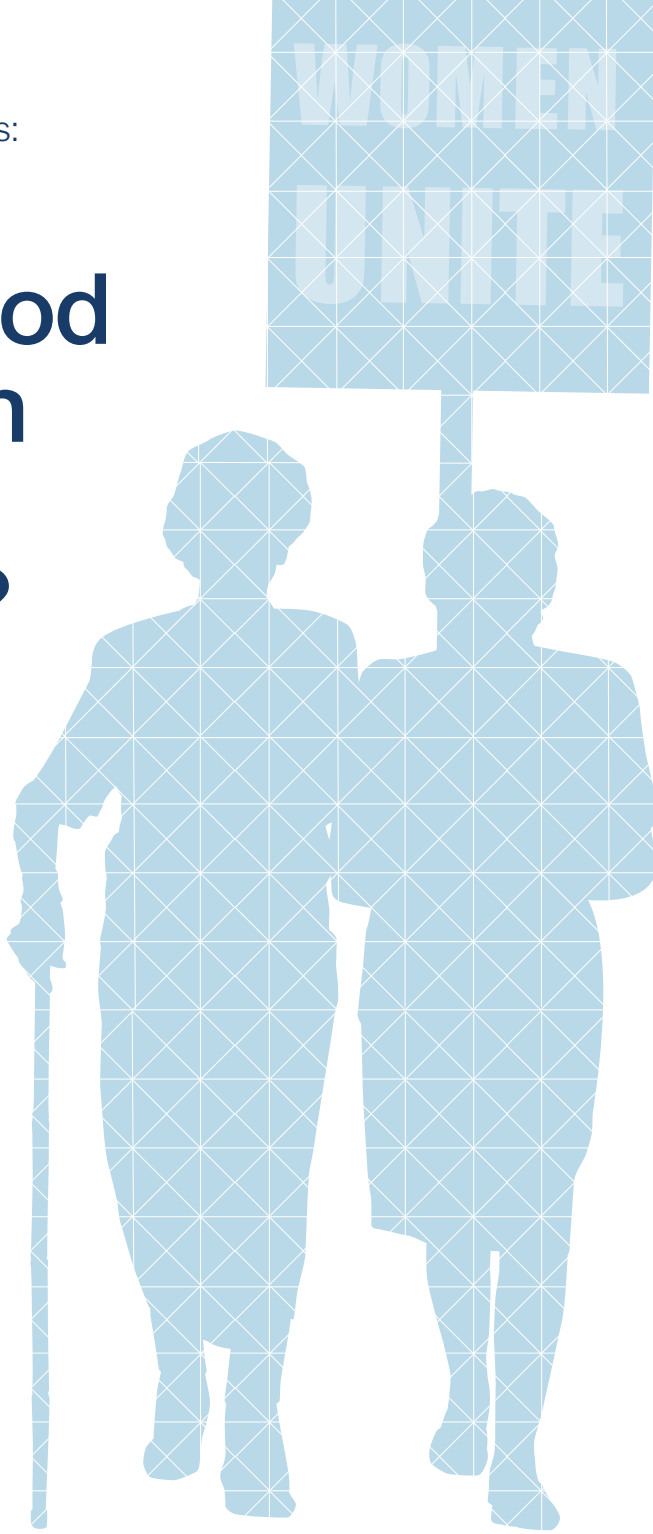
A Compendium of Essays:

Has the Sisterhood forgotten older women?

Edited by
Sally-Marie Bamford
and Jessica Watson



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Contents

Acknowledgements

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Please note all the opinions expressed in the essays are the authors' own, however all errors and omissions are our own. If you have any comments on the Compendium, please do email: sallymariebamford@ilcuk.org.uk

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Foreword

Baroness Sally Greengross,
Chief Executive, ILC-UK

First and foremost I would like to acknowledge the overwhelming support we have received to produce this Compendium and I would like to thank all the authors for their insightful and thoughtful contributions. Without them, this project would not have been possible and I am heartened to see old friends and now new friends of the ILC-UK coming together to celebrate International Women's Day to endorse the advancement of the 'cause' of women at both the national and global level.

You may not be aware, but the ILC-UK is part of a wider global family; we are a Global Alliance with 14 partners across the globe in the United States of America, Japan, France, the Dominican Republic, India, South Africa, Argentina, the Netherlands, the Czech Republic, Singapore, Israel, Brazil and China. And it is through such partnerships that we can promote and highlight the opportunities and challenges population ageing presents to modern society. After reading the Compendium I will be calling on our international friends at our next ILC Global Alliance Annual General Meeting to consider how we can work together to improve outcomes and interventions for women in our respective countries. Ageing research at the regional, national and international level needs to be disaggregated by gender and we must ensure ageing policies and programmes, where appropriate, incorporate a gender dimension in their design, delivery and evaluation.

As a result of this Compendium, I would also like to articulate a call to action to establish an Older Women's Policy and Research Action Alliance in the UK, to ensure the enthusiasm, expertise, interest and knowledge expressed by all the authors is not lost and we build on this collective momentum to establish a roadmap for future research and policy priorities together. On a more personal level, I do not believe the Sisterhood has forgotten older women and as someone of what one may delicately call "advancing years" myself, I have championed and witnessed significant advancements in the private and public sphere for women.

Nevertheless perhaps it is time we 'regrouped'. We need to make sure we do not only concern ourselves with women as workers, child bearers, mothers and wives, but also go further and challenge the unhelpful assertions of a feminist generational divide. Feminists everywhere should embrace the demographic dividend and harness the potential of our older female population, while at the same time advancing and empowering dignity in older age.

Introduction

Sally-Marie Bamford, Assistant Director, Research and Strategy, ILC-UK

This Compendium of Essays to mark International Women's Day was completed in eight weeks. During this time, it is estimated 1,232 women in India will have been killed for a dowry-related murder[1], an average of 2,869 women aged over 60 will have died from violence, war and intentional injuries[2] and over 78,400 girls and women will have died from causes related to childbirth, 99 per cent of them in developing countries[3]. In just *eight weeks* and this is a mere snapshot of the abuse, discrimination, fear, inequality and injustice and violence which forms the soundtrack of the lives of many millions of girls and women across the globe. As the Executive Director of UNICEF Carol Bellamy sagely commented: "The same number died yesterday, and the same number will die tomorrow – most of them in silence"[4].

A sobering and perhaps unorthodox start to a Compendium admittedly and yet it would be an unethical omission not to observe the wider context and motivation behind International Women's Day. Every year on March 8th as part of International Women's Day, actions, initiatives and events across the globe are held to highlight just how far our global societies need to travel to reach meaningful equality for women. Yet at the same time it also marks the often overlooked contribution of women both in the public and private domain and celebrates the achievements of so many in advancing the 'cause'.

It is set against this backdrop that this Compendium was formed; as a think-tank dedicated to interrogating the impact of demographic change, we felt it was time for a 'stocktake' to see just how well we are responding to the needs of older women. While it is widely acknowledged that the world is ageing, the intersection of age with gender has been historically ignored and it is only recently the 'feminisation of ageing' has sparked the interest of the academic and policy community alike. Invariably as we age, women and men share the same fundamental needs related to the protection of human rights and the need for food, shelter, access to health and social care services, dignity, independence and freedom from abuse. The evidence shows however that in comparison to older

men, older women are particularly susceptible to experiencing their later years living in poverty, being vulnerable to violence and abuse, lacking access to affordable care and being subject to the same prolonged inequalities and discrimination experienced earlier in their lives. Indeed, as the average life expectancy of women exceeds that of men, merely the numbers alone suggest a need for policy interventions and frameworks that include a gender dimension.

Thus it appears the 'sisterhood' has something new to think about and given that gains in longevity are relatively recent, it is perhaps unsurprising that feminists and indeed the wider community have been caught 'slightly unawares' let's say. With this is mind, we decided to ask "Has the Sisterhood forgotten older women?" and more generally, "Have our national and global communities really grasped both the challenge and opportunities that this female demographic dividend may yield?"

We asked potential authors to respond to the questions above either directly or indirectly and consider broader themes pertaining to age and gender; essays could be based on direct or indirect personal experiences and/or expertise, and of course be reflective of an interest in any of the above fields. We were deliberately non-prescriptive in the brief; beyond adhering to a word count, we wanted to encourage open and frank contributions so that this Compendium captured the aspirations, experiences, knowledge and views of our authors. We were not disappointed in the responses we received. The tone and register of the texts varied - sometimes funny, occasionally provocative and a few borne out of direct personal experience – yet above all else, all the essays in this Compendium are bound together by an overarching sense of commitment by the authors to advance the cause of older women in the UK and abroad. This Compendium is a strong testament that academics, policy-makers, politicians, representatives from the voluntary and private sectors, some of whom will be mothers, grandmothers or indeed great grandmothers, are no longer willing to accept the shadow that hides the discrimination and inequality older women face and indeed contribution older women make to our societies today.

There are 38 essays in this Compendium, a number which arguably suggests the Sisterhood and indeed our brothers have definitely

not ‘forgotten’ older women. While it is beyond the scope of this introduction to mention all of the authors, who have contributed, we are delighted with the breadth and scope of the essays submitted. The essays express a range of different opinions, yet it is evident they are all united by their dissatisfaction with the status quo.

