Adding Life to Years

The participation of elderly people in society

November 1991

PREFACE

This report has been produced by the Jubilee Policy Group, and reissued by the Jubilee Trust (March 1996), for the Movement for Christian Democracy. The views expressed in the report are therefore not necessarily those of the Movement for Christian Democracy but are intended to provide a starting point for members of the Movement to debate the issue of participation of elderly people in Britain today. It is hoped that the report's conclusions will assist the Movement in formulating relevant policy initiatives at national and local government level. It is also hoped that the report will in particular, challenge Christians of all denominations to consider carefully attitudes and practices within their own churches relating to the needs of elderly people.

Jubilee Policy Group
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SUMMARY

SECTION I. A CHRISTIAN PERSPECTIVE ON AGEING AND PARTICIPATION

An ageing population challenges society to review its attitudes towards old age and the relationship between elderly people and the society of which they are part so that the well-being of both can be secured.

Old age is not a mistake of nature that happens to us. It is part of who we are and should be seen positively as the continuing growth towards maturity, becoming more fully human. The negative experiences of ageing must be recognised but should be seen in the context of the Christian hope of resurrection. This contrasts with the negative views of old age characterised only by loss and dependence which continue to be prevalent.

A commitment to the well-being of elderly people should be informed by our understanding of what it means to be human. Participation should be more than time-filling activity. It should give meaning to life and involve the exercise of creativity and responsibility, relationships with others and self-transcendence.

Industrialisation has marginalised elderly people as they tend to be excluded from status-giving roles. Worthwhile participation has become more narrowly defined in economic terms and tends to be evaluated with paid employment so that non-economically productive citizens such as the retired and unemployed often find themselves marginalised. A Christian view of work is broader and is related to calling or vocation and allows participation in areas other than paid employment to be given greater value. Participation and dependency should not be seen as exclusive. Interdependency is important and the potential of all people, even the most frail, to contribute through their relationships with others should be recognised.

A re-evaluation of the participation of elderly people should pay attention to three dimensions: the individual person, their relationships with others and the status of elderly people in society as a whole.

In seeking greater participation of older people, this report is not simply asking for a better deal for older people, though this may be necessary to enable some to participate more effectively. Rather, it is to encourage a more positive view of old age and of the contribution of elderly people to counteract the tendency to undervalue, impede and marginalise elderly people.

SECTION II. AN AGEING POPULATION

An accurate picture of the circumstances of elderly people which recognises the diversity of situations within the elderly population is an essential preliminary to discussions about the policy implications of an ageing society.

A. The Social Dimension
In examining the place elderly people have in Britain today, a number of well-rehearsed observations need to be made at the outset.

i)   Numerical age or age at retirement are arbitrary indicators of old age. A distinction can be made between the third age of independent life beyond work and parenting and the fourth age of greater dependence.

ii)   People aged 65 and over are a growing proportion of the overall population in Britain representing 15.8% of the population today compared with 11.7% 30 years ago. Numbers of those aged 65-79

will not change much over the next 20 years. It is the rising numbers of those over 80 which will account for the growth in total numbers of elderly people in Britain into the next century. Contributory factors to the demographic shift are longer life expectancy, lower birth rates and lower mortality rates.

iii) Ageist attitudes such as negative stereotypes of old age and of the physical and mental capacities of elderly people continue to be prevalent. They influence the self-perceptions of elderly people as well as the attitudes of other towards them and constitute a major obstacle to participation.

iv) Dependency ratios have remained steady this century, as the growth in numbers of elderly people has been balanced by a declining number of children. This is a crude measure which is not sensitive enough to take account of the individual circumstances of elderly people needing care, and is based on an inadequate understanding of dependency.

B. The Personal Dimension

The ability and willingness of elderly people to continue to play an active part in wider society is influenced by their personal circumstances. Key factors are the extent of family and social contact, income levels and the health conditions of elderly people.

95% of all those of pensionable age live in private households. The proportion of elderly people living alone (36% in 1985) is increasing and is particularly common for women in their fourth age. Some 3.3 million elderly people aged 65 and over do not see a relative or friend more than once a week.

Nearly one-third of elderly people in Britain live at or below the poverty line. The average income level of the elderly population has improved recently due to occupational pensions and investment income. However, the income disparity between a single pensioner on state benefits with an average weekly income of £58.50 and that of a retired 'Woopie' with full occupational pension and mortgage-free property is very marked.

Raw medical statistics can reinforce stereotypical views about the frailty and dependency of elderly people many of whom will not have any particular health problems. However, there is a higher incidence of sickness, accidents, depression and mental confusion especially among the very old. Although half all hospital beds are occupied by those aged 65 and over, only 2.5% of that age group are in hospital. Dependency and immobility are usually associated with the fourth age but accurate figures are still not readily available.

2% of elderly people in the UK are from ethnic minorities. This will rise to 7.5% by 2010. Misconceptions about the ability and willingness of ethnic communities to care for their own elderly people still prevail despite research which shows the decline of the extended family among ethnic minorities, particularly those of Afro-Caribbean origin. Many elderly Afro-Caribbeans suffer from a 'triple jeopardy' of being marginalized on account of race, age and poverty.

C. The Public Policy Dimension

Almost every major public policy area impinges on the lives of elderly people. Social security payments and pensions, health care and social services and employment policy are most significant. Governments and political parties appear to view the issue of old age as solely an issue of public expenditure and vie with each other to claim to believe in spending more on pensions and welfare; no wonder, elderly people often see themselves as objects of welfare not equal subjects in the nation.

SECTION III. PARTICIPATION: THE SITUATION TODAY

Six areas in which elderly people participate are examined in detail.

A. Family

The extended family is an arena of participation open to most elderly people - but not all. Increasing numbers of people have grown old without contact with family members because of singleness, bereavement or family breakdown. It is difficult to generalise because of the enormous diversity of opportunity and circumstance in which old people and their families are to be found, especially today when patterns of family life are in flux.

Elderly people can fulfil two key roles in the family context, as grandparents (or great-grandparents) and secondly as care-givers. Grandparenting today is a changing role. Grandfathers and grandmothers may both still be working and need to make time for their grandchildren in amongst their other responsibilities. Many more of today's younger grandmothers are less family centred than their predecessors because greater educational and work opportunities have taken them outside the home. Earlier role models for grandparenting in four-generational families are few.

Benefits experienced by both grandparents themselves and their children and grandchildren are incalculable. Grandparents are the unique contributors of meaning, identity and family history by providing a common personal past. In return for the emotional, practical and financial support they give, they benefit in terms of self-worth and social interaction. However, family relationships are not always straightforward and many older people admit that friendships with peers are a preferred source of emotional support to family members. Other problems are created by complications of access to grandchildren following divorce.

Growing numbers of elderly people are care-givers to other family members, usually an elderly spouse but, increasingly, their own parents. This highlights the interdependent nature of family relationships as many elderly care-givers are motivated by the desire to repay care given to them at an earlier stage of life. A surprising number of dependents give out emotional support in exchange for physical support. However, the time commitment involved in caring does limit participation outside the home.

B. Voluntary Work

Participation in voluntary work is related to age, gender, socio-economic group and ethnic origin. A typical elderly volunteer is more likely to be an AB professional type than a DE manual worker, and is more likely to be female than male. Participation rates rise with income and are almost negligible among ethnic minority groups. All kinds of voluntary work are done by elderly people but they are more likely than younger volunteers to be visiting people in residential care, prison or hospital.

Benefits of volunteering to the volunteer include social interaction, sense of purpose and well-being, especially for those who have suffered loss such as the death of a spouse. Voluntary organisations and their beneficiaries can benefit greatly from the contribution of older volunteers.

Despite the fact that elderly people possess the keys to successful volunteering, time and experience, there are several obstacles hindering greater participation. The most significant is, in fact, the attitude of elderly people themselves. Many feel they have nothing to offer or are not able to overcome difficulties such as transport or time-management. Others have a certain negative image of volunteering. Practical difficulties do exist especially for elderly people on lower incomes. Also, insurance restrictions can place age limitations on volunteers in some organisations.

C. Paid Employment

Paid employment is an industrial society's most acceptable form of participation. Yet, participation rates among older men have been declining throughout this century and are currently at an all-time low of 9% of men aged 65 and over. The recent trend towards early retirement in connection with redundancy means that many more men, particularly semi or unskilled workers, are retiring as early as 55. Numbers of older women in paid employment have actually increased to 6% of those aged 60+ in the last decade because of the trend towards part-time working for women returning to the workforce after parenting.

Older people want to work to maintain income levels, to retain social contact and status, and to continue to contribute skill and experience especially where the work environment has been an arena for creative service and self-fulfilment.

Two main obstacles hinder participation by elderly people in the workforce. Ageism among employers is a significant obstacle both to those in work who may be subject to redundancy or early retirement and to those looking for another job who find that many jobs are not open to them because of age restrictions. Employers and the Government alike are both guilty of reluctance to retrain older workers. Government policy and economic recession is the second major barrier as older workers are more likely to be made redundant and least likely to find other jobs.

D. Leisure

Leisure continues to be seen by some people, including the elderly, as idle pleasure and contrasted to worthy work. Many older people are less leisure-conscious than the new generation of retirees. Yet in terms of free time leisure is an important category of life for elderly people, but this can be empty experience with little involvement or activity.

The wide range of leisure activities and the heterogeneity of the elderly population require caution in making generalised statements. Nevertheless there is a definite pattern of low participation in most leisure areas. The leisure of elderly people is dominated by passive homebased activities such as watching television. Involvement in areas such as playing sport, use of leisure facilities, visits to museums etc., all decline with age. The tourist industry has been quickest to respond to the ageing population with a range of products specifically designed for elderly people.

People's leisure interest and circumstances vary so patterns of participation and barriers to participation are complex. Gender, class, income, health and ethnic origin are key variables. The various constraints can be classified as individual, social, economic, access, facility (referring to running of leisure facilities) and managerial.

The benefits of leisure participation are seen in the increased wellbeing that results from the continued use of physical and mental faculties, as well as the opportunity for social interaction that leisure participation can provide.

E. Education

Only about 2% of elderly people are participating in education. There is in practice little clear demand for education at a local level. Personal barriers are the lack of educational experience of many elderly people and poor self-perceptions of adult learners. Situational barriers include lack of time due to other commitments or lack of money. Lack of awareness of the benefits of education and myths about the inability of older people to learn are significant social constraints. Institutional barriers such as enrolment procedures and access difficulties can also limit participation. However, researchers recognise that a comprehensive explanation of low levels of participation and its relationship to socio-economic status is still lacking.

There are considerable potential benefits of increased participation in this area. For elderly people themselves these can be seen in physical and psychological benefits resulting from use of facilities as well as opportunities for meeting other people. Education can enable people to participate more fully in other areas and this, coupled with the cost-savings resulting from improved well-being, could represent a substantial benefit to society.

F. Church Involvement

Participation in church life is still one of the most popular and valued arenas for old people. Some 13% of those aged 65+ in England are churchgoers, with roughly equal proportions of older men and women. There is considerable variation in the denominational allegiance of older people. 35% of those aged 65+ are Anglican and they form 22% of total Anglican denominational attendance. In contrast to this only 4% of those aged 65+ belong to independent churches and they form only 9% of their total attendance. Religious involvement is important among many ethnic minorities. Nearly half of Afro-Caribbean elders are churchgoers and the church is a major provider of many community facilities.

Older people are involved in the whole range of church activities but the extent of participation varies widely between churches. While some depend heavily on the involvement of older members, in others elderly people are seen as objects of ministry rather than as providers. Church practice can leave much to be desired and there are many examples of ageism within the church such as a bias towards youth ministry or limited expectations of what older people can contribute.

Elderly people have much to offer in terms of time, skills, experience and maturity of faith and the importance of their contribution should be recognised. There are many examples of successful initiatives for churches working with elderly people which show that the barriers can be overcome and the benefits that result from this.

SECTION IV. SURMOUNTING THE BARRIERS TO PARTICIPATION

Some sections of the elderly population participate less than others. Age, income, class, health, gender and ethnic origin are significant factors influencing who participates. Healthy and wealthy retired professional men may be expected to be participating in many areas. Those less likely to participate include women, ethnic minority elders and those who are more frail.

There is a complex web of barriers which affect different people and areas of participation differently.

i) Ageist attitudes can reinforce negative self-perceptions among elderly people and cause policy-makers and service providers to have low expectations of elderly people.

ii) Individual constraints include personal circumstances such as income and health and personal characteristics.

iii) Social constraints include commitments, such as caring for dependents, and cultural background.

iv) Public policy influences both the available opportunities for participation, e.g. through provision of leisure facilities, and the personal circumstances of elderly people which in turn influences their ability to take up those opportunities.

v) Institutional constraints such as the neglect or ignorance of the particular needs of elderly people in the management and running of facilities or organisations.

In the long term changes in attitudes to old age and participation are essential if these barriers are to be overcome and the well-being of elderly people and their relationship with society secured. Two key strategies will be empowering elderly people to participate and supporting the most vulnerable groups.

Education can empower people and the provision of pre-retirement education for all people could be one of the most effective responses.

A wide range of responses is necessary to support more vulnerable groups such as ethnic minority elders. Current provision is patchy and insecure and often fails to respond to the particular needs of such groups. The smaller size of these communities can make it harder to justify the extra funding that is required.

Within each area of participation there are a number of ways in which the participation of elderly people could be increased. This report provides a range of suggestions in the areas of paid employment, voluntary work and leisure and education.

Paid Employment

A flexible retirement age, action against age discrimination and support for carers could enable increased participation in paid employment. A flexible retirement age would give people more control over their transition from paid work to retirement, allowing some people to continue to work longer and making adjustment to the role-loss consequent to retirement easier. Age discrimination is a factor behind the widespread unemployment among older workers and lack of opportunities that are open to them. Many older people are caring for elderly relatives and the lack of support given to carers can prevent participation in other areas such as paid work.

Voluntary Work

Voluntary work would seem an ideal avenue for participation yet the percentage of elderly people involved in voluntary work is less than the average for all adults. A key response to this will be to enable elderly people to overcome their lack of belief in their abilities to contribute and of the value of this contribution both to themselves and to others. Pre-retirement education is one way of doing this. The provision of adequate advice, financial support and encouragement by local authorities and others to enable the creation of imaginative and creative new opportunities for involvement which are tailored to the interests, needs and talents of older people is important. Much could also be done to enable more elderly people to take up the existing opportunities for involvement in voluntary work. This has many implications for the way in which voluntary organisations are run.

Leisure and Education

Local authorities and voluntary associations are the major providers of leisure and education opportunities for elderly people. The challenge is to harness the existing opportunities and make them more accessible and acceptable so that the needs of elderly people are met more effectively. Key issues for local authorities will be the promotion and communication of opportunities to encourage up-take, the multi-use of *local* facilities, access to facilities, appropriate programmes which are responsive to elderly users needs, and the support of informal providers.

This provision does not take place in isolation from the influence of central government. The financial support of central government is important in the provision of facilities. The continued funding of non-vocational adult education must be secured. Government could directly encourage education for elderly people through the provision of grants or vouchers. Public policy also has considerable impact on the circumstances of elderly people. Issues such as income, health, transport and housing have a significant impact on the ability of elderly people to participate in this and other areas and have long been the focus of concern of the major 'age' organisations.

SECTION I.
A CHRISTIAN PERSPECTIVE ON AGEING AND PARTICIPATION

Our concern is with 'adding life to years', enabling elderly people to live meaningful lives in their old age. The number of elderly people in our society and their longer life expectancy have made this a pressing problem. Although this is a relatively new challenge, many of its attendant difficulties such as poverty are not new and there are many elderly people for whom old age can be a lonely and empty experience.

It is a challenge to which both elderly people and those who are yet to be old must respond. In the long term these problems cannot be resolved without a more positive vision of old age and of the relationship of elderly people with the society of which, at least numerically, they are an increasingly important part.

Much of the problem is to do with the way in which society, both younger and older members, values old age and involvement in society. The view that we wish to challenge is the one that sees old age only as loss of powers and abilities, so that elderly people do not, and cannot, contribute to our society and become burdensome, dependent objects of charity and care. While rarely expressed so starkly, such negative (and misrepresentative) views of elderly people continue to be prevalent.

The first part of our response to this develops a Christian view of old age which encompasses both its negative and positive aspects. In assessing what it means to be an old person, maturing to the fullness of their humanity, we will be able to say something of what old age should be like and what should characterise the relationship of elderly people with society.

Next we look at society and the forms of participation it values. We then set out an ideal of participation that respects the dignity and humanity of elderly people and seeks the common good of elderly people and society. The fostering of a healthy relationship between the two, and the witness of older people participating fully in society will challenge the ageism that is one of the major causes of the current problem. The rest of the report then looks at the current situation of elderly people, patterns of participation in a number of areas of society and ways to increase participation.

A Christian View of Old Age

Much has been written about ageism in our society. Ageism can take the form of presenting negative stereotypes of old age or promoting a youth culture which can tend to deny or conceal ageing.

A Christian response must assert that both youth and old age are equally a natural and integral part of the human condition. Each phase of life has its strengths and weaknesses, and no one has more value or merit as a human being because of youth or age. 'The glory of young men is their strength, grey hair the splendour of the old' (Prov. 20:29). Far from being a mistake of nature or something that merely 'happens' to us, old age is part of what makes us: our life, birth to death, is who we are.

In Paul's letter to the Romans, death is the wages of sin (6:23) - but this is death seen primarily as separation from the life of God. Biologically, there is no reason to think that human beings were ever anything but mortal; indeed, even the creation narrative can be read this way (see Gen. 3:22). Physical death is the logical expression of man's finite nature as a created being: 'their days are determined, and the number of their months is known to [God], and [he has] appointed the bounds that they cannot pass' (Job 14:5).

Ageing has positive and negative aspects and both can be found in scripture. Scripture recognises that in old age a person's physical strength declines: sooner or later the age for childbearing is over (Genesis 18:11), eyesight may fail (e.g. 1 Sam. 3:2; 1 Kings 14:4) and people may lose their sense of taste and hearing, their good judgement (cf. Barzillai, 2 Sam. 19) and develop hypothermia (1 Kings 1:1). The state of very old people comes to be one of defencelessness and dependence (Gen. 27, John 21:18); Ecclesiastes, in a moving account often mirrored in later rabbinic literature, speaks of the 'calamitous

days' of old age, devoid of pleasure (Eccl. 12:1-7). Even for believers, old age can be a time of trials and difficulties; the Psalmist's prayer movingly expresses this: 'Do not throw me away in the time of old age; when my strength is failing me, do not forsake me' (Psalm 71:9).

Despite the admitted physical discomforts and weaknesses of old age, the overall impression is that it is a great blessing from God, a time of life which all his people should reach and enjoy (e.g.. Isaiah 65:20; Zech. 8:4; Psalm 92:15). Premature death, in fact, is sometimes regarded as a curse (l Sam. 2:31f). Death in one's ripe old age, on the other hand, is 'as a shock of grain comes up to the threshing floor in its season' (Job 5:26). Abraham lived to 'a good old age, an old man and full of years' (Gen. 25:8; cf. 15:5; Job 42:17, etc.). Old age is a gift for those who fear and know the Lord (Prov. 9:11); grey hair is a crown of glory when it is gained in a righteous life (Prov. 16:31). God's people rightly look forward to his sustenance in their old age (Isaiah 46:4; Psalm 71:9, 18).

One of the marks of the restoration of Zion will be that all its inhabitants live out their years to a ripe old age (Isaiah 65:20 etc). Young and old will live harmoniously together, and everyone will participate meaningfully in the life of God's people (Jer. 31:13; Joel 2:28; Zech. 8:4 etc.).

One of the main contributions of the New Testament to this understanding of old age is our response to ageing and suffering in the light of the life, death and resurrection of Jesus. Resurrection brings hope to old age for it is no longer an end but a step towards a more glorious future. 'My desire is to depart and be with Christ for that is far better' (Philippians 1:23).

This hope enables ageing to be seen in a new way for the signs of decay are also evidence God's creative activity. Even when the body is decaying (2 Cor. 4:16ff) or indeed 'as good as dead' (Romans 4:19), the inner person is alive and being renewed in faith and hope.

What is more, it is here that the Christian is justified to see a natural affinity between faith and human experience. As life progresses, believers recognise that there is greater security in their hopes than in their certainties. In this assurance they can find life purposeful even if it is physically coming apart at the seams.

There is also value of old age itself in allowing preparation for death. This has been Malcolm Muggeridge's discovery:

> *"I have come fully to realise that here truly, as theEpistle to the Hebrews tells us, we have*
> *no continuing city, and find myself increasingly preoccupied with seeking the one to come –*
> *a pursuit that belongs to Eternity, whereas diaries belong to Time." [Bright-Holmes, 1981]*

Old age can thus be seen as a bridge to the reality of life beyond death. Those who stand on the bridge have the prophetic task of declaring to a world preoccupied in its own problems what is truly important in life. This is perhaps one of the enduring characteristics of the wisdom of elderly people that has not been devalued by social changes.

Old Age and Maturity
Old age must be embraced as part of what it means to be truly human. Whilst physical and mental decay and decline often accompany the last stages of life (though there is a narrow path to be tread here between an honest acceptance of reality and overly pessimistic views of the physical and mental capacities of older people) this should not lead to a purely negative characterisation of old age.

Ageing is, after all, a process taking place throughout our lives and can be viewed rather as a process of positive growth towards fruition, [Oppenheimer, 1991], full-flowering [Schotsmans, 1991] or maturity. It is this emphasis which directed the recent Church of England report on Ageing [BSR, 1990].

On the level both of individual cells and of the human being as whole, ageing represents a process from immaturity to maturity and completion. With every moment and every decision of our lives we are involved in a perpetual decrease of potential and an increase of actuality, a reduction of the indeterminate and an increase of the determinate. The very exercise of potential or freedom results in a state of greater determinacy.

This does not mean that change becomes impossible but that as we age, throughout our lives, we inevitably become more of who we are; we become ourselves. This is why character strengths (and weaknesses!) frequently become more obvious as time goes by; and qualities like patience, kindness, humility, and good humour (or their opposites) are so often plainly evident in elderly people.

Positively, then, without ignoring individual distinctions as well as the real hardships experienced by some elderly people, our model of ageing could take its cue from the notion of becoming more human, growing towards the full stature of who we are. From the Christian perspective this model is of theological significance because of the repeated symbolic vision of God (Daniel 7:9, 13, 22) and of Christ (cf. Rev. 1:14) as the 'Ancient of Days' whose hair is 'white as wool'. Particularly interesting in this regard is the theme in Ephesians 4:13 (cf. also Col. 1:28) of growing up 'to complete manhood, to the measure of Christ's full stature' (lit. age).

In other words, Christians are to continue growing until they attain the perfect age of Christ – and that, clearly, is not a process which is achieved before the end of one's life.

Our response to old age is to recognise elderly people as bearing the image of God and continuing their growth towards the full realisation and expression of their humanity. Thus they are due the dignity, respect and justice that is due to all simply by virtue of being a person. These are terms freighted with meaning for Christians. Part of what it means to be human is to exercise creativity and responsibility and this should characterise the participative activity that we seek.

If we turn to God as Trinity for our understanding of what it means to be a person we find, not isolated autonomous individuals, but personhood in relationships. Self-transcendence, and not just self-fulfilment, is characteristic of humanity and so participation should lead to commitments to projects that give meaning and to relationships with others and society.

A commitment to the meeting of basic needs such as income cannot on its own realise the full potential of old age. The importance of participation lies in the way it makes possible the flourishing of elderly people and their relationships. Income, transport, health etc. are means, or barriers, to this end and though important, should not be set up as ends in themselves.

The Changing Status of Elderly People in Society
If we are to encourage participation we need to develop a picture of the kind of roles and involvement we should be seeking. This requires an understanding of the nature of our society and the social and cultural changes that are taking place.

One route is to reject age as a relevant criteria for policy or decision-making and so treat ageism similarly to racism [see for example Young and Schuller, 1991, p.166f]. The argument here is that everyone should be treated justly and fairly by society according to their circumstances, needs, skills, etc. which cannot be simply equated with age. There is much to commend in an approach that looks beyond the generations of age to the particular situations of people but such a process runs the risk of denying the ageing process and preventing the development of a more positive view.

A very different approach is to make the case that there are certain roles or functions elderly people can play in society and that status and respect is partly associated with these roles (though human dignity can never, in the end, be dependent upon roles but is due to everyone simply by virtue of being a person). We must tread carefully here for although some roles such as grandparenting are associated

with age we must be careful to avoid excluding those elderly people for whom such roles are not open. We must also recognise that roles can be created and imposed by society, as is the case with retirement, which may lead to what gerontologists sometimes refer to as the structured dependency of old age.

Modernisation theory, which claims that the process of industrialisation leads to a reduction in the status and role of elderly people, is significant here. Harold Cox points out the diverse patterns of how elderly people were treated in different societies at different times contrasting, for example, Sardinians who hurled their elders from cliffs with the privileged position granted to elderly people in traditional China [Cox, 1990].

In 'primitive' nomadic groups where existence is precarious, old people may be abandoned as they may threaten the survival of the whole group (though this should not necessarily be assumed to indicate a lack of respect). In settled agricultural societies 'the old were few in number but their authority was very great. Within the extended family the aged monopolised power, within an agrarian economy they controlled the land. A traditional culture surrounded them with an almost magical mystique of knowledge and authority'. [Fischer, 1978, pp.20-21].

