cares, 'A third of respondents stated that they had delayed or cancelled treatment for a health condition due to the demands of caring. Given the serious nature of the conditions mentioned by carers, this potentially could have a serious impact on their long-term health.'[77] Other contributing factors to poor physical health in carers may include the long working hours, a lack of breaks, financial difficulty, and the length of time one has been caring.[78] Physical health problems may be exacerbated by feelings of isolation or other problems such as stress.

## Mental and emotional health

Complex emotions can be aroused by caring and negative feelings may include resentment, anger, guilt and frustration. Depression affects a high number of carers: 58% of respondents cited this as an issue in a 2006 Princess Royal Trust survey, which also revealed that 91% of carers

[74] 'Key facts about Carers'.

[75] *Carers Week 2006 Survey*, Princess Royal Trust. See copy of results at www.swansea.gov.uk/hcswip/media/pdf/0/3/Carers.pdf

[76] *Facts About Carers: June 2009*, p. 3.

[77] *Always on Call, Always Concerned*, p. 17.

[78] *Facts about Carers: June 2009*, p. 3.

reported feeling stressed/worried as a result of their caring.[79] Mental health problems seem to be correlated with the intensity of care provided: 2002 research suggested that carers were over twice as likely to have mental health problems if they provided sizable amounts of care; 27% of those providing over 20 hours a week had mental health problems compared to 13% of those providing less than 20 hours of care.[80]

Poor mental and emotional health may be caused when the decision to provide care was made for financial reasons or other necessities, as opposed to choice, meaning the carer may feel 'forced' into this role and struggle with feeling a lack of control over their use of time. This is exacerbated if the carer does not feel gratitude or recognition by the person being cared for, or by others. The inherent role reversal that often occurs in care provider-recipient relationships, particularly where a child is caring for a parent, requires significant emotional readjustment for both parties. It can be very distressing to witness a decline in the health of the person being cared for, for example through Alzheimer's disease or cancer. The nature of the work thus represents significant challenges to the mental and emotional wellbeing of the carer.

### Finance
Brief mention has already been made to the low levels of financial support carers receive from the State, and it is interesting to note that those in receipt of a state pension cannot claim Carers' Allowance.[81] Carers may face higher bills through caring, and one in five carers give up work in order to provide care.[82] 2009 research by Carers UK reported that 72% of carers are worse off financially as a result of becoming carers; that nearly two thirds are spending their own income or savings to pay for care for the person they look after; and more than half incur debts as a result of having become a carer.[83] Of the older carers, caring was felt to be financially disadvantageous mostly by the 60-64 year old carers (who were also more likely still to be working).[84] As more people live longer, millions will experience increased pressure as they juggle work

[79] *Carers Week 2006 Survey.*

[80] *Facts about Carers: June 2009*, p. 3.

[81] 'Key facts about Carers'.

[82] 'Key facts about Carers'.

[83] *Facts about Carers: June 2009*, p. 2

[84] *Always on Call, Always Concerned*, p. 11.

with caring for older people. Approximately one in seven members of the workforce are also carers at present,[85] and this proportion is set to rise. Employers would be wise to expect increased requests for flexible working, reduced hours and other adjustments to facilitate the provision of care.

### Isolation
Many carers have to spend large amounts of time around the clock providing care. This time commitment often leads to a reduced social circle, and a sense of isolation and loneliness. A 2006 survey showed that 78% of carers aged 18-34 felt isolated, with 70% reporting a smaller circle of friends as a result of their care work.[86] The reduction in social interaction may be heightened if the carer has had to cease paid employment in order to care, cutting out contact with colleagues. Feelings of loneliness may also be increased by being the sole carer for a person. These feelings of isolation can produce a vicious cycle where self-esteem is eroded and social interaction further impaired. As well as being bad for the carer, feelings of isolation can also result in poorer care provision for the care recipient.

There are some systems in place designed to reduce the isolation of carers. For example, it is possible to get 'home help' assistance, either from the local council, health authorities or from volunteer organisations, enabling carers to have a break. Such services may well be chargeable and thus means-tested though, and are geographically variable. Much more needs to be done to address the isolation experienced by carers, as well as older people.

## Asking why
The picture painted of later life in twenty-first century Britain is not rosy – there are challenges surrounding the health, housing, finance and social inclusion of older people; shortcomings in the structures providing care for older people; and difficulties faced by the individuals providing care. But to go a step deeper than simply describing the way things are, society should ask why they are this way. The most compelling theory will not

[85] 'ACAS predicts ageing population will have far reaching impact on the workplace,' *ACAS*, 26 January 2011, www.acas.org.uk/index.aspx?articleid=3243

[86] *Carers Week 2006 Survey.*

simply look at economic patterns or political factors, contributory as they surely are, but will also look at the underlying values and culture of the population. In modern Britain, which is largely secular in belief, there are compelling signs of an underlying cult of youthfulness aggravating the age-related realities described.

## Cult of youthfulness

Even if many of the problems outlined above were solved – better health and social care provided, improved housing, financial protection, and increased social integration and interaction – many would still shun, even fear, old age. This is because modern Britain appears to venerate youth. The positive associations of youth, and conversely the negative associations of later life, are clearly evident. Many of the negative stereotypes of older people, such as the doddery old man or forgetful old woman, may be linked more to this value system than to the nuanced realities already described. Aesthetically, youthfulness is preferred; for example, images are frequently airbrushed to reduce 'imperfections', including skin discolouration and wrinkles, suggesting that the physical signs of ageing are unpalatable. There have been high-profile age-related dismissals in television, such as the replacement of BBC's *Strictly Come Dancing* judge Arlene Phillips with the significantly younger Alesha Dixon in 2009. This aesthetic may be behind Britain's obsession with health, fitness and diet.[87] To many, the goal of life is to live a long and pain-free existence. Long life is strongly desired, yet old age itself is feared.

The roots of this idealisation of youth may centre around economic reasoning and around an existential rationale, though the two cross-link heavily. The goal for many is economic wealth. This materialistic drive frequently equates to a supreme estimation of economic productivity. Ageing is a challenge to this productivity, as eventually limitations set in, affecting physical and sometimes mental activity, though not in a uniform manner. (The reader may notice that the figures cited earlier in this publication regarding the economic value of the care older people provide would be an instant challenge to such a generalisation.)

Existentially, an idealisation of youth can be connected with a disdain or fear of death. Death is one of British society's great taboos. Death does not feature heavily in everyday living in modern Britain, with its low death rate and overall high standards of medical care. Its infrequency and the lack of corresponding ritual to help make sense of it arguably increase the fear of death. Secular humanism as a dominant worldview in modern Britain offers little solace, casting death as either something to be feared, or as a merely routine entity. Julia Burton-Jones directly linked undervaluation of older people with an underlying fear of death:

> The peripheral disadvantages we associate with old age, such as loss of physical and mental ability, and separation from loved ones, are, in the final analysis, merely symptoms of our recognition that our lives on earth will ultimately end. The elderly, therefore, bring us face to face with the inexorable approach of our own dying. Our reaction is to ignore the traces of decline in our own bodies, and, taken a step further, to avoid old people themselves, disregarding their needs, not least their need to talk about death.[88]

## The state of the nation: a conclusion

A brief overview of the prominent realities of later life and of providing care for older people in modern Britain has been sketched. There are significant challenges facing older people surrounding health, housing, finance and social inclusion. The number and proportion of older people is growing, creating a host of financial difficulties and care challenges. Care for older people, provided by a number of groups, will face severe undersupply in the near future, if it does not already. The individuals providing care themselves face numerous hardships, notably poor physical health, mental and emotional problems, financial difficulty and isolation. None of these realities should be taken at face value and what they say about our society's deeper priorities and beliefs must be examined. The cult and aesthetic of youthfulness, a supreme estimation of economic productivity, and fear of death are all driving forces contributing to the growing age crisis. In order to move towards solutions, alternative visions of society – and notably of older people – should be considered. In Part Two, Old Testament Israel will be consulted as a strikingly different paradigm through which to view later life and care for older people. Interpreted through the lens of the New Testament, this ancient wisdom has much we can bring to bear on some of these weighty issues facing modern Britain.

