amount of financial help given by older relatives is surprisingly small. And, finally, both housing and the wider environment may be a cause of conflict between generations, especially where inadequate attention is paid to the need for play space for children.

It should not be assumed that there will necessarily be conflict between generations. If the ability for all generations to have some privacy and independence is maintained, housing need not be a source of conflict. Rather, by being a vehicle of independence, it can enhance other aspects of relationships.

The past twenty years have seen a burgeoning of literature concerning the position of old people and their carers in contemporary British society. The demographic and social trends are well known and will not here be extensively reviewed. The crucial factors of increasing numbers of very old people, especially women; of changed dependency ratios; of a sharp rise in disability after the age of 70, including a substantial degree of mental infirmity after age 75; of an increasing proportion of old women living alone, convey a sense of gloom and foreboding. Furthermore, all developed countries are preoccupied with implications of these trends for social-security and pension provision and most (with Britain high on the list) have persisting poverty and low incomes amongst a significant minority, with an increased feminisation of poverty in old age. This poverty, has, of course, a crucial bearing on social-care provision.

The rise of a carer’s movement, which has successfully increased awareness of the dilemmas and difficulties confronting those who offer informal care to old people, adds another dimension to the debate and has given recognition to a problem of social care of significant dimensions, one which bears especially hard upon women. There has been a series of studies that graphically describe these situations.
and useful reports of the development of services to support carers. The great majority of commentators stress that informal care is alive and well, that there is no evidence of a lowering of commitment by younger relatives to older people. Indeed, emphasis is placed on the powerful sense of obligation that is often shown, to the point when the health and quality of life of the carer is placed in jeopardy. (However, a significant number of old people have no close younger kith or kin or do not live near them). For those whose interests lie in the study of ageing generally, the images that such writing presents may be seen to be unhelpful. They concentrate attention upon the later years of life, when frailty and disability may increase sharply and distract attention from very large numbers of healthy, vigorous old people. They convey the impression of ‘social burden’, thus stigmatising old people and reinforcing ageist assumptions. They create a moral climate, exploited by politicians, in which old people are seen as ‘too expensive’.

There has been much positive promotion of ‘healthy ageing’ by organisations such as Age Concern and the experience of many elderly people is reported as positive. Indeed, it sometimes seems as if there are two ‘camps’ of gerontologists, the optimistic and the pessimistic. Polarisation is unhelpful; positive and negative images must, for truth, rest side by side. However, the focus of this chapter – social care – inevitably means an emphasis on that phase of life when a substantial number of old people need support and help, when they become dependent in certain aspects of daily living, hitherto managed independently. Although we are all cheered by tales of sturdy independence, the reality is that in our daily lives we encounter numerous situations when ‘social care’ becomes problematic and when the relationship between the generations changes balance. Indeed, most of us at any particular time know of people who are ‘struggling’ to manage these adaptations. Yet the academic contribution to our understanding has not been marked by much sophisticated analysis of the dynamics of intergenerational interaction in these later years. There is much useful sociological context and a wealth of ‘raising awareness’ studies by feminists. This feminist literature has served carers well. It has not, however, served those cared-for so well. The perspective of the old being cared for is missing from most of those accounts. It is true that to gain this perspective is methodologically difficult, especially, of course, since a significant proportion of those cared for suffer from dementia; but the whiff of ageism persists. It is instructive to compare work in this field with that undertaken in the field of mental or physical disability, where much effort has been put into establishing effective communication to obtain the views and opinions of service users. However, we are beginning to see some comparable work with dementia sufferers.

There is a need to illuminate further the processes of negotiation and adaptation that are involved in intergenerational relations, as the balance of dependency shifts. On the material and practical side, we await the final report of useful research by Berthoud and Perkins at the Policy Studies Institute, in which financial and practical arrangements between the generations are examined. A major contribution to our understanding of these matters so far has been by Janet Finch and Jennifer Mason. Their work takes us beyond the rather sterile debate as to whether different cultures care more or less for their kith and kin and into the subtle operation of moral codes and values in their effect on notions of family responsibility.