Modernisation, it is claimed, altered all this in various ways:

> *"First, the development of modern health technology multiplied the numbers of the elderly, and contributed to the ageing of the population and its work force. That situation, in turn, created pressures towards retirement, forced people out of the most valued and highly regarded roles, deprived them of utility, curtailed their income, and lowered their status. Second, modern economic technology created new occupations and transformed most of the old ones, which also meant loss of jobs, incomes, and status by the aged. Third, urbanization attracted the young to the cities thus breaking down the extended family in favour of the nuclear conjugal unit. Finally, the growth of mass education and literacy meant that there can be no mystique of age and no reverence for the aged on account of their superiority of knowledge and wisdom." [Fischer, 1978, pp.20-21].*

This theory is challenged by historians who are sceptical about a 'golden age of senescence'. Thomas, for example, writes that 'old age could never in itself command respect. If some elderly people retained authority it was because of the material resources at their disposal' [Thomas, K]. Decline and dependence are rarely welcomed. Within good relationships love and respect may continue but the reality for many people has been that wealth and power were the main guarantors of the continuing respect and well-being of elderly people. There is also evidence in America that the status of elderly people was declining prior to industrialisation [Fischer, 1978] though this may have been due to the growth of individualism and egalitarianism rather than a lowering of respect for elderly people *per se* [Stone, 1977].

Work, Dependency and Participation Today

Nevertheless, it is a feature of industrial societies that participation is seen primarily in economic terms. The economically active, whether as producers or consumers are seen as full members of society. Those who are not in work and have little money to spend are marginalised. There is no publicly valued role for them to play. This trend within Western industrialised societies is exacerbated by the increasing dependence on technology and the era of rapid social change which it has stimulated. In a society which frequently demands adaptation and new skills, older people may be more likely to feel inadequate and displaced.

Recent trends such as the growing positive attitude to the 'third age' may push back the boundaries but the 'fourth age' remains much less positively viewed. However much the potential of elderly people is maximised, decline, loss and death are ultimately characteristic of the last stage of life. The twin fears of death and dependency must be faced for it is only if these are dealt with that our ambivalence to old age can be challenged.

Our attitudes to work and dependency will have considerable bearing on the meaning we give to the participation of elderly people. If paid work continues to be the standard criterion of personal merit, social status and valued participation, then elderly people will continue to be sidelined. Work is an important aspect of being human but a narrow definition in terms of paid employment excludes far too many people. A broader definition linking work with vocation or calling will enable a more inclusive view. Views of work are likely to change as Britain moves towards a post-industrial society with new patterns of work and leisure. Shifts towards more flexible working patterns, the greater employment of women and more emphasis on leisure and quality of life are likely to provide more options.

Welfare policy in the UK in the 1980s stressed the value of autonomy and independence of the individual. This has not helped our society to respond positively to dependency. Yet Duncan Forrester (rightly) claims that 'Dependent people not only provide a kind of test of the moral structure of society, but they have themselves a significant and indispensible contribution to make to the health and flourishing of the community' [CTPI, 1988]. Dependency is probably a term we should avoid for it is used in negative ways; however it is common currency in discussions about the ageing population. The point we wish to make is that dependency and participation should not be seen as exclusive. True humanity should not be judged by any attributes or achievements but by the effect we have on those around us. Relationships should have an element of reciprocity and it is through their relationships, if nowhere else, that even the most frail have the potential to be participants in society.

Section III of the report shows that the participation of elderly people in society is currently undervalued even within society's own values. However, the way in which contribution and involvement is currently valued is inadequate and must be challenged.

A Participatory Ideal
In our concern to re-evaluate the participation of elderly people in our society we should pay attention to three dimensions: the individual person, the relationships elderly people have with others and the status of elderly people in society as a whole.

The individual dimension relates to the quest for human flourishing, and well-being. For our purposes important elements of this are maturity and meaningfulness as well as physical well-being. Participation is more than activity and should constitute a quality of involvement which gives meaning and value to the latter stage of life. Old age may challenge our notions of self-realisation as it may require changes to our projects and commitments and require a less individualistic approach to them.

Thus we shall seek forms of participation that go beyond mere timefilling or therapeutic activity. Simone de Beauvoir argues for the importance of activity:

> *"If old age is not an absurd parody of our former life, only one solution is possible and that is to go on pursuing ends that give meaning to our existence - devotion to individuals, to groups, to causes, social or political, intellectual or creative work." [de Beauvoir, 1977]*

The relational dimension acknowledges that human flourishing is not found in isolation. Intergenerational contact may be of particular importance.

The social dimension requires a challenge to the stereotype of all elderly people as dependent or useless. Elderly people are, and should be recognised as, responsible and valuable contributors to society. It is a challenge to elderly people to take up this responsibility and a call to be the kind of person Paul Tournier describes as saying 'yes' to life, in both youth and old age [Tournier, 1971].

It is also a challenge to society to enable and encourage this responsible, contributory participation. We must challenge the kinds of contribution that are valued, and in particular escape a purely economic view and avoid any semblance of valuing people only for their economic 'usefulness'. Our society is the poorer for its neglect of the life experience and wisdom of older people. In seeking greater participation of elderly people we are not simply asking for a better deal for older people, though this may be necessary to enable some to participate more effectively. We are seeking to encourage a view of old age, and of the relationship between elderly people and the society in which they are a part, that will further the common good. For at the moment the positive contribution of elderly people is too often unrecognised, undervalued or impeded and a level of dependence or marginalization which is neither necessary or desirable is allowed to continue.

Participation is important for all people not just elderly people, though its particular character may vary. The rest of the report seeks to spell out what participation might involve for elderly people and how it can be developed.

Excursus: A Scriptural View of Old People in Society.
There are some 250 passages in the Old Testament concerned with ageing (Knierim, 1981]. While clearly an important issue for biblical writers it is not necessarily obvious how instructive this material is for us in our very different society. A key question is the extent to which this material merely reflects the position of elderly people in a pre-industrial agrarian society or whether it points to any principles or values which are of continuing relevance in any situation. What we have said so far has regarded the role of elderly people in society as fairly open and shaped by a commitment to the common good of both elderly people and society rather than adherence to normative roles.

Both the Old (Exodus 20:12, Deut. 22:7) and New Testaments (Eph. 6:2.f) promise long life to those who keep God's commandments, especially the command to honour their parents. The Old Testament in particular gives a wealth of detail about how the command was worked out in one particular society at one time. We would be wise to learn from such successes and failures though bearing in mind the different social context of this experience .

The family unit was relatively self-sufficient in, and protected against long-term alienation from, the means of production in ancient Israel. Thus individuals and families kept their independence and were able to participate fully in society, without long-term dependency. Old people had an active role to perform within the local community by virtue of their status in the family. Advancing years would mean a gradual withdrawal from manual labour, but without leaving the place of employment or the surrounding family.

In a family of three generations, the head of the household would have been the grandfather. Within his family he exercised a kind of judicial authority. It was expected that he would use this authority to ensure the responsible conduct of his (adult) children (l Sam. 2:22-36; 8:1-5). Only when this authority failed did the matter become a public criminal issue, according to Deuteronomy 21:18-21 and the law of the persistently disobedient son. The family head was also the protector of the whole household. No-one suspected of an offence could be seized by his accusers without the authority of the head of his household (Judges 6:30-1; 2 Sam. 14:7). Only a fool failed to protect his children from injustice (Job 5:4).

The scope of his authority is demonstrated when we realise that the household was naturally responsible for the care of those of its members who were sick, elderly or disabled, and for its servants. Every Israelite also had an obligation to care for the poor in general (Lev. 25:35; Deut. 14:29). Those who did not belong to households of their own, such as foreigners and orphans, faced destitution unless society made some provision for them. The Mosaic law ensured that such people were catered for (e.g.. Deut. 24:19-21). Heads of households would have been responsible for putting such concerns into practice. Job was seen as 'a father to the poor' (Job 29:16).

The position of widows, many of whom would be older citizens, was a difficult one. A wife did not inherit from her husband, nor daughters from their father, unless there was no male heir (Nm. 27:8). By the Leverate law, a childless widow could continue as part of her husband's family. If there were no levir, she could remarry outside the family (Ruth 1:9), spending the interval before her second marriage with her own father and mother (Ruth 1:8; Gn. 38:11). The story of Tamar seems to indicate that during this period her father-in-law retained authority over her (Gn. 38:24).

Usually widows, especially those with children to support, were in a vulnerable state (e.g.. 1 Kings 17:8-15; 2 Kings 4:1-7). They were therefore protected by the same law as that which safeguarded foreigners and orphans (e.g. Deut. 26:12-13). According to Psalm 146 verse 9, God himself was their protector.

Despite this, it was not unknown for a widow to become the head of a household, even when she had an adult son. This is the situation described in 2 Samuel 14:4-11 (though this is a fictional story, it must have had some basis in fact). The wealthy woman of Shunem, who gave hospitality to Elisha (2 Kg. 4:8-10) acts as the head of her household in 2 Kings 8:1-6, taking her family to Philistia for seven years and retaking the family estate on her return. She was probably a widow at the time, because her husband is described as elderly in 2 Kings 4:14 and he is not mentioned in the later story at all.

Israelite legislation recognised that the honouring of elders protected part of the very fibre of society and thereby ensured its stability and survival. Absence of such respect indicates the breakdown of society (Lam. 5:12; Isaiah 3:5). Grey-haired elders are worthy of honour and one should rise in their presence (Lev. 19:32, etc). Those who spurn the aged are unreservedly condemned. In war or adversity it is seen as a curse and a sign of manifest cruelty (Deut. 28:50; Isaiah 3:5, 47:6; Lam. 4:16).

Quite apart from formal eldership, older people (especially believers) were widely assumed to have certain strengths and virtues peculiar to their stage of life. Older people are society's link with the past and help to give it the stability of tradition in the struggles of the present moment: 'Ask the former generations and find out what their fathers learned, for we were born only yesterday and know nothing, and our days on earth are but a shadow' (Job 8:8f.; cf. Deut. 32:7). Old people remember forgotten traditions (e.g.. Jer. 26:17) and may be a nation's only living link with foundational events of the past (e.g.. those who wept when remembering the first Temple at the dedication of the second, Ezra 3:12; cf. the role of Christian 'elders' as guarantors of the apostolic tradition in the early Church).

Older people, especially those of faith, are typically endowed with a wisdom which the young do not have, since folly resides in the heart of a child (Prov. 22:15; cf. Job 12:12, 20). Solomon's son Rehoboam lost most of his kingdom because he listened to his peers instead of the counsel of the elders (l Kings 12:6ff.). True, some young men are wiser than old fools (cf. Job 32:6ff.; Eccl. 4:13; Wisdom 4:8f., 16 etc). All in all, however, old age is a position of honour, and the young are exhorted to cleave to the elders and learn wisdom.

Older people were thus respected for their active role in preserving the religious and social fibre of society, as a source of sound judgement and wisdom of life. Because of the value assigned to the real strengths and merits of the old, becoming old meant to grow into a different but in no way less meaningful participation in the life of society.

Although in part a pragmatic recognition of their social function, this status of the aged is in the Judaeo-Christian tradition profoundly rooted in the command to honour father and mother, which in itself carried the promise of long life. Far from being a glib spiritualisation or meaningless superstition, this recurrent idea expresses the profound insight that practical honour and respect for the elderly are what sustains people in their old age: a society which supports, includes and values its ageing parents is precisely the kind of society which will find its own days lengthened by the care and encouragement of its children.

SECTION II.
AN AGEING POPULATION

Any discussion about the policy implications of an ageing population must be preceded by an assessment of the facts and figures about elderly people and their current circumstances. Elderly people in Britain have been the object of a considerable body of research and statistical analysis. This section summarises information from other published sources in order to provide a picture of both the personal dimension of elderly people's very diverse circumstances and the social dimension of their relationship to the rest of society. A review of major aspects of public policy affecting elderly people is also included here.

A. THE SOCIAL DIMENSION

In examining the place elderly people have in Britain today, a number of well-rehearsed observations need to be made at the outset, concerning definitions of old age, the so-called 'demographic time-bomb', the prevalence of ageism and the association of old age with dependency.

Defining Old Age
Definitions are very important here not only to ensure consistency and clarity of communication but also because concepts of what constitutes old age and elderly are so powerful in shaping attitudes towards elderly people.

For research and statistical purposes 65 is often taken as the starting point for defining an elderly person even though a definition by reference to the UK statutory retirement age would also include women aged 60 to 64.

Another element of definitional complexity has been introduced by sociologists and medical studies to make a distinction, not in numerical age terms, but in mobility terms, between the young elderly, the third age of active, independent life beyond work and parenting (say, 50-75), and the old elderly, the fourth age of eventual dependence (75+).

However, much that concerns those who study gerontology from a social policy perspective, relates more to the fourth age group. If one accepts as a general observation that many of the problems associated with growing old are becoming more concentrated into the latter years of a person's life, it is this fourth age which can be distinguished much more clearly in terms of factors determining participation from the economically-active years up to 60 or 65. In this regard, the official retirement age is no real indication of how old a person feels and how they behave and what attitudes they hold. We all know of people in their 70's who have just as much energy as those in their 40's. Likewise, we know young people in their 20's and 30's whose attitudes and appearance could fit the stereotype of old-fashioned or old fogey.

For the purposes of this study, the data used will relate to people aged 65 and over unless otherwise stated. Given the move towards equal opportunities, this is likely to become more general practice.

A Demographic Picture
Our ageing population is one of the most striking developments of the 20th century. At the beginning of the century, there were approximately 1.7 million people aged 65 and over (4.7% of the total population). In 1991, it is estimated that there are more than 9 million elderly people (15.8% of the total population). by the year 2025, there could be 11.4 million consisting of 18.6% of the total UK population [Social Trends, 1991].

The figures for those aged 85 and over are even more dramatic. In 1901, there were some 57,000; by 1981, there were over half a million; over the next 20 years to 2011, the numbers of people living to be 85 and older is expected to double again to over one million.

The table below shows how the number of people over 65 has been rising and will continue to rise over the next 20 years. It demonstrates that the increasing number of those aged 80 and over is the most significant factor.

Figure 1: The UK population aged 65 and over (millions)
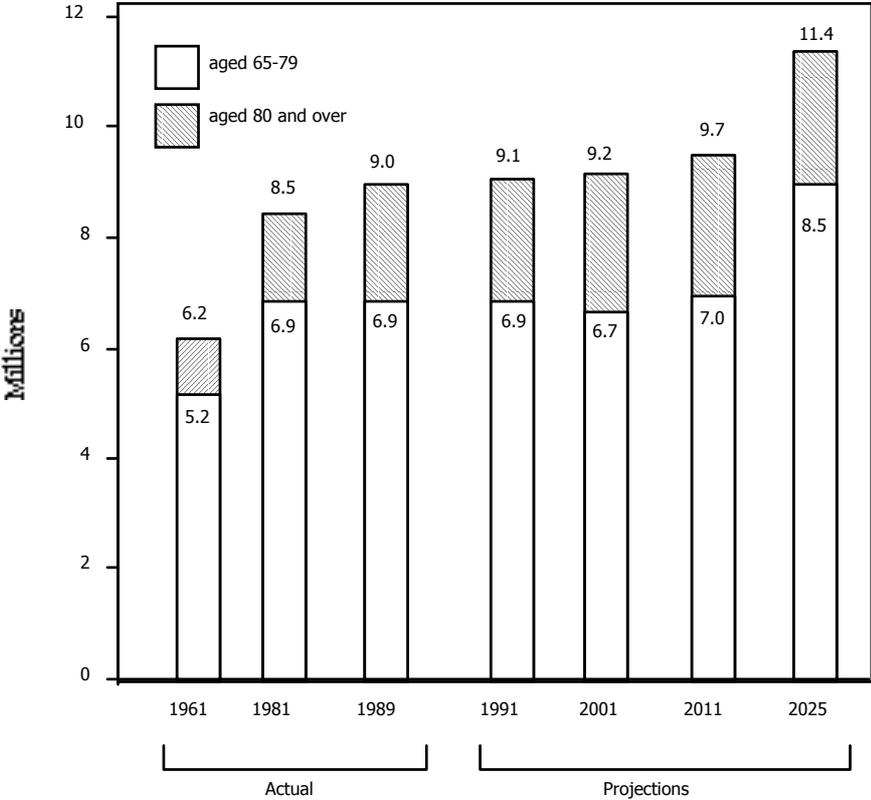
Source: Social Trends 1991

Likewise, the percentage of the population over 65 has also been increasing. But the growth has not been even as the forecasts below illustrate. Over the next 20 years, 1991-2001, the elderly percentage of the population is expected to stabilize at around 15.8% with the steady increase in the 80 plus age group accounting for the rising overall numbers.

Table 1: The elderly population (% of total population)

	Actual			Projections			
Mid year age	*1961*	*1981*	*1989*	*1991*	*2001*	*2011*	*2025*
65-79	9.8	12.2	12.1	12.0	11.7	11.7	13.9
80+	1.9	2.8	3.7	3.8	4.2	4.5	4.7
Total UK pop. (millions)	52.8	56.4	57.2	57.5	59.2	60.0	61.1
(% over 65)	(11.7)	(15.0)	(15.8)	(15.8)	(15.9)	(16.2)	(18.6)

Source: Social Trends 1991

Before attempting to assess the implications of this shift in the age structure of the UK population, it is worth sounding a note of caution concerning these and other predictions. Forecasting, of the weather or of demographics, is a rather inexact science. There are many factors which could alter this age pattern of a gradually ageing population which cannot be predicted at this point in time. Most notable are the potential impact of AIDS, changes in dietary and lifestyle habits, and the environment - all of which could affect expected mortality rates. The controversy over euthanasia raises another unpredictable factor. Nor is any account taken of migration between countries such as Hong Kong or Eastern Europe [Bond and Coleman, 1991]. Nevertheless, this does not discredit the use of these statistics to attempt social administration and forward planning of social welfare services.

Similar demographic trends can be seen in all developed countries. European countries follow broadly the same pattern, although the UK has, after Germany, the highest proportion of the population aged 60 and over. UK life expectancy is slightly below average [FPSC, 1991].

Britain's ethnic elderly population now numbers some 300,000 or 2% of the current elderly population. This figure, however, is set to increase dramatically over the next 20 years, as the majority of those who migrated to this country in the post-war period approach old age. The effect of this 'elderly boom' will be a doubling of the numbers of ethnic minority elders to 600,000, which, when considered with projections for the rest of the population, will make them 7.5% of the total of elderly people in the United Kingdom by the year 2010. These figures do not, however, take any account of what may be large numbers of older people coming to this country as a result of the handing back to China of Hong Kong in 1997. For example, in the London borough of Lewisham in 1981 the ethnic minority population over 65 years of age numbered 930. By 1991 this has almost doubled to 1989 and is projected to double again to 3,430 by the year 2001 [Lewisham, 1989/90].

It is also important to note that the distribution of ethnic minorities is not evenly spread across the United Kingdom, but tends to be gathered in local communities, particularly in the South-East, the Midlands, the North East and the traditional ports such as Liverpool, Cardiff and Bristol. For example, 27% of the population of Leicester City is either Asian or Afro-Caribbean. Consequently, 10% of the Leicester elderly population is from ethnic minority communities and this percentage figure is expected to increase dramatically over the next 15-20 years.

Three major discernible factors have contributed to the increasing numbers and proportion of elderly people in our society, factors which are anticipated to continue into the next century:

a) Lower birth rate
The percentage of children under 16 has declined by 1 million between 1981-1989, although it is expected to climb up to the 1981 level of 12.5 million by the year 1996. However, there was a bulge in the birth rate immediately following the end of the First World War (1918-20) which is now working through the population and is given as an explanation for the large increase in very old people, i.e. over 75, while the number of 'young' elderly (between 65-75) remains stable.

b) Lower mortality rate
The population loss due to deaths has also declined during the 1980s, dropping by one-fifth between 1981-1989, although it is expected to stabilise again until about 2011 when the mortality rate may rise again slowly.

c) Longer life expectancy
Improved living conditions and medical care have significantly improved life expectancy figures, especially for women, in the second half of the 20th century. For example, life expectations at birth were:

Figure 2: Life expectancy (years)
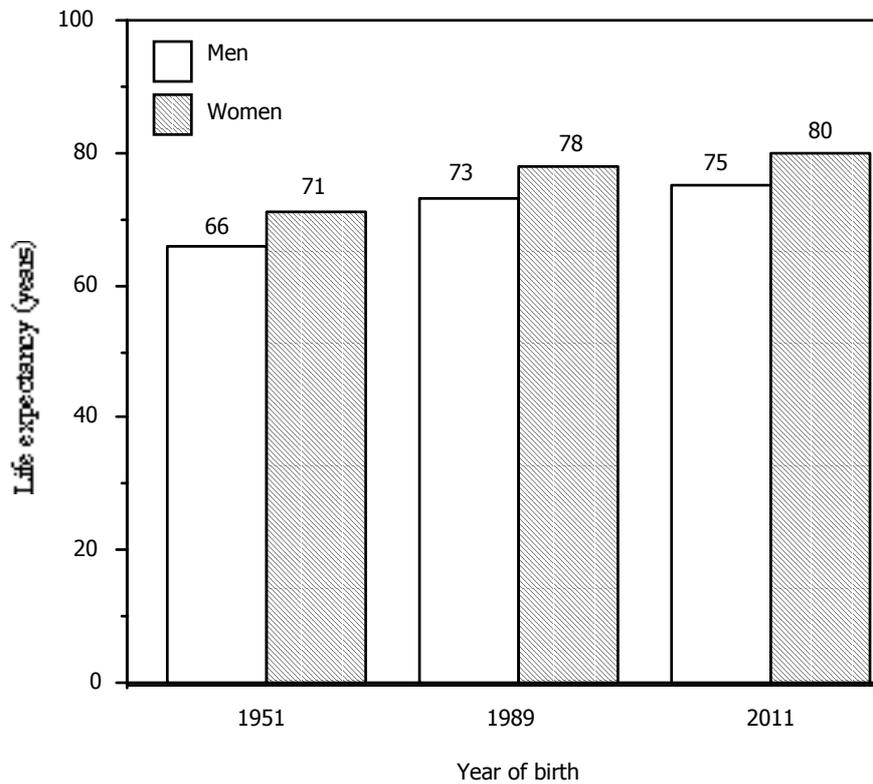
Source: Social Trends 1991

Because of the longer life expectancy for women, they will always predominate in the population. However, this imbalance between the sexes is currently more extreme because of the number of men lost in two World Wars. In the 75-84 age group, women outnumber men by 2 to 1; in the 85 plus age group, women outnumber men by 5 to 2 [OPCS, 1988].

Longevity is graphically illustrated by the numbers of people reaching the age of 100: 271 in 1951; 479 in 1961; 2,410 in 1981 and an anticipated 3,500 in 1991 [OPCS, 1984].

Ageism

Much has already been written about ageism. Only a summary of some of the key aspects of ageism is given here because of its significance for any project to do with elderly people. This is because ageism can directly effect participation in the various areas we are considering but also because at a more general level it will influence the way our society responds to the problems and possibilities outlined in this report.

Ageism is defined in various ways, for instance in terms of parallels with racism and sexism, or in terms of the negative images, stereotypes or myths that are used to describe old people. Evidence of ageism is seen in the prevalance of myths about old age (such as old people cannot learn new things) the way we talk about elderly people (geriatric, fogey, biddy, etc.) or in the promotion of youth and beauty as values in opposition to old age. Ageism may take the form of attitudes, or discriminating practices or the part of individuals, groups or the institutions in society.

Ageist attitudes are not only held by the wider society about elderly people; elderly people themselves can be inhibited by beliefs about their own status and abilities. Often elderly people take on, consciously or sub-consciously, the negative attitudes to old age of young people around them.

This report challenges ageism in a number of ways. The previous section has sought to view ageing more positively and to challenge the way in which our society values people. There is a challenge here for all of us to come to terms with our own ageing and so counter the fear of old age as a portent of our own death inherent in all of us. This fear is regarded by many as the cause of ageism.

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An honest assessment of the current situation of elderly people and the extent of their current participation and contribution will challenge many of the popular but unfounded myths. There are many active, happy, fulfilled older people who are delighting in their freedom and independence. Significant numbers actually claim to be enjoying life as much, if not more than before [Midwinter, 1991].

Analysis of the many obstacles to participation shows that often it is not age, but other factors such as income or illness which are creating the negative situations which are then mistakenly identified with old age. The outcome of this report will challenge ageism, not by raising counter-arguments but by seeking ways in which barriers to participation, of which ageism is but one, can be overcome and elderly people enabled and encouraged to lead lives which give no credence to the myths.

Key aspects of ageism which are particularly pertinent to this study are:

i) the lumping together of elderly people as one group. There is tremendous diversity of age, health, wealth, experience, character, temperament, family circumstances and so on among those who are aged 65 or more. The failure to recognise and respond to diversity reinforces stereotyping and inadequate policy responses.

ii) the simplistic identification of old age with disease and illnesses.

iii) a view of elderly people as 'them' in opposition to a younger, (working) 'us'. Too often there is a failure to recognise the essential continuity of personhood whatever the outward signs of ageing.

iv) a view of the ageing process as purely one of loss and decline so preventing a positive appreciation of old age.

v) *"the use of chronological age (without regard to other criteria) to mark out classes of people who are systematically denied resources and opportunities that others enjoy, and who suffer the consequences of such denigration – ranging from well-meaning patronage to unambiguous vilification" [Bytheway and Johnson, 1990]*

vii) attitudes held by elderly people about themselves.

Dependency and the 'Problem' of an Ageing Society

Social scientists have been right to focus attention on the likely social and economic implications of an increasing economically inactive proportion of society. Social planning takes time, extending social welfare services will be expensive and the repercussions for transport policy, housing, leisure, medical care, for family relationships etc. are yet to be fully analysed. Studies funded by the Government are obviously going to be preoccupied with social services provision and the economic implications of dependency among the elderly population.