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[87] *From Generation to Generation*, p. 1.

[88] *From Generation to Generation*, p. 15.

## Part Two: The Biblical Perspective

### The biblical perspective: an overview

A host of unnerving realities affecting older people and their carers has been described in Part One, linked to an underpinning secular, materialistic value system which venerates youthfulness, prizes economic productivity and fears death. The Bible offers both a challenge and an alternative to this state of affairs, and practical wisdom that Christians and those engaged with age-related issues can benefit from and use to benefit others. A biblical perspective will be provided firstly on what it means to be an older person, grounding the section in a biblical view of all people, followed by the particular significance of later life in the Bible. This will be followed by a description of how care for older people was provided in the Old Testament, looking at a number of core features of Old Testament society and how they translated into systems of care. Finally, the issues of health, housing, finance and inclusion of older people, plus the physical, mental and social challenges facing modern carers, will briefly be re-envisioned through this biblical lens.

### Why use the Bible?

Part One of this book illustrated that there are many concerning challenges relating to later life in modern Britain, and that these realities have deeper cultural and ideological roots which cause and foster the phenomena we observe. These symptoms can only be significantly altered by tackling the root causes. The Bible speaks directly to our belief frameworks, culture and values. For Christians the Bible is the inspired Word of God, profitable for teaching, for reproof, for correction, for training in righteousness (2 Tim. 3:16). The Bible is thus a natural – ideally central – source of social critique and guidance. For non-Christians, the Bible is widely perceived as containing much ageless wisdom, even common sense, and Jesus is widely seen as a worthwhile teacher and 'good bloke'.[89] Using the Bible

is one of the distinctive aspects of this treatise on age-related issues and the source of any real value it offers to the debate.

### Why the Old Testament in particular?

Whilst acknowledging the unity and inspired nature of the entire corpus of scripture, and the importance of the New Testament in complementing and fulfilling the Hebrew Bible, this publication relies heavily on the Old Testament as a rich source of teaching on age-related issues – particularly with regard to the more practical, organisational aspects of care provision. This is because whereas the New Testament was largely written for churches and groups of Christians living in a pagan world, the Old Testament chiefly addressed the nation of Israel, seeking to shape the form of society as a whole. In Nick Spencer's words, 'the Torah [acts] as the blueprint for social and political structures and as the yardstick against which other periods were judged.'[90] This larger-scale view is vital as our treatment and care of later life must be dealt with on a collective as well as individual level, reflecting the scale and locus of the problems outlined in Part One.

### How to read the Bible

The Bible as a unit weaves an entire worldview or paradigm. Christopher Wright defines a paradigm as a 'model or pattern that enables you to explain or critique many different and varying situations by means of some single concept or set of governing principles'.[91] The Old Testament in particular offers a clear vision for the whole of life, from personal holiness to the functioning of the Jewish nation on a grand scale. This holism prevents the methodologically and ethically unsound practice of picking and choosing Bible verses upon which to build a case ('proof-texting'). Relying on principles that run throughout scripture adds reliability and robustness when using the Bible in the modern milieu, so different to the Ancient Near Eastern context in which it was revealed, and enables us to transfer its timeless principles to our own setting. As Julia Burton-Jones argues:

> Taking Israel's social laws as a paradigm, after taking into account the effect of the New Testament revelation, provides a framework

[89] Martin Beckford, '"Jesus was a good bloke": Jo Brand backs Christmas service website,' *The Telegraph*, 24 November 2011. See www.telegraph.co.uk/topics/christmas/8912374/Jesus-was-a-good-bloke-Jo-Brand-backs-Christmas-church-service-website.html

[90] Nick Spencer, *Apolitical Animal* (Jubilee Centre, 2003), p. 24. See www.jubilee-centre.org/resources/apolitical_animal

[91] Christopher Wright, *Old Testament Ethics for the People of God* (IVP, 2004), p. 63.

within which seemingly conflicting principles can be seen to fit together and a means of checking that principles derived from a single passage are consistent with the wider context of biblical teaching. This will provide a way forward for working out secondary or more detailed principles of more immediate relevance to policy from primary and more general theological principles, such as justice and mercy.[92]

## A biblical perspective on later life

### A biblical view of the individual
Part One of this book described a modern value system which judges the individual against pervasive ideals such as youthfulness and economic productivity. The Bible's concept of the individual stands in stark contrast to such materialism and imbues each person with deep and lasting significance from God which is too profound to be diminished by increasing age. This shared nature and design across all people is vital to bear in mind when thinking of older people, who are often viewed in terms of their differentness and as separate by modern society.

### The intrinsic value of all people
From the very beginning, humans are portrayed by the Bible as intrinsically, immutably valuable because they are deemed good by God, having been created in His image. Jesus spoke explicitly of God's estimation of human life: 'Are not five sparrows sold for two pennies? Yet not one of them is forgotten by God. Indeed, the very hairs of your head are all numbered. Don't be afraid; you are worth more than many sparrows.' (Luke 12:6-7) There is no age qualification in this judgment, nor any consideration of physical appearance or productivity. All people have an inherent dignity under God, their maker and sustainer. Human dignity is a key theme in Catholic Social Teaching, expressed in Pope John Paul II's 1995 encyclical *Evangelium Vitae* (The Gospel of Life). 'Man is called to a fullness of life which far exceeds the dimensions of his earthly existence, because it consists in sharing the very life of God… every person sincerely open to truth and goodness can, by the light of reason and the hidden action of grace, come to recognize in the natural law written in the heart (cf.

Rom 2:14-15) the sacred value of human life from its very beginning until its end, and can affirm the right of every human being to have this primary good respected to the highest degree. Upon the recognition of this right, every human community and the political community itself are founded.'[93]

### The purposefulness of all people
God has purposes for all people, in all stages of life. All of God's communication with people and ongoing relationship with them shows Him not to be a disinterested, hands-off deity but a deeply involved father who cares what His people do. God's purposes are both universal – for example, all were created to worship God and grow in knowledge of Him – and specific – such as God's particular call on Abram to move to Canaan aged 75 (Gen. 12:1-3). This purposefulness of humans is essentially about the purposeful God whose image we were made in, so can by no means be restricted to just the young. Within this framework, later life is simply a continued opportunity to be part of God's purposes and contribute to God's work, with no concept of retirement. In contrast to modern secular assumptions of the deterioration implicit in later life, spiritual growth should mark the whole of the Christian's life (2 Cor. 4:16).