Finch and Mason found, as have many others, that help within families was common. However, ‘it is a safety net which should be used as a last resort, not as a first resort. People expect that, for most of their adult lives, they will not be drawing on the support of kin, apart from their spouses.’ Such an observation suggests that the onset of social dependency in old age may in fact come as a shock to both generations. (We are reminded of the fact that, in the past, life expectancy was much lower.) The changed dependency ratio and the rapid increase in numbers of the very old does indeed pose us with a contemporary social challenge of major proportions, one in which all generations are involved and for which we are not well prepared.

Finch and Mason further argue that, in some ways, the kin group is unreliable ‘at least when looked at from the outside’. They assert that ‘it is not possible to predict, simply from knowing the genealogical relationships, what support is likely to be given to any individual ... The offer of help does not flow straightforwardly from the genealogical relationship.’ They ask whether ‘the variations are ac-
counted for by other social characteristics of the individuals involved — their gender, their occupation, their ethnicity, their incomes'. They ‘firmly reject’ the idea that these kinds of structural factors are adequate to explain the help that passes between families, although ethnicity merits further exploration. On gender, they do not find that one can explain differences in women’s and men’s involvement in terms of different beliefs or values. But ‘women in general do seem to be more firmly locked into sets of responsibilities to relatives . . . ’.11

As Finch and Mason themselves indicate, this observation does not mean that the families cannot predict their own behaviour; they may very well have an inside understanding built up from years of interaction, when mutual expectations have been formed and fostered. Finch and Mason did not find that ‘rules of obligation’ were expressed ‘at the level of publicly expressed norms’. Responsibilities did not in general operate on the basis of fixed rules, even in people of Asian descent. They argue that ‘duty’ and ‘rights’ are inappropriate ways of thinking about family life and choose the terms ‘responsibilities’ and ‘guidelines’ to underpin their discussion. Responsibilities are created over time, rather than ‘flowing automatically from specific relationships and commitments are developed, . . . in ways which are possibly half recognised but often not consciously planned’.12 They point out that commitments become crucial to identity: ‘If the image of a caring sister is valued as a part of someone’s personal identity, then it eventually becomes too expensive to withdraw from these commitments through which that identity is expressed and confirmed.’ They suggest that, through family exchanges, of whatever kind, ‘people’s identities are being constructed, confirmed and reconstructed’.13

Qureshi and Walker14 analysed these relationships rather differently. They found that genealogical relationships were important in establishing ‘a hierarchy of preference’, although modified by other factors, such as geographical proximity and health status of potential carers. They further found that ‘neither affect nor reciprocity are necessary conditions for the provision of practical care or tending’. Walker ‘does not argue that reciprocity and affect are unimportant, indeed our data shows that they are extremely important factors in determining the quality of the early relationship.’ The ‘primary concern here is with the factors governing the supply of informal . . . care to old people.’15

While some of the differences between the researchers are matters of emphasis, there seems to be some conflict between Qureshi and Walker and Finch and Mason on the extent to which genealogical considerations determine the flow of help. Further clarification is awaited.

The complexities and subtleties that Finch and Mason reveal in their analyses of family situations were badly needed to add to a corpus of research that has set the scene but not penetrated behind the scenes, except, to an extent, in sensitising us to the needs and feelings of carers. They make more difficult — but much more interesting — the task of the professional helper as he or she seeks to interweave informal and formal care. The process of assessment in community care will require the worker to understand processes of commitment over time and the sense of responsibility that has developed in younger family members. If their findings are sustained, there is little likelihood of a professional worker enlisting significant help from family members who have not hitherto been engaged, although skilled work may unlock jammed emotions or uncover misunderstandings that have produced mutually unsatisfactory relationships.

One aspect of changing family structure of particular interest, and with consequences as yet little understood, are the changes in patterns of separation, divorce and remarriage, and their effects on the coming generations, for intergenerational reciprocity. There is room for systematic research in this field, in which ‘the taken for granted’ map of family life is changed and has to be reinterpreted.