Two groups in society are commonly regarded as dependants, children under school-leaving age and the elderly over the age of retirement. The latter are not considered to be working, although some are 'economically active'. It is also assumed that those of working age, ie 16 – 60/65 are at work; therefore significant numbers of unemployed would upset calculations [Tinker, l984].

Taking the number of dependants and relating them to those of working age, it appears that dependency ratios have not changed very much this century:

Table 2: Dependency ratios

Year	% who are dependants*
1901	41
1951	37
1981	40
1991	39
2001	40

* Children under 16 (15 for 1901-51); males over 65 and females over 60.
 Source: Social Trends No.13

The predominant factor behind this steady ratio of dependants to working population during a period of rapidly increasing numbers of elderly people is the simultaneous decline in the birth rate.

However, this measure is too crude to be valuable either to the social scientist or the social administrator. It hides a wide diversity of individual situations and labels all who are not in paid employment as in some sub-citizen category because they happen to be economically as well as often physically dependent on the welfare and care of others.

Dependants, like the poor, are always going to be with us. But are they a problem? Underlying the use of the word dependency are a whole set of essentially materialist values which should be questioned. Indeed, the current awareness of ageist attitudes prevalent in our culture should also cause us to re-examine our negative notions of dependency and the converse positive associations of independency. As Malcolm Johnson maintains:

> *"It is evident that we lives in an interdependent world. There is no-one who in any proper sense is independent….…..In complex societies the extent of interdependence is greatly increased. We are totally dependent on many strangers (who produce food, power, clothing etc) as well as on those with whom we live, work and have other personal relations. These forms of universal dependence are acknowledged, but not encompassed in the usage of the word. The logic of this appears to be that we are all contributors as well as receivers and thus equal partners in a social contract. It is those who for some reason are unable to contribute, or are disbarred from contributing, in economically recognised ways, who are prone to being labelled dependent."* [Johnson, 1990, p212]

Further consideration of the values and underlying assumptions about elderly people and the nature of dependency and interdependency in our society has been given in Section I.

B. THE PERSONAL DIMENSION

A factual picture of the individual personal circumstances of elderly people is essential to the process of policy formation. This is particularly important because of the widespread tendency to stereotype old age today and to refer in generic terms to the whole section of our society whose only common denominator is that they have lived beyond the UK's official retirement age, for state pension purposes, of 60 or 65 years. In fact, the individual circumstances of elderly people vary enormously in all major respects: family relationships, social contact, income and health conditions. Pronounced differences emerge when comparing the situation of men and women and between that of younger and older elderly people.

The circumstances in which Britain's ethnic minority elders live has only recently become of public concern. Information included here is the result of a special research study conducted for this report.

Household Circumstances

Figures below illustrate the domestic circumstances of men and women aged 65 and over:

Figure 3: Elderly households (aged 65 and over)

Men %

Women %

Married

Widowed

Single

Separated/divorced
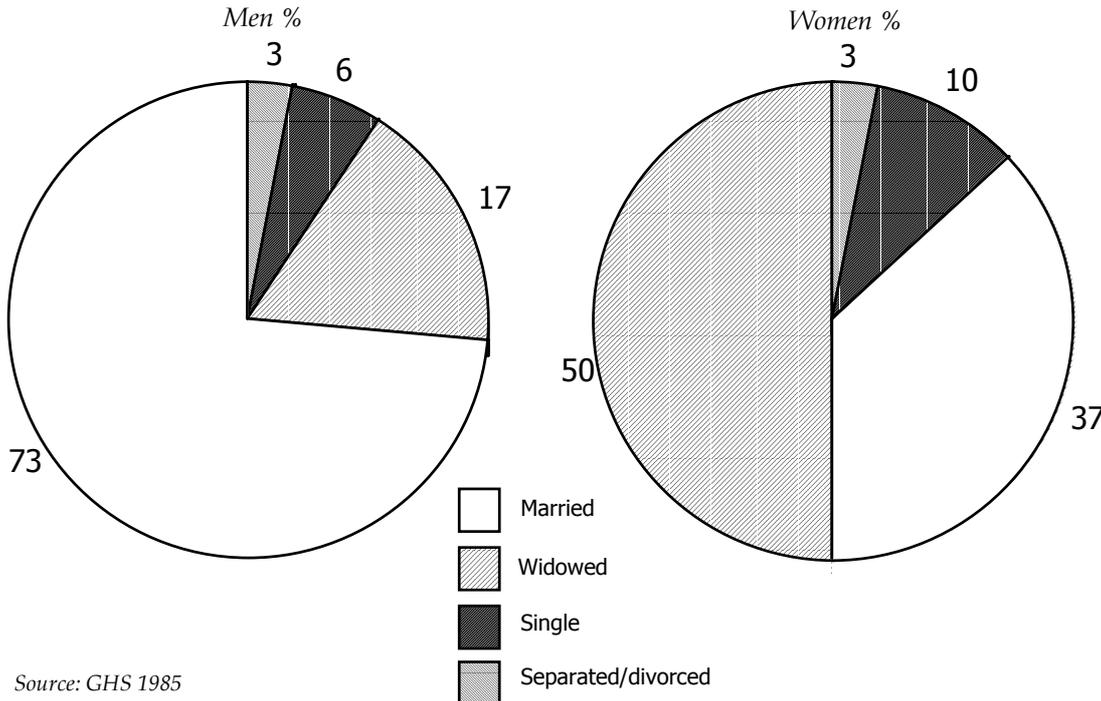
Source: GHS 1985

Less than 5% of all elderly people live in residential care. Over 95% of all those of pensionable age live in private households.

*Figure 4: Family circumstances of private households*

All aged 65+ %

Women aged 80+ %

Living with spouse (only/+ others)

Living alone

Living with children/children in law

Living with other relatives/siblings

Living with non-relatives
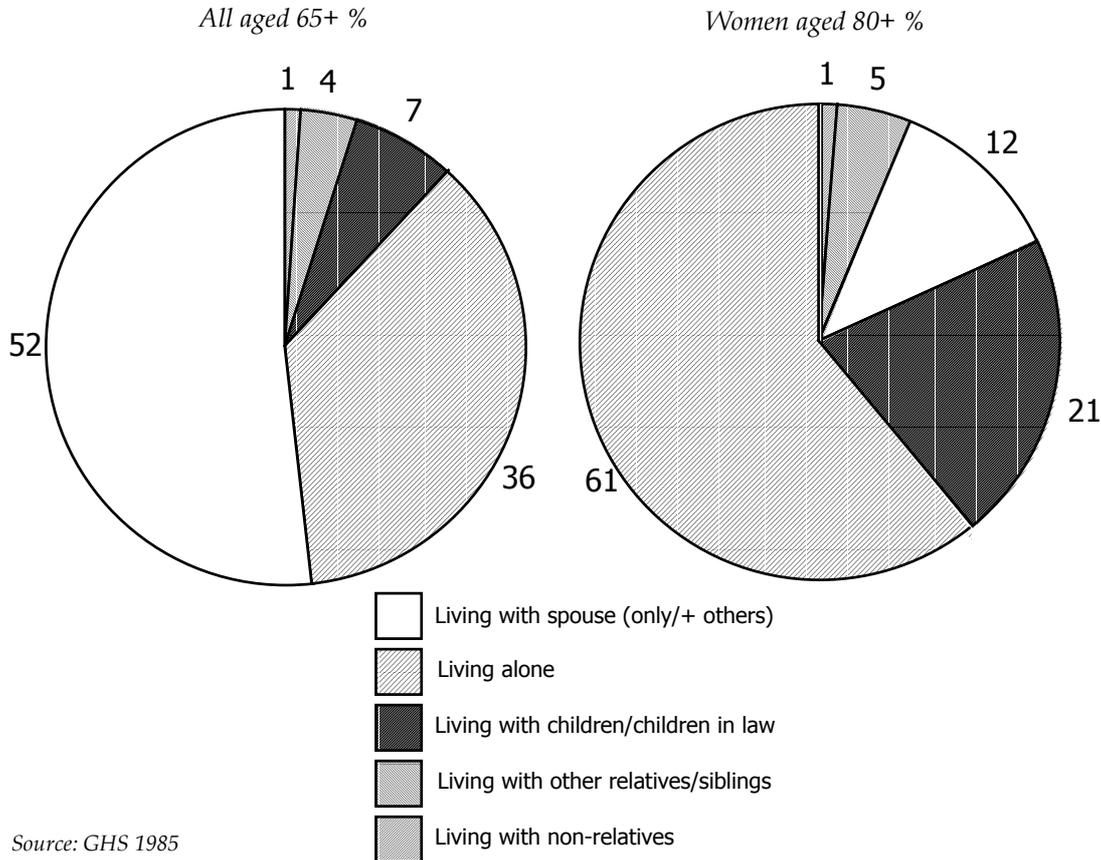
Source: GHS 1985

The most striking element in these figures is the number of elderly people, particularly women in their fourth age, who are living alone. Longer life expectancy and the tendency for women to marry older men are the reasons why women most often out-live their husbands. There has been a steady increase over the last 20 years in the proportion of people aged 65 and over living alone, from 22% in 1962 to 36% in 1985.

It is unlikely that this situation will change in the next few decades. Divorce rate projections to the year 2025 suggest that as many as 12.5% of women aged 65 and over and 8.3% of men will be divorced.

Loneliness and the Extent of Social Contact
The issue of loneliness felt by elderly people is relevant to our study of participation because it can be seen as a key indicator of the consequences of a low level of participation. People who are involved with family or neighbourhood, who take part in paid or voluntary work or pursue a leisure or educational interest will find themselves in the company of others. Such people may still experience loneliness but they are less likely to suffer.

Are people living alone lonely? The answer to this question cannot simply be deduced from domestic and family circumstances. Much depends on the extent of social contact outside the home, whether it be with local social services or, more likely, with extended family, friends and neighbours .

Many elderly people living alone are lonely but not all. So much depends on individual temperament and circumstances. For many, the fear of being alone, for example, after the loss of a spouse, will motivate an elderly person to develop wider social contacts by taking up a new activity or giving more time to voluntary work etc.

One consequence of longer life expectancy has been the increase in three and four generational families in Britain. This means that elderly people very often have a role within families as grandparents and even great-grandparents. Another new factor is the number of families with two generations in retirement, i.e. those in their 60s looking after parents in their 80s and 90s. Surveys show that a large number of elderly people are providing care for other elderly people, be it their spouse or their parents.

However, some objective assessments about loneliness experienced by elderly people do give cause for concern. The Bradford and Leeds study found that at least 59% of those over 75 interviewed living in Urban Priority Areas admitted to being often or sometimes lonely [B & L, 1991]. This contrasts with the British Gas survey which found 32% of their sample felt, or occasionally felt, lonely. 67% said they had enough company [Midwinter, 1991].

The table below gives the official picture according to the most recent General Household Survey which asked the question about frequency of social contacts with relatives and friends. It does not include contacts with social services:

Table 3: Frequency of seeing relatives or friends by age (%)

All elderly aged 65 or over	65-69	70-74	75-79	80-84	85/over	All (65+)
Every day or nearly	34	34	33	30	31	33
2-3 times a week	31	29	27	30	22	29
Once a week	21	23	23	22	23	22
Less often, but seen last month	9	8	8	11	14	9
Not seen last month	4	3	5	4	6	4
Not seen at all nowadays	2	2	3	3	4	2

Source: GHS 1985

Although these figures show that some 3.3 million elderly people aged 65 and over do not see a relative or friend more than once a week, this should not be taken as an accurate measure of loneliness but rather of a low level of participation.

Studies by Age Concern among pensioners living on their own show that 69% own a telephone and only 12% own a car [Age Concern]. The percentage of pensioner households with access to a telephone and a car have improved over the last decade but these factors are heavily dependent on income levels:

Figure 5: Pensioner households owning certain goods 1989 (%)
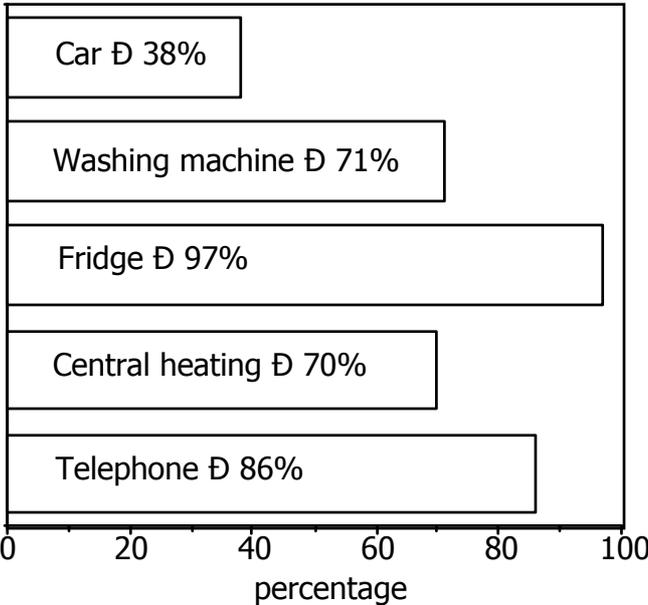
Source: Hansard 11th December 1990, Col 379

Income Levels

Income is a factor which directly impinges on participation. If an elderly person cannot afford the bus fare to the Age Concern charity shop, for example, voluntary work is not an option. Some 30% of pensioners admitted that cost of leisure activities was the main obstacle to involvement. Similarly, greater opportunities for participation are open to those whose income level permits them to overcome mobility problems by fitting special adaptions to the car etc.

The distressing fact remains that elderly people are among the poorest groups in our society. Some 16% of pensionable age groups are dependent on social security payments; that is, at least 80% of their income comes from state welfare benefits.

According to the latest Family Expenditure Survey 1989 (see Table 4 below), the normal weekly disposable income for a retired couple mainly dependent on a state retirement pension is £100 per week. Other retired households have several sources of income, particularly from other pension schemes and investment income, and average a £200 weekly disposable income. An adult on their own and dependent on a state retirement pension will have an average of £58.50 to spend. These levels compare with a national average normal weekly disposable household income of £251.62 per week.

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Table 4: Income of Retired Households 1989 (£)

Household group	A	B
All households:	251.62	303.84
Households with: ONE ADULT mainly dependent		
on state pensions	58.54	58.88
other retired households	132.94	150.79
non-retired households	157.28	196.18
Households with: ONE MAN & ONE WOMAN mainly dependent		
on state pensions	100.74	101.50
other retired households	200.81	225.73
non-retired households	311.87	388.14

A = Normal weekly disposable household income.
B = Gross normal weekly household income.

Source: Family Expenditure Survey 1989

Estimates based on DHSS figures suggest that nearly one-third of elderly people in 1985 were living on incomes at or below the poverty line (compared with one-tenth of those under pension age) and that 61.3% of those of pension age were considered to be living on low incomes. The poverty line was defined as incomes of up to 140% of the supplementary benefit rate [DHSS, 1988].

Even these estimates may be conservative because of the large numbers of elderly people, some 800,000 or one in five, who are eligible for supplementary benefit but do not claim it. A number of reasons account for this but primarily it is because many elderly people are concerned about the stigma attached to state support [Walker, 1990].

Numbers in receipt of retirement pensions have increased significantly:

Table 5: Retirement pensions

Year	Recipients (m)	Exchequer expenditure (£bn)
1976/77	8.2	5.6
1981/82	9.0	12.0
1988/89	9.7	19.2

Source: Social Trends 1991

The income trend over the last 20 years has, however, shown a real increase in the elderly population's total net income (see Figure 6 below). Retirement pensions and other social security benefits are the main reason for an improvement in the economic position of pensioners, together with a growing income from occupational pensions (mostly relating to men's income as few women pensioners were covered by work-place schemes).

Figure 6: Sources of pensionersÕ incomes 1979
and 1987 (£s per week at 1987 prices) (%)

1979

1987

Total gross income: £82.80
Total net income: £75.90

Total gross income: £111.20
Total net income: £99.90

☐ Total Social Security benefits   ▨ Investment income

▨ Occupational pension   ▨ Employment earnings

Source: Social Security: GovernmentÕs Expenditure Plans 1991Ð92 to 1993Ð94, HMSO 1991, Table 16.

During the 1980s, the increasing importance of occupational pensions (up to one-fifth of pensioner income in 1987) and that of investment income (more than doubled between 1971-1987 in real terms) has meant a decline in dependence on state benefits. Income from investments benefitted from the 1980s lower inflation rates; previously, few supplementary benefit claimants had any capital or savings [Tinker, 1984].

This picture is repeated in many other industrialised countries where there is evidence that *on average* the risk of poverty among the elderly appears to be lower than that of the population as a whole. In the UK, this is measured in relation to other groups. Since 1983, older people have been overtaken by unemployed people and their families living on or below social assistance level as the poorest group [Walker, 1991].

The so-called 'WOOPIE' (the well-off older person) has become the star of many a life insurance TV commercial, but he or she may not be so much a phenomenon of rising incomes but of a polarisation of the income distribution throughout the elderly population [Walker, 1991]. The "owner-occupier with mortgage paid, estates accruing from deceased parents and with an occupational pension .... set against the municipal dweller with a state pension" are worlds apart [Midwinter, 1989].The British Gas survey results revealed a ratio difference between those living on an income above or below £200 per week (ie. £9,500 pa) of 23:77. In 1988, the ratio was 30: 70 [Midwinter, 1991] .

UK pensioners are not so well off as their counterparts in other industrialised countries such as Germany, Norway, Sweden, Canada, the US and Israel. Whereas in these countries the disposable income adjusted for family size was 94% of the population average for 65-74 year-olds and 82% for those aged 75 plus, the UK pensioner's income represented only 76% and 67% respectively [Davies et al, 1991] .

Elderly people spend a much higher percentage of income on essentials such as fuel, light, food and housing costs, and proportionally less on clothing, footwear and transport then the average household [Family Expenditure Survey 1989].

Health Conditions of Elderly People

Health and mobility are perhaps the chief determinants of the ability of older people to take an active part in society. It is the most obvious measure of dependency. Of course, health trends across the generations have been improving over the decades, and indeed most older people regard themselves as in good health 'for their age'.

Ill health and declining mobility are part of the stereotype of old age. A concentration on medical statistics would only reinforce these negative associations; moreover, the results of studies vary. It should not be forgotten that the majority of older people have no particular health problems; 50% of the British Gas sample said this (sample age range 55+); 30% had some mobility difficulties such as arthritis or rheumatism and 24% had other problems such as heart tremours or asthma [Midwinter, 1991] .

However, there is statistical evidence that old age does bring a higher incidence of sickness, accidents, depression and mental confusion especially among the very old. Studies have shown that more elderly people consult their GP, attend hospital outpatients or casualty departments and spend more time in hospital than other age groups; the 75s and over more frequently than the 65-74 age group.They also report more multiple illnesses and chronic illnesses: 68% of those aged 75+ acknowledged that they were suffering from a long-standing illness compared with 60% of 65-74 year-olds and 44% of 45-64 year-olds. When asked if that illness was a debilitating or restricting influence on their activity in any way, 53% of 75+ said yes compared with 40% of 65-75 year-olds and 27% of 45-64 year olds [General Household Survey 1988].

This measure of a restricting chronic illness is inevitably a subjective assessment by the individual and depends very much on (a) the individual's ability to cope and adjust to their condition, (b) the availability of services and support at home and in the community, and (c) on personal expectations of a 'full' and 'normal' life against which to measure their level of disability. This points to one of the problems with the limitations on their activities a normal consequence of old age. Problems with hearing or sight loss are 'taken for granted'. This is likely to suggest an under-reporting of chronic or debilitating illness among old people.

i) Health costs

Britain's ageing population has prompted great concern among policy makers about the costs of providing adequate social services, home helps, hospital beds, etc. One measure of the demand placed on public health care provision by the elderly population has been the level of NHS expenditure per head. The Table below shows that the average expenditure per head for those aged 65 and over is over four times greater than the average expenditure per head for the population as a whole:

Table 6: Hospital and Community Health Services Budget
by age group, 1986-87, England

Age	Per capita expenditure (£)
0 - 4	196.6
5 - 15	97.2
16 - 44	83.2
45 - 64	160.5
65 - 74	414.8
75 - 84	926.9
85+	1,452.3
Average all ages	216.38

Source: Social Services Committee, HMSO, 1988

It is important to keep these statistics in perspective. For example, the Department of Health reveal that half of all hospital beds are occupied by people aged 65 and over. Yet, only 2.5% of all elderly people are in hospital [DHSS, 1978]. It would be easy to assume that public expenditure would increase in proportion to the growth in the ageing population. However, one estimate reckons that the extra amount of resources needed to keep pace with demographic changes is only between 3 - 5% for the decade 1991-2001 [ABPI, 1991]. This may even be an over-estimate given that probably the main reason why elderly per capita health care consumption increases with age is because medical care is usually concentrated in the last year of life and elderly age groups contain more people destined to die in the year. Therefore, it may not be fair to suppose that elderly people will become an ever greater burden on the public purse.

ii) Disability Measurements

Another typical misunderstanding about old age is the level of physical disability and dependency among elderly people. The stereotype implies a high degree of immobility. However, 25.2% of those aged 85 and over are unable to wash themselves all over alone; but that means that three-quarters of all 85+ *can* wash themselves without help (see Figure 7).

Figure 7: Disability and Dependency (%)
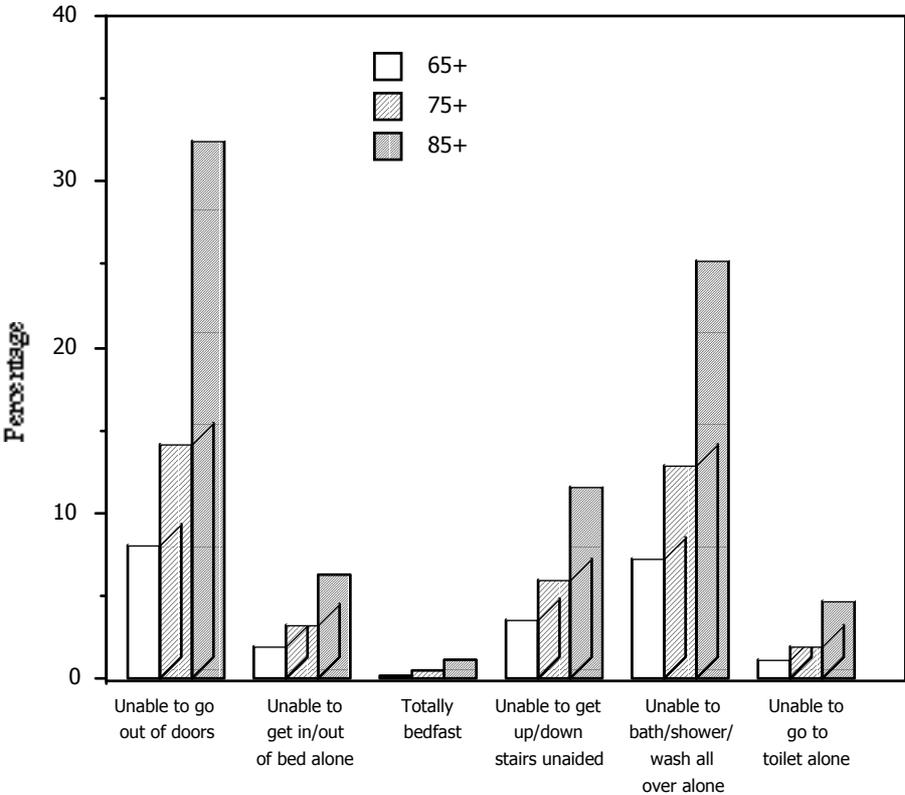
Source: General Household Survey findings reported in Hansard 15.3.88 col 552 and 21.4.88 col 546, reproduced from Ageing [BSR, 1991].

An oft-quoted measure of dependency is the number of elderly people who are bedfast or housebound. Figures vary enormously as comparison with the data* below indicate:

bedfast: 0.3% of those over 65

permanently bedfast: none between 65-75
0.4% between 75-79
1.9% of 80 plus

housebound: 4.2% of those over 65

permanently housebound 1.1% between 65-69
17.7% of 85 plus   [Hunt, 1978]

31

Table 7: Disability classification of people over 65

	65-69		70-74		75-79		80+	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*
	%	*%*	*%*	*%*	*%*	*%*	*%*	*%*
None	72	59	60	47	44	30	34	17
Mild	18	26	24	28	31	34	24	24
Moderate	7	12	11	19	19	28	24	34
Severe	3	4	6	6	6	8	17	25

Source: General Household Survey unpublished data. Reproduced from Victor, 1987, p.253.

This study and others have noted the correlation between levels of disability and dependency and socio-economic grouping (SEG) at all age levels. For example, 60% of those in SEG categories 1 and 2 i.e. professionals, have no disablement compared with 45% in categories 4 and 5, i.e. manual workers. 8% of manual workers are severely affected whereas only 5% of professional classes 1 and 2 [Victor, 1987]. For those people reporting a debilitating long-standing illness, the percentage in 1988 for non-manual workers was 16% compared with 22% of manual workers [GHS, 1988]. Other studies show a steady graduation with the highest levels among manual workers.

In assessing the impact of health problems as a constraint on participation, it is arguable whether health or income represent the greatest obstacle for elderly people. One study has suggested that, for leisure pursuits, cost constituted a greater constraint than health. For women, health ranked fourth in a list of constraints after cost, lack of companions and transport, whereas for men, health came second after cost [Leisure Marketplace, 1990].

iii) Mental illness
Mental illness in the elderly covers a wide range of mental disorders and individual situations from those who entered mental hospital before modern methods of treatment were available and have grown old there to those with functional mental illness and the elderly with dementia.