As noted above, we were non-prescriptive in allocating themes to individual authors and yet a relatively coherent and balanced structure emerged for the Compendium, indicating perhaps a clear road map for future action and development. We were also delighted that so many authors wrote of their own personal experiences and/or reflections on feminism per se. Chapter 1, thus includes frank, entertaining and sometimes polemic responses to the title of this Compendium. Chapter 2, considers the wider issue of the invisibility of older women in public and private life, with very personal testimonials, which clearly highlight how we need to not only reframe ageing more generally, but the cultural and social constructs which surround old age for women. Chapter 3, explores the issue of finances and work, in particular authors explore how older women are disadvantaged in pension provision and how to increase and support the labour market participation of women throughout the life course. Inextricably linked to this, Chapter 4, considers the question of social isolation and loneliness, it addresses how we can prevent and alleviate loneliness for older women and also focuses on the specific challenge of widowhood.

Unsurprisingly care and caring featured prominently in the contributions, inevitably gender differences in the sphere of unpaid care are well attested, with family care often considered a euphemism for female care. Yet the essays in Chapter 5 offer more than just a gendered perspective on care, rather they should be viewed as a collective call to action to ensure older women carers are recognised, respected, supported and valued across the world. Inextricably linked to this, Chapter 6 recognises the need for improved care and support for women in residential and nursing care. It is a sad irony that as a result of rising female longevity, particularly amongst the oldest old, there are older women in care who may thus be subject to greater indignities in their final years.

In Chapter 7, the health and wellbeing of older women was of

particular concern for many authors. While gender differences in health have been well-documented gender differences of older people have tended to be neglected in research in favour of other stages of the life course. This chapter includes essays on the disproportionate impact dementia will have on women, osteoporosis, breast cancer, cardiovascular disease, constipation, all make sober but compelling reading. An area of ageing linked to wellbeing but often overlooked or perhaps by some conveniently ignored is Chapter 8 which considers sexuality, sex and intimacy. While the need for companionship, intimacy and love does not diminish in old age, though it may alter in expression, all too often for older women this intrinsic right is denied, ignored, ridiculed and stigmatised. Both essays reflect the double jeopardy of ageing and gender and how essentialist and reductive misrepresentations of older women lead to many older women failing to recognise their prescribed characterisation.

The essays in Chapter 9 highlight the historical and to a large extent current invisibility of older women in international development. While it is argued the gender and development movement over the last forty years have won some significant victories for women, with virtually all development agencies now including a gender-based perspective in their programmes for example, older women are notable only by their omission. Furthermore while it is argued there is a growing body of evidence on discrimination affecting older women, the daily challenges they face in low income countries in particular are almost entirely absent from the feminist debate.

It seemed fitting for the final Chapter to consider the historical contribution of the academic community to feminism, ageing and the lives of older women and highlight areas for future research and development. Some of the essays also highlighted the need for caution in such gender endeavours and serve to remind us that gender should not be viewed as the fundamental determinant of health and well-being in later life; the interplay of a wide range of biological, economic, sociological, political factors and membership of minority groups or strands in terms of gender and disability, race/ethnicity, religion or belief, sexual orientation must all be considered. In this chapter the under recognition of older lesbians and older women with learning disabilities in research, social policy and provision is discussed.

1 Calculated on National Crime Records Bureau. 2008. "Chapter 5: Crime against Women." *Crime in India 2007*. Ministry of Home Affairs, New Delhi: 2. Eight week estimate based on average for the year.

2 Calculated from World Health Organisation Global Health Observatory Data: Cause of Death Mortality; Deaths by age, sex and cause for the year 2008 (http://apps.who.int/gho/data/#). Eight week estimate based on average for the year.

3 Calculated from eight week estimate based on: http://www.unicef.org/media/media_7594.html

4 http://www.unicef.org/media/media_7594.html

Chapter I: Has the Sisterhood Forgotten Older Women?

Talkin' 'bout my generation

Lynne Berry

Lynne Berry OBE is Deputy Chair of the Canal and River Trust (formerly British Waterways); a NED at Cambridge University Hospital Trust and a senior visiting Fellow at CASS Business School. She was Chief Executive of WRVS, the General Social Care Council, the Equal Opportunities Commission, Charity Commission and Family Welfare Association. She has served on many Government bodies and has been a Chair and Trustee of many charities and women's organisations including the International Women's Forum UK and Women in Public Policy.

It was an unlikely feminist anthem but, as they sang along with The Who's 1965 hit, many women were talking about their generation.

They campaigned for maternity rights and child-care, fought successfully for abortion reform, supported the legalisation of homosexuality, began the long struggle for equal pay and graffitied posters, saying 'this ad degrades women'.

They probably also echoed The Who's conclusion, 'Hope I die before I get old'. Some did, but many are still alive, still making up the sisterhood and still campaigning. But they are now well within the UN's definition of 'old' - 60 years. And they are much less visible.

The sisterhood has aged and has new priorities, priorities based on a lifetime of discrimination, but also of success and achievement.

The sisterhood now fights for new causes, some connected with ageing such as caring and pensions, health and social care; others about the continued lack of access to power in Parliament and on the Boards of businesses. And of course the sisterhood also campaigns for the old causes: poverty, education, childcare, flexible working and equal pay.

However, I'm not sure that these 60, 70 and 80 year-old sisters think of themselves as old. Furthermore they don't always campaign for

themselves and their own causes, and they are not particularly visible when they do. They may still be working and they are almost certainly caring for others. To their own astonishment, many have become pillars of their communities.

Today's young feminists probably give older women as much thought as we did when we were young - though with a difference. They, like most of the older sisters, will see ageing in the UK as something that happens much later than it used to and after a lifetime of juggling children, career and caring (the 21st century version of Kinder, Küche and Kirche), probably not until they are in their mid 70s or 80s.

Older and younger women, of course, campaign together: much of the recent focus on women on Boards has had an intergenerational feel and indeed many of the role models have been women in their 60s. Campaigns for health and social care are as much about the anxieties of the present as about fears of the future. Caring has become a major issue for both older women, often caring for women who are older still, and for younger women who feel caught in the middle, caring for old and young at the same time. Sadly, some of the joint campaigns are very old: poverty (at any age), equal pay, access to housing, pensions and health services, reflecting a great deal of unfinished business.

What's different, and what I believe is the next challenge, is for women to be taken seriously, especially if they are no longer seen as being economically active or having access to 'real' power. I sense that older women's social, economic and financial contribution is neither acknowledged nor even noticed.

Older people are described as a drain on society and the economy, not as useful and potent citizens. Reports about the pressures on young people to get jobs; the inability of young families to find housing, coupled with the implied selfishness of older people who have more than one bedroom; the language of 'a demographic time bomb' all reflect a view of ageing as problematic, of older people as beneficiaries, and their positive contribution to society as non-existent.

This is emphatically not the case. Research completed when I was CEO of WRVS[1] showed that older people made a positive net annual contribution of £40 billion to the UK economy in 2010. Furthermore, as the overall number of people over 65 increases

and people remain healthier for longer, opportunities to make a positive contribution through work or volunteering will grow. As a result, by 2030, the net contribution of over 65s will rise to an estimated £77 billion. Ageing has its costs: the provision of health, welfare and pension services to older people amounts to around £136 billion and this will increase.

But older people also contribute substantial tax revenues – around £45bn pa, and because of deferred retirement ages (and women retire, on average, two years after the state retirement age) the net economic contribution will increase to about £82bn by 2030.

The value that older people, and particularly older women, add is a value that's taken for granted: it's 'the house-work of society' and, so, not noticed. The spending power of the over 65s is currently over £76bn pa and rising – and the grey pound is beginning to be noticed. They also provide over £34bn of social care and £20bn of value through volunteering and charitable donations, and this is not all. They contribute through inter-generational financial support both in the present and through the passing on of previously unheard-of levels of inheritance. More than this, they are the social glue in communities: older people, especially women, are 'active citizens'. They are more likely to volunteer and to vote. They are likely to be the lynchpins of community action, local societies, and faith groups. They support neighbours and they underpin the viability of community-based resources such as local shops, post offices, libraries and GP surgeries.

But it is all invisible stuff. It's not, yet, seen as real power. And the sisters are going to have to start talking about their generation again. They –we– need to campaign for the debate about our ageing population to focus not just on the costs but also on the social and economic dividends of a rising population of active older people.

After all, despite The Who's hope, so many of the sisterhood have not died, and certainly, even in their 60s, 70s and 80s, not yet grown old.

1 **WRVS. Gold age pensioners: valuing the socio-economic contribution of older people in the UK, March 2011, retrieved 25 February 2013 <http://www.wrvs.org.uk/Uploads/Documents/gold_age_report_2011.pdf>**

Reflections on feminism and ageing from the sandwich mum's perspective

Helen Crofts

Helen Crofts is a Fellow of the Institute of Actuaries. She is Director at Crofts and Co and is the Founder and Chair of TWIN, The-Women's-Insurance-Net-Work.