Another concluding argument in the Finch and Mason work refers back to the finding that ‘people do not want to rely on their relatives for extensive help’.16 They claim to have found ‘a continuing and strong sense of individualism in English society’. Yet, as we know, significant and increasing numbers of very old people find themselves in positions of dependency on relatives. There has been little discussion in the literature of the feelings that this may arouse in elderly people themselves, yet one can readily observe in day-to-day life the ambivalence that this unlooked for dependency arouses. Indeed, some of the tensions and difficulties which do arise are a reflection of that ambivalence, particularly understandable when the old person has led
earlier retirement years of independence and freedom. In particular, the adaptation to physical disability, whether traumatic or gradual, and the impact of fluctuating confusion pose problems both for the cared-for and the carer, and create situations of stress and tension.

In the community-care literature there is at present heavy emphasis on the instrumental and managerial aspects of 'care packages', by which old people who are frail are enabled to live in the community. The foregoing discussion strongly suggests, however, that the formal care worker should have a role, and skill, in facilitating necessary processes of adaptations between the carer and cared-for. These may have various dimensions; there may be long-standing aspects of the relationship that can be unhelpful; the informal carers may not fully understand the implications of the disability, and so on. Sadly, there has been much less interest in the dynamics of relationships in later years than in families with growing children - an observation that may in itself be indicative of ageism. Less than justice has been done to the wealth of literature on relationships between parents and children as the latter move to 'flee the nest'.

Behind feelings about the changed balance of dependency lie other, even more fundamental, questions for old people concerning their sources of satisfaction in that period of life. Kaufman drew attention to the significance of 'affective ties' and 'achievement orientation' in their lives of those old people whom she interviewed; they gave a sense of meaning and direction to activity. The importance of 'affective ties' is plain for all to see. Many old people construct their conversation and reminiscence around such family ties. However, for a substantial number those ties are now in the past; they are the survivors and they live upon their memories. For some, those memories are rewarding and peaceful; even when painful, time has transcended the pain. For others, unfinished business returns, in suppressed or distorted form, with seemingly no possibility of inner reconciliation. For some, formal social care may be a painful second best for the family that they never had or that is not now able to offer the support for which they had hoped. Thus attitudes towards formal provision will be fundamentally affected by expectations (realistic or in fantasy) of relatives. For, as Finch and Mason show, powerful as the drive to independence may be, when the need arises, there is a social expectation, often at variance with the reality, that the 'next of kin' will be there to supply what is needed.

A sense of achievement may be acquired by perceived success in affective ties. But other sources of achievement are, of course, available to the old person. The capacity to sustain activities that are experienced as 'achievements' is very varied in those who need social care. As I have argued elsewhere, those who provide care need to tread delicately, lest they usurp areas of 'achievement' that are of particular importance to the person's identity and self-esteem. It is all too easy for benign concern to 'take over', leaving the person deprived of sources of daily satisfaction.

There is an uncomfortable problem that confronts us when we probe these interactions. On the one hand it is often asserted that old people do not perceive themselves as falling into a category of 'oldness'. They do not... conceive of themselves in a context of aging and act accordingly. This is not to say that [they] ignore or deny their own aging and the discomforts of limitations which arise in that process. Nor does it mean that the changes experienced in old age have no psychological effects. But while dealing with the physical and mental manifestations of old age, old people also maintain an ageless sense of self that transcends change by providing continuity and meaning. On the other hand it is demonstrable that for a large number of the very old, contemporary society does not enable them to maintain that sense of 'continuity and meaning' in terms of affective ties and a sense of achievement. For reasons connected in part to their own physical and (for some) mental limitations and in part to the impact of rapid social change old people often find themselves 'bypassed'. The help that they find themselves obliged to accept, whether from family, neighbours or formal care systems, serves only to reinforce a sense of 'one-sidedness', with no certainty as to what is left to give back. Earlier life has been spent in networks of finely balanced 'give and take', the norms and rules of which are usually clearly understood. It may be that in the last years a sense of reciprocity over time makes the ac-
ceptance of support easier, although this is much more likely as a specific rather than a general feeling, i.e. the reciprocity is experienced in relation to a particular person – a daughter perhaps. But the literature of old people talking does not suggest that ‘serene acceptance’ is common or easily won. A degree of conflict is in fact more compatible with the need to preserve one’s identity.