It is difficult to estimate the number of elderly people who are mentally ill, but one-quarter of the beds in mental hospitals are occupied by patients over 75 [DHSS, 1978]. Two-thirds of all mentally ill and physically handicapped people are over 65. Some 3-7% of elderly people are thought to have dementia. According to the Royal College of Physicians report in 1981, dementia is rare before the age of 60, 5% have dementia between 65-79, and one in five of 80 plus age group have dementia.

The ageing population has drawn attention to the urgent need for more understanding of mental illness in elderly people and dementia in particular. The pathology of dementia and Alzheimer's disease, both organic syndromes (i.e. with a physical cause) has shown that definition and therefore identification in the population is problematic because of the difficulty of distinguishing between brain changes due to 'disease' and those due to 'normal ageing'. Dementia and its cause is therefore a very complex subject; to date no cure has yet been found for reversing or arresting the progression of the disease [Johnson, 1990].

Dementia is now the principal cause of admission to long-term institutional care. It involves a complex set of disabilities which makes it difficult for other people to understand the sufferer's behaviour. There are communication problems and a disintegrating sense of personal identity. This may mean that dementia sufferers become a heavy burden on their families.

Equally distressing and complicated to treat is depression, 'the epidemic condition of old age' [Johnson, 1990]. Studies estimate that anywhere between 6% and 26% of those over 65 suffer from depression. Therefore depression may well constitute a problem of greater magnitude than the more discussed form of dementia.

The trend towards community care highlights the problems of caring for the mentally ill who previously relied heavily on the welfare of family and specialised institutions, especially when the number of elderly mentally ill is expected to grow. Developments in drug treatment which permit behaviour to be controlled have encouraged the move towards greater community care.

Elderly People in Britain's Ethnic Minorities (*)
Many misconceptions abound with regard to the social structure of Britain's ethnic communities and their attitude and treatment of their elderly population. Some local authorities, particularly those where ethnic groups make up a significant percentage of the population such as Leicester, are seeking to understand and address the situation. The wider impression across the country, however, is of general unawareness of the special needs involved, together with a perception that ethnic minority communities, particularly those of Asian, Chinese or Afro-Caribbean origin, care for their elderly in the extended family and do not require the same social services provision afforded the indigenous elderly population.

This does not reflect the true situation and it is evident that the traditional function of the extended family and the place of the elderly in it is being rapidly eroded in Britain's ethnic minority communities. Recent studies have shown that in some cases as high as 73% of elderly Afro-Caribbeans live either alone or with one other person (see Figure 8), showing that the extended family concept is now very uncommon amongst people of Afro-Caribbean origin [Leicester Social Services, 1989].

Figure 8: Household Composition of Elderly
Afro-Caribbeans in Leicester (%)
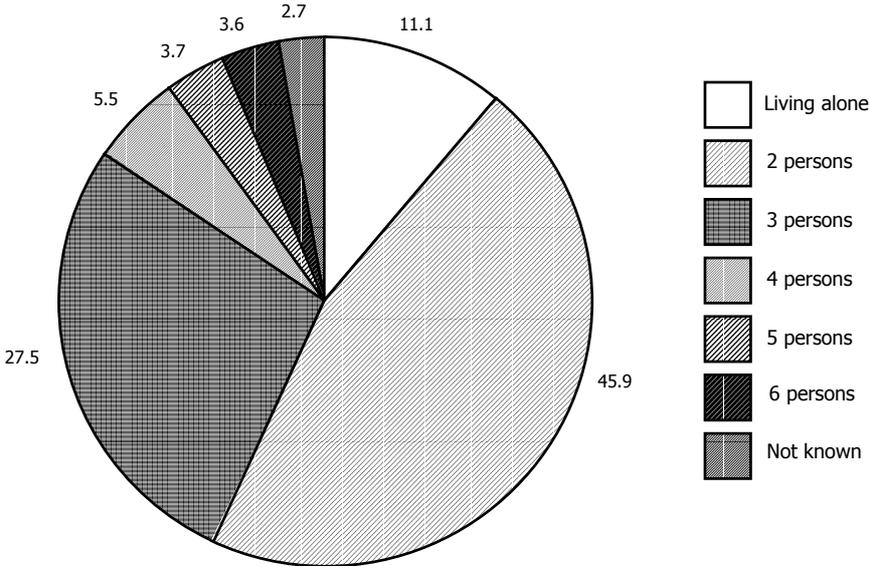
Source: Leicester Social Services, 1989

However, the Asian community still retains the extended family concept to a much higher level and a majority of Leicester's Hindu, Sikh and Muslim elderly live in three-generational households. Yet 18% of elders live either alone or in single generational houses [Donaldson, 1984].

Figure 9: Household Composition of Elderly Asians
in Leicester (%) 1984
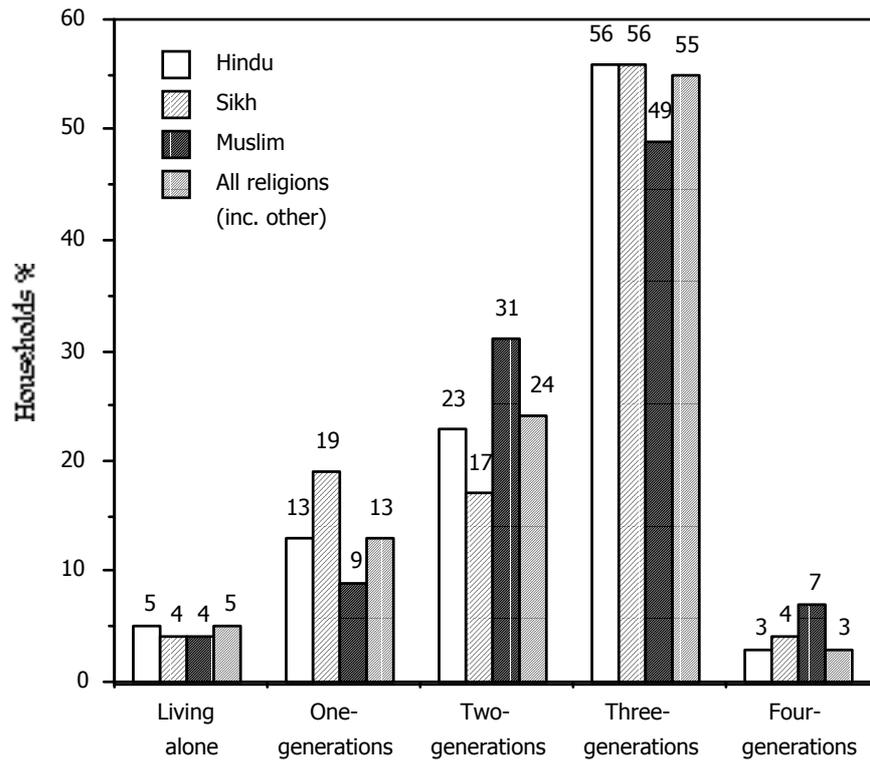
Source: Donaldson, 1984

A more recent study has concluded that the nuclear family concept is more common now among younger South Asians, while the extended family pattern was found more often in middle-aged and elderly family households. In addition,

"We can be sure that it is the arrival of elderly dependants which partly accounts for the reconstruction of extended families among South Asians, something which has not for the most part occurred among West Indians. What we cannot know for sure is whether this pattern will persist for those South Asians who grow old in Britain over the coming years" [Fenton, 1987].

It appears, therefore, that elderly Asians and West Indians are likely to need to rely to an increasing extent on external care provision outside the family because younger members of ethnic minority communities no longer feel that they have the time to fulfil their traditional role of caring for their parents. This perception is reinforced by the increasing influence on these young persons of Western thinking and social mores in regard both to personal achievement and the role of elderly people.

Because of the undermining of their traditional role within the culture, elderly members of ethnic minorities find that they are becoming increasingly marginalised and isolated, even in their own community, with a consequent loss of personal esteem, confidence and self-worth. The effect of this is that many of them are finding it increasingly difficult to cope with the pressures of what is still, for most, an alien environment. This seems to be especially a problem in Western industrialised nations, where the role of elderly people is often related to their economic productivity. However, this is not true of all industrial countries; Japan is the obvious exception. Despite tremendous industrialisation, there is a high level of respect for older people, many holding high status positions in the family, work-force and community.

It is also worth noting that elderly members of ethnic minority groups frequently find it hard to associate with their indigenous peers as racist attitudes are generally more hardened among white elderly people than in the younger generations. It can be said that they actually suffer 'triple jeopardy' i.e. they are

disadvantaged on account of age, race and because to a very large extent members of ethnic minority communities find themselves classified in the lower socio-economic groups and subject to the additional pressures of poverty, poor housing and therefore unemployment with their consequent ill-health and inaccessibility of services [Norman, 1985].

This can be a particular problem for a significant number of ethnic minority elderly who have no access to financial support from the state. These are the recently immigrant, elderly parents of people already resident in this country. Immigration rules state that:

> *"The sponsoring descendant must be able and willing to maintain his/her dependant without recourse to public funds in accommodation of his/her own and has to swear an affidavit to this effect."*

This means that they have no access to supplementary benefit, housing benefit or family income supplement. In addition, since many of them have never worked in paid employment, and therefore made no National Insurance contributions, they do not quality for any state pension.

The language barrier presents yet another difficulty to be overcome and one which is particularly acute for the older generation, particularly in Asian and Chinese communities where many of the elderly are recent immigrant dependants who speak little or no English. In many cases local authorities make some provision by providing official forms in a number of Asian languages but this is much less common for Chinese. The Chinese community also has particular difficulty in finding Chinese-speaking doctors.

Thus it can he clearly seen that, regardless of particular ethnic origin, elders of ethnic minority groups, face a whole range of difficulties not encountered by the indigenous white elderly population of the United Kingdom.

It became very apparent during the course of this study, that due to these and other additional factors producing stress and stress-related debilitating illnesses, together with their cultural background and a shorter life expectancy for the immigrant population, most ethnic elders consider themselves to have reached old age by the time they are 50 or 55. This again becomes another factor in making it more difficult for them to have their needs met in a society geared towards old age starting some ten to fifteen years later. In fact, significant numbers find themselves effectively barred from some day centres, which have a minimum age requirement of 60 or 65. Therefore, for the purpose of this report, we have considered the age for ethnic minority elders as being from 55 unless otherwise stated.

(*)The information in this section was compiled from papers, books, other research projects and the most current statistics available, together with interviews with ethnic elders, community leaders and service providers in Coventry, Leicester, Liverpool, Tower Hamlets, Edmonton, Leyton, Lewisham and also NGOs dealing with issues of race and/or elderly people.]

C. THE PUBLIC POLICY DIMENSION

Almost every major public policy area affects elderly people. Almost every department of government has to give some special attention to the particular circumstances of older age groups whether it is HM Treasury setting aside money for cold weather payments or the Department of Environment administering applications for sheltered housing schemes, or the Office of Arts and Libraries assessing the role libraries play in meeting the information needs of elderly people.

It is, therefore, perhaps inevitable that government policy affecting elderly people tends to be piecemeal and without any obvious structure of co-ordination. Just as there has been a lobby for the establishment of a separate women's Minister there is much scope for considering how a coherent policy for older people could be developed at national level across the various departments of State.

How elderly people are viewed in public policy terms does affect how elderly people see themselves and how they are treated by others. It is our contention here that, because governments and political parties of all persuasions regard the 'issue' of old age as all about public expenditure on pensions, health care and welfare, elderly people themselves have come to see themselves as objects of welfare, not equal subjects in the nation. Because there has been so much discussion about dependency ratios, retired people are tempted to fall into the trap of seeing themselves as dependent on the bounty of those still 'economically active'.

During the last decade, there have been a number of significant shifts in public policy which have sought to counter-balance this notion of an old age dependent on government hand-outs; however, the primary route chosen by the Government has been that of encouraging a choice in the source of provision with a move away from state to private funding. Therefore, the question about the nature of dependency has remained unchallenged.

The major areas of public policy affecting the participation of elderly people in our society are summarised below, namely pensions, the provision of care, health and social services and issues relating to older people and the labour market.

[NB. This section does not intend to be a comprehensive survey of all aspects of public policy affecting elderly people. Issues such as housing, poll tax and transport are therefore not covered.]

Pension Policy

The issue of pension provision has always been highly contentious because of the huge costs involved. Currently, half the UK Social Security budget is spent on pensions, £6 billion in 1989-90, rising to some £35 billion in 1991-92 (according to the 1991 Autumn Statement). Therefore any government committed to holding down public expenditure will inevitably be locked in conflict with those campaigning to increase pension provision.

The present Government's solution to the prospect of ever-increasing demand for pension provision is to encourage the replacement of public provision with private schemes such as employer-operated occupational pension schemes and, since 1989, portable or personal pension plans. However, it is not clear whether this switch will lead to a reduction in government expenditure. According to the National Audit Office, the gross cost of the rebates and incentives given to encourage contracting-out of the SERP (State Earnings Related Pension) Scheme will amount to £9,300 million by April 1993 with eventual savings accruing in SERPS of only £3,400 million in April 1988 money terms. These figures were quite unexpected as numbers of those exercising their option to contract-out of SERPS far exceeded Government estimates [Walker, 1991].

Despite these developments, a significant proportion of pensioners will continue to rely primarily on their basic national insurance pension and on the supplementary topping-up from SERPS. It remains to be seen what public policy initiatives will succeed in reducing the numbers of elderly people dependent on state pensions and living around or below the poverty line.

One measure which has been greatly welcomed is the Government's decision in the Social Security Act 1989 to remove the earnings limit and retirement rule on the basic state pension thereby dismantling one barrier to older people's continued participation in paid employment. However, during a period of economic recession, the availability of paid work for older people is bound to be limited.

Health Care and Social Services

The last decade has seen a similar shift in government policy towards the financing of health care and social services away from public sector towards private sector funding. The implications of this trend will have a disproportionate effect on the older members of society because of their greater requirement for care services.

In consequence of the drive to control public expenditure and the predisposition to a market philosophy, the Conservative Government has pursued a policy of encouraging private sector provision of health and social services. One consequence of an ageing society has been the concern of policy makers to fund an ever-increasing call for health care services and therefore attention has been turned to alternatives to public provision of residential and nursing homes, home helps, transport etc. This principle has been enshrined in the Community Care Act 1990 whereby the role of regional social service departments is to become 'enabling agencies' rather than 'monopolistic providers' with responsibility to provide a variety of service options including, wherever possible, those from voluntary and private sources [Walker, 1991].

A second philosophical concept behind the Community Care Act is that provision of care in the home in the familiar environment is more beneficial than institutional care. Independence, individuality and personal rootedness are maintained. Older people remain 'integrated' in society rather than separated out into a special setting on account of their disability.

More detailed consideration of the likely impact of the Community Care Act is given in Section IV.

The Labour Market and Retirement Age

Government policy towards the employment of older people has been subjugated to the vagaries of overall labour demand. During the 1950s labour shortages led to the active encouragement of older workers to defer retirement. Then in the late 1970s and early 1980s, the primary concern became the provision of jobs for younger people during a period of economic recession and rising unemployment. Older people were then offered early retirement under the Job Release Scheme, and at its peak in 1984 some 90,000 older people were receiving allowances [Walker, 1991]. At the same time, official job agencies were actively discouraging older people from seeking work, employers discriminated against hiring older people, and employer organisations and trade unions advocated early retirement as a solution to the problem of unemployment. This was done with little or no consideration of the possible consequences for those involved.

In response to the improved economic situation and the expansion in the late 1980s, another reversal took place in order to recruit older workers hack into the labour market. The Job Release Scheme was scrapped and replaced by a 50 plus Job-start Allowance. However, the scheme was too small to counteract the long-term decline in older people's participation in the work force or to reverse the discriminatory attitudes of employers.

Today there are two conflicting forces at work in the labour market: one encourages older workers, that is the relative shortage of new recruits at the younger end of the job market and the rising costs of pensions and health care, and another factor discourages older workers, that is unemployment and a contraction of the UK economy during recession.

Of course, the major concern for the status of older people in the workforce is the issue of age discrimination which is exacerbated during periods of unemployment:

> *"The issue of age discrimination represents a major policy lacuna. Despite evidence of age discrimination, older workers receive no special protection or rights under UK law. For example, employers may sack an individual on grounds of age without being in breach of contract. Older people lose the right to protection against unfair dismissal if they are above the "upper age limit" - which may be 65 or, alternatively, whatever the 'normal retiring age' happens to be for the job the individual holds. As regards redundancy, industrial tribunal case law has confirmed that it is acceptable for employers to select workers near retirement age in preference to younger employees (Laczko and Phillipson, 1990)".*
> *[Walker, 1991]*

The Department of Employment continues to maintain that age discrimination legislation is unnecessary: 'Employers should be free to recruit the most suitable workers and not be restricted from doing so by legislation or regulation.'

Moreover, the Government in June 1991 revoked a code of practice which required management to ensure its employment policies in respect of recruitment terms and conditions, training, promotion and dismissal were not influenced by conditions relating to age or other personal factors, except where directly relevant to the job. This code, though without statutory weight, permitted cases of unfair dismissal on age grounds to be taken to industrial tribunal. This 1972 Code was abandoned by the Government on the ground that it was 'obsolete' and an 'anachronism' [Vulliamy, 1991].

Pressure for legislative change has also come from Brussels. Several test cases challenging the legality of the UK's unequal pension ages have been won by UK employees in the European Court. Today, there are lobbies advocating the equalising of pension ages for men and women both by increasing that for women (on equal opportunities grounds) and also to decrease that for men (on grounds that work is a drudgery to be dispensed with as soon as possible). A compromise would be to adopt the concept of a 'decade of retirement' whereby both men and women could choose when to retire between the ages of 60 and 70. This concept was first mooted in the early 1980s and has since acquired support from across the political divide [IPPR, 1990].

Among employers, a consensus appears to be emerging in favour of equalising the retirement age at 65 as regards the provision of occupational pension schemes. Reasons for this have been given by the CBI as (a) cost, (b) flexibility for women, (c) falling number of young people, and (d) competitive pressures from companies in other countries such as the US and Germany which are also moving towards an equalised retirement age of 65.

A Government review of retirement age and pension provision is due to be published at the end of 1991.

SUMMARY OF KEY FACTS

Demographics

❍ *In 1991, there will be 9.1 million people aged 65 and over compared with 6.2 million 30 years ago and 1.7 million at the beginning of this century.*

❍ *The numbers of those aged 80 and over has risen most dramatically from 1 million in 1961 to 2.2 million in 1991. Numbers are expected to nearly double again by the year 2025.*

❍ *the percentage of the population aged 65 and over has risen steadily from 11.7% in 1961 to 15.8% in 1991 and is expected to continue to increase into the next century.*

❍ *Longer life expectancy combined with a lower mortality rate and a lower birth rate explain the factors underlying our ageing population.*

Lifestyle

❍ *More than 95% of those of pensionable age live in private households, less than 5% live in residential care.*

❍ *3.3 million people aged 65 and over only see a relative or friend once a week or less, that is 37% of the elderly population.*

❍ *Many more elderly people are living alone today than before: 36% of those aged 65 and over lived on their own in 1985 compared with 22% in 1962. The majority of women in their 80's and older live on their own - some 61% in 1985.*

❍ *Of those pensioners living on their own, 31% are without a telephone and 88% do not own a car.*

Health and income

❍ *Nearly one-third of elderly people in 1985 were living on incomes at or below the poverty line.*

❍ *the Government expects to spend £35 billion on pension provision in 1991/2, compared with £26 billion in 1989/90.*

❍ *Average NHS expenditure per head is four times greater for those aged 65 and over than the average expenditure per head for the population as a whole.*

❍ *One study shows that 8% of those aged 65 and over are housebound, rising to one-third of the elderly population aged 85 and over.*

❍ *Some 3-7% of elderly people are thought to suffer from senile dementia, more frequently occuring among those in their 80's and older.*

❍ *Two-thirds of all mentally ill and physically handicapped people are aged over 65.*

Ethnic Minority Elders

❍ *Elderly people from Britain's ethnic minority groups represent 2% of the current elderly population and is expected to rise to 7.5% of the total elderly population by the year 2010.*

❍ *73% of Leicester's Afro-Caribbean elderly population live alone or with one other person.*

❍ *Most elderly Asians in Leicester live in extended families of three or four generations - 58%, compared with only 5% living alone.*

SECTION III.
PARTICIPATION: THE SITUATION TODAY

As has been demonstrated in Section II, elderly people are far from being one homogeneous group. There are a wide variety of circumstances, conditioned by factors such as: age, income, class, education, gender, ethnic origin and health. Each of these will have a bearing on the nature and extent of an individual's participation. This section examines the current situation of elderly people's involvement in six areas:

A. Family

B. Voluntary Work

C. Paid Employment

D. Leisure

E. Education

F. Church

Each area addresses the following questions:

❍   Who participates? What are the circumstances which dictate or influence who participates?

❍   The nature and extent of current participation within the six areas.

❍   The benefits of participation. This assesses the benefit of participation both to elderly people themselves and to others. The evidence gathered here will be important in arguing the case that increased participation should be encouraged.

❍   Barriers to participation. There are a wide range of factors that can limit levels of participation. An assessment of the significance of these various factors is an important part of deciding which strategies will be most effective in overcoming them.

A. FAMILY

For many elderly people the family is an area of extensive and valued participation. However such participation is not possible for all elderly people due to singleness, bereavement or family breakdown.

There is, however, significant variation and two factors should be stressed at the outset.

i)   Participation in the family varies considerably according to the circumstances of both elderly people and their families. The diversity of opportunity and circumstance that accompanies old age should not be underestimated.

ii)   Patterns of family life are changing. As the shape of families, and the roles of individuals within them change, different opportunities for participation will emerge. The participation of elderly people in the family cannot be separated from wider issues of family policy. Judgements about the ways in which elderly people should participate will be associated with judgements about the family in general.

Key social changes affecting participation in the family include:

-   An ageing population. More children will have live grandparents and great grandparents than has been the case in the past.

-   Mobility. The geographical separation of elderly people and their relatives is leading to 'intimacy at a distance'.

- Divorce rates. The support grandparents give to single-parent families differs from that to two-parent families. Some grandparents lose access to grandchildren through divorce though this may be reduced by the new Childrens Act. The number of divorced elderly people is also rising.

- Sex equality. The greater involvement of women in work and also of men in domestic life is leading to changing roles.

There are two main forms of participation within the family: the role of grandparents, great grandparents, etc. and care within the family.

Grandparents and Grandparenting

Grandparenting is changing. Grandparenthood has become a middle-aged and not an exclusively old-age phenomenon. Grandfathers are still working and grandmothers may be amongst those married women who have 'returned to work' in large numbers since yielding their active parenting role which for both is usually nowadays by their late forties and early fifties. Family commitment, and particularly involvement with their grandchildren, may be only one amongst many 'demands' on time and personage of the contemporary grandparent, who unlike any predecessor in that family role, find themselves having to resolve a pattern of living to cope with what could be called a 'crisis of priority'.

In four-generational families, a more common phenomenon today, grandparents are also caring for their elderly parents. Grandparents of the last three decades have thus found themselves pioneers in their grandparent role. Many, lacking memory or experience of previous grandparent models relevant to their current situation, want for norms of their grandparent role.

The growth in women's work and education since the second world war may mean that a larger proportion of contemporary younger grandparents, and perhaps particularly grandmothers, are more extra-familial in their role orientation and operation when compared with their predecessors. This could result in less importance being placed on participation in the family.

Participation in families can be made possible for those without families of their own. An illustration of this is the 'foster grandparent scheme' (e.g. in N. Liverpool and W. Glasgow) in which a family 'adopts' an often lonely, single, older female with no surviving relatives as their 'granny'. This, where empathetically devised, has been of mutual benefit to both parties. For the families the 'grandparent' has provided emotional and other support to the parent(s) within the context of being 'granny' to the children, and all that that may imply, whilst also giving help with household tasks, 'outings', 'baby-sitting' etc. For the granny this 'new relationship' has brought in most instances a 'fresh emotional vigour' or 'new lease of life'.

An extension of this scheme involves exploiting its therapeutic potential as a treatment against recurring long-term depression amongst suitable single, lonely, older women who are otherwise in good mental health. Where it has been done in the USA this has proven immensely beneficial to both 'parties' [Kivnick 1986]. Of interest also, and having a similar effect are the projects in which older and usually childless couples are linked with a single parent family where for whatever reason the parents of the parent are no longer on the scene. The emotional underpinning of such a family is immeasurably strengthened.

Any analysis of the nature and value of the grandparental role is complicated: everybody is different. Five major dimensions of social differentiation in grandparenthood can be seen:

1. Contrasts and similarities between grandparent and grandchild across the generations. (Inter-generational).

2. Between men and women as grandparents. (Gender).

3. Between young and old grandparents in either chronological or subjective time. (Age and Timing).

4. In ethnic and cultural differences among grandparents in behaviours, satisfactions, or values regarding child-rearing. (Cultural)

5. Between individuals: every grandparent has a unique life history and is a unique family resource. (Individual). [Bengston, 1985]

With respect to the symbolism and multiple meaning of the grandparent role to the family, the following are its significant manifestations:

a) 'Being there': as the emotional underpinning and a family stabilising influence.

b) As 'arbitrators between the generations' but in a Role of negotiation, not transmission.

c) As the 'Family National Guard' ('Head of State' etc.)

d) As the 'Social Construction of Biography': to give meaning, interpretation and identity to members of their three generation family by their personal past. [Bengston, 1985]

The diversity of experience means that grandparenthood can be both beneficial and detrimental to family life, and of central or peripheral importance to the grandparents themselves. The significance of the grandparental role is not confined to the family.