### The relational nature of humanity
The Bible assumes that we will all live in relationship with one another, and with God, for all of our lives. These relationships underpin the entirety of biblical teaching (Matt. 22:36-40) and prove that we were not designed to be independent people – from the creation story in which God declares that it is not good for man to be alone (Gen. 2:18), to the end of Revelation, which depicts humans living in perfect relationship with God. The Bible envisions people to be interdependent and egalitarian parts together creating a diverse yet integrated and inclusive whole, analogous to the body (1 Cor. 12:12-31). Such a vision for humanity cannot sustain the loneliness and isolation far too often experienced by older people and carers.

### Later life as a blessing
As well as these core Christian truths, common to all people, later life has particular and unique significance within the biblical framework. Ancient

[92] *From Generation to Generation*, p. 82.

[93] *Evangelium Vitae*, §2.

Israel generally viewed a long life as God's blessing. There are many examples of God blessing people with old age, such as Job after his trials (Job 42:17), and long life is promised in the fifth commandment to those who honour their parents (Exod. 20:12). Longevity was often recognised as a sign of divine favour for honouring God and obeying His commands (Lev. 19:32, Deut. 30:19-20), though does not automatically signify righteousness; the wicked reaching old age is an oft-heard complaint from the psalmist (e.g. Ps. 73:4-5, cf. Job 21:7). Later life may be considered a blessing more specifically through the opportunity it provided to witness children and grandchildren growing up (Job 42:12; Prov. 17:6), and of seeing the godly development of these generations (Ps. 127:4-5).

## Wisdom

An attribute often applied to older people in the Bible is that of wisdom. Job 12:12 reads, 'Is not wisdom found among the aged? Does not long life bring understanding?' Wisdom is not solely found in later life, nor guaranteed if one lives long. Fear of the Lord is the ultimate source of wisdom (Prov. 9:10; Ps. 111:10); however, increased life experience and experience of God may facilitate this, and are also often correlated with age. The Old Testament expects those in later life to share their wisdom with younger people (e.g. Deut. 32:7; 1 Kgs. 12:6-8).

The biblical teaching on the significance of later life is markedly different from the cultural assumptions of twenty-first century Britain, and constitutes an enormous and pertinent challenge to how we conceive of later life for others, and for ourselves. Julia Burton-Jones summarises the contrast as follows:

> The respect with which the aged are treated in Scripture is relevant in a society where the elderly are often addressed rudely or patronisingly by their juniors. Likewise, a culture which marginalises its elderly members does not reflect a biblical integrative model for society. Our phobias about old age too might be tempered by an awareness of the Bible's recommendation of old age as a blessing. A biblical approach to old age might also encourage greater optimism, with the expectation that old people will continue to mature spiritually. Finally, the wisdom of the elderly would be treasured as a priceless resource.[94]

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[94] *From Generation to Generation*, p. 32

## Our hope in Christ

Finally, we must remember that as Christians, we have a hope that secular culture cannot offer. Although it will always be human nature to fear death, the Bible states that this is not the end. As Paul defends his faith to Governor Felix in Acts 24:15, 'I have the same hope in God as these men, that there will be a resurrection of both the righteous and the wicked.' Our hope ultimately derives not from faith in medicine or even from the blessings that might come in retirement, but from Christ: 'In his great mercy he has given us new birth into a living hope through the resurrection of Christ Jesus from the dead, and into an inheritance that can never perish, spoil or fade.' (1 Pet. 1:3-4).

## An Old Testament perspective on providing care for older people

### Old Testament view of society – distinguishing features

The preceding sections on the biblical view of all people and of later life specifically have much to say about the way we think about older people, and how we see carers. Care for older people should recognise and foster these characteristics: it should be respectful, dignified, relational and engaging. However, to think about the structures of care provision through a biblical lens, a more holistic view of society needs to be adopted. To this end, several core principles of social organisation and provision in the Old Testament will be explored. The structure of social care that arises from such a society can then be understood.

### 1) The importance of the three-generational family

The primary building block of Old Testament society was not the individual but the household. In contrast to our modern understanding of the term, in early Israel this meant the extended, three-generational family with the grandfather at the head of the household, rather than a nuclear two-generational family. The different generations would live in the *bet-ab* (literally 'house of the father'), which took the form of clusters of housing in close proximity rather than a single large building. This family unit might typically consist of between 10 to 30 people, and would include indentured labourers and any adopted members as well as the generations of blood relatives. This was the core social and economic

unit of Israel,[95] and the intention was that the society based around this building block was cohesive, interdependent, intergenerational and deeply relational.

## 2) Rootedness

The land is a tremendously important theme in the Old Testament, and each family had strong ties to their own allocation of land. The clusters of buildings that comprised each household were located on a piece of land that had been allotted by clan and family at the Israelites' entrance to Israel. These allotments of land were understood to have been gifted by God to each family forever, though the land effectively remained ultimately the property of God, with families acting as stewards. The land was thus of utmost importance to both the family's identity and livelihood.

The link between a family and its land was intended to be permanent. In times of economic hardship a family could sell their land, but only on a leasehold basis. Every 50th year, the land reverted to its original owners (see the Jubilee laws in Lev. 25). Additionally, there was a seven-year cycle of debt forgiveness, which coincided with freedom for indentured labourers. Money could not be lent at interest to fellow Israelites, meaning that debts could not spiral out of control.

Together, these principles ensured that once in everyone's lifetime there was the chance of economic independence. In the meantime, the slate would periodically be wiped clean as debts were cancelled and those who had sold themselves into debt-servitude – itself a way of keeping them in the local area rather than moving away to find work (Lev. 25:35) – were freed. Long-term poverty was not to be a feature of Israelite life: everyone was to have a claim to the blessings of provision and prosperity for their families. The permanent link with the land meant that families had strong roots. Anyone who had been forced to leave their inheritance of land due to hardship could return, and the shared stake in the land gave households an incentive to stay together.

## 3) Concern for the vulnerable

The vulnerable in society, typically characterised by the absence of family, received special provision. The Old Testament has many exhortations for mainstream society to care for the widow, orphan and immigrant

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[95] *Apolitical Animal*, p. 25.

(e.g. Deut. 10:18, 14:29, 16:11), for example through the practice of gleaning where people would leave a portion of their land unharvested for the marginalised to help themselves from, as a religious duty to God. Moreover, this requirement was based on the Israelites' own identity as former slaves and aliens under Pharaoh in Egypt. They were to treat the vulnerable with compassion because they had known what it was to be oppressed (Deut. 24:17-22).

This care for the vulnerable did not remove individual responsibility or initiative, but acted as a safety net for the worst off in society. In the Book of Ruth, the practice of allowing the poor to glean the edges of the fields was taken for granted; however, the blessing that Ruth and Naomi ultimately experienced was their reintegration back into the extended family that Naomi had been forced to leave at the time of the famine. In the New Testament, Jesus is very clear that our citizenship in the kingdom of God comes with clear responsibilities to those who are marginalised and in need: the hungry, the thirsty, the poor, the alien, the sick and the outcast (Matt. 25:34-46).

## 4) Localism

Unlike the highly stratified and authoritarian power structures of Egypt and elsewhere in the Ancient Near East, Israel had a far more egalitarian approach. Once again informed by their experiences of an oppressive ruler, the Israelites were warned to limit carefully the power they gave to their own king (Deut. 17:14-20). Essentially, the king was to be subject to the Law, not above it. He must not amass gold or wives, was commanded to read the Law daily, and should 'not consider himself better than his brothers.'

