

Workshop “Meeting children’s needs, worrying for the young, caring for the old: intersecting historical approaches of age-based welfare in post-war Europe”, 18-19 March 2022, COST ‘Who Cares in Europe’ – University of Athens.

“Care for and by older people in Britain past and present”

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It is often said in Britain that in ‘the past’ families always lived with and looked after older relatives, but in the busy modern world they neglect them and dump them in care homes. Similar comparisons are made between Britain and countries in Asia and Africa, where family care for older people is said to be more devoted. In fact, there is strong evidence that British families- mainly women in families – give more care to older people than in the past and at least as much as in other countries. In recent years they have given more care than ever as the public care system has declined, and very recently the covid pandemic has further increased the need for family care. Also, it is important to stress, active older people themselves give care to family members who need it, as well as receiving it.

In Britain there is no expectation of older people living with their adult children as there is, e.g., in Japan. This has never been so in N-W Europe over many hundreds of years. Older people have long preferred to keep their independence for as long as possible, as they still do, often moving to live with relatives when they became too frail to manage alone. In the past this might be for a short time: until improvements in medicine in the mid-20th century, older people might not survive long in a frail condition but died quickly from infections.

But this does not mean that they have been more neglected by their families than in cultures where the generations live together. There have been important changes in relationships between generations over time. Until World War 2, over many centuries, a high proportion of people never married and had no children. And until the early 20th century high death rates of children and young people meant that many older people had no surviving children. And for centuries before industrialization and later, young people migrated away in search of work. Communication with their elders was then difficult when transport was poor or expensive and they were not highly literate. In the 19th and early 20th centuries hundreds of thousands of mainly younger people emigrated far away, to Australia, Canada etc. They often kept in touch with older relatives, and sent money, but it was hard to provide care at such a distance. Until quite recently many older people had no close relatives available to care for

them, or if they did they might be too poor to help them and live in such overcrowded conditions that sharing a home was impossible. Rich people of course could always afford to pay servants to provide care. During 19th century industrialization older people often migrated to live with younger relatives who had moved to expanding towns to work, mainly to look after grandchildren while their mothers worked.

Older and younger generations have always supported each another whenever they could, when it was needed. It was always quite common for some close relatives, where they survived, to live close to older people, for adult children to help ageing parents living nearby and for ageing parents to help them in return. To live separately from relatives but in close contact was often a conscious choice for as long as the older person could manage alone, partly because they preferred to keep their independence; also because they were aware of the tensions that can arise when families share a home. There were folk tales even in medieval Europe warning older people of the dangers of moving in with their children, who might neglect them, especially if they handed over their property.

It's important not to romanticize extended family living and assume that it always entails cosy, caring relationships. The most alarming evidence comes from Japan where it is normal for older people to live with their adult children, but there is evidence of high levels of abuse of elders within the family. I don't know of comparable evidence from other countries, but it's hard to believe that Japanese people are exceptionally abusive of their elders and there are suggestions, but little hard evidence, of abuse in Britain. When we know how much domestic violence, mainly of husbands against wives, there is in Britain, and the extent of child abuse, we shouldn't be surprised that elder abuse can also occur. Though of course the generations can and often do live together contentedly

It is often suggested that older people are more neglected now than in the past because younger people are so busy, move around so much, women work and no longer have time for family care. But women and men worked hard, travelled and had stressed lives throughout history. But now it is possible to live at a distance from relatives and keep in touch using modern transport and technology, and move to give help when needed. Also, most people are better off and family members can more easily afford to support one another. Since the mid-20th century marriages have increased and deaths at young ages declined, so most ageing adults have at least one surviving adult child, and have close relatives within easy travelling distance using modern transport, and they keep in touch and provide care when needed. Also, in Britain from 1945 to the 1980s older people and their families had more support from public welfare services than before or since as I will describe.

More older people live alone in recent decades than in the past and this is sometimes used as evidence of family neglect. It happens partly because there are more older people as more people live longer, and more can afford their own homes and, as I've said, they want to keep their independence for as long as possible. But they can still keep close contact with friends and family. Some older, and younger, people, sadly are isolated and lonely, but there have always been some lonely older and younger people.