> *"Grandparents are perpetuators of the cultural legacy of the family. They relate, relay and represent the generative chain that links the family. In this they help the transmission of (a society's) sub-cultural patterns." [McCready, 1985]*

However, the nature of the participation and its benefits is best seen in terms of grandchildren, parents and grandparents themselves. Early research suggested a range of roles or categories of grandparenting.

1. Grandparenthood as a source of Biological Renewal or Biological Continuity. (42% grandmothers, 23% grandfathers). This refers to the importance placed upon the continuation of the family in future generations.

2. Grandparenthood as an opportunity to succeed in a new emotional role (19% grandmothers, 27% grandfathers). This for grandfathers was linked with retirement.

3. The grandparent as a teacher-resource person (4% grandmothers, 11% grandfathers).

4. 29% of grandfathers and 27% of grandmothers felt remote and said that grandparenthood had little effect on their lives. [Neugarten and Weinstein, 1964]

A number of practical schemes indicate the benefits of this relationship to both parties, whether or not it takes place in the context of the family. An American study of grandparents found that married mothers, when asked what was the best thing about having grandparents in the family, most often referred to grandparents' warmth towards grandchildren [Thomas, 1990].

There is considerable potential for grandparents to support parents, e.g. by baby-sitting, financial support or giving advice. Research suggests that although this relationship can be difficult (interference being the most common complaint or fear of parents) it is a valued role. In America grandparent education programmes are becoming popular as a way of overcoming some of the problems.

There have been a number of studies (mainly American) on the benefits of participating in families to the psychological well-being of elderly people. Generally the quality of a relationship is far more important than frequency of interaction. A more surprising finding has been:

> *"older people's satisfaction with life has little relationship with the quantity or quality of their contact with the younger members of their own family, but shows a strong correlation to the quantity and quality of their interaction with friends" [Ishii-Kurtz, 1990].*

A number of reasons are given for this. Many elderly people are concerned not to be a burden on others and find the greater equality and reciprocity of relationships with close friends a better source of emotional support. For those who have been bereaved, friendship with peers is felt to be a better replacement than relationships with their children.

The implication of this is that while participation in the family may bring benefits to both sides it is important that this is balanced with other forms of participation which encourage social contact with others.

Elderly People as Care-givers

Many elderly people are contributing significantly to family life by providing care. Some 13% of those aged 65 and over in 1985 were providing care in and outside the family [GHS, 1985]. This figure represents only one percentage point below the average for the whole population (i.e. 14% of the general population are carers). Mostly these carers were looking after an elderly spouse, but we can expect that as the population ages a growing number will be looking after their own parents. There are also those who have cared over a period of several decades for a disabled son or daughter. In Qureshi and Walker's survey, 4% of elderly people over 75 were providing care to another person, usually their spouse. All were aged 75-79, two-thirds were married women and most of the help was given on a daily basis. Most of these carers needed, and were receiving, some care themselves as a consequence of disability.

Besides offering personal care, elderly people in Qureshi and Walker's study were helping another person with housework in 10% of cases, with laundry in 5% and with child care in a further 4% of cases. One in ten gave regular advice and counselling to other people, one in five gave emotional support and company. Here is evidence to demonstrate that elderly people living in the community are more than passive recipients in society, they have an important role in giving to others, particularly family members.

The provision of care can, however, limit participation as a result of their responsibility for the disabled person. It becomes difficult for them to continue to visit relatives, and they are dependent instead on receiving visits. Many bemoan the fact that they are unable to fully involve themselves in the lives of their grandchildren as a result.

These various forms of participation reveal the inadequacy of any dismissal of elderly people as 'dependants'. Nevertheless many elderly people are receivers of care within families (often as well as being caregivers). Here too dependency is an inadequate description as the element of reciprocity which is clearly one of the main foundations of the caring relationship is ignored. Carers did not perceive the flow of support as being one-way. They frequently referred to examples in the past of the help they had received from their relatives and spoke of their need to offer some form of repayment. The caring that was given seemed also to lead to greater closeness with the older person. Similarly, there was no evidence that older people who were frail had ceased to give to others. A startling one-fifth of the severely disabled were giving another person daily emotional support.

It seems from this research, that even when you are in receipt of high levels of care and tending, living in the community as a frail person offers significant opportunity to feel you are contributing in a meaningful way to those around you.

There are ways, however, in which being cared for by relatives reduces contact with some members of the family. Looking firstly at the plight of those receiving care from relatives, the pattern within families appears to be that one relative (usually according to a hierarchy of who is considered most suitable) takes upon themselves the care of the disabled elderly person, whereupon other members of the family withdraw. Shared care, where families divide caring responsibilities between members, seems to be very rare [Parker, 1990]. Not only does this cause resentment for the relative left with the lion's share of the caring. It also reduces the frequency with which elderly people see their relatives who do not provide personal care for them. Visits are often fleeting and irregular.

B. VOLUNTARY WORK

This is an important aspect of participation for it is perhaps the area where there is the greatest opportunity for involvement in society and the community.

Who Participates?

Almost a quarter (23%) of people aged 16 or over do some unpaid work through a group or on behalf of an organisation of some kind [GHS 1987a]. Other surveys using broader definitions of voluntary work which include informal help given to others (excluding relatives) report higher levels of participation. A MORI survey in 1990 estimated that 38% of adults 'had done some type of voluntary activity' [Volunteer Centre UK, 1990].

The proportion of people doing voluntary work is highest for those aged 35-44 (33%) and decreases thereafter as people grow older. 22% of those aged 60-69 participate in voluntary work and 13% of those over 70 [GHS 1987a]. This variation is greater for women than for men.

Participation in voluntary work is related to age, gender, class, socio-economic group, and ethnic origin. The available surveys do not relate these specifically to volunteers aged 65 and over but the profile of elderly volunteers is likely to be similar to the profile of all adult volunteers.

A typical volunteer is more likely to come from an AB socio-economic group than a DE and have been a professional rather than an unskilled manual worker. These distinctions are more marked among those involved in several voluntary activities. Women are more likely to be involved in voluntary work than men (25% compared to 21%) though the difference for those over 70 is less (14% to 13%).

With regard to class MORI report 60% of ABs involved in three or more activities compared to only 22% of DEs. 39% of professionals are involved in voluntary work compared to 11% of unskilled manual workers, though socio-economic group is more relevant for men than for women [GHS 1987a].

Similarly, participation in voluntary work increases with income. Nearly half of those with usual gross weekly incomes of more than £450 do voluntary work compared to fewer than one quarter of those with incomes of £200 a week or less [GHS 1987a].

The GHS survey does not provide figures for participation according to ethnic origin. Research does show that the concept of voluntary work is alien to almost all ethnic minority groups and participation rates are therefore likely to be low.

> *"Among the East European community in Berkshire the notion of volunteering is a totally alien one; volunteers are either viewed with suspicion by elderly people or are looked upon as servants. A similar picture seems to be true for the Asian community and to some extent for the Afro-Caribbean. This has raised fundamental questions as to how members of ethnic minorities might best be encouraged to volunteer and to what extent this is possible and even desirable."[Bowling, 1990]*

One organisation which appears to have had some measure of success in recruiting volunteers from ethnic minority communities was the Age Concern Skill Centre where 13% of the volunteer workforce were from ethnic minority groups. These comprised of two Ghanaian, one Nigerian, four Afro-Caribbean, one Austrian, two South American and four Asian out of a total workforce of 104. They did, however, acknowledge that it had been extremely difficult to recruit and retain such workers.

The General Household Survey concluded that 'those who do voluntary work are more middle-aged and middle class than the population as a whole' [GHS 1987a]. Groups such as elderly people who might be expected to have more time available show lower than average participation rates.

Nature and Level of Participation

Having volunteered men and women work to roughly the same extent. In terms of the number of hours spent on voluntary work those aged 60-69 were most involved, with those over 70 also doing more than the average (16 hours during the four weeks prior to interview compared to an average of 14.3 hours) [GHS 1987a].

The area of activity is also related to age. Elderly people do not seem to be too limited in what they are involved in within the charity. Many are involved with fundraising but then the majority of charity work is concerned with this. Organising/helping with activities, caring for a dependent relative, committee work, administration and visiting people following as the most regular forms of voluntary work.

Elderly volunteers were more likely than others to have visited people in institutions such as old people's homes, prisons or hospitals and to have given practical help to people, for example by providing transport or domestic help or gardening, but less likely to have done teaching or training, helped at clubs or taken part in entertainments.

Benefits of Participation

Participation in voluntary work can be to the benefit of both elderly people themselves and the society of which they are a part. It can also contribute to the building of a healthy relationship between elderly people and the rest of society, not least by dispelling some of the ageist attitudes and myths that continue to be prevalent.

The benefits of volunteering to the individual lie in the social interaction it can bring and in the meaning and purpose it can give to life. One study found that people who volunteered in retirement years tended to have suffered personal and social losses and that their quality of life had diminished as a result [Ward, 1976].

Volunteering can give back meaning to people's lives and help to fill personal and social losses that may have been experienced, such as the death of a spouse or loss of work. Those suffering from the greatest losses would benefit the most.

The motives people have for volunteering may depend on any losses they may have experienced. If they just want to fill time they will not be as particular about the charity they volunteer for. For many people there is a personal interest in a particular charity. Others just want to do something worthwhile now that they have the chance, a form of giving back to society. Ward found that the benefits of volunteering for retired people were vital. It gave them purpose and more zest for life. They had an improved sense of wellbeing as a result of their increased social interaction. When retired people volunteer they can find renewed interest and vigour in their lives; it gives them something worth living for and provides them with a sense of purpose. Volunteering can mark the beginning of a new phase of people's lives.

Voluntary organisations, their beneficiaries, and society as a whole all benefit from the contribution of elderly people. Almost all organisations interviewed claimed that they were always in need of more volunteers. Demographic and social changes seem likely to make elderly people an even more valuable resource which voluntary organisations will need to become more aware of. The organisations contacted did not record the ages of volunteers so it is difficult to assess exactly the contribution elderly people are making. The value of voluntary work in general can, however, be demonstrated and the survey evidence for the extent of the involvement of elderly people on voluntary work means that they must be given some of the credit for this.

In a recent speech John Major said that 'Charities are not the sticking plaster on the welfare state. The activities of volunteers are part of the cement that binds our society together' [Guardian 6/11/91].

One area of voluntary work where there is particular potential for older volunteers is in helping other elderly people. Indeed in some situations elderly volunteers may be able to be more effective than other people due to their shared experience. The implementation of the Government's Care in the Community legislation is likely to increase to the demand for volunteer workers.

Our society needs 'voluntary workers', and elderly people can benefit greatly from involvement in voluntary work. The participation rate is, however, low and so we must consider what the obstacles to increased participation are.

Obstacles to Participation
Generally the attitude of voluntary organisations towards older volunteers is positive. Comments range from them being a marvellous untapped market to the fact that they have the greatest attributes for voluntary work masses of time and plenty of real life experience. Although there is a positive attitude there seems to be little understanding or thought about factors that may discourage older people from volunteering.

Some agencies exist specifically to tap the market of older volunteers (e.g. Retired Senior Volunteer Programme, Retired Executives Action Clearing House or the Emeritus Register) and there are some projects which have a special need for older volunteers (e.g. the Age Concern Skills Centre). However, few voluntary organisations have any specific strategies for attracting older volunteers.

Interviews with organisations and individual volunteers revealed a number of reasons why elderly people would not volunteer even when there is a genuine desire to do so:

❍ Older people often think they do not have anything useful to offer.

❍ They do not think they are capable. Some old people really think that being old means they are past it.

❍ Fearful to push themselves forward in case they are not wanted.

❍ Transport problems - unable to get to relevant place.

❍ They do not have enough money, and need to be paid or are afraid they will be out of pocket due to expenses.

❍ They may feel that it would take up too much time.

❍ They think that volunteering is all about knitting and rattling tins!

❍ Negative images of voluntary workers as middle class ladies doing 'good' to others.

❍ They think they will get tied down.

❍ They fear they will be taken advantage of.

❍ The belief that families should look after their own and that voluntary work is either unwelcome interference or taking over other peoples responsibilities.

One common and specific obstacle is insurance restrictions which result in organisations placing an age limit on volunteers varying from 65 to 80.

For some people there are the practical obstacles of transport, ill-health or income. Yet often the problem seems to be more to do with self-perceptions of elderly people about their own abilities, a lack of awareness of the benefits and importance of voluntary work and in some cases a lack of awareness by voluntary organisations of the potential and needs of elderly volunteers. With support, encouragement and the development of imaginative initiatives, there is great potential for elderly people to make, and be seen to make, a valuable contribution to society which is also of benefit to themselves.

C. PAID EMPLOYMENT

> "The ridiculous notion that individuals are productive at the moment before retirement and unproductive after has been one of the bases for the pernicious spread of discrimination against older people." [IPPR, 1990].

The point is forcefully made here that the age of retirement is an artificial one which institutionalises the dependency relationships between elderly people, the state and the labour market. Many people look forward eagerly to the day when they can retire from the routine of work; others pay heavily in loss of self-esteem and health as they try to adjust into the non-economically productive mould. Still others would like to have the flexibility to decide for themselves whether they should continue in paid employment, either for the same employer or another.

Paid employment is an industrial society's most accepted form of participation. However, participation of older men in the labour force in Britain has declined dramatically during the course of this century. At the turn of the century more than two-thirds of men aged 65 and over were working. By 1951, this proportion had halved and by 1989 had fallen to only 9%.

Figure 10: Older men participating in labour force by age (%)
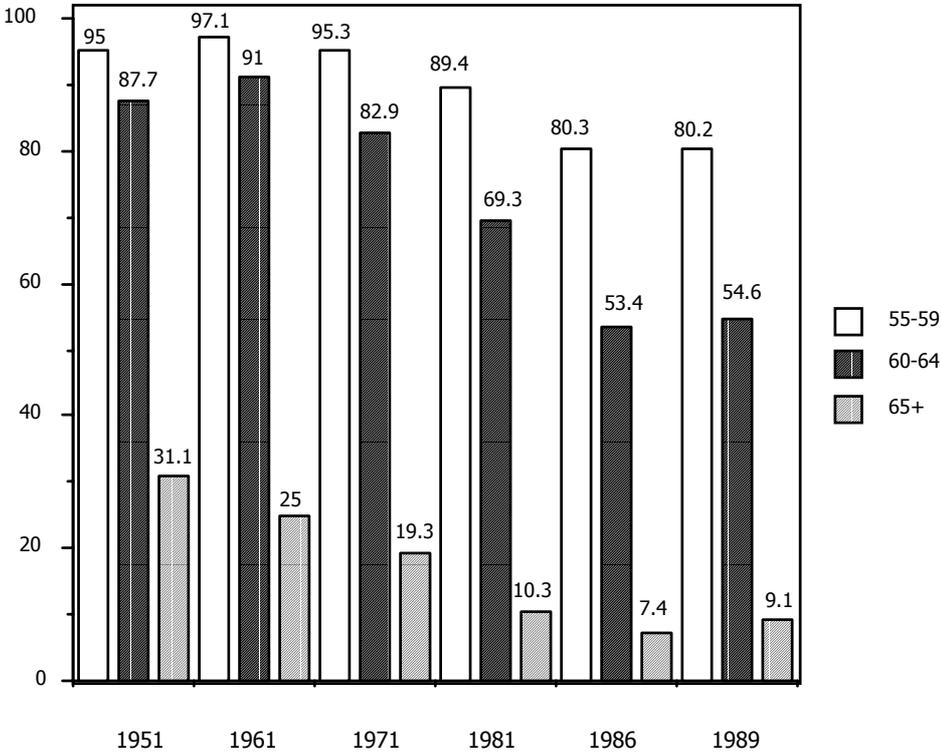
Source: 1951-1971 based on Census data; subsequent years Department of Employment estimates

The decline in labour force participation is not confined to the pensionable age groups. Since the mid 1970's, there has been a downwards trend in the 55-59 age group reflecting the increasing numbers of men taking early retirement and redundancy and those in the long-term unemployed category. In contrast, the level of participation of women aged 55-59 in the labour force is similar to that in 1971 (around 50%). There has been a similar decrease in the participation rate of single women aged 60-64 to that of men. However, there has been an increase in the participation of married women and widows.

Table 8: Economic activity rates nearing retirement (%)

	Male (60-64)	Female (55-59)
1971	82.9	50.9
1981	69.3	53.4
1984	56.7	51.1
1986	53.4	51.7
1987	54.6	52.6
1988	55.0	53.0
1989	54.6	54.3

Source: Department of Employment

There are several reasons for this 20th century trend. Historically, the introduction of a statutory retirement age with the provision of pensions making retirement financially possible has been the most significant cause. Indeed Alan Walker claims that age-barrier retirement has been 'the main driving force behind the widespread development of ageism in British society' [IPPR, 1990].

Other factors influencing this long term decline include technological change demanding new skills (though it is a myth that older people are less adaptable and cannot learn new skills), and the increasing proportions of older people aged 75 and older.

However, in the last decade it is the rise in unemployment and economic recession which has resulted in higher numbers of older people taking redundancy related early retirement. This is the most worrying additional factor exacerbating the decline in older male participation in the workforce, leading to the blurring of distinctions between long-term unemployment and retirement. This is often a cause of failure to adjust to retirement. Unemployment is a particular problem for ethnic minority elders. The majority of those over 55 represent either semi or unskilled workers. The 1983 survey of Leicester revealed that 54.3% of Asians and 35.4% of West Indians aged 60-64 were unemployed compared to only 19.6% of 'whites'. This suggests that there is a measure of discrimination on the basis of ethnic origin.

The 9% of men aged 65 and over and the 6% of women aged 60 and over who continue in paid employment are most likely to be the younger elderly, married men and single women and are least likely to be older elderly, single men or married women [Walker, 1990].

The main reasons for wishing to continue to work are to maintain income levels, to retain the social contact and status that work may provide and, particularly where work has been an avenue for creative service and self-fulfilment, to continue a satisfying and productive life style. Part-time work is usually sought.

The exact nature and extent of paid work by elderly people post-retirement age is hard to assess. Clearly there are some groups of people such as self-employed, those in family businesses or some professions where there are great opportunities for continued participation. Self-employment is a real option for retired people wishing to continue in work. The proportion of self-employed people over the statutory retirement age is nearly twice that for those in paid employment after retirement age [Walker, 1982 quoted in Dee & Bowen].

Today, there are two towering obstacles in the path of older people wishing to continue to participate in paid employment, despite the removal of the pensions obstacle to paid work:

i)   Prevalent ageism and myths about the decline in abilities or lack of flexibility of older workers among employers. A considerable bias remains against the recruitment of older workers leaving older workers particularly vulnerable to long-term unemployment after redundancy. There are signs of this changing with Tesco, B & Q and the Brook Street Bureau, for example, positively encouraging recruitment of older workers. However, this hopeful sign appears to be limited to

lower paid, part-time employment. Although older workers are supposed to be back in fashion with policy makers (Norman Fowler is quoted in the Sunday Times 29.1.89 as desiring to 'encourage the elderly to live healthy lives and to work longer'), nevertheless, employers continue to discriminate against older workers. Many vacancies are not open to those aged 60 plus; there is often an unwillingness to retrain older employees; part-time opportunities are offered rather than full-time jobs.

ii) General economic climate and Government policy. Historically, governments have sought to impact the labour market for older people via incentives either to defer retirement during periods of labour shortages or, conversely, to encourage early retirement during times of economic recession. The current recession and high unemployment now mitigate against the employment of older people despite the growing acknowledgement of the shortage of young people entering the workforce. Employment training schemes are geared at the young unemployed and give lowest priority to training those over 50. Older workers are more likely to be made redundant during periods of recession and least likely to find other jobs.

The difficulties of adjusting to retirement represent one of the more serious barriers to participation, post-retirement, in other areas. While for some, retirement brings freedom from drudgery and opportunities to participate, for others it can be a compulsory exclusion from status and value-giving work as well as leading to a drop in income which may limit participation in other areas.

The impact of role-loss such as happens at retirement on participation is disputed. Failure to adjust is well documented. The research by Young & Schuller [Life After Work, 1991] found a ratio of 2 negative experiences to 1 positive but other factors such as pre-retirement lifestyle and post-retirement health and income are probably the most significant determinants. Given the extent of negative experiences of retirement there is a strong case for more pre-retirement education.

We have argued earlier that less emphasis should be placed on paid productive work as defining participation. Nevertheless it remains one among a number of possible areas of participation and is often an area from which older people are excluded. Whilst those elderly people who cannot, or do not choose to work, should not be seen as non-participants – or less important participants – in society, we should strive to enable those who wish to work to be able to do so.

SUMMARY: ELDERLY PEOPLE AND UNEMPLOYMENT

There are many factors currently at play in the UK labour market. Some of these are believed to inhibit the employment of older people and some encourage their continued involvement. Below is an attempt to annotate these conflicting forces:

Factors Encouraging Participation

❍ *Demographic changes resulting in shortage of new recruits at the younger end of the job market and skills shortages.*

❍ *Rising public expenditure expectations for pension and health care provision prompting Government policy to promote a longer working life.*

❍ *The prevailing work ethic which equates economic productivity with worth.*

❍ *Equal opportunities lobby advocating raising retirement age of women to 65.*

❍ *Promotion of the concept of flexible retirement and the removal of mandatory retirement before the age of 70, enabling men and women to choose when to retire between ages of 60-70.*

❍ *Removal of the earnings limit and retirement rule as conditions for receiving basic state pension, and the adoption of partial pensions schemes.*

❍ *European Court judgements challenging the UK's unequal retirement ages and entitlement to pension schemes.*

❍ *Trends in other industrialised countries such as US, Germany and Japan to equalise retirement age at 65.*

❍ *Employer's acceptance of the benefits of a flexible workforce and the increase in the number of part-time jobs, job-sharing schemes and flexible working hours. This factor has encouraged women returners back into employment, and may increasingly provide part-time job opportunities for elderly people.*

❍ *Increased life expectancy, e.g. someone aged 60 today has the same life expectancy of 20 years as someone in their twenties living at the beginning of the industrial revolution, and because of better health care, a greater expectation of a number of years of active old age of which some could be spent in continuing employment.*

Factors Discouraging Participation

❍ *UK mandatory retirement ages of 60 for women and 65 for men, before which there is no entitlement to state pension provision.*

❍ *Economic recession and rising unemployment resulting in preference given to youth employment.*

❍ *Age discrimination by employers and recruitment agencies.*

❍ *Trades union policy advocating early retirement.*

❍ *Lack of legislation to combat age discrimination in the job market.*

❍ *Increasing numbers of frail elderly being cared for by relatives, often women, limiting women's option to work.*

❍ *I.ack of adequate information about educational or retraining options for older people.*

❍ *Widespread provision of occupational pension schemes means that many more people can afford to retire early and leave paid employment for good.*

D. LEISURE

Leisure as a period of time is a major aspect of old age. But for many elderly people this is an empty promise with little involvement in activity. This section of the report assesses the current levels of participation in leisure activities by elderly people and the factors that limit increased participation. There are many benefits from participation and so we should be seeking to ensure that the leisure time found in old age is a rich and rewarding experience and not a time of emptiness and waste.

The Concept of Leisure and Older People

The importance of leisure as an area of participation needs some justification for there are conflicting views of leisure. Leisure is still seen by some as mere idle pleasure in contrast to worthy work [Sports Council, 1982] and not a priority to those concerned with elderly people or public policy.

Leisure can be used to refer to a period of free time (often in contrast to work), to activities undertaken in this free time, or to a state of mind or attitude. The concept of leisure needs to be sufficiently flexible to encompass the differing leisure needs of the young, the early retirees, and those in the third and fourth age.

Recent years have seen a steady reduction of working hours and length of working life which, coupled with increased longevity, has seen a tremendous expansion of leisure time. Thus for many people, and particularly for those whose work and child-rearing responsibilities are behind them, leisure has become an important phase of life. The experience of leisure is thus a rather different experience for these people than for those for whom leisure is seen as short breaks of time in contrast to work.

Attitudes to leisure are changing as our society becomes more leisure conscious with greater importance attached to self-fulfilment and self-expression. Yet many older people were brought up with different attitudes to leisure and, influenced by the legacy of the nineteenth century work ethic, have feelings of guilt and embarrassment about leisure and retirement. However, the new generation of retirees have emerged from the youth and leisure centred culture of the 50s and 60s and their expectations and activities differ from their predecessors [Roberts, 1981].

The Nature and Level of Participation

The wide range of activities that can be considered leisure and the heterogeneity of the elderly population require caution in making generalised statements. Nevertheless there is a definite pattern of low levels of participation in most leisure areas. The leisure of elderly people is dominated by passive home-based activities such as watching television.

Elderly people are tremendously under-represented in the use of facilities for physical activities. This is not just a problem for the very old, for the 45+ age group comprise only 8% of users but 45% of the population [Gratton & Taylor, 1987, p81].

The marked drop in leisure-orientated pastimes when people retire is clearly exemplified when looking at the playing and watching of sport.