The actuary in me is pretty au fait with ageing population stats. And as founder and chair of a women's business networking group, my head is full of facts and figures about the relative lack of women at senior levels in business, despite a wealth of evidence demonstrating the business case for gender (and wider) boardroom diversity.

And so I'm feeling somewhat caught on the hop when I ponder the question of ageing and gender. Why are there no facts and figures in my head bringing these two themes together? Has the sisterhood indeed forgotten? Or is it just me? Yikes! Another guilt trip waiting in the wings, queued up just behind not spending enough time with my young children/my elderly parents/my husband and even the dog, who sits expectantly by the door hopefully clutching a tennis ball.

I have been mulling this issue for some days now, trying desperately to find, well, an excuse. Even a euphemism for "forgotten" would be a start. And the best I have come up with is that in order to forget something it had to be present in your consciousness in the first place.

And therein lies the problem. If you will permit me to elaborate...

Life throws at the sandwich-generation working mum a daily barrage of issues which even the best multi-tasking time management experts struggle to address with any sense of accomplishment.

A quick audit of my adult life so far reveals that I've: entered a male-dominated profession and held my own; managed a career and children whilst maintaining a happy marriage; been vociferous about women's profiles and presence in the insurance business, founding a networking group initially as a kind of hobby, but more latterly as a business, having realised that such matters could not be entered into lightly. These have been and continue to

be my priorities as I move towards my half century.

And what of the feminist journey which has accompanied me along the way?

As a Twentysomething I enjoyed a relative period of equality. I never consciously thought about feminism, post-feminism, workplace equality or gender diversity. I'd have laughed out loud at the thought that a future me would start a women's networking organisation. My playing field was level and the world was my oyster. And I suspect nothing has changed there for today's cohort of graduates, similarly lulled into a false sense of equality?

But the Thirtysomething me began to wrestle with the oh-so-familiar career versus family issues. The introduction of the right to apply to work flexibly, thanks to the April 2003 Employment Act helped enormously (I timed that one well!), as did a growing tide of literature and research focussing on the business benefits an extra X chromosome brings to consumer, employee and bottom line. Hiring a nanny and working longish hours on a "part time" basis (albeit where "part time" is defined as part time salary/full time job) got me through for a while.

And so into the Fortysomethings, when several years of wrangling with the work/life balance seesaw saw me continually bumped down at the "work" end. The children want and need me more – as do elderly parents now added into the mix. Starting my own business to gain greater control was my answer – but my career is now most definitely taking the scenic route.

And here let's pause to contemplate what, exactly, defines "older" in today's society?

They live a long time in my family. My maternal grandmother delivered "Meals on Wheels" to the "old folk" well into her seventies, cheerfully remarking that "there's old and then there's older". A sprightly septuagenarian, merely "old" was no excuse for shirking one's responsibilities to the "older". My father became a grandfather for the first time at almost 80, which didn't stop him chasing my babes around the garden with a hosepipe and taking them to nursery when I was in the office. And his older sister, one of my enduring role models, is still going strong at ninety something.

So fully expecting those genes to give rise to an active old age, for me, "Older" really doesn't kick in until at least Eightysomething. And in the meantime, here I am at Fortysomething, fighting an

uphill battle with Life, with at least another thirty years to go before I anticipate being ready to declare myself officially Older. I'm clued up, fired up and pro-actively waving the feminist flag for my generation and it's taking ALL my energy. And despite all that's gone before, I've barely given a thought to what happens next and what future decades' issues will be - for me, for feminism, for my generation.

Hmmm. Time to add *"Plan feminist campaign for the next three decades"* to my To Do list, methinks.

And so has the sisterhood forgotten older women? My indignant denial cries out: "No". Or perhaps more pertinently: "No – give me a break!" My time will come and I will do my bit. And having achieved this much with so many other priorities pressing on my time how brilliant will I be when my time is my own again? The sandwich generation will be a force to be reckoned with.

Has the sisterhood forgotten older women?

Dr Ian Pearson

Ian Pearson has been a futurologist for 22 years, covering most areas. With several books and over 500 TV and radio appearances, he is a Chartered Fellow of the British Computer Society, Fellow of the World Academy of Art and Science, the Royal Society of Arts and the World Innovation Foundation.

The foundations of sisterhood are being undermined

In the past women had men as a common enemy, and a shared experience of unfair treatment by a patriarchal society linked all women together. However, several key social changes have undermined the foundations of unity.

The first is that good progress in achieving equal rights for women already means that demands of quotas and box-ticking are often fulfilled. In simple numbers terms women are getting a far better deal than before, so the urgency and magnitude of the problem is reduced. The conflict now is often over which particular women benefit, directly undermining solidity among women. Sometimes it comes down to individuals, but often it is about groups of women, for example, pretty versus plain or young versus old. In both those battles, older women find themselves at odds with younger ones. If younger women are filling quotas and getting boxes ticked, women as a group can't complain, but older women might lose out as much as they ever did. Men aren't the problem now, other women are.

Ongoing rights battles often fragment society along other lines than gender, and this again undermines solidity. Intergenerational conflicts are emerging rapidly that set younger women against older.

Increasing feminisation of men over recent years has also had an effect. This may partly be caused by endocrine disruptors in the environment, partly due to changing social sexuality acceptance and even fashion. Whatever the causes, while feminisation doesn't go as far as creating a 3rd gender, it does blur the behavioural and attitudinal differences between men and women. Women often feel more comfortable with feminised men, who often occupy roles that might otherwise be occupied by women. Men no longer

provide a straightforward single target.

There are new battles to fight

Women have many issues to deal with that have nothing specifically to do with gender – ongoing economic problems, growing environmental concerns, racial and cultural change from immigration, technology and infrastructural change and so on. Coping with rapid change across many fronts distracts from a gender war that seems to younger women to be part of history. Younger women are well used to dealing with rapid change, but everyday problems and activities take all their attention. Social networking makes it easy for them to network with others with similar lifestyles, increasing tribalism based on lifestyle stage. Meanwhile many older women may be struggling to cope but have lost the common bond with younger women that might previously have yielded support. Older women also are less likely to use social networking extensively so don't benefit as much from the support it could bring.

Intergenerational conflict is growing

Losing support that comes from solidarity is a big enough problem on its own, but growing conflict between generations will alienate older women still further. Younger women struggling with financial problems to raise a family might feel little allegiance to older women who are living longer and demanding more state funds. Care for the elderly is increasingly expensive and younger women know they have to pay the bills, but won't benefit to the same degree. As costs increase and economic problems persist, resentment between generations may well grow. Gradual undermining of the importance of family and an attitude that the state should look after people also helps to disconnect the generations and leaves older women alienated.

Values change will accelerate

Accelerating socio-politico-economic change and increasing lifestyle-based tribalism via social networks also fosters growing and accelerating differences in attitudes between generations. Attitudes to religion, environmentalism and sexuality differ especially markedly between generations. If anything, change in attitudes and values will accelerate. With no stable foundation, politics and social attitudes both react to and reinforce each

other in a positive feedback loop, with small changes able to take hold and amplify quickly into large change in short periods. This enables a large difference in attitudes and value sets to grow between generations in a random walk and will lead to more intergenerational conflict, and even less solidarity of the sisterhood in coming years.

Need for a common enemy

If something changes that once again unites women as a group against a common problem or enemy, in a different way than men, or better still, in opposition to men, then the Sisterhood could regain its former strength. The memory is there, some of the organisations are even there, what is missing is the common purpose. That could be an economic, political, social or health problem.

But it doesn't have to be a new problem. Women could decide to unite to tackle something like global poverty or disease, access to education, or to fight oppression of women in particular regions or religions. As a general principle, the less important and focused the issue, the harder it would be to get women to forget their own everyday problems and join the cause, so the greater will be the need for leadership.

Summary

In summary, the Sisterhood once united a diverse group of people in a common grievance against a common enemy. That grievance has largely evaporated and the enemy has morphed. Women now may have more in common with other genders of their own age than women of a different generation. Future forces will amplify the differences between generations while enabling better tribal bonds between women in the same life stage. The Sisterhood hasn't just forgotten older women. They are in danger of becoming the enemy. It is time for the Sisterhood to take action to reunite women. Global and regional problems still exist where women are the particular victims. Shifting focus to those could motivate women once again to join together. The experience and wisdom of older women could be a key asset, re-forging their status in the Sisterhood.

Ageing and women: what can men do?

Jack Watters

Dr Jack Watters is a vice president at Pfizer in New York. He is a medical doctor and pharmaceutical executive whose work over thirty years has encompassed clinical research, medical affairs and corporate responsibility in some of the world's least developed countries. He is a strong advocate for the rights of people affected by HIV/AIDS and the older citizen.

I am often asked in my work in Africa if I think there is a magic bullet to solve the various health problems that continent faces. HIV/AIDS, malaria and tuberculosis are the most well-known but certainly not the only ills. Of course, no one expects you to answer yes, but I believe there is a solution and it is to educate women and girls. It's simple. Education changes everything. Empowered, educated women make better informed choices for themselves and their families. They may even decide to delay starting families or restrict their size or not get married at all which is certainly better than having to settle for life with a promiscuous sugar daddy as the only way out of poverty. The biggest risk for a woman in contracting HIV infection in large swathes of the globe is to be married. Whenever I speak about the education of girls and women to an African audience the women agree by vigorously nodding their heads whereas the men shift uncomfortably in their seats and look at me as if I have somehow betrayed the brotherhood by threatening the status quo. But I'll keep saying it because it's what I believe in my heart.

