

More effort needs to be made to give older people a louder voice.

Author: Steve Field and Sarah-Jane Fenton

Contact information: Steve.field@nhs.net ; steve.field@cqc.org.uk; fentonsh@bham.ac.uk

As the literature review conducted for this Policy Commission and the findings from the evidence gathering has shown, ageing is experienced differently by different cultural groups within the UK and there is a paucity of research into this area. The Commission has also found that ageing is influenced and is experienced differently by different socio-economic groups and was presented evidence relating to this by [Professor Goldblatt](#), Deputy Director of the UCL Institute for Health Equity, on 'Active and Healthy Ageing' based on the work of the Institute for Health Equity, and the relationship ageing has to health inequalities. If aging is experienced differently by different cultural and socio-economic groups within the UK, what does 'a voice', implying a singular, actually mean in this instance? The work of the Commission raised questions as well as sourcing answers. These questions required interrogation of pre-conceived ideas about age and aging. In relation to older people having a louder voice, the Commission needed to ask - at what stage is it that we need to give older people a voice and who do we feel is old; and are we asking for that voice to be more representative and lobby in some way? Do we need to distinguish between older people and the oldest old or are there further difficult delineations to make here? It is culturally stigmatizing to impose a western notion of age in using ageing as a chronological marker in relation to whose 'voice' is represented and how do we embrace everyone's different understandings of age? None of the questions posed has an easy answer however, they are valuable questions to consider in relation to the notion of an inclusive voice for older people.

As a Commission we were privileged to be able to access the Birmingham 1000 Elders, and Professor Field attended two AgeWell meetings. These are annual meetings of the Birmingham 1000 elders that include accessible briefings about the latest research in ageing; give feedback to participants; and provide practical information for promoting good health in later life. At the first meeting, attended by Professor Field during the scoping phase, the Commission was able to obtain feedback on its plans and more recently, Professor Field was able to gauge responses to the Commission's recommendations. This proved invaluable and was complimented by the evidence gathering from the [Birmingham Arthritis Research Centre \(BARC\)](#) where the Commission was heartened to learn how many people contacted the network of champions to attend the consultation groups.

Ageing as a lifelong process

One of the features of ageing that needs unpacking in relation to how old does one need to be to be considered old, is the idea that ageing is a lifelong process. The Commission was deliberately established to look at what constituted healthy ageing and how this could be achieved and to work on existing ideas of the need for a societal attitudinal adjustment to older persons.

It is important to acknowledge that there are multiple views of ageing and that the reality for some people is of experiencing ageing as a loss of functioning (in relation to health). Thompson in

considering the ontology of ageing explores “selfhood and loss...old age can be seen as a stage in the life course characterized by loss or, more specifically, a variety of losses. Loss is also a significant factor in relation to selfhood in particular and ontology in general, especially as loss so often involves a loss of meaning” (Thompson, 1998: 695). However, old age and ageing is a process that others have understood as having a different relationship with time. The work of Katz and Laliberte-Rudman (2004) showed how “critical perspectives in gerontology consistently fault western welfare states for constructing later life and retirement as negative stages of decline and dependency” arguing that “current cultural theorists point to the emergency of a ‘new aging’ described as ‘positive’, ‘successful’, and ‘productive’, and represented by images of independence, social mobility and agency. Around these buoyant and optimistic images, lifestyle marketing, health promotion, utopian ‘seniors’ communities, and fashionable body technologies have rallied. As the welfare states of Western nations retreat from their commitments to lifecourse programs, however, the ‘new aging’ is also advanced by a bio-demographic politics that infuse everyday life with the ethics and responsibilities of self-care, creating a contradictory culture of aging in the process” (Katz and Laliberte-Rudman, 2004: 45). Katz and Laliberte-Rudman work on ideas of “positive ageing and the contradictory identities of consumer society” (Katz and Laliberte-Rudman, 2004: 48). From their work on the Canadian and UK perspectives on the relationship between agency, structure, identity and lifestyle within the context of ageing or ‘third age’ cultures, they argue in relation to age that retirement “is an indeterminate identity-zone, where the tension between agency and structure can be observed anew in a society that remains largely hostile to the emergence of genuinely meaningful and empowering older identities” (Katz and Laliberte-Rudman, 2004: 58).