Not only that, but the king did not have absolute authority over his people. There were claims on them that he was not allowed to make. Responsibility for different situations lay within different spheres – including the family, the local community, clan or tribe, the Levites – rather than the nation being directed exclusively from the top down. So, for example, national interests did not necessarily take precedence over family ones: for a year after marriage, men were exempt from military service or other duties that might otherwise be expected (Deut. 24:5).

What this meant in practice was that 'the Israel of the Torah had a multi-layered but non-hierarchical arrangement, in which particular authorities dealt with the issues most appropriate to them but where the emphasis was always on the responsibilities of the individual, family and

locality rather than on kings and councillors.'[96] In other words, activities were undertaken by those individuals and groups who were best placed to carry them out properly.

This organising principle is similar to the idea of subsidiarity found in Catholic Social Teaching. Subsidiarity is the ideal of devolving and allocating power to the lowest appropriate level – for example, by creating a system in which justice was delivered locally in early Israel, only passing disputes to higher bodies in the most difficult cases (Deut. 1:9-18). A modern-day example of subsidiarity would be the New Academies initiative of allowing some schools a degree of latitude in their curricula depending on their performance and the needs and social and ethnic make-up of their local communities, rather than dictating a one-size-fits-all policy from above. In the biblical model, this created breakers on absolute power and a wide distribution of agency and responsibility. As well as being an efficient, low-bureaucracy system it also fostered close, functional social relationships.

## Care provision in the Old Testament

These social principles had practical outworkings in terms of care provision for older people in Ancient Israel. The Old Testament paints a norm of care primarily being provided by the three-generational family, but within a multi-layered system where the responsibility for care was passed to larger social units where the underlying ones were unable to provide it.

### 1. Family: the core provider

The family was the core unit of both economic production and care in the Old Testament. Consequently, the strength and cohesion of the family unit was a key priority. As explored above, this concern is seen in the Jubilee laws which, in legislating for the regular return of families to their inherited land, meant that families could not be locked out of the economic and social system forever. Instead, enjoying permanent roots based in their allocation of land, they would have a chance to participate fully in society and could avoid poverty and dependence.

### 2. Wider community: the safety net

For people who fell outside of the remit of a family for one reason or another, the wider community stepped in, exhibiting mutual care and responsibility as an extension of familial relations to those outside the family. As Michael Schluter and Roy Clements observe, 'The categories of those eligible for welfare in the OT Law, as stated repeatedly in the texts, are those characterized by absence of a 3-G family – namely, widows, without children, the fatherless and foreigners… The same emphasis is found in the New Testament…'[97] Social cohesion would be strengthened by such relational care which was also very practical – for example, providing food through gleaning.

### 3. The State: the facilitator

In Old Testament Israel, the State was given minimal *direct* responsibility for the provision of welfare, but was to act in support of other sources of care – in line with its remit to bring justice (e.g. 2 Sam. 12). The State was to provide a national context within which the other groups could thrive and perform their duties, including care for older people. This facilitative role is also in line with the biblical caution regarding centralised power (1 Sam. 8:6-18) and instructions to make sure the ruler's power was limited (Deut. 17). Thus the Old Testament model was not of an intrusive, all-controlling State with sole care responsibly, nor did it champion the complete withdrawal of the State: 'the ideal of the Old Testament is the diffusion of political and economic power.'[98]

In summary, the Old Testament model of care provision recognised the primacy of the family; the limitations on the State; the necessity of a layered approach to care provision; the religious and social importance of care for the vulnerable; the interdependence of individuals; and the need for dignified and relational care.

## Modern problems through a biblical lens

Section One highlighted a number of problems for older people and carers in modern Britain, namely health, housing, finance and exclusion. It is now helpful to reconsider these in terms of the biblical social norms

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[96] *Apolitical Animal*, p. 24.

[97] Michael Schluter and Roy Clements, *Reactivating the Extended Family: from biblical norms to public policy in Britain* (Jubilee Centre, 1986), p. 11.

[98] *From Generation to Generation*, p. 91.

and principles explored in this section. Entire books could be written on each of these social issues, so the aim of this section is to simply whet the reader's appetite and give a brief illustration of just how the biblical perspective – despite its apparent distance from the culture and concerns of 21st century Britain – can be pertinent and useful in regard to the problems described earlier in the book.

## Health

The Bible offers a real challenge to the cultural anxieties that surround ill health in carers and older people. Both testaments would disarm something of the underpinning fear of death and suffering that is linked to much of our concern over ill health. The Bible teaches that security stems not from the things of this world but a perspective that looks forward to eternity in relationship with God, 'a treasure in heaven that will never fail, where no thief comes near and no moth destroys.' (Luke 12:33) This identity and hope provides security to all Christians, even as they face death, which has lost its sting through Christ's resurrection (1 Cor. 15:55). Even suffering can provide opportunity for spiritual growth in maturity and perseverance (James 1:2-4). In all situations Christians are called to trust in a God who offers ultimate restoration, and in the promise that God will never leave us, nor let His children be burdened with more than they can bear. Death ultimately represents hope, not taboo, in the Bible.

## Housing

With regard to housing provision for older people, the Old Testament lays primary responsibility with the family. The role of the state is to uphold this function, rather than intervene (or, in the worst cases, to overrule it – Ahab's crime in 1 Kgs. 21). The 3-G family constituted a large and proximal social grouping with the generations living closely together on shared and inherited land. The mobility and fracture of many modern families necessarily creates challenges for any such provision today, but the Old Testament model champions a return to a more family-centric and rooted norm.

## Finance

The Old Testament stressed the importance of economic independence and participation for all, with various measures in place to protect those who fell out of the economic system for a period of time. Practices such as tithing and gleaning ensured that the most marginalised had some

provision, and the debt and property laws were designed to reset the economic system periodically, reducing long-term inequality. The Jubilee laws in Leviticus 25 meant that 'more or less every generation was able to start afresh at some point. Simultaneously, the Sabbatical laws required the cancellation of debt every seventh year; along with the laws banning interest payments, these meant that long-term poverty should not have been a feature of Israelite life.'[99] Such a whole-society approach offers a serious challenge to a number of modern phenomena, from age discrimination in the workplace[100] to unscrupulous lending practices, and would argue for institutions such as pensions, the benefit system and equity release schemes to be held to a higher standard of justice.

## Exclusion

Right relationship with other people and with God is of central importance in the biblical vision for society. Whereas modern society demonises dependency (which is often concomitant with ageing) as a form of failure, the Bible criticises total social independence and commends *inter*dependence instead. The family was the primary setting for this mutual support, strengthened by a common identity as the Jewish people under God and shared citizenship in the Kingdom of God, embodied now in the Church. Where isolation and loneliness do exist, their significance again becomes altered when placed against a backdrop of the ever-present and loving God of the Bible – and our right response to that towards those who are alone.

## The biblical perspective: a conclusion

Biblical teaching on the inherent relationality and worth of human beings, and their purpose in God's eyes, combined with the association between later life and blessing and wisdom, casts old age and the care of older people in a far more positive light than modern secular philosophies. These principles stand in stark contrast to the modern emphasis on autonomy and individualism, championing instead a society of interdependence

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[99] Guy Brandon, *The Big Society in Context: a means to what end?* (Jubilee Centre, 2011), p. 16. See www.jubilee-centre.org/resources/the_big_society_in_context_a_means_to_what_end

[100] For information on ageism, see e.g. *Annual Tribunals Statistics*, 2010-11 (Ministry of Justice, 2011). See www.justice.gov.uk/publications/statistics-and-data/tribunals/annual-stats.htm

and inter-generationality, accountable to God. Responsibility for care lies initially with the family, enabled by the underlying structures of society, but is escalated up to the wider community and the State as needed.