Equally important is this situation facing older women, the grandmothers who have cared for and nurtured the children of a lost generation. Thanks to these strong, nonjudgmental women a new, often orphaned generation is surviving to adulthood. Where would we be without these older women? And yet they are often invisible, and not just in Africa. I rather suspect that this invisibility is the lot of older women the world over. It's wrong, does women an enormous injustice and perpetuates the gender inequity they have suffered since time began. But what is a man to do? Gender politics are complicated and it is sometimes difficult to establish one's sincerity and desire to make a difference. But that is exactly what men must do.

So what are my suggestions for my brothers? Start by acknowledging that your mother was the most important person in your life. We've all had one and chances are we are who and what we are today thanks to her love and dedication to our well being. I know I am. My mother, Mary did not work outside the home but she had a huge impact beyond it. So, now is the time to repay our mothers by doing the right thing by one half of the population. Second, recognize that gender equality does not happen of its own accord. Men must engage constantly in raising the issue of gender inequality in an honest, transparent and non-patronising way. With few exceptions women have a harder time establishing themselves in most walks of life and in the professions. My mother-in-law, Carol was a trailblazing neuroradiologist at a time when women just did not enter such a rarified medical specialty. Having achieved an incredible amount professionally she was summarily "retired" at the mandatory age of sixty five and all her experience was lost. The glass ceiling is a reality and lack of gender diversity is rife in the commercial world too where most boards and executive leadership teams grossly under represent women. It will almost certainly mean that we men will have to step aside at some stage to let qualified women join our ranks. So be it. Women live on average about five years longer than men. It varies from country to country but the difference is fairly consistent and yet even when they leave the workforce women are being denied their rightful status. I will never be a woman but as a gay man I know what prejudice and discrimination feel like. I read a few years ago in the New York Times that lesbians entering care facilities often have to go back into the closet because of rampant homophobia from their contemporaries, men and women alike. This story saddens me greatly not only to see hard won gains in civil rights being wasted but also because heterosexual women were discriminating against their lesbian sisters. It all seems so pointless and unnecessary. Prejudice is fuelled quite simply by fear and sometimes jealousy. It is never acceptable and at its least offensive it leads to ignoring and marginalizing large, vibrant and important sections of our society. At its worst it leads to misery and death. It is always ugly and we must all be in the fight together if we are going to combat it.

Most women reaching their senior years will have been caregivers for spouses, children, parents and other friends and family

members. What a wonderful reserve of experience and maturity to pass on to subsequent generations. These women have earned our respect and they deserve to be celebrated for all they have contributed to society. We men should be leading the cheers while we still can.

Older Women: On reinventing the future

Naomi Woodspring

Naomi Woodspring holds a MA in clinical psychology. She is a PhD candidate in critical gerontology at The University of the West of England. Ms Woodspring is the British Society of Gerontology Emerging Researchers in Ageing (ERA) co-chair.

In 1984, Barbara Macdonald with Cynthia Rich published *Look Me in the Eye: Old Women, Aging and Ageism*[1], an effecting memoir about Macdonald's encounters as an older woman trying to engage with the second wave feminist movement. She writes about her experience as a marginalised older woman and her reactions, first uncomprehending shock, then pain, to the message from younger feminists that she was too old for the movement. I was sixty when I read the book. My first reaction was, that could easily have been me – me ignoring Macdonald in 1972 and me now, marginalized as an older feminist. In the last three years, I have had an opportunity to unpick the forceful narrative that Macdonald presents within the context of the present day.

Ageism continues to loom large on our cultural landscape. Recent studies underline ageism and demonstrate that negative stereotypes of older people remain firmly in place[2]. On the one hand, it is fair to assume that many feminists are as likely to hold these stereotypes as the rest of society. On the other hand, there is an awareness within the current feminist movement of the contributions of second wave feminism. Many second wave feminists remain active in grassroots organisations, academia, NGOs, and other arenas. Older feminists are active and visible. There appears to be a tension between older women's visibility and age stereotyping. As the core of second wave feminists, the women of the postwar generation, come of age - old age - they bring with them a lifetime of a feminist perspective and, in many cases, activism. Silver Action, the recent Suzanne Lacey project at the Tate Modern[3], demonstrated the ongoing commitment that older women have to feminism and activism. Over 400 women, aged 60+, were part of the project, the majority of them from the postwar generation.

Perhaps at the very centre of the tension between younger women

and second wave older feminists are the issues. Prioritising issues is never easy but, in this case, it may prove impossible. Health, care, and widowhood are just a few of the concerns of older women while they are not on the younger feminists' radar. From a life course perspective, this is natural. While, for example, support in caring for older parents is deeply important to postwar women, support in caring for children and equity in the workplace are of deep importance to younger women. Older women's concerns are not the concerns of the young. There are, of course, issues that intersect, like violence against women and The Cuts, but there is an obvious divide in terms of focus and priority.

There are indications that the postwar generation is concerned and engaged in leaving a legacy that is reflective of their social values[4]. Second wave feminists' ongoing work in the women's movement, and the attendant issues, are proof that they are committed to creating a more equitable society. As the postwar generation experiences and frames the problems of becoming and being older women, carers for both grandchildren and ageing parents, widows, and all the rest of those events along their part of the life course, how will they work toward change? Many second wave feminists have the time, energy, vitality, and will to take on the challenges. Perhaps it is time to consider forming new groups that work within their communities and on a national level that address the problems of older women. These organisations would leave a legacy for older women in future generations. It would be important that these organisations would, from their inception, form active links with already existing feminist groups and work together wherever and whenever issues intersect. Mutual support with a strong cooperative structure would enhance, rather than divide, the feminist cause.

At the beginning of this essay, I described Barbara Macdonald's moving account of her invisibility as an older woman trying to engage with the women's movement. Ageism is real and, yes, it is a part of feminism, just as it is a part of the culture as a whole. That said, second wave feminists form a cohort, a whole generation (and beyond) of women, who can turn to each other for support, understanding, and as sisters in action. That is a stunning development in the struggle for women's equality. Does this absolve younger women of their ageism? No, of course not.

Age stereotyping is painful and destructive within the current feminist movement, but it is not the whole story. Younger women are turning to the generations before them, acknowledging the profound changes wrought by second wave feminism and seeking to connect with the elders. Now it is time for the elders to once more come together, this time to leave a legacy for the older women who will come in our wake.

1 Macdonald, B. with Rich, C., *Look Me in the Eye: Old Women, Aging and Ageism,* The Women's Press Limited, London, 1984

2 Kite, M.E. et al , *Attitudes Toward Younger and Older Adults: An Updated Meta-Analytic Review*, Journal of Social Issues, Vol. 61, No. 2, pp. 241 -266

3 The Telegraph, *Growing old disgracefully: 400 female pensioners make their voices heard*, 04 Feb 2013

4 Gergen, K. J. and Gergen, M. M. , *The New Aging: Self Construction and Social Values*, Social structures and aging, Springer, New York, 2000

Martinson, M. and Minkler, M., *Civic Engagement and Older Adults: A Critical Perspective*, The Gerontologist, Vol. 46, No. 3. pp. 318 - 324

Chapter II: Are Older Women Invisible?

Oh, I didn't see you there!

Jane Ashcroft

Jane Ashcroft has been CEO of Anchor since March 2010, focusing on delivering great care and housing services for older people across England. Jane is also a Trustee of Silverline and a Board member of Your Care Rating, and chairs the English Community Care Association.

As we travel through a typical day, bombarded by images and messages, do we see an accurate representation of the real world we live in? From the voices on the radio we wake up to, to the advertising hoardings we pass on journeys to work, education or leisure, to the news (print or electronic) and TV that we absorb, how often do older women appear?

For several years I have been irritated by the propensity of print journalists to tell us the age of any woman in the news, regardless of any relevance to the story, while rarely applying the same approach to men. Why is age a defining characteristic of women?

In 2010, research conducted on behalf of Anchor, the housing and care provider which I lead, analysed one week of TV programmes on the 5 major UK channels (Older Faces Audit, March 2010, Anchor). We found a dramatic under-representation of older people, and especially older women. Across all channels, people over 50 were under–represented. Despite making up 34% of the UK population, representation on the major channels was as low as 12%, with only BBC2 achieving a realistic level of 38%. And amongst TV presenters appearing in the week under review, only 1 in 5 was an older woman.

In our youth obsessed culture, ageing is too often presented in a negative light, from the "crisis" of an ageing population to the individual images of vulnerability and dependency. As part of the same research, when a group of over 1,000 people were asked to name a person on TV who depicted older age in a positive way the 4 most popular suggestions were men, making up 60% of all

responses. This supports my view that ageing in men is often seen more positively than in women – many older men are described as wise and experienced, whereas the expression "don't be such an old woman" is used to convey entirely negative characteristics.