These issues are seen at their most complex and painful when the person needing care is suffering from a mild and fluctuating dementia. Here proper concern about protection against risk has to be set against the erosion of autonomy, which may serve to confuse further the mind already wavering.20

Thus far the emphasis of this discussion has been primarily on the needs and feelings of old people needing care, in an attempt to redress an imbalance in the literature. However, the position of the informal carers in these dynamics and interaction is also problematic. In particular, one notes that the average age of carers is rising and that many now find themselves in caring roles as they approach, or embark on, retirement. While the foundations for offering care will, as Finch and Mason show, have been laid long ago, the carers may often find that they have ‘got more than they bargained for’ (an instructive phrase). Thus the ambivalence is on both sides and the emotional struggle can become quite intense as each side struggles to renegotiate a satisfactory balance in the relationship.

Brody, writing of the position in the United States, suggests that long-term parent care is becoming ‘a normative experience’:

Between 1900 and 1976, the number of people who experienced the death of a parent before the age of 15 dropped from 1 in 4 to 1 in 20, while the number of middle-aged couples with 2 or more living parents increased from 10 per cent to 47 per cent. [In 1963] about 25 per cent of people over the age of 45 had a surviving parent. By 1980, 40 per cent of people in their late 50s had a surviving parent . . .

Brody also discusses ‘caregiving carers’ and the position of ‘women in the middle’. From a major research study, in the 1970s, it was shown that:

for many women, parent care is not a single time limited episode in the life course . . . Not only can it begin at widely differing ages . . . but dependence/independence issues can be replayed many times. It can be multiple and multi layered as one’s parents and parents in law and even grandparents and other elderly relatives require help sequentially or simultaneously . . .

Thus we see the emergence of ‘the sandwich generation’ in which women (usually) care simultaneously for older parents or relatives and children. It is a source of intergenerational tension and there is little evidence of public and political concern. In addition to financial and practical problems, there are emotional and psychological dimensions, notably the effect on the principal carer, ‘the meat in the sandwich’, and the effects on the children, both in terms of the care they receive and on their subsequent attitudes to caring.

There has been much value and respect accorded to ‘carers’ over the past 15–20 years. The literature is replete with evidence of their commitment, together with poignant reminders of the strain and tension that these roles may engender. Indeed, such observation is confirmed in everyday life. Professionals have understandably and helpfully sought to advance their cause. From gross neglect, carers have moved to a place in some watery sunshine. From Twigg’s analysis, however, we can see that the nature of the relationship between formal and informal carers is far from clear. She points out that carers are variously viewed as resources, co-workers, co-clients or superseded carers. (This last refers more to those caring for younger disabled people.) Carers, Twigg argues, ‘occupy an ambiguous position within the social care system and agencies have shifting perception of their responsibilities to carers’.24 To an extent these differing perceptions reflect the reality of situations that vary between people and over time. They may also, however, reflect the discomfort and uncertainty that professionals feel in relating to those whose role and status is somewhat equivocal. (One is reminded of similar difficulties in child care in work with foster parents.)

We have been slow to incorporate into our thinking a specific dimension of the topic – that of elder abuse in families. There has been a curious fragmentation of the debate, in which the burgeoning literature on old people and their carers has virtually ignored the painful
and sensitive issue of abuse while a more specialised literature dealing with that topic has developed. In the United Kingdom there are signs that this topic is now raising more public and professional concern; media coverage, conferences and a national 'Action on Elder Abuse' network are beginning to arise.

The reluctance to acknowledge elder abuse has clearly been ageist. It has not merited the same attention as has abuse of children. It needs, however, to be understood in the context of family relationships rather than as an isolated phenomenon. Specifically, more research is needed on the precipitating factors, the extent to which care-giver stress is a significant element or whether, as Homer and Gildeard have suggested, long-standing family or personal pathology lie at its roots. Those who speak for carers have a delicate path to tread to ensure that the reality of abuse and its implications are honestly faced while avoiding a climate in which 'carers' are constructed as 'perpetrators'.