Figure 11: Involvement in Sport (%)
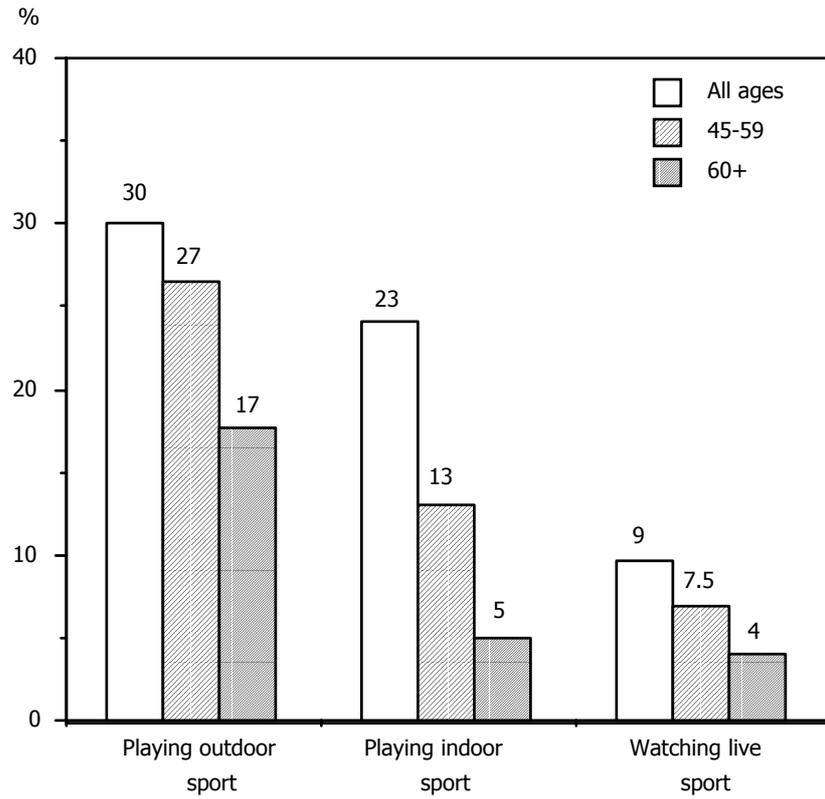
Source: Armstrong J et al, 1987

The best source of information in Great Britain is the General Household Survey (GHS), which collects information on leisure every three years. Table 9 gives the participation rates for different age groups in the most popular sports. [Note: these figures do not indicate the frequency of participation].

Table 9: Annual sport participation rates by age and sex (%)

	Age 16-19	20-24	25-29	30-34	45-49	60-69	70+	Median Age
Men								
Walking	72	70	70	71	65	57	41	40
Snooker*	76	72	60	46	24	14	8	31
Swimming/outdoor & indoor	58	50	54	50	26	12	5	34
Darts	48	42	36	29	15	7	3	31
Keep fit/Yoga	7	9	9	8	5	4	3	37
Cycling	46	24	22	21	12	8	5	33
Golf	25	24	21	17	14	7	5	35
Fishing	22	14	14	13	9	5	3	35
Lawn/carpet bowls	5	5	4	6	5	7	6	45
One activity/ except walking	97	96	93	87	64	43	25	37
One activity	98	98	97	94	83	70	50	40
Women								
Walking	66	61	65	67	61	52	25	41
Snooker*	35	25	14	9	3	1	0	25
Swimming/outdoor & indoor	59	57	58	48	23	12	3	33
Darts	18	17	13	10	6	3	1	31
Keep fit/Yoga	42	39	39	26	14	8	3	32
Cycling	25	17	17	18	10	6	1	35
Golf	5	5	5	5	3	2	1	36
Fishing	3	3	2	2	1	0	0	32
Lawn/carpet bowls	2	2	2	2	3	3	1	46
One activity/ except walking	89	88	79	71	44	28	9	35
One activity	92	90	87	86	72	59	28	39

* includes billiards and pool

Source: General Household Survey 1987: Supplement B, Participation in Sport, research by Jill Matheson, London, HMSO (p.18).

Bowls has traditionally been seen as the most popular active sport for the elderly and retired and the 1987 GHS survey indicates that this tradition still stands. This is corroborated by other studies which have found golf, bowls and swimming to be the most popular activities for older age groups [Norton, 1984. McKeever and Perry, 1990].

The tourist industry has perhaps been the quickest of all the leisure markets to respond to our ageing population with many products specifically designed for and marketed at older people. 47% of the retired population took a holiday of four nights or more in 1985, compared with 58% of the total adult population. The level of holiday taking declines with age particularly in the 70+ age groups, of the 65-75 age group 36% took a holiday of four nights or more; for the 71-80 age group this had declined to 41%, while for those 81+ it was only 28%. As with the population in general there is a strong correlation between holiday taking and social class.

A recent study by the Arts Council [Targetting the over 60s, 1988] pointed out that the over sixties are less involved with the arts than any other group.

Visits to museums, art galleries and exhibitions are again characterised by age, sex and class divisions. Visits to museums, for example, decline by age with 36% of those aged 35-44, 31% of 45-54 years, 27% of 55-64 years and only 21% of over 65 visiting.

Mintel Leisure Intelligence [Vol 4, 1988] reports that 41% of those over 65 'rarely or never' went out in the evenings. This raises the fact that for many older people leisure is primarily home-based.

The General Household survey looked at a range of home-based leisure activities which in most cases indicates a much lower reduction in participation with age than with other leisure activities. (see Table 10)

The 65+ age group watches more television (nearly 36 and half hours per week) than any other age group [Social Trends, 1991]. Radio listening accounts for nine hours per week for those over 65 (the all-age average is 9 hours 46 minutes). TV and radio are therefore the major part of leisure for elderly people.

Table 10: Participation in selected home based leisure activities by age,1987 (%)

	Age							
	16-19	**20-24**	**25-29**	**30-34**	**45-59**	**60-69**	**70+**	**All ages**
Percentage in each group participating in the 4 weeks before interview								
Watching TV	99	99	99	99	99	98	97	99
Visiting/entertaining friends/relations	97	97	98	96	95	93	92	95
Listening to radio	94	94	92	90	87	84	75	88
Listening to records/ tapes	97	94	89	84	71	58	33	73
Reading books	59	56	60	64	60	62	55	60
Gardening	17	23	37	53	57	57	40	46
DIY	28	39	51	56	48	39	18	43
Dressmaking/needle- work/knitting	14	21	25	29	30	32	23	27
Sample size (= 100%) (numbers)	1,384	1,821	1,827	5,162	4,140	2,654	2,541	19,251

Source: General Household Survey, 1987, Table 6.1, p.56 from Social Trends 21, Table 10.4, p.171.

Ethnic Minorities

The information above presents a rather broad picture of low levels of participation. People are, of course, very different and the leisure interests of ethnic minority communities illustrate the variation there can be within this broad picture, with leisure activities varying considerably from group to group depending on both cultural and religious background.

Interviews conducted by the Institute of World Concerns [IWC, 1991] found that many of these leisure activities take place in the context of a day centre which provides a convenient meeting place. This is reflected in the expressed needs for service provision, as the one area which stands out as having a high requirement is that of a day centre [Table 11].

Table 11: Extent of possible need for certain social services perceived by elderly Asians who were not currently receiving them: (%)

Service	Possible Need	No Expressed Need	Total (N)	
Meals on wheels	7	93	100	(721)
Home Help	8	92	100	(715)
Day Centre	94	6	100	(641)

Source: IWC

Excursions and day trips are an important aspect of leisure activity for elders of all the ethnic minority groups studied, although ability to enjoy this activity is often restricted by financial considerations.

The Chinese and Afro-Caribbean elderly enjoy group trips and most of those interviewed had been involved in such visits to other parts of the UK or even the continent of Europe. Many of these trips were organised through and sponsored in part by day centres, again showing the importance of these facilities for elderly people.

The Asian elders also enjoyed groups excursions but most expressed that they preferred to travel as a large family group, rather than with other unrelated members of the community. This may, in part, be due to the restriction on Asian women mixing socially with men who are not part of the family.

A survey into leisure activities of Afro-Caribbean elders in Leicester [Leicester Social Services, 1986] shows that the most popular leisure activity amongst the Afro-Caribbean elders is watching television, though the percentage who do so on a regular basis (60%) is far lower than for the indigenous population. The second highest activity involves local churches. With this exception, many of the activities engaged in are very similar to those of the indigenous white population.

Asian elders expressed a strong interest in music. Both in listening to music together in groups and also in playing music, particularly that which is culturally traditional is a regular pastime of a large proportion of elderly Asians. Dancing is also a popular pastime.

Many of the day centres which cater for Asians have a high predominance of men. This is due in part to the restriction on Asian women mixing with men who are not relations. Women do however get involved in social activities in day centres, some of which are mixed activities and some of which are segregated. In particular there is segregation for activities such as swimming and card playing which is an extremely popular pastime amongst Asian men.

Asians also enjoy watching television and videos. Cultural videos are very popular as are travel videos, particularly those dealing with both Asian and British culture and history and there is a strong interest in current affairs. For this reason reading, both books and magazines, is very popular.

Other activities mentioned as being popular among Asian elders included cooking, writing, painting and drawing.

The Chinese elderly community gave the impression of being quite self-sufficient in establishing and enjoying leisure activities. Their day centres tend to be self-run and often self-funded, although they do express the need for financial support from social services.

Activities which were very popular include watching videos, cooking together and outings. Both men and women greatly enjoy playing games; both play Mah Jongg, men play Chinese chess and the women cards. Men often play these games for money as gambling is extremely popular amongst the Chinese.

Men also spend a great deal of time reading newspapers as they, like the Asian community are very interested in current affairs.

Both men and women also expressed that much of their leisure activity revolved around their grandchildren. This is also reflected in the generally strong family concept amongst the Chinese and the high regard in which the elderly are held.

Who Participates?

The consistent conclusion of researchers is that participation varies primarily according to age, gender and a variety of socio-economic factors such as socio-economic grouping, income, employment status and family circumstances. The key point that must be continually emphasised is that elderly people are not a single homogeneous group and so we must seek to be as precise as possible about who is, and who is not participating, if we are to respond adequately.

As Table 9 shows participation rates in sport are higher for men than for women with the exception of keep fit and yoga. Men and women participate equally in swimming between the ages of 45 and 69, but the decline in participation after 70 is greater for women.

The relationship between leisure participation and gender is complex for a number of limiting factors such as income affect older women more than men. In many cases it is simply the inequalities that have been present throughout life which are continuing into old age.

There is a strong relationship between leisure participation and social class. Generally participation in sport and attendance at leisure centres is higher among non-manual than manual workers. The General Household Survey, for example, revealed that 91% of those in the professional group had done at least one sport in the previous year compared to 57% of the unskilled manual group. [GHS,1987b].

The correlation between holiday taking among retired people and social class is particularly noticeable. Two out of three retired people in social groups ABC1 took at least one holiday of four nights or more compared to only one in three of social class E.

Obstacles to Participation

The detailed picture of who does, and does not, participate becomes clearer as the obstacles to participation are examined.

According to Bernard [1990] the constraint system is complex and highly inter-related, but once people overcome these 'hurdles' they sustain a high degree of participation in active leisure. The six hurdles are individual constraints, social constraints, economic constraints, access, facility constraints and managerial constraints. She summarises the main points concerning each constraint as:

i)   *Individual*

    Sex, age, personal mobility, health, motivation, knowledge and awareness, leisure literacy, sports skill, perception.

ii) *Social*

    Education, cultural background, work commitments, family commitments, companions.

iii) *Economic*

    Income, socio-economic status, cost of equipment, travel costs.

iv) *Access*

    Distance, cost, time, car ownership, public transport, weather.

v) *Facility*

Programme policy, pricing policy, appearance, interior access, charging facilities, socialising facilities.

vi) *Managerial*

Management style, attitudes to older people, attitudes to older people and sport.

Swimming as a case study highlights many of the constraints to active participation in sports for older people. Miriam Bernard's research confirms the dramatic under-representation of older people using sports facilities. Once again sex, age, and social class were highlighted as serious constraints to active participation, as was the lack of company and transport in getting to the centre or pool [Bernard, 1990, p.21] Lack of company can be a particular problem for older women who are more likely to be single and living alone than men. The main criticisms were high costs of admission and the short length of time available to the general public. Cleanliness and good service and friendly staff were the aspects users most liked.

Croshie [in Strelitz, A. 1984, p.116] found in his interviews of members from a swimming club for retired people that the main problems were difficulty in recruiting new members and an associated problem that the pool was not roped off for the sole use of older people. Some of the members were well into their 70s and felt 'vulnerable to the vagaries of younger people'. The management felt they could not rope off part of the pool because it was open to the general public when the club used it. The 'timidity of older people, though recognised, was not accepted in the practice of management.' Another of the constraints mentioned by Crosbie is 'that they have to cope mentally with their own body in a swimming costume visible to all' and 'the feeling that people of their age don't do things like swimming'. Both examples of the effect of ageism as a constraint on the activities of older people [see also Bernard, 1990, p.26].

The Leisure Marketplace Ltd survey shows that women suffer more constraints than men and gives some indication of the relative importance of the various constraints:

Table 12 - Major Constraints to Leisure

Q - What are the major constraints to you taking part in more leisure pursuits?

Major constraints to leisure	Male %	Female %
Aren't any	31.7	18.1
Cost/too expensive	28.5	31.0
Health	22.1	22.1
Transport/access	11.9	27.3
Not aware of opportunities	11.1	17.0
Inconvenient times	9.2	16.6
Lack of companions	7.9	27.7
Lack of time	7.9	13.3
Not interested	7.1	3.0
Family responsibility	1.0	3.3
Animals/Pets	0.3	7.4

Source: What's age got to do with it, Leisure Marketplace Ltd, 1990.

These findings are similar to the study by the Centre for Leisure Studies. The last study reveals the interesting fact that those over 75 report fewer constraints than the 60-74 group. This may well be due to the lower expectations of this group.

With so many interrelated constraints and because of the diversity of circumstances of elderly people it is not easy to isolate the most significant. Some, such as income, affect all areas of participation and

need no further mention here save to mention that as Local Authorities become increasingly cost-conscious there may be greater reluctance to subsidise leisure costs for elderly people.

Constraints which apply more specifically, or in different ways, to leisure are ageist attitudes, and the nature and patterns of provision.

Buildings can be a major problem whether it is the lack of seats discouraging museum visits, problems of physical access such as stairs, or location which, coupled with poor public transport, can prevent access.

Problems of programming and provision are very important. Sports illiteracy is perhaps an unfortunate term but many older people will need support and encouragement to try new activities.

Benefits of Participation

Perhaps the most obvious and qualifiable benefits of leisure participation for elderly people are the physical benefits of health, fitness and mobility

MacHeath in her research argues that:

> *"Swimming is an ideal activity for the older age group. Being non weight bearing it has great therapeutic value for arthritis, the obese and many others disabled through a variety of conditions. These individuals can use this activity as an excellent means of maintaining their strength, mobility and flexibility without the need of sticks, canes or zimmers".* *[MacHeath, 1984, pp74-75].*

The benefits are not merely the maintenance of health and mobility for those more active elderly people. Les Haywood has argued for the benefits of therapeutic recreation for those in long term care.

> *"A major criticism of this type of provision for the elderly is that while the residents' material needs may be (more or less) adequately met, their social needs are rarely addressed. Some of the better homes provide outings, bingo, community singing, and crafts, and encourage frequent visiting. Sadly, however, in many cases people are left with a television set as their sole companion in an existence structured rigidly around solitary meals and long, slow nights. Time to oneself, so prized in life's earlier stages, becomes literally a burden to be borne alone. Clearly to change such situations requires more than words of condemnation of this travesty of the leisured lifestyle, and it is in the concepts and practices of 'Therapeutic Recreation' that perhaps the seeds of a solution may be found".*
> *[Kew ed. 1991]*

Cognitive, social and emotional benefits of leisure are all important. Opportunities for social contact are often particularly valued and many of the most successful leisure schemes for older people have made this a specific goal of their provision.

The Sports Council argues that leisure makes an important contribution to the quality of life [Sports Council, 1978]. Social changes leading to leisure and concern for quality of life challenging the primacy of work in people's lives. If this is to become an increasingly important and respected aspect of participation in our society then we should be seeking to ensure that elderly people are in a position to benefit from this change.

Finally social changes are leading to leisure and concern for quality of life challenging the primacy of work in people's lives. If this is to become an increasingly important and respected aspect of participation in our society then we should be seeking to ensure that elderly people are in a position to benefit from this change.

There are many examples of successful schemes and practice. Consultation with elderly people to discover what they want, encouragement to try out activities and provision of special programmes with opportunities for social interactions have all proved successful. Higher levels of participation are possible and are rewarding for those involved.

E. EDUCATION

Despite the opportunities that retirement might be expected to bring, education is a major area of under-participation for elderly people. Our concern here is not solely with formal, institutionally provided education. In fact, the identification of education with formal schooling is a comparatively new phenomenon. A broader understanding of education which emphasises its integration with life and the importance of personal growth and development rather than just the acquisition of empirical knowledge and skills has been reaffirmed since the 1960's.

The nature and quality of education continues to be a fierce and highly political debate but the future of education for elderly people seems to lie in informal provision with rather broader aims than that which characterises much formal education.

The idea of lifelong education is described by Gross as:

> *"life long learning means self directed growth. It means understanding yourself and the world. It means acquiring new skills and powers – the only true wealth you can never lose. It means investment in yourself. Lifelong learning means the joy of discovering how something really works, the delight of becoming aware of some new beauty in the world, the fun of creating something, alone or with new people." [Gross, 1977]*

Something of the range of what might be counted as informal education is shown in the list of examples given by Roger Harrison.

❍ A discussion group meeting in a sports centre which used reminiscence about health cures and health care as a way of thinking about their current patterns of living, eating, exercise, and using the health service.

❍ A group meeting in an adult education centre to learn about computers.

❍ A home visiting scheme based at an admit education institute which uses volunteers from established adult education classes to take educational opportunities to housebound older people.

❍ Local history group whose knowledge of their own area has led them to become an environmental campaigning group to protect an area of particular interest.

❍ A group of older people meeting with representatives from statutory and voluntary agencies in a church hall to discuss the design and delivery of services to older people in neighbourhood.

❍ A small team of local artists, musicians and actors doing a tour of old people's homes developing the theme of music, dance, writing and painting in the 1930's through self-expression and reminiscence.

❍ A group at a day centre who were exploring poems about love through readings, and through writing their own poems.

❍ A group which is learning about child development and discussing members' own experiences of being grandparents. [Harrison, 1988]

Any project committed to furthering the participation of elderly people must consider education as it provides one of the major opportunities for enabling and encouraging participation in other areas (e.g. through pre-retirement training). It also has direct benefits for the well-being of elderly people which provides further justification for any call to increase levels of participation.

Extent of Participation
It is difficult to obtain accurate figures on the extent of participation by elderly people in education. The General Household survey of 1976/77 found 1-2% of over 60s attending classes, and midwinter (1982) later confirmed a figure of 2%, finding that participation in this low figure was itself closely related to socio-economic status and length of previous educational experience. This varies between institutions of course. Older people taking Open University courses are approximately 7% of the total on the OU, a relatively high figure, although absolute numbers compared with all retired people are very small. Members of University of the Third Age are only about 0.1% of the London older age groups.

Part of the problem is the wide range of activities that might be considered educational activity ranging from attendance at adult education classes to reminiscence projects in sheltered homes. However, it seems clear that the large majority of older age groups are not entering significantly into the organised population sector.

> *"It is apparent that of the increasing number who could take part the proportion who do so is very small. This even includes more peripheral activities which claim an education function, e.g. community development, therapy etc." [Walker, 1990]*

Discovering who is participating is particularly difficult. In trying to assess who education is actually reaching, Harrison, who has designed a system for extensive local surveys, says that most classes and activities will not have accurate records. He notes that even within the most formal structure of adult education programmes available through colleges, information about who is taking part and which classes they choose is very hard to get. [Harrison, 1988]

Surveys such as the General Household Survey and that by the Advisory Council for Adult and Continuing Education [ACACE, 1982] have confirmed the generally held beliefs that women participate more than men, and that participation is related to social class and extent of previous educational experience.

Amongst the ethnic minority elderly the facilities and provision available for education is extremely limited. Such education programmes as there are for the elderly usually take place within the context of existing day-centres. By far the most popular educational topic was learning English. Other popular activities, which fall more into the education/leisure area, include cooking, craftwork and sewing. A number of people also expressed great interest in the cultural history of their homeland and also of the UK.

The Benefits of Education
The Forum on the Rights of Elderly People to Education (F.R.E.E.) claim that 'education as a basic human right is not qualified by age' [FREE, 1986]. Rights are often easier to assert than justify. The importance of access to education for older people is partly a consequence of the view of the nature of education outlined earlier, and partly because of the benefits that educational activity can provide.

These have been researched extensively by Sidney Jones who draws attention to the following benefits: [Jones, 1983]

i) Physical benefits
There are many physical benefits. At the ground level there are the basic movements required to go out of one's home, or out of a ward. At the more discreet level arms and hands are used in pottery. Motor Coordination of cortical kind is used when we handle an object being manipulated.

Jones draws our attention to the fact that 'even turning the page of book or reading a poem uses the facial muscles, the vocal chords, as well as the respiratory organs, ribcage, diaphragm etc. People move when they are enjoying themselves. Maintenance of all body systems is helped by activity. Lack of use brings deterioration.'

Jones also draws our attention to several studies that indicate improvements in bodily functions, particularly continence and becoming brighter eyed. Whilst the relationship remains under-researched, Jones points out that 'every educational experiment in a geriatric ward or hospital which has been reported has shown positive outcomes'.

ii) Social benefits

If people are still living in their own homes, educational opportunities give them a reason to go out. If they are married, to do something constructive independently or with their partner. A well reported feature of retirement is that living together all day every day needs negotiation.

Jones comments that

> "through co-operation, the sharing, the absorption and concentration which feature and which these inspire, and which can only be described as joy, there is an overflow of energy, the very need to communicate, to comment, to observe. As an accompaniment to sharing an activity there is the strong tendency to identify with one's fellows, and thus to converse."

There is tremendous potential in education for the lonely, bereaved and isolated. The social interaction often spreads beyond the classroom and people may meet between classes. The social element of education can have a particularly strong input at times when social isolation is more evident, e.g Christmas. Jones has also noted that people tend to take more care of their personal appearance. In isolation, we have a tendency to let ourselves go.

iii) Cognitive Psychological benefits

> "the cognitive changes which accompany educational activity as reported include improved memory, alertness, sense of identity, concentration, and a better grasp of reality."

So often one is confronted with the negative view. It is refreshing to see that improvement in mental function is possible

iv) Affective psychological benefits

> "When we learn we change. But we do not only change in the sense that we now know something we did not know before. To learn anything is to demonstrate to ourselves and to others that we are capable of learning; that we have the capacity. We see ourselves in a new way. Our self concept changes to include this component: 'I am capable of speaking french'. Thus depression borne of the perception of helplessness can be held at bay. Csikszentmahalyi, quoted by Jones, demonstrated the joy derived from the exercise of skill which extends us but does not overextend us ... and which is the opposite of constant diet of activity or non-activity which makes no call on our potential skilfulness."

These benefits do not accrue solely to elderly participants themselves for the increased well-being, independence and interaction will benefit others as well. This is perhaps particularly evident in the case of elderly people in long-term care when the improvement in mental and physical condition can lead to reduced health-care demands.

The response of consumers of adult education courses or activities reveal that

> "intrinsic considerations are important when choosing a course or other education activity. It is important to them that the course will be enjoyable; that they will be interested in the

subject and that the knowledge gained will be useful. It is important to them that they are able to get there without too much travelling and that it will be held at a convenient time. Meeting people is important to them, although it is less important to know others who are going too. Extrinsic factors, such as thinking it might help financially, get a job or help them in current employment seem to matter less." [Hosie et al, 1990]

v)   Benefits to others

Education can enable or empower people to serve others both through encouraging the use and development of existing skills and the acquisition of new ones. One very innovative project, being run by the Hackney Black and Ethnic Elderly Organisation, is a training programme for elderly people to become carers in the community. The project takes place in the day centre and is run in conjunction with Hackney College who provide the lecturers. It is a once a week, one year course, with a certificate at the end.

This provided a high level of motivation and with careful thought could be one very effective means of addressing the lack of volunteers amongst the ethnic minority communities.

Barriers to Participation

Educational psychologists and sociologists are looking closely at why, despite pressures for change, there is in practice little clear demand for education at a local level. These are looked at in three areas.

i)   Personal

The Advisory Council for Adults and Continuing Education (ACACE) says that:

"Peoples' attitudes towards education as adults are likely to be significantly affected by their experience of education as children ... These attitudes are likely unless something significant happens to change them as they continue into adult life". [ACACE 1982a]

Many people are deschooled. ACACE also report that people over retirement age:

❍   had received less schooling (70% left school at 14 and under compared with 31% of the population as a whole).

❍   had participated less in education since school (65% have never participated compared with 50% of the whole population). [ACACE, 1982b)

People may have poor attitudes and self perception as adult learners. For example the 70% who left school at 14 often see education as an alien environment. Various people affirm they 'frequently feel they have no ability or interest in learning'. Older people can feel that it is too late. 'You can't teach an old dog new tricks'.

Johnstone (cited by Parker) asserts that

"The typical lower class person does not think of education in terms of personal growth or self-realisation, and as a consequence is even less ready to turn to adult education for recreational purposes than he is for vocational purposes." [Johnstone, 1976]

ii)   Situational

The older learner's situation in life varies through time. For example, at one stage they may have little time if they have grandchild-care responsibilities, enabling their children to work. Ill health and lack of money or transport may also prevent participation. Although it is true to say that ill health is a barrier to people, in some circumstances where a person enters a longstay ward with an enlightened team of staff, they may encounter educational activity for the first time in many years.