This picture is so different from the reality that I see in my everyday life, that it is tempting to wonder if I live in a parallel universe! Of my 9,000 or so colleagues in Anchor, over 500 are continuing to enjoy their work well past the official "retirement age". Increasing longevity challenges our definitions of "old". In our society where 5 generation families are becoming more common, a woman in her 50's often has two older generations and two younger generations within her extended family group. We would never assume that the 25 year old and the 50 year old share the same interests, desires and concerns purely because of their age, so why would we for the 50 and 75 year old, or indeed the 75 year old and the centenarian? Is it by defining all women in the older category with one shared set of characteristics that we reduce their visibility?

Working in the housing and care sector, the diversity of people who live and work in our services is incredible, and it is impossible to deduce anything other than the fact that everyone is an individual. The women who have lived through most of the 20th century, experiencing change on a national level and in society, politically and technologically, economically and personally, may have some shared life experiences, but that does not mean they share opinions, preferences, prejudices or passions – not hearing their voices in the national debate about current issues is not just a wasted resource, but a huge risk in our decision making and reduces the life experiences of younger generations. At an individual level, older women and their younger friends and relatives form strong, mutually enjoyable and powerful relationships, but this reality is not portrayed in the images we see around us. Behind the scenes, many older women are leading change in communities, organisations and families, contributing their resources and multitude of skills, and leading interesting and rewarding lives. Some older women, like older men, are facing loneliness, loss and poor health. As a society, and for ourselves, don't we need to recognise every older woman as an individual, and to enable us to do that we need to improve visibility – instead of "oh, I didn't see you there" can we say "ah, I've been looking for you"?

Has the sisterhood forgotten older women?

Sheila Gilmore MP

Sheila Gilmore was born 1.10.49 in Aberdeen. Sheila was a student at University of Kent at Canterbury (History and Politics) and later did a law degree at Edinburgh University. She worked as a family lawyer for over 20 years. Sheila was involved in the first 'women's liberation' group in Edinburgh in the early 1970s, campaigning on a variety of issues including abortion, childcare, legal and financial independence, and an early member of the Rape Crisis Centre in Edinburgh. She was a local councillor in Edinburgh from 1991 to 2007 and became MP for Edinburgh East in May 2010. Sheila has been married for over 40 years and has four grown up children.

Actually sisters, we are now the 'older women'! Those of us who got involved in the heady days of 'women's liberation' are now in or approaching retirement. Have we changed so much inside - I don't think so - and so we are ideally placed to understand our issues and fight our own corner.

One of my corners is politics. There is an interesting story line currently running in Doomesbury. Our 'veteran campaigner' arrives to work in Senator Elizabeth Warren's Washington office. The friendly bright young staffer asks if she is the senator's mother. On hearing she is joining the staff the young woman says that, yes, the Senator is keen on diversity and knows the old are people too.

One of the best kept secrets in parliament is the number of 50+ women MPs there are. In the 2010 intake of Labour women MPs there are quite a lot of us. In fact, in the first two and a half years of our parliamentary careers becoming a grandmother was a far more common experience for the 'women of 2010' than having a baby. We brought a huge wealth of experiences: from the personal ones of bringing up children, balancing work and caring responsibilities; to a range of work experiences. A number of us have been councillors, often in senior positions, and we have among us trade union officials, senior council officials, managers of Citizens' Advice Bureaus, lawyers, and accountants. And among the Tory 2010 intake there are also a number of the 'new' MPs but not 'new minted' vintage.

Yet will you find us among the lists of 'rising stars' or 'ones to watch'? Almost certainly not. These tend to be the 20 and 30 somethings,

often also usefully photogenic. Now I have the greatest of respect for many of these 'young Turkesses', but the more mature among us have something to offer too. Nor can we just blame the media. The political parties themselves do little to counter this view, just look at who gets early promotion and who gets put forward for media, especially TV work. Yes, there are some exceptions. I was delighted when one of the 2010 'more mature' cohort got a front bench shadow post recently. Margaret Hodge (not of course a newbie) is coming into her own as Chair of the Public Accounts Committee. No wonder voters don't see politicians as 'people like them' when they only see a selected 'type'. Of course we need the young, but we also need a proper mix - and the frustrating thing is that mix is actually there! There's a lot of criticism about all MPs these days being professionals, moving seamlessly from researcher to MP. And yes, they exist, but there are lots more of us besides.

Nowadays men in politics suffer from some of the same issues. There were plenty of 50+ men in the new 2010 group (I was going to say 'new men' but that might be going too far!), but for the most part you wouldn't know that. However there is still a particular issue for older women. An older man may still be seen as distinguished. What's the comparable term for women?

So one of the best things political parties can do for older women is value us and use us. We represent the vast army of older women who are out there, many still working, others now being the core volunteers keeping charities, residents' groups and churches going. Recognising the women MPs will help get recognition for all.

We don't need to be pigeonholed into just talking about ' older women's issues' (we have plenty of other experiences). But there are issues we need to champion, not least social care, where women are not just those needing care but are also so often the carers. The rising pension age is creating problems for those not fit to continue work, many of whom will find any savings they have being used up as they encounter the increasingly means tested benefit system.

However, we have plenty of views on other things, from defence to the economy!

Invisible women? Case studies across four generations

Mary Thoreau

Mary Thoreau is a wife, mother and grandmother. She is also a writer and a lecturer in Communication Studies. Mary is a business lecturer in the Faculty of Business and Information Technology at Whitireia Polytechnic in New Zealand. Born in Jersey, she has lived and worked in Britain, New Zealand, Canada and Spain.

Traditionally, women have occupied central positions in their families and have been less visible in public and economic areas. However, this has changed during the last half-century. Now highly visible in public life, women are often also expected to continue their traditional family-centred roles. This paper examines some of the changes in women's visibility over the last 60 years and discusses their implications for older women.

Three of my great-grandmothers were married to farmers. Their lives were home and family-based. They took active parts in running their farms. Their families were large by today's standards.

My grandmothers experienced no ambiguity about their roles. As young women, they worked on the farm – mostly house-based in winter; in the fields during the busy seasons. They did not receive wages; their needs were met by the family. During the early years of her marriage, Mabel was a church caretaker. Later she was a farmer's wife, following the same pattern as her mother. When her brother's wife died, she brought up his son. When her husband found outside employment, she did almost all the farm work. Louisa was apprenticed as a milliner, and stopped paid employment when she married. She and Percy lived and worked on the farm with her parents and brother. Mabel and Louisa were active and well-regarded in their churches, but did not hold positions of responsibility.

When my mother left school, she was apprenticed as a dressmaker and also learned tailoring skills. She worked part-time after her marriage, then stopped work to focus on family duties. She supplemented the family income by sewing. She led women's groups in her church, and was a confidante to many. In later life, she was the sole carer for her father and her mother-in-law.

When her daughter's marriage ended, she looked after her granddaughter so that my sister could work. Her children all emigrated, and she and her husband retired to New Zealand to be with them.

The three generations of women before me had central roles and high visibility in their families and local communities. However, their economic contributions were largely unrecognised and their status was generally defined by their fathers and husbands. For them, 'retirement' involved few changes. Ageing and declining health were mostly gradual processes and family support was close by. Aside from financial concerns, retirement was about adjusting to their husbands being at home. As a teenager, I was aware that this was difficult for my grandmother Mabel, but not for Louisa. It was certainly a concern for my mother.

My experience has been different. I was the first in my family to receive a tertiary education, the first woman with a professional career, the first generation with real choice about the size of my family. When I married Philip, we moved to London and then New Zealand, and I continued to work until our first child was born. As the children grew older, I began working part-time outside the home. I started working full-time before they reached their teens, relying on Philip's flexible work-time and my parents' availability for after-school care. I shared some of my parents' care towards the end of their lives. I currently take an active part in supporting my mother-in-laws' mental well-being but not in her physical care. I am not active in my local community. I am not a church member and do not wish to be.

As a feminist, I have been able to make more life choices than the women described above. I am more independent. I have more discretionary income. I have travelled more widely. My career has given me autonomy, structure and self-esteem. However, it has often been at the expense of taking a full traditional share in family roles. Except in emergencies, I cannot be available for my husband, children and grandchildren during working hours. I compensate for this to some extent by working extended hours for four days a week and reserving three days for family. My sisters-in-law, with less flexible jobs, have managed this issue by moving to part-time employment in their fifties. One has stopped paid work early in order to care for elderly parents.

I have chosen to delay retirement. It will involve a major change in routine which I am not confident about managing effectively. It

will also mean a loss of public identity, a loss of public voice and so a sense of not being useful in society. However, it will bring opportunities for increased participation in family life. I have begun to begrudge time spent away from home and family, a signal that it is time to change focus. I am considering moving to part-time employment so that I can begin to do this. I am fortunate that I can take unpaid leave – 'trial retirements' – to start adjusting.

The divide between public and family life, the visible and invisible, is a real issue for many women of my generation. We have found it very difficult, if not impossible, to meet the demands of both in a thorough way. Focussing on the former has allowed us to develop valuable skills, but has not always equipped us with the resources to fulfil our responsibilities in the latter. Concentrating on only one may involve feelings of guilt and inadequacy.