The argument so far may be summarised thus: the feelings of those very old people who need social care are shaped by complex earlier relationships, in actuality and as now perceived, and by fundamentally individualistic assumptions of 'independence'. These people are further affected by the lack of certainty about what they now have to give back. Ambivalence concerning increased dependency is normal and necessary, a fact to which those offering informal and formal care need to be sensitive. That ambivalence will often be shared by those providing care. The interaction of ambivalence creates tension and difficulty in the intergenerational negotiations around social care, which are becoming a common, if not normative, aspect of family life. Those responsible for formal care remain uncertain as to the status of informal carers and this affects the way in which relationships between the sectors are constructed. Of specific concern at present is the need to integrate the problem of elder abuse with general understanding of family relationships.

What then are the implications for family policy? Walker argues that 'the idea that the family is a private domain is a myth'. The 'naturally negotiated' relationship between the old and the young in the family 'is ... in fact socially constructed on the basis of prescriptive normative ideas and beliefs ... Currently favoured community care policies operate to reinforce the compulsory altruism of the family and female kin in particular.' He stresses the importance of a policy of 'shared care', between formal and informal sectors, in which emphasis is placed on 'social support networks' rather than a distinction between sectors. Fundamental to his argument is his belief that 'neither families nor female kin should be put under any external obligation to care for older relatives'.

That the state has a powerful role in defining and emphasising family roles, notably those of gender, is self-evident and is evidenced by the difference between Scandinavian countries and others in Europe in the expectations upon women to care. There is no indication in the United Kingdom of a social consensus in favour of weakening the obligations of informal carers; we see instead a complex and ambiguous picture. On the one hand political rhetoric, linked to the constant reiteration of the need for restraint in public expenditure, stresses the morality of private family care. On the other, there are some strong voices and quite powerful coalitions of interests that emphasise that the 'burden' of care on the younger generations, above all on women, is unsustainable – that it is simply not realistically possible without substantial state support. There is little evidence from carers themselves of a desire to divest themselves of responsibility; whether that is a manifestation of internalised oppression is a matter of opinion. There is, however, considerable evidence of a desire to be more effectively supported. The next decade will be a crucial time, during which the negotiation between state and family must take place, both at a macro political level and at the micro level of community-care services.

Into this debate now comes the Law Commission, whose proposals on mentally incapacitated adults would give certain carers, for the first time, a legal status. The Commission does not propose that there should be a statutory authority to take decisions for an incapacitated person simply on the basis of a family relationship. This fits well with the implications of the Finch and Mason study discussed earlier, which rejects ideas of 'genealogical prediction' of the assumption of family responsibilities. However, 'anyone who has care of an incapacitated person ... may do what is reasonable in all the circumstances to care for that person and to safeguard and promote his or her personal
In exercising this authority a carer must act in the best interests of the incapacitated person, taking into account that person’s ascertainable feelings and wishes, the need to encourage and permit the person to participate in decisions, and the general principle that the least restrictive course is likely to be the best. The Commission proposes also that there should be a new jurisdiction, enabling decisions to be taken about personal care and welfare, including the appointment of a ‘personal manager’ with administrative authority when the immediate care provided by (for example) a relative is not available or is inadequate. All concerned are bound by the same principles as are articulated for the role of carer. These proposals are potentially of great value in protecting a particular group of highly vulnerable adults (including those open to abuse). They also offer protection to carers who are accorded status or whose role is defined, a matter of some importance if, as seems desirable, better protection is to be afforded against abuse. However, once formal carer status is assumed, the carer may find him- or herself with binding ethical and legal obligations.

These proposals are concerned not only with old people but with any adults who are mentally incapacitated. They do not, of course, apply to the large numbers of frail elderly people needing social care who are not mentally incapacitated, nor should they. However, the underlying philosophy of the proposals, emphasising the rights of the mentally incapacitated adult to be consulted and involved fits well with the ideals of ‘empowerment’ and user-led assessment so much emphasised in the guidance on community care issued by government. Conversely, it can be seen as increasing the expectations that informal carers should play a crucial role, by ‘writing in’ statutory responsibilities.