People who did not have family care through centuries to 1945, who could not manage independently and couldn't afford servants, might be in the lucky minority living in charitable residential homes. Others had no alternative to very basic poor relief institutions, where they would rarely survive for long. Most people who had to resort to this had no close family and they were more often men than women, even though more women than men have always lived to old age. Women were more likely to keep close family ties

After World War 2, as part of its construction of a new, extensive Welfare State, the Labour government required local authorities, for the first time, to provide residential accommodation for older and disabled people deemed 'in need of care and attention not otherwise available to them', and to improve community services for older people living at home or with their families. Local authorities gradually provided more services- including social workers and home helps to help with domestic work like cleaning - to people at home and they subsidized and supervised voluntary and private residential and community care. Voluntary, charitable, action continued to be important in the welfare state as it was before, complementing and filling gaps in state action.

The government created a clear division between health care services, provided by the National Health Service (NHS), founded in 1948, and social care services. An important difference between them was that NHS care was provided completely free of charge, while local authority social care, residential or in the community, was paid for on a means-tested basis. There was no attempt at integration of health and social services, though older and disabled people often need both simultaneously.

This lack of integration was criticized from the beginning, and it still is. It came about due to the government's need to limit its ambitions for welfare spending as it worked to expand the economy after the war. Services for the whole population, like the NHS, were free, those just for older people were charged for. This choice was almost certainly influenced by a pervasive discrimination in society against older people which was evident in health and social welfare policies, which unfortunately has never gone away, the belief that health and social care for older people was not cost-effective given their expected short remaining lives

compared with younger people with lives ahead of them. Also, local social services were often withheld from older people living with their families on the grounds that families could, and should, provide for them, despite evidence that families were already doing their best but could do little more without specialist support, e.g. to care for people suffering from dementia.

In the late 1950s sociologist Peter Townsend surveyed residential homes, published in 1962 as *The Last Refuge*. He severely criticized conditions. He showed how many former Poor Law workhouses were still in use as local authority care homes, providing the largest number of beds (see below) still with very basic conditions. In this and other research Townsend also revealed that families provided more care than public services.

Number of Institutions and Homes of Various Types.

Type of Institution	Number of institutions	Number of beds
Former public assistance	309	36,934
Other local authority	1105	36,699
Voluntary	815	25,491
Private	1106	11,643
Total	3335	110,767

Source: Peter Townsend, *The Last Refuge* (Routledge 1964) p. 24.

The widely publicized criticisms by Townsend and others led to improvements in care homes and the beginnings of local authority provision of sheltered housing, providing support for independent living. Local authorities were encouraged to provide community rather than residential care when possible, including improved social work support and day centres providing meals and recreation, to enable more older people to remain in their own or their family's homes for as long as possible. This was what older people wanted and well-supported independent living kept people healthy and active longer. And, conveniently for government, it cost less than residential care.

Public care services improved but never received enough funding, and health and social services remained disconnected, despite repeated criticism by official and unofficial investigations through the 1960s and 70s. Then from 1979-1990 came the neoliberal Conservative government of Margaret Thatcher. She was dedicated to cutting public spending and the role of the state. Services declined and there was increasing pressure through the 1980s and 90s on users to pay higher fees for services increasingly run by profitmaking private companies. Charities did their best to compensate for declining state services, but they lacked the resources to replace them all. The Conservatives remained in government until 1997 and conditions did not improve.

Labour returned to government under Tony Blair from 1997-2010. They increased spending on health and social services, but never matched the need, despite more expert recommendations. A Royal Commission appointed by Labour in 1999 recommended that all long-term personal care should be free. This was adopted in Scotland which had independent powers in this area but not in England, despite the government repeatedly expressing intentions of wholesale reform. Though it did give £225m support for unpaid carers, mostly family members, through grants and improved services, recognizing their importance in replacing inadequate public services.

A House of Lords Committee investigated Social Care in 2009. It was highly critical of the inadequacies of existing services and the stresses on older people and their carers. They deplored the prevailing pessimism about the impact of population ageing and popular negative representations of older people as ‘burdens’, which they believed was holding back reform. They believed, rightly, that ‘pervading the whole system of social care is a persistent ageism’. They concluded that ‘the problems and the options for solving funding reform have long been known, and prime opportunities to initiate reform have been squandered. The failure to grasp this nettle is sadly indicative of the low priority given to social care by successive administrations and this must not continue’.