The ACACE [1982a] report comments that barriers as outlined and adapted to older people affect large numbers both in the USA and in the UK. The two most frequent reasons offered in both countries for

inability to participate are lack of time and money. However, as the report comments these are more socially accepted reasons than say, lack of confidence, lack of ability and lack of interest. Those who feel that they suffer from some personal incapacity find it difficult to analyse and define their own educational needs. Much of what is being discussed does not specifically relate to the older person which may suggest that, although there may be some special conditions that relate to them, as a group they share many of the characteristics of younger age groups. Certainly we know that social class, age, sex, in fact a number of socio-economic measures are associated with particular attitudes and educational opportunities.

Elmore goes on to say:

> *"what we do not have is a really comprehensive explanation of why participation in adult education is related to socio-economic status. It may be that specific explanations have to be found for different cohorts and different generations. Certainly, successive cohorts entering the senior age-range come with quite different educational, social and economic histories."*

Whilst it may be true that specific explanations need to be found for different cohorts, which looks at education as one aspect of the resources of middle class people, which actually enable them to function in that group. So working class people by definition may be the ones not interested participating in education.

iii) Societal
Participation in education is affected by social attitudes and patterns of provision. It has been argued that education for older people is wasted because their intellectual faculties are reduced.

Although the debate continues the trend in recent findings is towards the conclusion that 'the myth about the capacity to learn being substantially reduced with advancing years is demonstrably wrong' [Jones, 1976]. In a survey of providers of adult education in two areas, 84% of providers in West Inverclyde and 98% in West Lothian registered their disagreement with the statement that older people are intellectually less capable than younger people [Hosie 1990].

iv) Institutional
The practices and procedures of adult education provision may discourage older adults from taking part in educational activities. The survey of adult education providers in two Scottish areas by Hosie et al revealed that problems such as uninviting rooms, enrolment and registration procedures and lack of flexibility in the timing of courses were perceived to be major constraints to participation. There was strong agreement by both consumers and providers that older people needed more information and advice about learning opportunities.

A number of fairly simple strategies can help to overcome these barriers such as:

a) Giving information
Practitioners in Retirement Planning courses attempt to give information about potential in older age groups, as for example listed earlier. Having this knowledge enables people to think differently about themselves and their potential. It affects the expectations that others, e.g. carers, vicars, relations etc have of people.

Other barriers can be overcome by giving serious consideration to when and where the activity will take place.

b) Changing time and location
More informal voluntary educational activities are proving flexible in their methods of delivery, taking advantage of the fact that older people have more 'free' time than anybody in the population. Although there are commitments of family, e.g. picking up grandchildren, health appointments etc, time is available. Daytime hours seem the best and most popular time as transport is generally easier, fear of attack is less and the weather warmer. This is not to say that evenings don't have advantages; if one has

a car, it is easier to park and it is free in the car park. If a person has no car transport can be arranged on an individual goodwill basis. Even some boroughs, e.g. Brent have a black cab system for their pensioners, which is helpful in late night travelling.

Location can almost be anywhere. The tradition has been in colleges, institutions etc. but as we have seen earlier many are put off by institutions for a variety of reasons. Not least is the memory of school, teaching etc. Harrison most helpfully notes:

> *"Where good accommodation is available for older people the demand for these facilities usually outstrips the supply. One adult education centre in Bradford runs a very popular Forum which regularly attracts 70 people and has a waiting list of about the same number. Characteristics which are seen as attractive are:*
>
> – *A friendly, welcoming atmosphere. Large institutional buildings usually find this harder to provide than smaller local centres.*
>
> – *As one adult education organiser working among minority ethnic groups in Bradford commented: 'This venue is really important, it makes such a difference to success if it is welcoming, familiar, not like a big institution.'*
>
> – *Ground floor rooms, good lighting, seating, heating and toilet facilities can make the difference between a less fit person being able to take part in a group or not.*
>
> *There are indeed a wide range of settings where education for older people can and does take place. Further examples are adult education buildings, sheltered housing complexes, leisure centres, parks, churches, arts centres.*
>
> *Shared use of accommodation can be successful in allowing a mix of people using the same facilities. For example, a Camden pensioners health course is run in the communal room of a sheltered housing complex and is attended by both tenants and local pensioners."* [Harrison, 1988]

F.   CHURCH INVOLVEMENT

Participation in church life is still one of the most popular and valued arenas for old people. Some 13% of those aged 65 and over in England are churchgoers, and, contrary to popular belief, the proportion of men and women is similar and reflects the proportional mix of the sexes in the population with 14% of women and 12% of men being churchgoers [MARC Europe].

Profile of church attendance
The most recent comprehensive survey of churchgoing in England was the English Church Census conducted by MARC Europe in October 1989. The table below shows the age and sex breakdown of those who attended church on the census day:

Table 13: Age and gender of churchgoers 1979 and 1989
compared with general population 1989 (%)

Age group	Churchgoers in 1979			Churchgoers in 1989			Population 1989		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under 15	13	13	26	12	13	25	10	9	19
15-19	4	5	9	3	4	7	4	4	8
20-29	5	6	11	4	6	10	8	8	16
30-44	7	9	16	7	10	17	10	10	20
45-64	9	11	20	9	13	22	11	11	22
65 & over	7	11	19	7	12	19	6	9	15
All ages	45	55	100	42	58	100	49	51	100

Source: MARC Europe

Of those attending church on the census day, l,807,000 were 65 and over, some 19% of the total. A higher percentage of men and women were churchgoers compared with their population proportion.

The British Gas survey recorded a sizeable figure of 26% attending a religious service as a leisure activity undertaken in the week previous to the survey. This would include non-Christian religious services.

A regional breakdown shows that, overall, there is a slightly higher proportion of elderly people in northern rather than southern churches, but that the counties with the highest percentage of churchgoers in the 65+ age group were in coastal counties in the south and south west:

|	
East Sussex, Isle of Wight	29%
Devon, Dorset, Norfolk, Somerset	27%
Cornwall	26%
English counties average	19%

[NB. Figures relating to church attendance do not in any way reflect the general level of Christian commitment or interest in the older population. It is well known that many more elderly people are regular listeners to radio and TV religious programmes than actually go out to attend church.]

The MARC Europe English Church Census was concerned to analyse the reasons why church attendance had continued to decline during the decade 1979-1989. The report remarks that the actual churchgoing figures, showing that some 35,000 men were 'lost' to the church over the decade largely through death, hides an actual increase in the numbers of men going to church in the 65+ age group. However, this increase is not as significant in relation to the increased proportion in the general population of men in the older age group. The Census report concludes:

> *"Of course, we must be concerned about evangelising older people, but the decline in older people who do come to church is mostly due to natural demographic change." [MARC Europe]*

A revealing picture emerges when the denominational breakdown is analysed concerning churchgoing patterns of older people (see figure below). Most older people are Anglicans:

Figure 12: Denominational allegiance of
65 and over age group (1989)

3%   3%   4%   5%

35%

5%

16%

Anglican
Roman Catholic
Methodist
Baptist
URC
Independent
Other Free churches
Afro-Caribbean/Pentecostal

29%
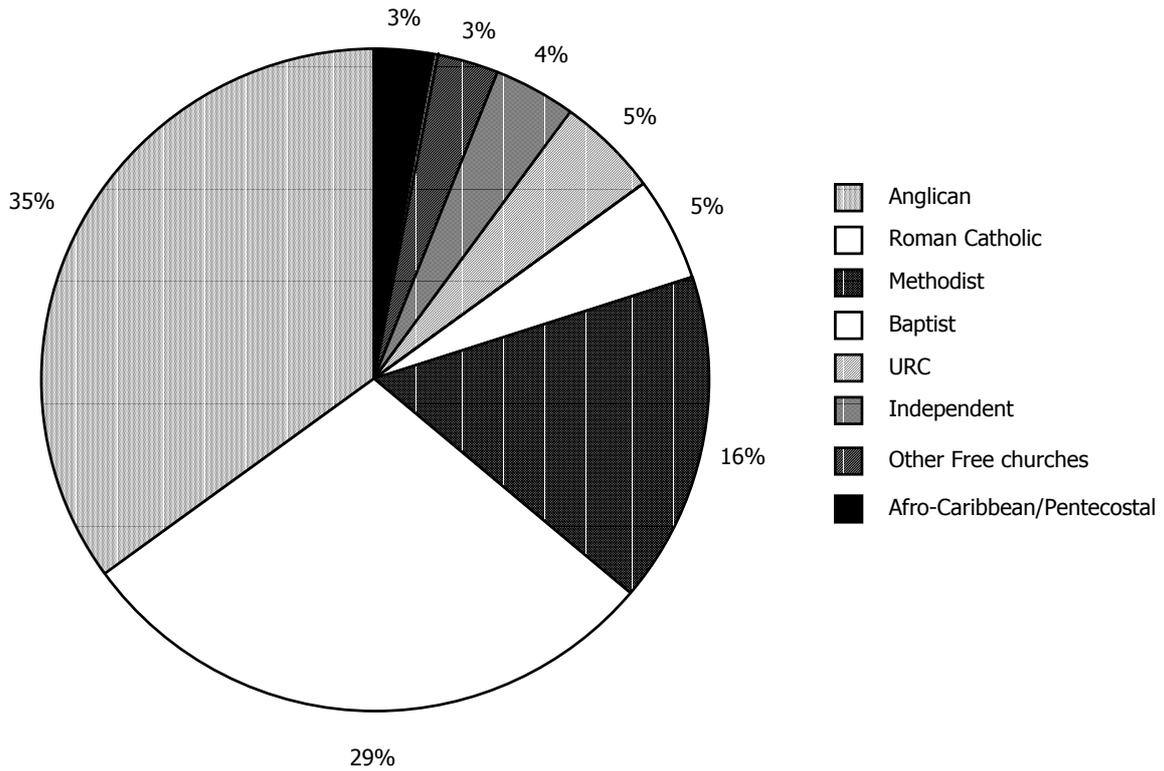
Older people make up 30% of the attendance of English Methodist and URC churches.

Figure 13: Older people as % of denominational attendance (1989)

Denomination

Afro-Caribbean
Independent
Pentecostal
Roman Catholic
Orthodox
Baptist
Anglican
Other Free churches
URC
Methodist

0   10   20   30   40

% aged 65 and over
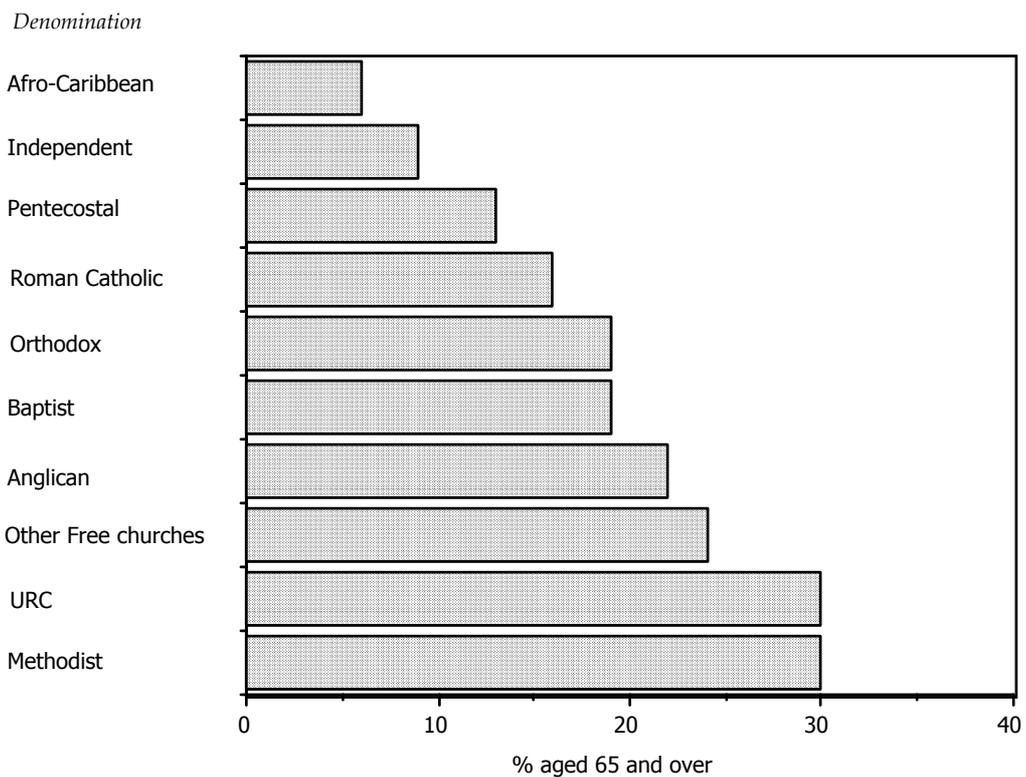
Over the decade 1979-1989, the net number of older women attending church has increased reflecting the strength of this age group in the previous age band 10 years before. Interestingly, the only denominations to make a net gain of men, Afro-Caribbean and Pentecostal churches, actually lost women. URC and Independent churches lost both men and women in the 65+ age group, the only denominations to have a net loss of older people, perhaps reflecting an emphasis on ministry to younger people.

Elderly people may only make up 6% of those going to Afro-Caribbean churches and 9% of Independent churches, but church attendance among the elderly Afro-Caribbean population as a whole is much higher than for the country as a whole. Almost half of all elderly Afro-Caribbeans are regular church members [Leicester Social Services, 1986].

The Census report predicted that by the end of 2000, 20% of churchgoers will be in the 65+ age group.

In summary, older people represent a very significant proportion of churchgoers but this varies considerably by denomination, perhaps reflecting worship styles or churchmanship preferences. The decade 1979-1989 did not see any significant change in the proportion of older men to women in church or actual attendance figures, although there was a net loss of 35,000 men and a net gain of 27,000 women.

Levels of Participation

Older people are involved in the whole range of church activities. Many will have more time to give to pastoral care, administration, visiting and meetings. Many have a lifetime of Christian wisdom and experience to offer.

The concept of 'elders' in the church, particularly in the steadily expanding independent house church network, is very much alive today, although the office is not confined to any specific age group. Nevertheless, the biblical association of leadership with the insights of maturity is still hallowed. Indeed, many churches would simply not function without the cohorts of older lay people who give their time and talents freely.

Where there is a weakness in church life, it is not so much that older people's participation in leadership is restricted, but rather that so often older people are treated more as the *object of ministry*, rather than as the vehicles of providing ministry. Just as churches should seek to incorporate the skills of its young active members, so should priority be given to encourage the contribution of older people in all aspects of the church community's life .

Ann Webber seeks to address this balance in her excellent and readable book 'Life Later On' [Webber, 1990] and offers many valuable suggestions for harnessing the experience of older people in the church in such areas as pastoral care, co-ordinating visiting in homes and hospitals, bereavement visiting, and forming teams to lead services in homes of the house-bound. Many elderly couples have had several decades of hard-won experience of marriage and child rearing. This investment could be made available to other church members in the form of marriage guidance counselling or children's work. Older people can often provide a sympathetic listening ear for young people to talk through problems with their parents. One church runs joint holidays for youth club members and retired people.

Webber also encourages older Christians to become more involved in the prayer life of the church:

> *"So many churches and individuals assume that prayer is the main gift that older people have to give. This is undoubtedly true, but it can sometimes be used as a way of justifying the marginalisation of older folk. When older people are asked to pray for something, how often are they asked about the answers they feel that God is giving? Some people suggest that prayer without action is of little use what opportunities are people given to take action on the prayers they are asked to pray? What feedback do they receive? Paul shows us the close connection between prayer and thanksgiving in the Christian life – how many opportunities for thanksgiving are given to those who are asked to pray? Prayer without thanksgiving and praise leads to spiritual depression. There is a mutual responsibility to ensure that that does not happen". [Webber, 1990, p47].*

Among Britain's ethnic minorities, church activities play a central part in the lives of the Afro-Caribbean elderly community. Given that nearly half of this whole ethnic elderly group are regular churchgoers, it is not surprising that the church is a major provider of many community facilities including day-centres and sheltered accommodation projects. Here among Afro-Caribbeans in Britain today one finds perhaps the strongest sense of church commitment to its elderly members and non-members. 'The church community is the outstanding exception to the reluctance of members of the ethnic minorities to engage in social work' [IWC, 1991]. This level of provision and activity does not operate within the Islamic and Hindu communities.

Ageism in the Church

Church membership and participation could and should provide older people with unlimited scope for both giving and receiving, for service and for personal enrichment, for affirmation and for spiritual comfort and strength.

However, in the preparation of this report, it became obvious that a Christian analysis of the participation of elderly people in society could not avoid turning a critical eye on the Christian community. Indeed, the concern was strongly expressed that it was time that Christians got their house in order before making pronouncements about society at large.

Arthur Creber, in one of the rare publications for clergy about church ministry with older people states:

> *"I know of no empirical research on this (ageism in the church), but my own deliberate and conscientious observations lead me to conclude that Christians have allowed the world to squeeze them into its mould. The church has failed to attack the myths and the underlying fears which cause older people to be pushed to the margins of our thoughts. It has failed to examine its own prejudices towards older people and has perpetuated a negative view of old age". [Creber, 1990, p.8]*

Examples of ageist attitudes are not hard to find. Often these are unwittingly reinforced by church programmes which are concerned to reach the younger age groups or sermons which relate to issues relevant to those in the First and Second Ages of life (defined as the age of childhood and socialization and that of paid work and parenting respectively), assuming that all those listening are either learning or working in or out of the home.

The following are areas where sensitivity to the circumstances of elderly people is needed:

❍ Language can be derogative, such as 'the church is full of old biddies'.

❍ Attitudes such as 'all old people hate change', that elderly people like tradition and always oppose new ways of doing things. People of all ages fear change.

❍ Physical aspects of the church buildings such as wheelchair ramps, acoustics, lavatories.

❍ Denominational appointments, e.g. the Anglican church has Youth Officers in each diocese but does not give the same status to those working among elderly people.

❍ The decade of Evangelism has highlighted the need to consider the best ways of reaching people outside the church with the gospel message. Much of this activity has focussed on attracting young people into the church, especially after the publication of the English Church Census which identified the loss of young people as the chief factor in the church's declining numbers. Most evangelistic efforts feature special Youth Events; how many include special outreach events for older people?

❍ Specific programmes aimed at older people such as friendship luncheon clubs may not be given as much attention as perhaps the Sunday School, e.g.. meeting in draughty church halls, availability of transport to and fro, training of leaders, prayer support. Many churches provide such opportunities for social contact without seeking to enquire after the spiritual needs of their older members.

❍ Little teaching or counselling is provided on the fundamental issues of the Christian faith, namely death and the hereafter. How should we prepare for retirement, for frail old age, for dying? How is

the availability of assurance about heaven communicated both to those older people brought up not to question the Bible but who nevertheless struggle with fear and those who have no concept of eternity? The church has for centuries had a major, not to say monopolistic, role in the community's 'rites of passage'; the transition from work to retirement is the only significant passage not recognised by the Church as having spiritual implications. At the root of most ageist attitudes is the fear of dying and of death, of losing control of bodily and mental functions: death is indeed the 'last taboo' in the church as in the world [Monica Furlong]. It has been suggested that this lack of discussion about death and dying may reflect a failure in the training of clergy in the particular pastoral situation of older people [Webber].

❍ Ministry to housebound church members and non-church members is a lifeline. It requires time and sensitivity. Visiting and celebrating Holy Communion can easily become low priorities in busy churches. Many older people have grown up believing that the ordained priest or appointed pastor was the only authentic minister and find it difficult to accept the involvement of lay people.

Overcoming the Obstacles to Church Involvement

Much good practice does, however, exist and the following list gives an indication of the range of initiatives where the needs of elderly people both to serve and be served are being sensitively highlighted and tackled. Some of these schemes are church-based; others are given here as examples of ideas which could be taken up by church groups.

❍ The 'Ageing' Report together with a study guide produced by the Church of England Board of Social Responsibility has already achieved much in raising awareness of ageist attitudes in the church. In exposing the problems and opportunities presented by an ageing population, it seeks to put the concerns of elderly people firmly on the Church's agenda in the decade of evangelism [BSR; Scripture Union, 1990]. In response to the 'Ageing' Report, the diocese of Wakefield has set up three working groups to look at the issue at an individual and parish level involving both clergy and laity.

❍ The 'Faith in Leeds Elderly People's Group' has produced a model survey study about elderly people living in the Urban Priority Areas of Leeds and Bradford. The survey involved interviewing elderly people and professionals working with elderly people, both in statutory and voluntary provision, as well as questionnaires to churches in the UPAs covered [B & L, 1991].

❍ 'ARISE' groups are the latest initiative by the Christian Council on Ageing. They aim to bring retired people together in a local area on an ecumenical basis to encourage self-development and community service. For example, two groups have been set up in Liverpool, one enlists the help of retired people in raising funds for charities and the other runs a children's group. ARISE = Activity Recreation Inspiration Service and Education [CCOA]

❍ REFIRE is a new pre-retirement education initiative based in London and has been born out of considerable experience in working with both companies and ethnic minority groups. It aims to encourage, help design, and run appropriate workshops programmes for local groups and members of congregations in both the pre- and post-retirement phase. Currently REFIRE is working in a West London church lunch club. The aim here is to match individual skills and inclinations to activity thus combatting the prescriptive 'now its sewing, bingo, etc.' Training sessions are also being run for church helpers on the ageing process.

REFIRE also runs pre-retirement workshops helping individuals to look at the process of change from work or unemployment to retirement, to assess their current situation and help identify skills and talents that can be used fruitfully. It is a forum for discussion, information and one-to-one help. Various events will be scheduled for the coming year including a seminar in London.

❍ Another Christian course offering counselling and guidance in preparing for the transition from full-time work to retirement is CARE's (Christian Action Research and Education) 'Care for the Future Weekends'. The seminars are aimed at those aged 50 and over and four weekend seminars are planned to start in 1992.

❍ Methodist Homes for the Aged, in addition to operating 37 residential homes and 21 sheltered housing schemes up and down the country, also administer a 'Live at Home Initiative'. This scheme supports elderly people not willing or able to move from home into residential care by encouraging local teams of volunteers to identify the needs of elderly people in their area and then to develop a network of support to fulfil those needs.

❍ 'Action for Family Carers' Training Programmes are run in association with Scripture Union's Training Unit, Nottingham. These day workshops are held throughout the UK to improve understanding within churches of the needs of those in their congregations caring for sick, elderly and handicapped relatives. Church representatives, carers and interested parties from local statutory and voluntary agencies are invited to take part [Scripture Union].

❍ The 'Dark Horse Venture' is the intriguing title of a scheme for retired people over 60 which provides opportunities and incentives for discovering new interests never previously tried. An activity is selected such as learning a musical instrument or taking up oil painting and, if pursued regularly over a 12 month period, a Dark Horse Venture Certificate is issued as acknowledgement of the achievement.

❍ Organised contacts between young people and elderly people have been found to be mutually beneficial, particularly to residents in retirement homes, who may never get visits from young people. 'Age Watch' is a scheme in Heywood, Rochdale, set up with aid from the Church Urban Fund to encourage children from local schools to visit and help the many older people living on their own in the area. Another scheme operates in the East End of London called 'Magic Me' which arranges visits by local schoolchildren to residential care homes as part of the school curriculum. Although not a church-based project, it has the potential to provide an attractive model for ventures with a similar vision.

❍ One grant-making trust called 'New Horizons' gives up to £5,000 in support of projects which involve utilising the skills of retired people to help the community. Each scheme must involve at least 10 people, half of whom must be over the age of 60. Schemes which have been supported include drama and craft groups, welfare advisory services, a pensioners' newspaper and educational projects. The aim is to encourage retired people to continue to benefit the community with their skills and experiences to improve local amenities or fill gaps in social services.

❍ 'Celebrating Age' Weekends have been held in a number of churches to great effect. This concept has been described by Arthur Creber [Creber, 1990] who organised such an event at his church in Stafford to celebrate 'all that is good about growing older'. Several sessions were held on the Saturday covering arts, health education, physical exercises and a display was compiled of photographs and books on 'Stafford as we knew it'. Two special talks were given over the weekend, one on 'Friendship with God in Later Life' and another as part of Sunday worship 'Prayer in Later Life'. The weekend attracted 100 people; some showed real interest in the Christian life and subsequently joined in regular church worship; many individual contacts were made; and many in the existing congregation were challenged to think more positively about old age and the views of older people.

In conclusion, the integrity of Christian pastoral and evangelistic ministry to older people depends on two things:

a)   a deep appreciation of the hurt caused by the prevalence of negative attitudes toward older people in society and in the church. This involves all of us making a prayerful examination of our own attitudes and adopting biblical values.

> *"If the gospel has to do with New Life we should be encouraging older people to explore their potential for creative activity, for maintaining and improving their health, and for establishing or re-establishing loving relationships with other people and with God. We should be providing opportunities for the development of understanding, growth and experimentation. A positive approach to the potentialities of old age will motivate us as ministers and will ensure that the necessary resources are made available for the provision of creative opportunities". [Creber, 1990, p23].*

b)   accepting the older person as a whole – past, present and future – and thereby helping them to see integrity and purpose in their lives. This is a better way to affirm the love of Christ for them when they are able to see where God has been working in their lives over many years, rather than to dismiss their past experience as inconsequential in the sight of God [Creber, 1990].

SECTION IV.
SURMOUNTING THE BARRIERS TO PARTICIPATION

There is clear evidence of actual and potential high levels of participation by elderly people in our society. This can benefit both elderly people themselves and the society of which they are part.

There are, however, some elderly people who are less able to participate. This final section of the report begins by summarising some of the factors which influence the nature and extent of participation, in terms of both who participates and the barriers to participation. Two broad responses to these barriers, empowering elderly people and supporting the most vulnerable, are suggested as well as a range of specific strategies for increasing participation in paid employment, voluntary work and leisure.

Who Participates?