Visibility is a matter of perception. Being visible from one perspective often results in invisibility from another viewpoint. Being seen and acknowledged as important or useful are measures of our existence and value. Previous generations of women were able to achieve this life-long through their central family roles. By being highly visible in family life, they accepted invisibility in the public arena. This has not happened for feminists of my generation who chose public visibility and accepted lesser family roles. We are not well prepared for retirement. We need to better manage the transition from a visible public role towards a more participative role in family life. By doing this, we can continue to feel an integral part of society.

Silver Action – Talking across the generations

Catherine Long

Catherine Long is a feminist PhD researcher and artist based at Chelsea College of Art and Design, UAL. Her research in feminism, representation and the moving image is supported by an AHRC Doctoral Studentship. Suzanne Lacy is an internationally acclaimed feminist artist, educator, and theorist of socially engaged public art.

On Sunday 3rd February 2013 several hundred women gathered in the Tate Modern Tanks to participate in *Silver Action,* presented by BMW Tate Live. This participatory performance by the artist Suzanne Lacy literally gave voice to older women and their stories of activism. Lacy has been making socially engaged and political artworks since the 1970s, a point when the women's movement and art came together to critique, analyse and re-imagine women's place in society.

Silver Action builds on *The Crystal Quilt* by Lacy, performed in Minneapolis, USA in 1987. This three-year art project culminated in a performance where 430 women came together to share their views on getting older. *Silver Action* has furthered this work by inviting women in the UK to come together and share their experiences of radicalisation and activism from the 1950s onwards. In the mid-eighties when *The Crystal Quilt* was performed there was much hope that the women's movement had initiated the possibility of genuine change. Although much was still needed for real social equality and inclusivity, the road ahead appeared to be in front of the women's movement. However, with the backlash against feminism in the late 1980s[1], it became apparent that women's route to full participation in the institutional modes of power and decision-making was not a given. Hard-won rights such as equal pay and the right to live without violence were by no means enforced or even ensured.

Contained within these battles is an important intersection between women's rights, visibility and full participation in society. Capitalist society speaks to youth and the representations one sees of women on TV, films and in Western culture at large are of youth, while representations of older men often exude wisdom

and maturity. The question women in the UK have long been asking is *where do women go when they become 50?* Women over a certain age do indeed disappear from our screens with alarming frequency. Given the abysmal paucity of older women in the public eye, in positions of institutional power and, indeed, in politics, why are those women who are visible represented in different, and often negative, ways than their male colleagues?

Given the leadership roles UK women have had in historic social transformations over the past half a century – in housing, the right to live without constant threat of violence, fair wages, the recognition of so-called minorities and socially disenfranchised people, environmental protection and protesting war – why are there still so many fewer women than men in public leadership roles? With the *Silver Action* performance Lacy asks, 'As they achieve the level of experience that predicates leadership, how do women feel when they are excluded from those roles by virtue of their age?' This is a vital question on two fronts. For those women that have achieved so much and in the face of such adversity, what happens to that energy and hope when they find themselves still excluded because society is only interested in women when they are young? And, on the flipside, what happens to younger women's aspirations when they witness the disappearance of women in positions of institutional power as they grow older?

This Compendium asks, "Has feminism overlooked the older generation in favour of the younger generation?". I wonder if this question comes up at this moment because of other shifts in social and political terrain? Over the last decade a dominant refrain has been "How does feminism engage younger generations of women?" I speak from the position of one of those younger women who have joined the ranks of feminism, and I wonder if a resurgence of feminism amongst young women is linked to reinvigorating the movement and regaining a strengthened position from which to address issues of real concern? Or perhaps recent austerity measures, renewed assaults on women's right to choose and right to be free of violence have ramifications for women of all ages, and there are now main points of common accord? What is clear is that we need the experience and wisdom of our feminist elders.

Silver Action offered a pivotal moment to explore these concerns. After months of preparation The Tanks were alive with challenging,

revealing and inspiring conversations, which were simultaneously documented live in several ways. Personal stories were collated by stenographers and projected onto the walls of The Tanks, debates over a large kitchen table held by key feminist activists were filmed, and the conversations of women seated at card tables were reinterpreted via social media networks by individuals who were authorised to listen in at each card table conversation. The personal stories projected onto the walls of The Tanks were an extremely inspiring element of this performance. Hundreds of audience members came over the course of the day and sat and watched story after story detailing hope, determination and wisdom. The voices of our feminist elders rose loud and clear, and the energy they brought to The Tanks pervaded the Tate. As a helper on that day, the recurrent refrain I heard from older women was 'we still have so much to give', and from younger women, 'we want to hear and learn from you'.

This is just the start. Lacy will continue to build this conversation at the Southbank Centre's Women of the World Conference on the 9th March 2013, and with the Sussex University and British Library's 'Sisterhood and After: The Women's Liberation Oral History Project', which will be permanently archived at the British Library for all to share. This will feed into a year-long project that will include women across the UK.

For further information on *Silver Action* and video documentation please see The Tate's website http://www.tate.org.uk/whats-on/tanks-tate-modern/music-and-live-performance/bmw-tate-live-suzanne-lacy-silver-action

1 **S. Faludi, Backlash: *The Undeclared War Against Women,* Vintage, London, 1992**

Chapter III: Work and Finances

How older women lose out in the pensions arena

Ros Altmann

Ros Altmann is an independent expert on pensions, economics, savings, annuities and retirement policy. Following her early academic career, she worked in the City for 15 years managing pension fund investments, equity and currency portfolios. After having her third child she started work as an independent policy adviser, and was a consultant to the Treasury, Number 10 Policy Unit, corporations, pension trustees and financial services firms. She was director-General of Saga for 2 1/2 years and is a Governor of the London School of Economics and the Pensions Policy Institute. She is recognised as one of the leading pensions experts in the UK and frequently appears in the media.

A significant proportion of older women live in poverty, partly because they are very disadvantaged in pension provision. The oldest women are the worst affected and there are many reasons for this.

Firstly, women in general and older women in particular have been at a significant disadvantage when it comes to building up a private pension income. Having had lower lifetime earnings than men or than younger women, they had less opportunity to save in private pensions. Older women typically spent more years at home caring for children, and were lower paid if they worked, while occupational and private pensions have historically discriminated against women. For example, it used to be legal for employers to require women to leave the company pension scheme as soon as they married and part-time workers were excluded from these pensions, denying many women the chance to participate in their employer's scheme.

Unfortunately, however, the state pension system has also discriminated against women - particularly older women. Although over the years, the relative disadvantages for women have slowly been ameliorated, it is the youngest women who will have benefited most from the changes. As an example, many older women were encouraged to pay what was called 'married women's stamp' when they were working, which involved paying

lower National Insurance contributions but also meant giving up their state pension rights. They did not realise the implications and, with no state pension entitlement, they can only claim a pension on their husband's National Insurance.

Compounding this problem of old age female poverty is that increasing numbers of older women are single and have no partner's income to rely on. Women's life expectancy is longer than men's and women tend to be younger than their husbands, so they are often left widowed at the end of their lives. Furthermore, there has been a steady decline in marriage and an increase in divorce among older couples, leaving increasing numbers of single older women. Those who divorced in later life were often relying, during their younger years, on a husband's pension, so did not make their own arrangements. Some changes have been introduced, such as the ability to arrange pension sharing on divorce, but the oldest women are least likely to have been able to take advantage of that and have been disadvantaged as a result.

Even women who stay married and whose husbands saved diligently for their pension all their lives, are often left without any pension provision once their husband dies. This is not the case if the husband had a final salary-type employer's scheme which must pay a widow's pension, but if he had a personal or stakeholder-style pension, then the likelihood is that the pension dies with him. This is because the most common way for such pensions to pay income is to buy an 'annuity'. This works as follows: on retirement, the pension fund that the husband built up over the years is given to an insurance company in exchange for a promised lifelong income, called an annuity. The income paid will be determined by the insurance company's estimate of the purchaser's life expectancy and the standard product is a 'single life' annuity, which only covers the husband until he dies.

As most people do not understand how annuities work, many older women are left without any money from their husband's pension because all the money from the pension fund that has not been paid out in income stays with the insurance company when he dies, with no more pension income being paid out to the wife. If people realised this, they would normally choose to buy a 'joint life' annuity, which pays a somewhat lower income each year but carries on paying to the wife rather than leaving her with nothing from her husband's pension savings when he dies. However, most

people do not realise what the implications of buying the standard annuity could be for their partner and they buy the annuity they are offered, leaving many older women unprovided for.

So what can be done to ameliorate the disadvantages faced by older women in our pension system?

Some measures are already underway which should help for the future. Automatic enrolment for all workers into an employer's pension scheme might help more women build up their own private pension. However, these pensions will still be dependent on the earning power of working women and if they have lower lifetime earnings, they will remain at risk of lower pensions in later life. It is, therefore, vitally important that the state pension system does not penalise women too.

Changes over the years having gradually improved women's position and allowed them to accrue better state pensions. Years spent caring for young children or other relatives are now credited for National Insurance and the number of contribution years required for a full state pension reduced. However, the most radical change is yet to come, which should ensure state pension entitlements for men and women will eventually be equalised. The Government has proposed a flat-rate state pension of around £144 a week for anyone with 35 years of national insurance credits or contributions. The new system will only apply to new pensioners, not to those already retired, but should eventually significantly improve older women's pensions.