Far from efficiency or finance or other materialistic concerns, care is deeply relational and reflects the dignity and continuing connection of older people to the society in which they have previously lived and worked. Thus whilst the physical needs of older people must be met, to neglect addressing relational issues ignores the core of their design and need. The pertinence and utility of these biblical principles to the modern context was illustrated by a brief glimpse at how the age-related problems identified in Part One could be recast and challenged through the biblical lens. Part Three now goes on to call to action the individual, the Church and the State, in response to the problems outlined in Part One and drawing on the resources and hope outlined in Part Two.

# Part Three: Calls to Action

## Responses: an overview

A reflection on ageing and care of older people in twenty-first century Britain reveals many areas of concern. A biblical perspective on later life and the care of older people offers a markedly different perspective, conceptually and practically, and presents a robust critique of our modern status quo. The final section of this book now looks to link the two frameworks by way of translating the Biblical vision into a host of twenty-first century challenges and calls to action for the individual, for the Church, and for the State.

### Applying biblical wisdom to modern life

Part Three of this book is aimed at imagining and applying biblical principles within the context of modern Britain, with the goal of creating positive change. There are several publications on the topic of the application of the Old Testament to modern life,[101] but suffice it here simply to emphasise again the importance of a principles-based approach to application. The difference – socially, politically, culturally, economically – between the context in which the Torah was revealed and twenty-first century Britain is enormous. Additionally, applying any literature to a live situation will involve interpretation and a degree of uncertainty and subjectivity. These challenges are real, and were just as real in Jesus' day, yet, 'In contrast to modern scepticism, Jesus himself puts the highest possible value on study and application of the OT Law.'[102] The paradigm approach to application has already been defended in this book, but is key to enabling faithful and robust connections between scripture and modern situations. Nick Spencer argues that these principles or continuous themes weaving through the whole of scripture should be translated, de-contextualised and then re-contextualised for modern Britain, and used as 'boundary conditions', guiding our understanding as

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[101] See, e.g., *Old Testament Ethics for the People of God*; Michael Schluter and John Ashcroft (eds.), *Jubilee Manifesto* (IVP, 2005).

[102] *Reactivating the Extended Family*, p. 25.

opposed to being seen as tightly-prescriptive templates.[103]

## Culture change

This non-prescriptive approach is doubly important when bearing in mind that the phenomena outlined in Part One are the results of deeper values and belief systems, however unconscious they may be. Change must be targeted at the philosophical and spiritual roots underpinning our approach to later life as opposed to ticking off a list of actions that deal with its secondary symptoms. A shift in culture will occur through a combination of actions and ideological shifts at all levels of society. One key shift that needs to take place is an accurate and humble recognition of the contribution made by older people.

## 'Net beneficiaries'

When looking at older people from an economic, nation-wide perspective, they are classed as 'net beneficiaries', their current and future lives on average marked by financially receiving from the State as opposed to contributing. The perception of older people as simply taking from society is widespread, but it is a deep injustice not to recognise the contribution of older people – not only in their younger years, but in their later lives too. These contributions are manifold. Later life does not automatically mean withdrawal from paid employment, especially with the abolition of the mandatory retirement age, and many older people continue to contribute to society in this way. Older people are a huge consumer group, and some, such as the 'baby boomers', represent significant wealth. The social and economic contribution of older people in terms of care is staggering: as mentioned in Section One, 2007 research revealed that people over 60 provide up to £50 billion in unpaid family care.[104] Spiritually, older people constitute a growing proportion of the membership of the British Church[105] and are vital to the work and functioning of numerous ministries and church groups. Older people contribute to voluntary projects, not-for-profit and community organisations, and political enterprises. The estimated value of this unpaid volunteering is valued around £4 billion.[106]

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[103] *Apolitical Animal*, pp. 41-2.

[104] *The New Old Age*, pp. 14-15.

[105] Jacinta Ashworth and Ian Farthing, *Churchgoing in the UK* (Tearfund, 2007), p. 9. See http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/03_04_07_tearfundchurch.pdf

[106] *Later Life in the UK: December 2011*, p. 13, quoting *Future of Retirement*.

Older people are contributing actively and effectively in diverse ways on a far-reaching scale all over the UK. Additionally, many older people have already contributed to society for decades before, and fully deserve to have this past contribution recognised. Older people cannot be typecast as 'beneficiaries', retired from society, from productivity and (implicitly) from relevance and worth. The Bible gives older people and carers – indeed all people – enduring and inherent worth and an unending role and significance in society. A change in mind-set through a positive recognition of the diverse and invaluable contributions of older people is an important call to action for all groups – individuals, churches and the State.

## Modus operandi: positive provocation

To help avoid rigid application of biblical principles to modern life, the following material will largely take the form of provocative, themed questions. The use of questions is intended to shift the focus from theory to real life, to application and action, and to encourage the reader to grapple with and internalise the relevant issues. Some questions may be uncomfortable but, perhaps akin to the prophetic tradition, are meant not to prompt feelings of blame or dismay but to grow awareness, aspiration and ultimately positive action. The questions cover many of the threads and themes raised in this book, and will by no means be exhaustive. Instead it is hoped they will inspire and spur the reader on to further thought and action.

# Calls to action: the individual

Whatever change is hoped for, it must begin with the self. Biblical principles challenge the modern individual both conceptually – in terms of thinking about ageing in oneself, and in other people – and practically.

## The ageing self

We are all ageing, every moment, and we all face death. We do, however, have a choice about how we respond to these facts. A biblical framework makes way for a graceful ageing marked with contentment, thankfulness and joy. How will *your* ageing be characterised hereon in? How will you respond to personal physical changes as you grow older – wrinkles, grey hair, perhaps reduction in sight or hearing? What do these represent to you? What is real ugliness? When you come to require care, what kind of care recipient do you want to be? If some of your roles change –

perhaps you will cease to be a husband or wife, or withdraw from the employment force – what will this really mean to you? Where does your identity ultimately rest? What areas of prejudice can you recognise in yourself in relation to age? Who are your role models? What are some of the things you look forward to in your later life? Do you find yourself yearning for days gone by instead of celebrating the present? How can you prepare for the struggles of later life? How might these struggles represent opportunities for spiritual growth? How are you planning practically for your old age – for example, in terms of health, housing, finance, and – most importantly – your relationships?

### Death without its sting
In the face of death, Christianity offers a radically different perspective to that of the world: a bright and hopeful future of eternal life. In the current milieu, saturated with a deep fear of death, anything different holds out a powerful message. How do you feel when you consider your own death? What does death represent to you, and why? What do you consider to be successful ageing, and a 'good death'? How will you deal with the loss of loved ones? How can you stay open to forming new relationships? How do you treat people who have been bereaved? How would you like to be treated?