What then of today’s old people? The evidence from Allen, Hogg and Peace is disquieting. For a start, in their study of people over 75 (who were not suffering from senile dementia or a high degree of mental frailty), 40 per cent of the elderly people surveyed had no son or daughter living in the neighbourhood in which they were living. One-third (34 per cent) of the elderly people could not name an informal source who helped them most to manage at home. A quarter of carers interviewed were over 70 and 11 per cent were over 80. The question... "who is the client – the cared for or the carer?" – becomes somewhat academic in so many cases where it is quite difficult to sort out who is the elderly client. Important as informal care is, as an overall strategy of community care, we delude ourselves if we minimise its uneven spread, substantial deficits and problematic aspects.

The main focus of the study was to examine the ways in which elderly people exercise choice in the care services they receive... and the extent to which they participate in decisions about their care. The results are extremely discouraging.

The question of how much ‘choice’ is really possible in the delivery of care services for elderly people should be examined. Few, if any, elderly people interviewed had any choice in what went into their package of care and some did not have anything in their package at all. They usually had no choice about the time at which the service was delivered, the person who delivered it or how much they received. Services were generally acknowledged to be in very short supply, access to them was usually controlled by professional gate-keepers and, in the absence of considerable financial resources on the part of the consumer, they were not readily available in the form and at the time they were needed.

Choice and participation by elderly people in the community usually took a negative form, with elderly people refusing services or discontinuing them if they found them unsuitable to their needs. There was evidence of unmet demand for services among elderly people and their carers, and concern about a lack of discussion of their needs.

A substantial minority of elderly people in residential care felt they had not had enough discussion or control over the decision to enter residential care. Most elderly people had had no choice over which home they had entered. Although many said they were happy to leave decisions on their entry to residential care to others, some were clearly under pressure, while most felt there were no alternatives. The only group to have made a clear ‘positive choice’ and to have behaved like active consumers had mainly entered private residential care at a time when they were still relatively fit.

As the authors comment, and is generally agreed, resource shortages severely limit choice and participation. However, this is not in my view a sufficient explanation. A radical change is needed in attitudes to the assessment and provisions of care, one that combats
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ageist assumptions and bureaucratic rigidities, and acknowledges the subtleties of the processes involved in interweaving formal and informal care.

It is ironic that much of the advice and guidance emanating from government at the present time does in fact accord with this perspective, but is viewed by many with cynicism and scepticism partly because of the overriding resource shortages, partly because there is in many quarters a deep distrust of an ideology that stresses choice and independence without showing how this can best be facilitated in relation to people who are particularly vulnerable, whether through environmental deficits or personal incapacity, or (most likely) both.

Such considerations may lead us seriously to doubt the application of market principles to welfare provision. They will certainly lead us to a model of intervention that is time-consuming at the point of assessment in its search for the ‘right’ solution for the individuals concerned. This is not to deny that there are a fair number of very old people whose modest needs are easily assessed. (Many of those, however, are finding themselves ‘screened out’ as diminishing domiciliary care resources are directed to those needing more intensive personal care.) Yet the fact remains that the gap in formal care between the ideal and the reality is far too wide to be tolerable. I have been shown some examples both in the community and in residential care that exemplify principles upholding the dignity of old people and their right to a significant degree of self-determination. I have seen descriptions of ‘care packages’ that show sensitive and painstaking work to provide a protective and acceptable environment. Yet, as the Policy Studies Institute study shows, these have touched relatively few people. The reality for many, if not most, very old people is very different. The uncomfortable truth is that, in the way formal care is offered, we often do little to sustain the sense of engagement and involvement that gives life meaning and purpose, and are not sufficiently sensitive to the dynamic interplay of the informal care system.

Formal care is an intergenerational activity. Younger workers looking after older people are as affected as their contemporaries by prevailing values and attitudes towards old people. Widespread ageism, a genuine social dilemma concerning the contribution of the very old to their society, and many individual situations in which mental incapac-

pacity plays a significant part, combine to produce a service response that bears little relationship to the ideals of ‘partnership’ between user and provider, now part of the rhetorical currency of social services departments. Ultimately, the success or failure of the community-care initiative will be judged not only on its level of resourcing, but also on the evidence of principled and sophisticated activity in working towards such partnerships. We have seen the development of a ‘movement’ in the field of learning disability that has led to determined efforts at partnership between workers and users. Can we now hope for a similar commitment in work with elderly people?