Hockey and James (2004) use “contemporary literature on identity and in particular in the notion of identification; the negotiated, unfinished processes of becoming” to demonstrate the “theoretical inadequacy when it comes to understanding how the individual experiences time’s passage and the process we know as aging” from a structuralist sociological or anthropological approach (Hockey and James, 2004: 157). They interestingly describe ageing as a continual process of “remembering as a way, not just of ordering one’s past, but also of developing a relationship with the aging bodies that we have and are, an activity through which the processes of both present and indeed future identification come to take place...embodiment as a social process which enables aging to be both experienced and actively engaged with” (Hockey and James, 2004: 157). They argue that a “focus on time and temporality...can help us understand how identities come to be formed and are made ‘real’ in people’s everyday biographical experiences” in so much as people have multiple identities that form and change over time (Hockey and James, 2004: 158). In relation to ageing therefore, an understanding that encompasses physical as well as emotional and biographical experiences is important.

The process of continual ageing that they identify is shaped and understood by “processes of change which aging brings to the physical body are, unless through accident or ill health, general imperceptible on a day to day basis. Only once a larger span of time has passed might the body’s aging be consciously registered...individual bodies differ in the ways and the extent to which time and age leave their mark and make their alteration. Age-based rituals of transition – from formal rites of passage through to simple birthday celebrations – therefore mark, first and foremost, changes in social status or position, for the simple numerical accounting of time passing may tell us little about the physical state of the body. Thus it is the body itself that both offers and denies us access to knowledge of our aging” (Hockey and James, 2004: 170). They muse on how chronological age is a socially constructed marker that does little to denote ageing as a process and how “at the start of the twenty-first century, this very physicality of the body’s life course is becoming a less and less firm indicator of age-based ability” (Hockey and James, 2004: 170). They argue that there are “triangular relations between the body, the self and society” (Hockey and James, 2004: 170). This emphasis on the body’s physical life course as not being a useful marker chimes with the work of the

Commission, so in order to understand who older people are we need more nuanced and sophisticated understandings of ageing as a continual process.

Why do older people need a voice?

Traditionally, the idea of ‘a voice’ for older persons has been associated with the need to advocate for older people who have concerns and to prevent abuse of older people. (Sorensen and Black, 2001; O’Grady, 2013; Burstow, 2013). Sorensen and Black (2001) writing in the Australian context in their work on advocacy and ageing, define advocacy in relation to the “way it may be used to support, advance and maintain the best interests of older people” (Sorensen and Black, 2001: 27). This seems a good definition to use as to what should be meant or implied when people refer to advocacy and a useful operational definition in relation to advocacy for older people as it reflects not only the support, but also the ability to advance and maintain the interests (which could include ideas with more positive connotations such as healthy ageing). However, what it does not reflect is the ability of an advocate to reflect back the contribution that older people make to society. There is some merit in doing this in order to further the objective of societal attitude towards older persons and so in some way, older people needs ‘a voice’ to also embrace some form of ambassadorial function. Sorensen and Black (2001) further relate this concept to the understanding that “many different social and cultural factors experienced by older people can contribute to their need to be supported by both individual and systemic advocacy” and include as examples of factors “the nature of the ageing process as well as current social stereotypes and attitudes towards older people. For individuals, changes in social status due to retirement from the paid workforce combined with increasing vulnerability due to decreasing physical and mental fitness may contribute to a need for advocacy support” (Sorensen and Black, 2001: 27). Their research focuses on advocacy for vulnerable persons and in relation to human rights; abuse of older people; and in relation to combatting negative stereotypes of ageing, however there is also the potential to focus on advocacy from a different perspective as ‘a representative voice’ as conceptualised The Birmingham Policy Commission would involve more. The Commission was tasked to look at healthy ageing in the 21st Century and what that would look like, not health and ageing or the absence of illness or frailty, but healthy ageing or successful ageing as an independent but linked process. Advocacy within communities and seeking older people’s voice is a valuable policy goal that could work alongside traditional advocacy roles whereby people are there to offer guidance and support and prevent abuse. There is the potential for advocacy to mean more for ageing populations that traditional notions conceive.

At the University of Birmingham, the inclusion of older people in research and planning has had an established history. Currently under the Directorship of Professor Janet Lord, the University of Birmingham hosts the Medawar Centre for Healthy Ageing and Ageing research, which has recently expanded to include the involvement of older persons and notions of ageing into medical research, namely research into heart disease, infectious disease and falls specifically targeting older people. The work of this Policy Commission is further evidence of the University of Birmingham’s commitment to this area.

One area where much advocacy has been done and an example of good practice in the UK, is the work of the charitable organisation [Age UK](#), who speak on behalf of older people and are often involved in getting their views heard. They have a range of projects to engage people in order to achieve this including a series of forums that take place locally and e-forums. In their online forum, Age UK encourage older people to participate in discussion and ask: “those over 55 make up a fifth of the UK population. But do we in later life have a big enough say in the decisions that affect our lives? (Age UK, 2013)”. This is a valuable question and for most local authorities in England and areas

in the UK, it is likely that at all levels of governance that answer is no. This must change, participatory and representative modes of governance that encourage older people to have a voice must become a feature of the UK in the 21st century.