### Time usage
Paid work typically tapers off with increasing age (though caring responsibilities do not necessarily follow the same path), which may represent exciting new opportunities in terms of released time. Retirement could be filled with golf or daytime television, or something of more enduring significance. Whilst acknowledging differing personal circumstances, such as potential mobility restrictions or financial straits, how could you use your later life for the glory of God and to bless others and develop yourself? What personal aspirations do you have that have never found expression? Is there a skill you might like to learn or develop? How could you better love your family and serve in your church with this free time? Might you consider a new area of volunteering? What can you do to maintain physical and mental health, spiritual growth, and social connectedness? How can you make sure you mix with a diversity of people – have you ever considered listening to children read or helping with homework, training to provide listening therapies, giving lessons in something you're good at, joining a team? God created the Sabbath: how

can you build adequate rest into your life also? What are the temptations and traps that may be particularly alluring to you in later life? What is God's calling on you during this season of your life?

### The significance of family
The biblical framework gives primacy to the family in the social order, and in care provision. But the family is under constant attack in modern culture, ideologically and through sociological phenomena such as increasing divorce rates, the rise of often short-lived cohabitations,[107] and greater mobility for work, university and other reasons. What can you do to defend the position of the family, personally and politically? What threats do you perceive to your own family? Have you noticed any changes in the rights and responsibilities of the family during your lifetime? Do you give thanks for the blessing of your family, whatever form it takes? How do you deal with the challenges it presents? How can you help heal relationships within your family – and within other families? How can you extend inclusion within a family to those who have none? What is the role of physical proximity in family relationships? How much of a priority is the maintenance of this family unit to you? What threats do you perceive to it? What would you give up to preserve it? A great job? A bigger house? Time spent in other relationships of one sort or another?

### Providing care
The Old Testament framework positions families as the default providers of care with other bodies providing a supporting role. How do you react to this? When should other providers (including the State) be involved, and how? What should the Church's involvement look like? Do you expect to provide care for your elders? How will you be ready? Do you expect to be cared for by your family, in relation to the key areas of health, housing, finance, and social relationships? Are there limits to this care expectation? If you provide care, what kind of care do you offer? What values does it display? How are you supported in your caring role? How can you support other carers? If you do not currently provide care, how do you perceive those that do? How can you better honour their contribution, and offer practical or emotional assistance?

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[107] Guy Brandon and John Hayward, *Cohabitation: An Alternative to Marriage?* (Jubilee Centre, 2011). See www.jubilee-centre.org/resources/cohabitation_an_alternative_to_marriage

## Interdependence

There is a clear distinction between the biblical vision and modern ideals of social functioning, summed up by the contrast between interdependence and independence. The Bible calls us to be people of relationships, to strive for accountability, community, generosity and prioritisation of the good of society as a whole in our human relationships. What do these terms connote to you? What does the word 'independent' mean to you? Are there realms in your life where independence is more 'ethical' or justified or comfortable to you than interdependence? Finances? Your spiritual walk? Your addictions? How can you grow in connectedness? Do you invest in relationships? Does your diary display this? Do you know loneliness, and recognise it in others? How do you nurture connectedness? Do you mix with a diversity of people and age groups? How can you better include others suffering from isolation or loneliness? What do you give to older people? How can you honour older people and carers? What are your skills, resources, passions? How could your car, your DIY abilities, your listening skills be used for the good of others? What do you receive from older people – do you draw from wisdom they may hold?

## Calls to action: the Church

The collective is always more than the sum of its parts, and nowhere is this more true than in the Church. The Church offers hope for some of the broader changes and provisions individuals may wish to see in relation to later life and the care of older people. The particular calling of the Church, from the local to the international, in regard to age-related issues is threefold: to speak out; to provide spiritual support; and to provide practical support. The Church has these callings in regard to all older people, but particularly to those without family. This preference for the family-less prevents the Church's role from replacing or negating the role of families which the biblical framework prioritises, or from creating a small-scale welfare state. Instead, the Church is free actively to embody God's care, particularly for the most marginalised, as has been God's pattern throughout history.

## Speaking out

The Church has a loud voice which it has used to great effect historically, and which it must continue to use. There is much wrong with the current situation regarding ageing and care of older people and the Church's silence implies at best consent, at worst disinterest. The Church must speak into the general public debate, but also speak to itself.

## Speaking to power

The Church may use its voice through direct engagement with government, speaking in public spheres, publishing reports and recommendations, and by engaging with the media.[108] The Church must speak a positive and countercultural message about older people, their value and contribution, and about carers whose efforts and faithfulness are nothing short of heroic. The Church must challenge injustice – age discrimination, stereotypical assumptions, questionable policies – thus giving a voice to the voiceless. The Church must call the State to account, and offer resistance where it exceeds its biblical remit: championing and supporting families as the primary providers of care but likewise enabling and supporting other providers in their roles, as appropriate. Neither is there a binary distinction: shifting primary responsibility for care from family to private or State provider does not mean that *all* family responsibilities cease. The Church must argue for *inter*dependence across society instead of atomism; defend the family, its unity, proximity and responsibilities; and champion care that is dignified and relational. The Church's dialogue with the State is of huge significance, and, 'insisting on limits to government might be one of the most important services Christians can offer society'.[109]

## Speaking truth to itself

Inside the Church we find many of the wider misconceptions and tragedies regarding later life that this book has outlined. The Church has a great need to grow in its understanding of the significance of later life, and in its vision for care. The scale of these age-related issues is vast, and predicted to increase. However, when was the last time you preached or heard a sermon on ageing, on caring, on the importance of families staying together and in the same neighbourhood? How many Bible studies look at the notion of interdependence, on preventing State domination, on the uniqueness of later life? There is much to learn, and much to honour and celebrate at a corporate level. That Church action without this grassroots intellectual and spiritual underpinning would have any great impact is dubious.

## Spiritual support

All people are on a spiritual journey, including carers and older people

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[108] For example, 'Archbishop makes Zimbabwe protest,' *BBC News UK*, 9 December 2007. See http://news.bbc.co.uk/1/hi/uk/7135087.stm

[109] *The Big Society in Context*, p. 11.

– who, incidentally, are increasing as a proportion of church attendees when compared to younger people.[110] Growth and maturation in faith should be the expectation for all, and the Church should help facilitate this. Is this the expectation of the carers and older people in your congregation? How accessible is your support for those who can't hear or read so well, who have little mobility, who have little free time? How much do you recognise the spiritual issues precipitated especially by caring or by advancing years? Do you ever preach on them or focus Bible study on them? How do you support the grieving? How do you prepare people for death and loss? Have you ever asked the older members of your congregation what are the issues that really matter to them, for example, by using questions similar to those in the questionnaire in the Appendix? Do you have members of staff with a particular expertise, passion or responsibility for older people or carers? (Incidentally, do you have a youth worker?) Are you seeking to share the Good News with carers and older people who may not have heard it? Have you ever considered running an Alpha course or Bible study group in a care home? Are your older people and carers sharing their faith?

## Relational and physical support

Is interdependence and solidarity visible in your fellowship? Are you generous with your time and money amongst yourselves and more widely? How do you facilitate relationships between the generations? How do you capitalise on the wisdom and experience of older members? How do you utilise their gifts, facilitate and recognise their contribution to the life and work of the Church? How do you detect and counter loneliness? How aware are you of people's family circumstances? How do you support those struggling under the mantle of caring? Practical support of carers and older people can be as diverse as your congregation – offering a lift, cleaning, reading to someone, picking up prescriptions, praying with someone, putting up some shelves, inviting someone over for a meal… Could your carers better support one another? Do you have any 'experts' in care? How could your resources be better shared and utilised? How are you showing practical love to older people and carers outside of your congregation?