This was true, but nothing changed. In 2010 Labour lost an election to a Conservative-led coalition government. This appointed yet another Commission which recommended improvements to care services and cuts to costs. Again, the government proposed action, but nothing happened. Instead, the Conservatives embarked on what they called an ‘austerity’ policy of cutting public services even more savagely than Thatcher had done, which has continued under a succession of Conservative governments ever since. They have severely cut local authority and NHS budgets. There was much evidence of the deterioration of community care and care in many residential homes even before the covid pandemic, and it has since got

worse. At a time when more people were living longer than ever before, public care services reached a very a low point, putting greater pressure on family carers. Though, following austerity policies and growing poverty, the length of life of poorer people is now declining after rising for decades, and average expectation of life is falling behind that in other high-income countries.

The much-needed family carers are not always younger. It is important not to think of older people only as recipients of care, since they have always also been care-givers and are now more than ever. Better-off older people remain healthy and active later in life than ever before and can do more for others. 1 in 7 people aged over 80 in Britain provide unpaid care, most often for husband, wife, partner or disabled adult child. As people live longer, those in their 80s and 90s needing care, have ‘children’ who are themselves officially ‘old’, in their 60s and 70s, who care for them. Also, grandparents look after grandchildren whether they share a home or live nearby, sometimes giving up paid work to do so. The need for this has grown because of the increasing costs of childcare; Britain has the most expensive childcare services in Europe. At least 1 in 3 working mothers rely on grandparents for childcare, grandfathers as well as grandmothers.

Also, after retirement from paid work, healthy older people often want to be active and socially useful, so take up voluntary work. The age group most likely to volunteer are aged 65-74. About 30 % of over-60s volunteer regularly. This includes helping family members who need care and filling gaps left by declining public services, including keeping public libraries open which would otherwise close due to cuts to local government funding. Also helping with the thousands of voluntary food banks which have formed since 2010 to support the millions of people of all ages who are destitute and starving, in increasing numbers since the pandemic. The value of older peoples’ volunteering has been estimated to far outweigh their cost to public revenue in pensions, health care and other services. And, also more older people are staying longer in the workforce, past the normal retirement age, paying taxes and contributing to the economy. Older people have always made a significant contribution to their families and communities, and they still do. They care as well as being cared for.

The need for care by and for older people has been increased by the pandemic, and it has made the deficiencies in the public care system and the role of families better known to the public. Covid revealed very clearly the deteriorating state of care homes and community services for older and disabled people, who were especially vulnerable to the virus. Serious staff shortages emerged at all levels in the NHS and care services partly due to Brexit at the end of 2020, which caused many European nurses, doctors and care-workers to leave Britain,

while others were driven from work by stress due to high workloads. Care homes and services were too often staffed by under-trained, under-paid, increasingly over-worked workers because they were run by private companies, which put profits before the welfare of their clients and staff. In 2021/2 there were over 100,000 vacancies in the care system and few applications. Families came under even greater strain as more of them had to provide care, without expert help, including for very frail people who could not find or afford a care home place or a home carer. Voluntary action made an important contribution, bringing meals, groceries, medicine, and other essentials to people self-isolating due to covid, but it can't replace good public services.

Government policies made conditions worse. When the pandemic began very many older people were trapped in hospital, no longer needing hospital treatment but unable to find a care home place or care in their own homes. When the pandemic increased demand for hospital beds they were ejected into care homes, which became overcrowded and over-stretched. They were not tested for covid on being transferred from hospital and are believed to have carried it into many homes, increasing death rates. The impact was severe as care homes were low priority for protective equipment and it was slow to arrive. Family and friends were banned from visiting, even after testing for covid, causing desolation for residents and further deaths especially among dementia sufferers unable to understand why family and friends had deserted them.

It all suggested the continuing discrimination against older people in the health and welfare systems. But despite widespread publicity for these problems there is no sign of government plans to improve care services.