What would 'a louder voice' for older people look like?

There has been a recent call for a Commissioner for Older Persons in England (O'Grady, 2013; Burstow, 2013). The advent of this post is something that this Policy Commission would support, and to the argument for which, the work of the Commission can lend weight. The current argument that exists has been discussed in terms of older people needing "a powerful voice, someone who listens to and acts on their concerns...older people in England deserve their own champion and should not be treated as second class citizens" (Burstow in O'Grady, 2013). However, the role of a Commissioner for Older People is not in and of itself sufficient to ensure that older people and an ageing population have a representative voice. It is one step to ensure that key issues are addressed and will be helpful in relation to lobbying and advocacy, however an individual's relationship with voice and how this relates to issues of agency and choice also needs to be explicitly considered and addressed.

The Commission heard in the evidence gathering process of good examples of where older people had engaged with initiatives, including their involvement with the [Institute for Ageing and Health](#) at Newcastle University. The Institute for Ageing and Health was founded in 1994 and its ethos is centered around understand the ageing process and disease mechanisms. The wider objective of its work was to translate their internationally recognised scientific research excellence and knowledge into healthcare benefits for people in the global community. As part of this work, the Institute is involved in '[VOICENorth](#)', a large representative group of older people who come together in the North East to discuss and shape research and policy making in the region. Through this collaborative approach, the local authorities in the region have developed and implemented '[The North East Charter for Changing Age](#)' in order to develop a co-ordinated approach for the ageing population. The Charter sets out guiding principles to direct policy making and strategy development in each authority, not just on health and social care but on all aspects of development be it future transport or housing, culture. Examples such as this show how practical approaches to policy making and service delivery can be assisted through participatory approaches.

The role of Commissioner for Older People could offer the opportunity of an 'older person's voice' to represent those positive aspects of ageing including the contribution older persons make. Further, this role would potentially advocate successfully for more collaborative and participatory approaches to including an older person's voice to be developed and adopted across the UK, creating a refreshing and much needed alternative to the continuing discourse around frailty and vulnerability.

To that end the Policy Commission makes the following recommendation:

The Birmingham Policy Commission recommends that more effort is made to give the elderly a louder voice.

The Birmingham Policy Commission further feels that this goal needs to be approached in a variety of ways and could be achieved in the following ways:

- **The Birmingham Policy Commission endorses the call for a Commissioner for Older**

Persons, but further, feels that involvement of older people in decision making and planning is integral to healthy ageing in the 21st Century and should take place at all levels of decision making and planning where possible.

- The Birmingham Policy Commission also recommends Local Authorities remain proactive in supporting and facilitating community hubs (both virtual and physical) where these exist.
- The Birmingham Policy Commission recommends that active engagement of and with older people becomes a central priority and an explicit policy objective for national and regional governance structures.
- The Birmingham Policy Commission recommends that further research takes place into different cultural understandings of ageing, including understandings of choice, agency and voice and what these mean for different groups.
- The Birmingham Policy Commission recommends that ways are found to support and strengthen the many different voices of older people if they are to be clearly heard.

References:

Age UK (2013) **Older people's forums: an independent campaigning voice speaking up for our age** [online]. Available from: <http://www.ageuk.org.uk/get-involved/social-groups/older-peoples-forums/> [Accessed 26 November 2013]

Burstow, P. (2013) **Giving older people a voice: the case for an Older People's Commissioner for England**. [online]. Available from: <http://www.centreforum.org/assets/pubs/giving-older-people-a-voice-web.pdf> [Accessed 26 November 2013]

Hockey, J. and James, A. (2004) "How do we know that we are aging? Embodiment, agency and later life." In Tulle, E. (ed.) **Old age and agency**. New York, Nova Science. pp. 157–172

Katz, S. and Laliberte-Rudman, D. (2004) "Exemplars of Retirement: Identity and agency between lifestyle and social movement." In Tulle, E. (ed.) **Old age and agency**. New York, Nova Science. pp. 45–65

O'Grady, S. (2013) Elderly 'in need of a champion to protect them' | UK | News | **Daily Express**. **Express** [online], 10 September. Available from: <http://www.express.co.uk/news/uk/428243/Elderly-in-need-of-a-champion-to-protect-them> [Accessed 26 November 2013]

Sorensen, H. and Black, B. (2001) Advocacy and ageing. **Australasian Journal on Ageing**, 20: pp. 27–34

Thompson, N. (1998) The Ontology of Ageing. **British Journal of Social Work**, 28 (5): pp. 695–707