[110] *Churchgoing in the UK*, p. 9.

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## Calls to action: the State

Political theology consistently curtails the power of the State, based on Old Testament warnings about the abuses that centralised power tends to allow:

> As a human power, government leans towards corruption; the bigger the state, the more its tendency to oppression – as the Israelites found out under the all-powerful empires of Egypt, Assyria and Babylon, and even their native Solomon, whose forced labour became increasingly unpopular until, after his death, the Israelites rebelled against the threat of even worse brutalities under the next king and split the kingdom in two (1 Kings 12:1-24). David McIlroy summarises 'four key principles recurring throughout classical Christian political thought: (1) government is accountable to God; (2) government's role is limited; (3) government exists for the public good; (4) the task of government is the wise execution of just judgment.'[111]

Biblical principles of statehood for the modern context set limits on what the role of government is and is not. A helpful summary is that *'the task of government is to create the conditions under which society might thrive through the direct [and most effective] action and responsibility of individuals, families and local organisations, rather than forcing change itself.'*[112] Thus there is a certain biblical ambivalence regarding the State, which must be careful neither to overstep its mark, nor to shirk its right responsibilities. Where is the British State meeting the mark? Where is it not?

## The family

As a facilitator of good societal functioning, the State should respect the central significance of the family socially and for care provision. The State should defend the unity of the family, perhaps even, 'strengthen, and where necessary reactivate, the extended family and wider kinship networks so as to provide care for the old, the young and the weak.'[113] What do the State's policies, initiatives, benefit systems and national curricula imply about the family, about marriage, about good social structure and function? Practically, marriage preservation could be aided

[111] *The Big Society in Context*, p. 11.

[112] *The Big Society in Context*, p. 1.

[113] *Reactivating the Extended Family*, p. 42.

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by the State through encouragement of counselling before granting divorce, or through addressing promiscuity which can lead to infidelity and relationship breakdown, for example through sexualised advertising. One writer discusses internet providers which offer customers the facility to block adult content at the point of subscription, and suggests the government could encourage such schemes, for example by funding a rebate in customer bills for those signed up.[114] It has even been suggested that, 'There should be compulsory "divorce consequences" education and "one-parent family lifestyle education" in school, in addition to "sex education", if there is to be adequate marriage and parenting preparation for children.'[115]

### Rootedness
Going hand in hand with the defence of the family is an encouragement of rootedness and physical proximity within the extended family. Whilst transport and communications advancements have greatly enhanced scattered families' abilities to stay in touch, there is no replacement for spending physical time together, especially when considering the family's responsibility for care. There are many very practical suggestions for encouraging 'rootedness', for example:

> Today the 3-G family could be strengthened and individualism reduced by using housing policy and tax breaks to encourage relocation closer to relatives (as occurs in Singapore). This initiative could also be promoted more widely by employers, as John Lewis already does. Similarly, housing 'clusters' could be designed to accommodate ageing relatives who can still be cared for at home, or grants offered for 'granny annexe' conversions – in the same way that the government offers subsidies for insulation. A high proportion of UK students leave home to go to university and sever their local roots for life, so encouraging people to study more locally will also be an important change.[116]

Location of extended family could perhaps be more of a consideration when allocating council housing also, or, 'those living in the same neighbourhood as ageing parents might be allowed to file a joint tax return with them, with tax advantages attached to such joint returns. … Incentives for the small family business sector might also be a means to encourage siblings to continue to live near their parents after reaching adulthood.'[117]

### A State that cares
The State should support the smaller social groups in their caring roles, and create an environment in which they can thrive. Encouraging family care could be furthered through reconsidering the restrictions on the Carers' Allowance for those studying or collecting a state pension, and through encouraging flexible working arrangements within the workplace.

The State must recognise the contribution of carers. A State register of carers would help reduce some of the invisibility carers suffer, and the system for carers accessing financial support needs to be significantly improved. As Age UK summarises,

> The care system is extraordinarily complicated. There are a number of agencies involved in the process, including local authority social services, independent sector agencies or care homes, the NHS and different professional groups, including nurses and social workers. On top of this, there is a range of legislation, case law, guidance and Department of Health reports leading to a legal maze. The Law Commission's recommendations should be implemented in full to create a clearer and more transparent system. There should be support to help guide people through the process, which must be free. The system also needs to be much more transparent, so people are clear who is responsible for particular areas of their care.[118]

The type of care that is provided and supported by the State must also be addressed. The State should champion care that is dignified and relational, further developing its quality assurance of care provision from all parties and meting out strict punishments to providers whose 'care' equates to abuse.

### Justice
The State has a responsibility for justice. This means, for example, that

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[114] Guy Brandon, '*Free sex: who pays?*' Cambridge Papers 20:4 (Jubilee Centre, December 2011). See www.jubilee-centre.org/resources/free_sex_who_pays

[115] *Reactivating the Extended Family*, p. 45.

[116] *Free sex: who pays?*

[117] *Reactivating the Extended Family*, p. 50.

[118] *Care in Crisis: seven building blocks for reform* (Age UK, 2012), p. 24. See www.ageuk.org.uk/careincrisis

it is called to be efficient and robust in prosecuting age discrimination and age-related violence. Whilst power should be devolved to the lowest appropriate level, moving responsibility for care to local authorities and smaller organisations, it is the State's role to ensure equity between local areas. Age UK summarises that 'The system is unfair. There is a postcode lottery for care. Eligibility varies depending on where you live and there is no portability if you move between local authorities.'[119] Greater standardisation is needed.

### The responses: a conclusion

The modern problems related to ageing and care for older people are manifold and complex, providing rich opportunities for individuals, the Church and the State to do good. Biblical values are absent in so much of modern life – very clearly so when thinking about our treatment of older people – yet they have huge potential to create positive change in twenty-first century Britain. The ways links could begin to be formed between the biblical paradigm and modern Britain have begun to be illustrated in this final section. The calls to action made here have been deliberately provocative and rhetorical. Pragmatically, a prescriptive action plan or exhaustive checklist could not hope to speak to all of Britain's local contexts, and would risk ignoring the ideological foundations of our problems. The application of biblical principles to modern day living must be done with sensitivity and a focus on holistic and consistent biblical principles. Application must be tailored to individual circumstances, drawing on scholarship, local knowledge and creativity. It is hoped that some of these questions may resonate with their readers, challenge and provoke them, and ultimately bear fruit.

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[119] *Care in Crisis*, p. 2.

# Final conclusion

Ageing and care for older people are hugely timely and relevant topics in twenty-first century Britain. This book has outlined some of the key realities visible in our modern society, taking a sobering look at the challenges to health, housing, finance and social exclusion faced by older people and by their carers. The scale of these problems is growing along with the proportion and number of people experiencing later life, and an impending care disaster looms. The topics raised in this book demand our time, attention and action – at an individual, Church and State level. Our attention should not remain on the surface of the observed social phenomena but must drill down to their deeper philosophical and spiritual roots, wherein one can perceive a society that venerates youth, prizes economic productivity, and fears death. Any action looking to address the symptoms described must engage with these deep underpinnings.

The Bible has a wealth of wisdom to offer our modern context and its vision stands in stark contrast to the bleak picture of ageing we observe today. The biblical vision of the older person is inimical to the dismissive, prejudiced view so often found in modern culture. The intrinsic value and dignity of all people, plus the specific blessing and wisdom of older people, paints the older generation as a resource and gift for society to treasure, not a burden to bundle off or begrudge.