Ultimately, more women will need to take responsibility for their own financial future. Improving financial education as well as better access to financial planning advice at all ages should help women provide for themselves in later life in future.

Top tips for women to help avoid later life poverty:

1. Don't rely on a partner's pension - save for yourself.
2. If your partner is buying an annuity, make sure he knows the importance of selecting a joint life product that will keep paying to you after he dies.
3. Take your own financial planning advice, to help you assess your later life income prospects.
4. More women than men will need expensive social care so you may want to plan how you might pay for that if needed.

The pensions gender gap – how the current system overlooks the contribution of many women

Anthony Thompson

Anthony joined Lloyds Banking Group in 2007 and is currently Head of Public Affairs, Insurance & Scotland. He leads the Group's engagement with senior politicians, policy-makers and external stakeholders on Scottish Widows and wider insurance issues, as well as the Group's public affairs engagement in Scotland. Before joining the Group, Anthony developed his career in lobbying and communications at the Confederation of British Industry (CBI), where he progressed through a variety of leadership roles. This culminated in running all communications and lobbying activity for the CBI across Europe as Director of the CBI's Brussels office.

As the sun begins to rise on the new auto-enrolment landscape, for the first time ever many people will start thinking about how they might prepare for their long-term financial futures.

But for many women – particularly those in the second half of their working lives – the challenge of saving for their retirement is a more immediate and pressing concern. They form what might be called a 'forgotten generation' who have not managed to save for their retirement.

In its latest research, Scottish Widows found that while 32% of 50-65 year old men are optimistic about their retirement, just 21% of women in the same age group are and our latest research on Women & Pensions has shown that 58% of women are not saving enough for their pension (against 51% of men).

Since Scottish Widows was first established in the 19th century we have been associated with supporting women with their financial well-being. In more recent years, we have focussed on trying to understand the shortfall in women's retirement provision and how we can support more women to be adequately prepared for their retirement.

Above all, this work has shown us that the UK's pensions system – designed historically for men (and largely by men) – has failed until recently to recognise fully the crucial yet hidden role played by women in their own and other families as well as in the wider

community. As a result, it is only in recent years that we have truly understood the importance of addressing the challenge of finding more effective ways to ensure women have adequate provision for themselves in retirement.

In 2011, Scottish Widows set up an independent think tank called The Centre for the Modern Family. Established to improve our collective understanding of the 21st Century family, we have found countless examples from the 'Baby Boomer' generation where women have acted as the 'glue' holding their families together.

Yet, despite playing this pivotal role in supporting family and community life, this contribution to society has often left women in their later years entirely dependent on a male breadwinner – or the state – to provide for their financial security in retirement.[1] By taking on caring and other family responsibilities, significant numbers of women have had to take time out of the workforce or work part-time or reduced hours, and as a result have not been able to contribute to a pension or build up full state pension benefits. Saving for a pension has been an unrealistic ambition or forgotten about entirely as the day to day reality of life has unfolded.

This 'forgotten generation' now find themselves facing a pensions 'black hole' as they approach their retirement. More research from Scottish Widows underlines the gender imbalance in pensions. Our annual pensions report has found that almost all men over 30 have worked full time for at least part of their career, and as such are more likely to have contributed into an occupational pension. However, for women of the same generation, 11% aged 30 to 50 have never worked full time, with this figure rising to 17% for women over 51.[2]

For those women who have worked full-time, there is very little difference between the sexes in terms of the levels of participation in employer-sponsored pensions.[3] However, men are twice as likely as women to be paying into an individual pension[4], confirming that, for most women, the key to having a pension is access through an employer. Currently only 17% of women are relying on their own savings to fund their retirement compared to 30% of men.[5]

This divergent career path for the genders plays out in the relative pension provision levels we see for men and women, and if this is not addressed, the quality of life that the different sexes can expect in their retirements.

The pensions 'gender gap' is further fuelled by a general lack of awareness amongst women about the need to plan for their retirement and what levels of savings are needed to secure a comfortable retirement. Again, Scottish Widows has found that a typical 30 year old women will retire at 65 with £30,000 less savings than her male counterpart.

This gap is also exacerbated by the fact that, while many women are relying on their partners to fund their retirement, divorce can have a major impact on women's lives. Our research found that only 15% of divorced women said pensions were discussed as part of their divorce settlement and 78% of married women do not know what they would be entitled to from their partner's pension if they divorced.

Thankfully, progress is now being made in redressing these imbalances in the long-term.

However, the Government's proposals for state pension reforms should help women as the future single tier pension arrangements will make it easier for carers to qualify for a full state pension.

Having a single level of state pension – without the complexity and uncertainty of means-testing – will also provide much greater clarity on the need to save and what level of savings women will need to make to enjoy a comfortable retirement.

Auto-enrolment too, will help women make better provision for the future, by opening up the private pensions market – either through private providers or the state-backed NEST scheme – to more people than ever before. Many of the 'winners' in the new auto-enrolment landscape will be low income, part-time employees – a group typically dominated by female workers.

However whilst these reforms will improve the future prospects for many of today's younger generation, they are focussed on the longer term.

What, if anything, is being done to resolve the imbalances amongst today's older generations of women, for whom retirement is drawing ever closer?

1 Centre for the Modern Family, Family Resilience: Exploring what makes families better able to cope with life's challenges, 2012, p.40 http://www.centreformodernfamily.com/Portals/0/Images/pdfs/SW_Report_Resilience_SP.pdf

2 Scottish Widows, Women and Pensions Report – Mind the expectation gap, Nov 2012, p. 6 http://www.scottishwidows.co.uk/documents/generic/2012_women_and_pensions_report.pdf

3 Family Resources Survey 2010/11 page 129 - http://research.dwp.gov.uk/asd/frs/2010_11/frs_2010_11_report.pdf

4 Ibid., p. 126

5 Scottish Widows, Women and Pensions Report – Mind the expectation gap, Nov 2012, p. 6 http://www.scottishwidows.co.uk/documents/generic/2012_women_and_pensions_report.pdf

A tale of mice and (wo)men: will current policies on extending working lives improve quality of life for all?

Dr Christine Broughan

Dr Christine Broughan is Director of the Age Research Centre at Coventry University. She is actively involved in promoting multidisciplinary, collaborative and cross-boundary working. Christine's research addresses social inclusion in relation to ageing, diversity, and wellbeing.

I discovered the mouse problem while preparing Christmas dinner. 'You'll have to deal with them,' my dad said, handing me two traditional mousetraps. I set the traps carefully in the kitchen cupboard and went to bed.

The next morning I couldn't face the carnage that was certain to lie within. I had to remind myself of the mantra 'I am a strident feminist' that Caitlin Moran proposes in her book *How to be a woman*. Whilst repeating her mantra like some Hindu yogi monk, I headed to the cupboard and opened it. My eyes were met by those of a small brown mouse looking back at me, caught in the trap, but very much alive. Momentarily forgetting my female warrior status, I shrieked, closed the door and phoned my dad. I'm 46.

Just more proof that men and women are sometimes like chalk and cheese: driven by different things, often taking on different roles and responsibilities. But the kind of traditional partnership between the hunter-gatherer husband and nurturing wife may have worked in the past, but how future-proof is our reliance on partners to ensure financial security in older age? Divorce rates would suggest this is becoming a risky strategy. Among people aged 65 or older, 46 percent of women and 26 percent of men now live alone[1]; coupled with the fact that pensioners are also likely to be affected by poverty[2], single older women are at greatest risk of poverty and isolation[3]. Increased longevity is a 21st century phenomenon to be celebrated, but there is a risk that women, who often live longer than men, do so at the risk of being caught in the metaphorical mouse trap: alive but with little quality of life.

The bottom line is that women need to be more engaged in work during the lifecourse. However, certain demographic groups such as women and individuals from low socio-economic backgrounds

are, in fact, over-represented in the category of 'older inactive persons'. A key target of the Lisbon Strategy[4] was to increase labour market participation of workers aged 55-64 to 50% by 2010 but figures in 2011 reveal that this target has only been partially met - with 41% of men and 59% of women in this age group inactive. So what can, and is, being done to tackle this?

Two major strategic interventions will ostensibly shape the future behaviour of all older workers: changes in statutory retirement age and pension provision. But these policies might only serve to bifurcate the lived experience of already advantaged and disadvantaged groups. We already know about the situation with pensions (8% of the poorest have financial protection via pensions; compared with 70% coverage among top earners). Being older, female *and* from lower socio-economic backgrounds therefore poses a triple jeopardy. And where is their voice in a country where the dominant discourse comes from leaders who are 80% male and went to fee paying schools[5]?

The solution towards engaging more older women in the workforce, is of course, complicated. It is not enough to suggest we simply encourage more women to stay in the workforce longer, as women are reported to experience ageism at a younger age than men[6]. So why is this?