Some sections of the elderly population participate less than others. Factors such as age, income, class, health, gender and ethnic origin have been shown to be particularly significant:

i) Age. The nature and extent of participation varies according to age. This is due to other factors which are age-related, so although the relationship between participation and age may give a useful average position, it is more helpful to look at those factors which are the direct causes of variations in participation.

ii) Income. A relationship between income and participation is clearly established. The relationship may be direct in that some forms of participation (e.g. leisure) may be bought or more indirect in that income can increase opportunities to participate such as through car and telephone ownership or through the provision of care and support services. A number of writers remark that the distinction between young and old is misleading. Rather old age makes more apparent the advantages and disadvantages that have been there throughout people's lives.

iii) Class. Participation varies according to class. Middle class and professional people have been shown to participate more in a number of areas such as leisure and voluntary work. However, as with age, there are a number of factors in operation here such as income, previous experience, or culture. It is important that we do not develop a model of participation that is relevant only for white middle-classes.

iv) Gender. Currently women's experience of old age is different to that of men for a number of reasons. Women tend to live longer so forming a higher percentage of the numbers of very old people. More elderly women live alone and they tend to have lower incomes as they are less likely to have occupational pensions and many are not covered by their spouses pensions.

Different patterns of work and family life also influence the nature and level of participation. Young and Schuller [Life after work, 1991] argue that women may adjust to retirement more easily than men because they have usually played a variety of roles (work, family, carer, etc). When work ceases other roles may continue. For many men work has been their only area of activity and if other issues have not been cultivated retirement can be very empty.

Many of the these factors are changing. Attitudes to, and expectations of women and their roles have changed considerably over the last few decades. More women work. Men are more able to be involved in domestic life and this is opening up new retirement roles. Thus we may expect a rather different pattern in the future. The current situation, however, reveals serious problems that need to be addressed.

vi) Ethnic origin. Although at a national level forming a small percentage of the elderly population, in some local urban areas they may constitute a much higher proportion. Ethnic minority elders can face a number of additional barriers to participation such as language difficulties, racial prejudice or inappropriate or inadequate provision of services. It is also essential that we recognise that experience and expectations of participation may be significantly different.

For some elderly people participation presents no problems. Typically, healthy and wealthy retired men may be expected to be participating in many areas. However, there are many who are more vulnerable: women, those who are more frail and those on low incomes perhaps particularly so.

Barriers to Participation

The list of barriers to participation is long and daunting and ranges from general problems such as income or health to specific problems such as insurance cover for volunteers. Any summary carries with it the risk of generalisations: masking the diversity of circumstance of elderly people and how the same constraints can affect different people and areas of participation in different ways. Nevertheless it is helpful in indicating the kinds of problems that those committed to furthering the participation of elderly people in our society must tackle.

Some researchers have sought to identify a hierarchy of constraints with age, sex, health and socio-economic variables often being put at the top of the list. The danger of this is that it masks the complexity of the issue and focuses attention on national social issues and neglects the more local and practical responses.

For our purposes the most useful approach will be to summarise the types of constraint (in a similar fashion to Miriam Bernard's six hurdles to leisure participation):

i)   Attitudes. Ageist attitudes are influential in the form of societal attitudes which can foster or reinforce negative perceptions of elderly people. This can also increase the negative self-perceptions of some elderly people which inhibits participation. Ageism can also operate through the way in which it influences the thinking and practice of policy-makers, leisure and education providers, employers, etc.

ii) Individual Constraints vary greatly and many are not exclusive to elderly people. Knowledge, skills and previous experience may influence the opportunities that are open for participation in paid or voluntary work and the likelihood of participation in education and leisure.

Personal characteristics of motivation, temperament, preparedness for retirement, and other factors which influence the way people respond to old age, retirement or role-loss can be major determinants of 'success' in participation. Personal circumstances such as health, income, housing and for the more frail, patterns of care provision, are also significant factors.

iii) Social constraints include commitments to work or family, for example, the demands of which can preclude participation in other areas. Cultural background influences attitudes to various forms of participation and therefore the response of elderly people to the opportunities that are open to them.

iv) Public policy may be a direct constraint as is the case with retirement policies. It is also a factor behind many other constraints such as health, income, patterns of care provision or the provision of education and leisure facilities. Public policy affects both the opportunities for participation that are open to elderly people and their personal circumstances which influence their ability to take up these opportunities.

v)   Institutional constraints. Examples here include the management and running of facilities which may neglect or not be fully aware of the particular needs of some elderly people. The way in which facilities are provided, or voluntary organisations run, can also limit participation.

Policy responses

An adequate response must show awareness of all these constraints. With such complex problems strategic thinking will be necessary to decide the priorities for action in terms of what will be most effective in changing society and also what is realistically achievable.

For many people income is the key. Although our research supports the view that income is an important factor we wish to take a longer-term view. Elderly people will always be vulnerable if they are perceived as noncontributors dependent on the care of others. The reduction of pensioner poverty would reduce this dependence as long as any increase in income was recognised as justly deserved rather than welfare provided by others. But in the long-term changes in attitude and perception are

fundamental to good policy. Policy and practical responses should be set in the context of such a longer-term campaign.

The challenge here is for both young and old. A paternalistic response to 'problems' is only likely to increase dependency. Thus a major part of any response should seek to empower elderly people to participate. Education can empower people and granting access to pre-retirement education for all could be one significant strategy for empowering elderly people. Such a goal will require a rather different kind of pre-retirement education than that which is currently offered to many.

The great diversity of circumstances of elderly people, and the low levels of participation by the most vulnerable groups such as women, the over 80s and those from ethnic minority groups would suggest that their support should be a priority. We suggest a range of measures to support ethnic minority elders as an example.

Finally, we suggest a range of strategies for increasing the participation of all elderly people in the areas of paid employment, voluntary work and leisure.

A. PROVISION OF PRE-RETIREMENT EDUCATION

1. Responsibility
   The issue of responsibility for providing pre-retirement education is still exercising educationalists. The chief candidates for the role are employers, trade unions, state-funded adult education classes, the media and the voluntary sector including churches. Both national and local government are already involved in the whole process of retirement, i.e. through Government Departments of Employment, Health, Social Security and Education & Science, and through the staff of local adult education colleges and pensions offices, etc. Yet preparation for retirement is in the end a personal and individual responsibility [Coleman, 1983]. Coleman's survey of the provision of pre-retirement education in Britain concluded that, because such education touched on so many vital aspects of life and not simply the communication of information about finance or health or leisure, it goes beyond the responsibility of government bodies and must be taken up by a cross-section of interests in partnership.

   Local government education authorities are in a key position to act as co-ordinators in the provision of such education in a region or locality. Where it is felt that adult education resources are too stretched, the authority should be given the task of calling together all interested agencies within the area to include: a) responsible local government officers i.e. adult education, equal opportunities; b) the voluntary sector and charitable groups, i.e. Citizens Advice Bureau, Age Concern, Help the Aged etc; c) local businesses and professions; and d) community and church groups. Their aim should be to produce, firstly, an assessment of the need for provision in their area against the level already provided, and secondly, to plan and seek funding for classes, courses or seminars which are appropriate to the particular needs of the area. A similar exercise has been achieved by regional Pre-Retirement Association groups such as Manchester.

2. Standards
   Government assistance is needed to encourage greater professionalism in the provision of pre-retirement education. At present, anyone can set themselves up as an expert. Naturally, the major life assurance companies are sponsoring seminars which concentrate on giving advice on financial planning. It is hoped that the self-regulation via LAUTRO and FIMBRA is adequate to ensure that unbiased marketing information is being provided.

Not only is there debate about the motivation for running courses, but also about the content and format of such courses. Typically, courses are in prescriptive lecture style with standard sessions on finance, health care, diet, leisure facilities etc. This style may suit some people who are accustomed to sitting through lectures. However, given the tremendous opportunity there is at this point to discuss the options and assist in making difficult personal decisions, the prescriptive style is inadequate. There are more participatory educational styles which allow individuals to shape the content of the course and participate in discussions and group exercises which can enable the 'real' issues to surface and be discussed, e.g. personal strengths and weaknesses, different pressures on the marriage, fears associated with ageing and death. Those courses which focus on the material concerns of retirement may well leave underlying questions of a more spiritual or relational nature untouched.

3. Church involvement
    Church involvement in the provision of such education can be encouraged on several levels. A minimum would be the inclusion of a church member or minister in courses provided in a non-religious setting locally to address the deeper 'life' issues which are often surfaced at a time when people are vulnerable such as the transition from work to retirement. A more extensive vision for involvement by local church groups might be the organisation of courses for church members and other parishioners which could give more emphasis to a 'holistic' approach to retirement where the body, mind, bank balance and soul are all implicated. There are a number of Christian professionals who are currently active in the field.

4. Research
    More resources are required to provide a more accurate picture of what retirement means today. Because of the rapidly changing nature of the work environment, the concept of retirement and the transition experience out of full-time employment is also changing. In order for retirement preparation and pre-retirement education to be as effective as possible, more research is urgently needed. It is assumed that the benefits of such preparation do include some social benefits which can be measured in terms of gains by the Exchequer, e.g. health care costs, but these need quantifying. In particular, the foundational work published in 1983 by Phillipson and Strang needs to be repeated a decade later to evaluate the work of pre-retirement education over that period. Organisations like the Pre-Retirement Association are very active in the field but seed-funding for original research is urgently needed.

B. SUPPORTING ETHNIC MINORITY ELDERS

This research project, in common with all other sources contacted or referred to, found that Government and Social Service provision for elderly people in ethnic minority communities was at worst non-existent, and at best patchy and insecure in terms of continuation, due mainly to short term funding.

In areas with relatively small ethnic minority populations there was either very little awareness by service providers that there was a problem or a feeling that they should use existing services. In many cases the latter excluded ethnic minorities or presented them with difficult obstacles to overcome because facilities were geared for the indigenous population.

In places with much higher populations of ethnic minority groups Social Services, while aware of the difficulties faced, find themselves unable to supply appropriate services due to lack of funding. Much of the provision for these communities therefore comes either from the voluntary sector or from within the community itself. With the development of the Government's Care in the Community programme, the role of Social Services will become much more that of providing support to the voluntary sector, rather than making their own provision to meet the needs.

This raises certain fears amongst those involved as they have expressed concern both about being able to persuade central government to provide sufficient funds to support such projects and also doubt as to whether they will find sufficient suitably trained voluntary workers.

This is a particular problem facing ethnic minority communities as the funding required is out of proportion to the size of the population to be serviced and it is therefore difficult to persuade sources of funding that the expenditure is justified. It may for example be relatively simple to obtain the capital, staffing and running costs for a day centre in an area servicing ten thousand white anglo-saxon elderly, but much more difficult to obtain the facilities for two hundred Afro-Carribeans. We have already referred to the particular difficulties in recruiting ethnic minority volunteers.

It is clear that the needs of the elderly in ethnic minorities are far more complex and varied than those from the indigenous population. The specialist requirements in regard to cultural, social and religious mores, meal provision, overcoming language difficulties, access to and acceptance of existing services and provision of suitable leisure and educational facilities, requires a far higher per capita input of expenditure from local authorities or central government than does the majority indigenous population. Therefore, since funding for the needs of the elderly is usually in short supply, the question has to be asked, 'to what extent can additional expenditure on the specialist needs of ethnic minorities be justified at the cost of provision of services to the majority?'

This is not a question that relates just to elderly people, or even only to ethnic minorities, but is an issue when dealing with any minority group. It addresses the fundamental question of how to administer financial resources in a manner that demonstrates good stewardship and which is just, fair and equitable in a democratic society.

Areas where a particular response is necessary include:

1. Community Care
   If the Government's Care in the Community programmes have any significant impact and not just be a means of reducing expenditure, then it is vital that sufficient funds are made available at every level in order to encourage people to take the responsibility for care upon themselves.

   This will mean provision of finance for building hire or purchase, materials and necessary administrative staff, while leaving the administration of the programme in the hands of local community and, in addition, providing sufficient incentives, including for example tax and social security concessions, at the individual level in order to relieve the economic pressure that often accompanies home and community care.

2. Family
   It would appear from these studies that our Western society has lost, and our ethnic minorities are rapidly losing, many very important aspects of family life, in terms of togetherness, care and respect for the elderly and a sense of honour, pride and mutual support and appreciation. It is important that we seek ways to reaffirm and re-establish these values in our society and move from a society which measures success purely in economic terms to one which promotes the value of the individual and which gives a much higher priority to the physical, emotional and spiritual well-being of its people regardless of age or race.

3. Paid Employment and Retirement
   The ethnic community, because of the much higher levels of unemployment and ill-health associated with their position of triple jeopardy, face this issue to a much greater extent. Flexibility in the age of retirement would greatly assist here as would measures to reduce both ageism and racism by employers.

4. Leisure and Education.
   It is important for service providers and voluntary organisations to be much more aware of the range of leisure activities which ethnic minority elderly enjoy and seek to provide suitable facilities and staff who are sufficiently informed to coordinate such activities.

   A programme encouraging elders to learn new skills which would be of benefit to the community, would provide a solid basis for educational activities. The project run by the Hackney Black and

Elderly Organisation is one which many other similar organisations could well emulate and every attempt should be made to encourage educational establishments to develop links with and make resources available for such schemes.

C. PAID EMPLOYMENT

1. Flexible Retirement Age
    The current interest in a flexible retirement age is welcome and should be supported. The introduction of a 'decade of retirement' between the ages of 60-70 would permit thousands of people, men and women, to exercise greater control over their own lives. In granting individuals a choice, an opportunity is given to seriously review their circumstances and assess their own goals, priorities and responsibilities for what for many will be another 10, 15 or even 20 years of potentially active life. It will break the age barrier of 60 or 65 which both financially and psychologically hinders people from fulfilling their full potential and artificially labels people according to age rather than level of fitness. Flexible retirement would signal an acceptance that people are different; some long for the days of leisure to pursue hobbies, while for others work is their most productive arena for service: 'one man's meat is another man's poison'.

    Other advantages of a decade of retirement would be the opportunity to develop a phased approach to the transition from full-time work to full-time leisure, together with wider options for part-time work and part-time pension schemes open to older people between the ages of 60 and 70.

    An assessment of the additional cost to the Exchequer has been made by Steven Nesbitt in the Appendix to the IPPR study 'The Time of Our Life' [IPPR, 1990]. His conclusion is that the most expensive and most unlikely scenario would be that all men and women would choose to retire at 60 costing the Exchequer some £11 billion p.a. An alternative and much more probable scenario is that the majority of men will continue to work until 65 and that a majority of women would choose to defer retirement until 65, whereby the costs and gains to the Exchequer are neutralised:

Table 14:   Public Expenditure Implications of Flexible Retirement (£000)

	Men	Women
Cost/gain to Exchequer of 80% choosing to retire at 65	-895,378	+2,279,390
Cost/gain to Exchequer of 20% choosing to retire at 62	-1,446,463	+194,515
Net gain to Exchequer	£132,064	

Source: IPPR, 1990

Although the public expenditure implications of introducing a decade of retirement are extremely important and obviously almost impossible to predict in detail, the most pertinent argument in favour of permitting flexibility is the opportunity for choice and for control over a major decision about personal priorities.

2. Age Discrimination

   At present, employees have no recourse in UK law if they believe they have been subject to age discrimination at their place of work. Recent rulings from the European Court of Justice have forced employers to adapt the operation of occupational pension schemes to remove sex inequalities in retirement ages. However, nothing has been done to remove the more endemic ageism in the workplace which manifests itself in several ways but typically in job advertisements and recruitment practices, redundancy programmes, the provision of in-service training and education and in promotion practices.

   Discrimination is not only experienced in the workplace. Older people are often told that they are unlikely to find employment due to their age by staff of official job recruitment and placement agencies, including Government-run Job Centres, and therefore they cease looking for work. In addition, people who attend Restart interviews, compulsory for anyone unemployed for over six months, are often advised to discontinue looking for work on account of their age [Taylor and Walker, 1991].

   As the Government itself admits, the future requirements of the UK labour force will necessitate the retention of older workers and that employers must expect to give priority to retraining older workers [D Empmt, 1988]. Much prejudice exists about the ability of people to learn new skills as they get older; at best this is overstated, at worst this is blatant discrimination.

   The Government's own Employment Training Scheme for unemployed adults has an age restriction of 60 years and gives lowest priority for training to those aged over 50.

   The recommendations of the House of Commons Employment Select Committee in 1989 to combat age discrimination should be endorsed, namely:

   a) the Government should report every two years on progress towards flexible retirement which, it is-hoped, will have the effect of reducing the significance of age in employment;

   b) employers should be made more aware of the productive potential of older workers, to challenge them to review their employment practices and to tackle ageist attitudes on practical grounds. Studies have shown that older employees tend to be much more loyal and reliable than younger employees. Younger people tend to be more mobile in their employment career taking their expensive training with them;

   c) employees of the Government should be offered greater choice of retirement age;

   d) special attention should be given to the training needs of the over 50s, especially the unemployed.

   e) employees should be given protection under UK law to ensure against unfair dismissal or discrimination in matters of redundancy, promotion and training.

3. Care in the Community

   Intrinsic to an ageing society is the conflict between the demands for care from a growing number of frail and dependent elderly people and the shortage of skilled labour in the labour market. The group most caught up in this tension are women in their 40s and 50s who are being wooed back into paid employment. Many of these women (and of course men) have elderly dependent parents and other relatives for whom they feel responsible. Many women, and it is still mainly women who exercise that responsibility in the home, are unable to find suitable paid employment because of the role-conflict created. Employers should be encouraged to adopt flexible working hours to enable both men and women to fulfil their responsibilities for caring and not discriminate against employees in this situation.

D. VOLUNTARY WORK

Government social policy during the last decade has in many areas been based on the belief that the state should be a safety net rather than a primary provider. Families and communities have been challenged to fulfil their responsibilities rather than to rely on the state to provide.

This might have been expected to raise the status and importance of voluntary work in the eye of government. Yet it seems that it has often been assumed that families or voluntary groups will automatically take on increased roles and little extra support has been offered. The voluntary work of all people, both young and old, is a vital contribution to our society. Much could be done to enable existing voluntary work to be even more effective and others to become involved.

The great variety of voluntary activities means that constraints are not easy to identify but there are a number of areas where action is needed.

1. Empowering elderly people. For some elderly people, perhaps particularly those who have not adjusted well to retirement, lack of belief in their own skills and potential to be a valued contributor to society is a major barrier to participation. Images of voluntary work as only for middle-class 'do-gooders' can also discourage participation. The provision of pre-retirement education for all is one way of overcoming these barriers.

2. Creation of new opportunities. Imaginative and successful initiatives abound, but there are opportunities for many more. Particular emphasis should be placed on encouraging and enabling elderly people to develop their own schemes.

   The availability of advice and both practical and financial support can be critical for the success of new schemes. Local authorities have a big role to play in this through community development works and the provision of grants. Through these existing means of support local authorities should put priority on enabling more elderly people to become contributors to, rather than beneficiaries of, the voluntary sector.

3. Churches can play an important role in supporting those elderly people within their congregations who are already involved in voluntary work, and in enabling others to do so. At a general level this will involve examining the expectations of elderly people that churches communicate. In both ministry within the church, and to those outside the church, churches should seek to ensure that elderly people are full participants.

4. Care in the community. The implementation of Care in the Community legislation is likely to change the relationship between social services and the voluntary sector. The shift towards a 'contract culture' in the social care field means that many small local initiatives run by elderly people for elderly people (day centres, lunch and social clubs and local meals on wheels schemes) are being asked to sign up to detailed 'specifications' and the former local authority 'grant' is being turned into a block contract.

   The ramifications of this are immense – it shifts the enterprise and responsibility to a different level and some are clearly not willing to move in this direction of more defined accountability. We may see many positive contributions folding up because local authorities cannot pay any money to give specified trained people a remuneration which makes taking on the greater responsibility attractive and the local group feels unable to sign up to provide a more demanding service.

   Local authorities should seek to ensure that the implementation of Care in the Community legislation does not undermine attempts to increase the participation of elderly people.

5. We support the call of the 50+ Group for maximum flexibility of movement between full-time and part-time/paid and unpaid work. Companies, enterprise agencies and volunteer bureaux can all contribute in making this possible by encouraging closer links between commercial and voluntary sectors and easing the transition into retirement.

6. Equal opportunities. As well as creating new opportunities for participation we should enable elderly people to take up existing opportunities to a greater extent. This has a number of implications for the way in which voluntary organisations work:

- selection, assessment and training should be based on individual ability rather than on generalised age-based criteria.

- more demanding service.

- age restrictions or jobs should be challenged. Where this is based on insurance cover restrictions alternative cover should be sought.

- premises should be physically accessible to all.

E. LEISURE AND EDUCATION

Policy Goals

Participation rates continue to be very low in education and most leisure areas despite the potential 'free-time' that retirement might seem to offer. The affluent and healthy newly-retired are well placed to enjoy the benefits of a booming leisure industry but there are many elderly people who remain unable to enjoy the opportunities old age can provide.

The range of possible leisure and educational activities is enormous and we should not be prescriptive in those that we encourage. Nevertheless the kind of participation we are seeking goes beyond simply killing time with activity. It should foster the well-being of elderly people through enabling the pursuit of personal development, therapeutic activity or opportunities for social interaction.

Participation which enables contribution to others and integration with society should be encouraged. This may be through the acquisition of new skills or knowledge to enable involvement in new areas of paid or voluntary work for example.

Local authorities

At the moment the major providers of education and leisure are local authorities, voluntary groups and associations and, in the case of leisure, the private sector. While commercial organisations are responding to the leisure demands of the affluent retired population, '... principally for financial gain, the public sector is able to pursue broader objectives such as health promotion or the alleviation of social deprivation' in the provision of leisure facilities. [Audit Commission, 1989].

It is not just an emphasis on the provision, programming and promotion of resources that leads to a focus on local provision. The future of education for elderly people lies in more informal concepts of education and provision. This is not just because a large, institutional approach is unlikely to be funded but because of the kind of education that is sought (more integrated with life), the need for a large number of local accessible facilities and a recognition that the best way of changing attitudes and encouraging participation is for elderly people themselves to be at the forefront of provision.

Increasing participation will mean many older people taking up an activity for the first time and not re-adopting one they have given up. Bernard argues that 'at present there is little justification to argue for more, or specialist provisions for older people. The real challenge is to harness existing opportunities to meet their needs and to make them both more accessible and acceptable' [Bernard, 1990].

If local authority provision of leisure and education is to be successful in encouraging participation by elderly people the following issues of policy and practice should be addressed:

1. The promotion and communication of leisure and education programmes. A commitment to finding out what elderly people want and informing them of what is available. It is not enough simply to provide programmes and assume that participation will follow.

2. The multi-use of local facilities which minimises transport requirements and encourages the integration of elderly people with others.

3. The development of appropriate programmes. The nature of the programmes offered is important if they are to be effective in meeting the needs of elderly people. 'Taster' sessions are helpful in

encouraging the adoption of new activities. Separate provision is preferred by some old people but others prefer integrated provision. Both should be available.

4.   The design and renovation of facilities should take into account the particular needs of elderly users. The nature of buildings is important. Schools can deter those with bad experiences of education. Physical access, mixed changing facilities, etc. can also discourage participation. Local authorities should ensure that existing and planned facilities do not hinder the participation of elderly people.

5.   The development of programmes specifically targetted at older people and the designation of specified staff members as facilitators.

6.   The provision of advice, support and funding for voluntary groups is essential if informal provision is to flourish.

7.   Implementation of Care in the Community legislation. The role of local authorities and statutory services in the provision of community care will have a significant impact to the extent to which elderly carers or recipients of care will be able to continue to participate.

This is not an exhaustive list but indicates the range of concerns which local policy for participation in education and leisure should encompass. The key is the recognition of the importance of elderly people, a recognition of their particular needs and a commitment to provide adequately for them.

Local action
The importance attached to informal provision gives tremendous scope for the involvement of voluntary groups. Nationwide there are countless examples of this in practice including more national groups such as the University of the Third Age as well as one-off local projects. Churches are well placed to become part of this network of providers, or enablers of this through making buildings available. The initiatives referred to in Section III are good examples of what is possible.

Central government
Local authority and voluntary provision does not take place in isolation from the influence of national policy and there is much that can be done at a national level to encourage change.

1.   Government education policy gives a relatively low priority to adult education. The Government's recent White Paper which proposed removing central funding for non-vocational adult education should be strongly opposed as this would have serious consequences for the education of elderly people.

2.   There is a case for increasing access to formal higher education for older people many of whom have not benefitted from the post-war improvement of education yet have contributed to the education of others through their taxes. Further resources can also be justified on the grounds of the potential savings that the benefits of education and leisure can bring (e.g. in terms of improvements in health).

    Provision of funding in the form of vouchers or payment of tuition fees could enable older people to acquire new skills to enable them to continue to participate in older age. The success of the Ford Employee Development and Assistance Programme which provides employees with £200 subsidy which can be spent on a variety of courses shows that such vouchers are valued and can work. 44.6% of the work-force are on the scheme, 31% of whom have registered for educational courses.

3.   National initiatives such as the Age Well Campaign or the Sports Council 50+ campaign can do much to increase participation and can benefit from the support of central government.

4.   Financial resources are required to maintain the provision of facilities which are affordable by elderly people and to promote and support developing networks of informal provision.

5.   Through the use of guidelines and standards, government can encourage practices which will facilitate participation. This could apply to many areas: one example would be encouraging therapeutic recreation in the regulation of long-term care.

6. There are major constraints to participation such as income or patterns of care provision which must be tackled at a national level. These have been a long-term focus of the major 'age' organisations.

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