The values and social structure recommended by the Old Testament offer hope for a different reality today and provide fresh guidance for care policy. The Old Testament framework champions the extended, three-generational family as the heart of society, living in close proximity to one another on an inherited piece of land which constituted their livelihood and could not be permanently sold off. Old Testament laws aimed for the inclusion of all people in social and economic structures, and meant that those who fell outside of this framework were cared for and not overlooked. Along with a decentralised national power structure, these factors created a relational, interdependent and intergenerational society. The State's anticipated role was facilitative, creating the best context for these smaller groups to flourish. This Old Testament vision recommends broad social, practical and ethical principles, consistent with the rest of

the Bible, which can be fruitfully applied to modern living.

Suggestions for how we might think about transposing these biblical principles onto modern society, both conceptually and practically, have been approached on an individual, Church and State level. There are no quick fixes or simple action lists, and to ignore the ideological underpinnings of our age-related problems would make any efforts time-bound and limited. The provocations and suggestions made in this book are just the beginning: the themes must be applied sensitively, creatively and in response to specific local contexts by real people in the real world, at real costs, in order to provide deep and lasting change. The task is large, the benefit larger, the resources abundant, and the moral and practical imperative absolute.

# Appendix: the focus groups

Most people are familiar with the idea of *quantitative* research: large samples of data are collected and analysed. *Qualitative* research is less familiar. Qualitative research uses small samples and the emphasis is on developing a rich description and deep understanding of what is being looked at. The findings are both subjective and unique. The value of this approach to research is the way it raises issues that resonate with the experience of others in similar circumstances, enabling them to identify with these issues. These 'focus groups' are a small example of qualitative research.

The brief was to 'test' some of the ideas in the book with groups of older people. In designing the questionnaire that I used with the groups I brought together three factors:

## The Questions

1. Which of these five areas is of greatest concern to you? Please choose the three that are of most concern to you and number them 1, 2, 3.

☐ health

☐ income

☐ housing

☐ social exclusion (being lonely or left out)

☐ concerns about death

What other issues are important to you?

_____

_____

_____

_____

2. In your everyday life, how important to you are the following things? (please circle one)

Patience
very important / important / no opinion either way / not important

Acceptance
very important / important / no opinion either way / not important

Focus on God
very important / important / no opinion either way / not important

Your use of time
very important / important / no opinion either way / not important

Relationships with family and friends
very important / important / no opinion either way / not important

Death: of others, and your own
very important / important / no opinion either way / not important

3. What one thing would you most like to contribute to other people's lives? (for example, to your family, friends, support workers, church, neighbourhood)

4. What one thing would you most like to receive from other people? (for example, from your family, friends, support workers, church, social services)

5. Can you give one example of how the spiritual dimension of your life is nurtured?

I took this questionnaire to three different groups in October 2011. In each case the session took the form of an informal discussion led by myself.

A. A church and community group afternoon meeting: eighteen participants[120] completed the questionnaire and this was followed by a discussion (40 minutes).
B. The client forum of a care agency: four members attended.[121] As would be expected this was a much more in-depth discussion than in group A (45 minutes).
C. A morning Bible study group of eight older people[122] linked to a local church. Having looked at the responses from groups A and B, I adjusted the questionnaire, using only questions 1 and 2, in order to garner more detail about why health appeared to be the number one concern (25 minutes).

The most significant findings from these discussions were:

1. The issue of health is by far the greatest day-to-day concern for the older people I met with. Health issues are more intense for the older person, as they become aware of increasing limitations and lack of energy. The person living alone has no one to share the anxieties about health that come in the middle of the night. Loss of mobility cuts away at personal independence and may contribute to social exclusion. Being unable to drive and get about easily is a real concern for many. 'Hating to be housebound' and 'not wanting to be a burden' are strongly-felt emotions.

2. A particular concern for some older people and their families is the quality of care that many older people receive in hospital.

3. Older people still want to contribute to other people's lives. Some have a very clear idea of the contribution they would like to make: 'to make life for others a little easier'; 'to treat others with love and

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[120] Three men, 15 women. Ages: under 65, 3; 65-69, 3; 70-79, 3; 80-89, 9.
[121] Four women. Ages: under 65, 1; 80-85, 2; 90 and over, 1.
[122] Five women, three men. Ages: 70-79, 4; 80-89, 3; not known, 1.

sensitivity and dignity'; 'to teach others that every person is important'; to convey 'a sense of wonder in the beauties of nature'. Others talk about contributing love and happiness, friendship and kindness, or 'to be able to help when I can'.

4. When asked what they most want to receive from other people, the participants' answers focus on their relationships: 'love and caring'; 'support from friends and family'; 'consideration and friendship'; 'support and understanding'. Answers to this question also highlight the centrality of maintaining a sense of identity: 'to be acknowledged and accepted and valued as a person'; 'to be listened to, and to maintain my choices'. Being given time by others is also very important: 'spending time with friends' and 'sharing of time with family' are priorities.

It is also worth noting that the older people who participated in these groups were extremely articulate and insightful about their own life situations – arguably more so than other age groups may be, because of their greater life experience. Hearing the voices of older people must be an essential part of the ways others offer support and care. 'Listening is loving' for an older person as much as it is for anyone else.

John Horder, March 2012

# Selected further reading

Age UK - www.ageuk.org.uk

*Always on Call, Always Concerned: a survey of the experiences of older carers* (The Princess Royal Trust for Carers, 2011). See http://www.carers.org/news/devastating-impact-health-older-carers

Bazalgette, Louise et al, *Coming of Age* (Demos, 2011).

Brandon, Guy, *The Big Society in Context: a means to what end?* (Jubilee Centre, 2011).

Carers UK - www.carersuk.org.uk

*Carers Week 2006 Survey*, Princess Royal Trust. See copy of results at http://www.swansea.gov.uk/hcswip/media/pdf/0/3/Carers.pdf

*Facts about Carers: June 2009* (Carers UK, 2009). See http://www.carersuk.org/professionals/resources/briefings/item/404-facts-about-carers-2009

'Key facts about Carers', The Princess Royal Trust for Carers. See http://www.carers.org/key-facts-about-carers

*Later Life in the UK* (Age UK). See http://www.ageuk.org.uk/publications/age-uk-information-guides-and-factsheets

O'Connor, Karen, *The Beauty of Ageing: growing older with grace, gratitude and grit* (Regal Books, 2006).

Older Age Working Group, chaired by McKee, Sara, *Age of Opportunity: transforming the lives of older people in poverty* (The Centre for Social Justice, 2011).

Older Age Working Group, chaired by McKee, Sara, *The Forgotten Age: understanding poverty and social exclusion in later life* (The Centre for Social Justice, 2010).

Pramacare - www.pramacare.co.uk

Schluter, Michael and Ashcroft, John, eds, *Jubilee Manifesto: a framework, agenda and strategy for Christian social reform* (IVP, 2005).

Schluter, Michael and Clements, Roy, *Reactivating the Extended Family: from biblical norms to public policy in Britain* (Jubilee Centre, 1986).

Spencer, Nick, *Apolitical Animal?* (Jubilee Centre, 2003).

Woodward, James, *Valuing Age: pastoral ministry with older people* (SPCK, 2008).

Wright, Christopher, *Old Testament Ethics for the People of God* (IVP, 2004).