An evolutionary explanation would suggest ageism begins once a person passes the time when they can contribute to the reproduction of the species. An alternative psychobiological explanation would say it's due to our own internalised fears of decrepitude and death. Either way, the idea that women hang around beyond their productive years and somehow demand more than their fair share of support could be considered by some as 'bad form'. But how could the sisterhood forget older women? One possible explanation is that we are fearful of the trappings of inequality that come with old age. Caitlin Moran compares media visions of the successful male in his business suit with its female counterpart, the young model; looking sexy, a bit annoyed and a bit dissatisfied. It's a tricky stance to maintain for anyone who takes on more responsibility in life than making their hair and makeup look nice.

With earlier onset of ageism, increased risk of poverty, gender inequality of pay, greater longevity and poorer pension contributions (...hold on, we're up to a quintuple-jeopardy and I'm not even sure that's a word!) older women from lower socio-economic groups have

the potential to become one of the fastest growing disadvantaged groups in society. Without significant intervention to realise the asset value of *all* older people, current trends suggest we will potentially create a much greater social divide as people enter the third phase of their lives. Those with better jobs will retrain, have flexible working arrangements, good private pensions, spending power. Those that don't will follow a very different trajectory. The World Health Organisation advocate that where years have been added to life we must now add life to years; a pertinent point for women who are more likely to outlive their male counterparts but at the same time more likely to live in poverty.

The bizarre notion of measuring a woman's workability based on the amount of times the earth has orbited the sun in her lifetime, her investment in products inclusive of the term 'serum/firming/anti-wrinkle', and the ability to wear six inch heels is tantamount to 21st Century witchcraft. But what should our version of utopia look like? I'm not advocating that we don our cardies and sensible shoes but what we do need to do is take more control of our lives. Moran rebukes the notion of becoming invisible in her older age, in fact she finds the idea of getting old totally thrilling: time to hag up, wear an inappropriately short frock and have the occasional sneaky fag. Let's just hope she (and the rest of us) will be able to avoid the metaphorical mousetrap and be able to afford them!

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1 Office for National Statistics, Subnational Population Projections, 2010-based projects, <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-246448> and Office for National Statistics, Families and Households, 2012,<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-278923

2 C Attias-Donfut, J Ogg, FC Wolff, European patterns of intergenerational financial and time transfers, *European Journal of Ageing*, vol. 2, issue 2, 2005, pp. 161-173 <http://link.springer.com/article/10.1007%2Fs10433-005-0008-7?LI=true>

3 Townsend Centre for International Poverty Research, *Studies in Poverty, Inequality and Social Exclusion: A Series by The Policy Press,* <http://www.bris.ac.uk/poverty/povertyinequalityandsocialexclusion.html>

4 European Trade Union, *The European Union's Lisbon Strategy* <http://www.etuc.org/a/652>

5 Sutton Trust 2012

6 P Taylor, Reviews: Catherine Itzin and Chris Phillipson, Age Barriers at Work: Maximising the Potential of Mature and Older People, *Ageing and Society,* vol. 13, issue 4, 1993, pp. 692-693 <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=2018824>

Not seen or heard? Older women in the workplace

Wendy Loretto

Wendy Loretto is Professor of Organizational Behaviour at the University of Edinburgh Business School. Her main research field is age and employment, with a particular focus on changes in employees' and employers' attitudes and practices in extending working lives. She is especially interested in the ways in which gender and age interact to affect work and retirement experiences amongst older men and women.

In 2009, Miriam O'Reilly claimed that she had been dropped as presenter of BBC's *Countryfile* because she was an older woman. Although her tribunal case and circumstances attracted widespread media attention, gendered ageism - the combined forces of age and sex discrimination - tends to be one of the 'less visible gendered mechanisms' [1] affecting women's experiences of work. This essay considers why older women are often overlooked in the workplace and offers some suggestions for challenging this invisibility.

In many ways older women workers could be considered highly visible. More are staying in employment until later ages, and against a backdrop of recession and youth unemployment, increased employment of older women (and men) may be considered a success. Despite this, the patterns of employment amongst older women show evidence of segregation: women over 50 are concentrated into a smaller range of jobs in lower grades than their male counterparts or compared to younger women. A recent TUC survey also highlighted pay discrimination: women over 50 earn less than men of the same age and less than women in their 30s. It is tempting (and more optimistic) to dismiss such differences as cohort effects, i.e. it is unfortunate for the current generation of over-50s women, but younger generations will not face the same disadvantage when they enter their older life-stages. However, a more detailed consideration of the reasons why older women are in the position they are reveals some systemic and deep-rooted issues that may well extend across successive generations.

While older men are more likely than younger men to suffer from age discrimination or ageism, and women are more likely than

men to be subject to sex discrimination, there are strong grounds to assert that that gender and age discrimination are mutually reinforcing and that this mutual reinforcement puts older women in a particularly disadvantaged position[2]. This perspective draws upon the notion of sexualising women's value to work (and to society in general) in youth, in a way that is simply not the case for men[3]. As such, the limited research in this area has focused mainly on appearance as an explanatory factor, where only 'attractive', i.e. youthful-looking, older women can succeed in the workplace. The recent rancour over the appearance of esteemed academic Mary Beard provides a clear illustration of this principle.

Several ironies arise from this perspective on gendered ageism: first, as research into women aged 50-70 in Canada has shown, older women's invisibility in the workplace is 'grounded in their acute visibility as old women'[4]. Many of the women in this study addressed the problem of invisibility by minimising the visible effects of ageing through beauty work – ranging from hair dye and make up to non-invasive and invasive cosmetic techniques. Some felt that youthful appearances were required in order to work with the public, especially in health-oriented jobs, the implication being that looking younger is not just associated with being more attractive but also being healthier. Respondents also expressed the tension caused by being aware of ageism but at the same time submitting to it by accepting the importance of physical appearance and engaging in beauty work. Some spoke of how retirement had offered them the 'luxury' of having these appearance pressures lifted.

A second irony is that concern over appearance and being perceived as less attractive is higher among older women in professional, male managed and hierarchical organisations[5]. Paradoxically, these are the very areas where women are often only seen as successful if they can suppress the feminine side of their characters [6]. Walker et al.[7] highlight how these processes of 'self-denial' and self-separation' differentiate (gendered) ageism from the other 'isms'.

A third irony arises from patriarchal assumptions of the role of women's paid work in society in general. Ainsworth and Hardy's[8] analysis of a public enquiry into problems faced by older unemployed workers in Australia demonstrated how older female job seekers were rendered invisible, because they were

constructed as privileged, and consequently less in need of government assistance. This 'privilege' arose because of their experience of and greater propensity towards flexible working, which would make it easier for them to take lower-paid jobs. It was also felt that gaps in women's employment history could be accounted for more easily than could gaps in men's careers. There was also greater public sympathy for older male workers because of perceived greater impact on men of loss of self-esteem.

The gendered nature of the labour market has been well researched and understood for some time in the academic literature, but as Krekula[9] comments, little attention has been paid to age in the construction of women in gender theory. For example, debates over the impact of domestic roles - in particular caring - in constraining employment have focused more on women as mothers of small children. However, the impact of caring on labour market activity for many women threads through the lifecourse, including not only looking after children well into their teenage years and beyond, but also caring for elderly relatives, ailing spouses and grandchildren.

This brief discussion of gendered ageism has provided some insight into the ways in which older women are marginalised, often by being rendered invisible – to employers and to society as a whole. However, the reality is that employers face an ageing workforce, especially in those very areas (e.g. local government health, education) in which a larger proportion of older women are already working. Increasing visibility of this 'untapped potential' is crucial and requires recognising the contributions older women make through paid and unpaid work, the latter often in their capacity as carers. We also need equalities legislation to recognise the existence of multiple/intersectional discrimination, and for employers to question the effects of apparently age and gender-neutral policies and practices.

1 E. H. Gorman and J. A. Kmec, 'We (Have to) Try Harder: Gender and Required Work Effort in Britain and the United States', *Gender & Society,* 21, 6, 2007.

2 W. Loretto and S. Vickerstaff, 'The Relationship Between Gender and Age', in E. Parry and S. Tyson (eds) *Managing an Age-Diverse Workforce,* Palgrave Macmillan, London, 2010.

3 C. Duncan and W. Loretto, 'Never the right age? Gender and age-based discrimination in employment, Gender, Work and Organisation, 11, 1, 2004.

4 L. Hurd Clarke and M. Griffin, 'Visible and invisible ageing: beauty work as a response to ageism', *Ageing & Society*, 28, 5, 2008, p669.

5 H. Walker, D. Grant , M. Meadows and I. Cook, 'Women's Experiences and Perceptions of Age Discrimination in Employment: Implications for Research and Policy', Published Online January 4 2007, p43.

6 F. Wilson, *Organizational Behaviour and Work*, A Critical Introduction, Oxford University Press, Oxford, 2004, p92.

7 H. Walker, D. Grant , M. Meadows and I. Cook, 'Women's Experiences and Perceptions of Age Discrimination in Employment: Implications for Research and Policy', Published Online January 4 2007, p44.

8 S. Ainsworth and C. Hardy, 'The construction of the older worker: privilege, paradox and policy', *Discourse & Communication*, 1, 3, 2007.

9 C. Krekula, 'The Intersection of Age and Gender: Reworking Gender Theory and Social Gerontology', *Current Sociology*, 55, 2, 2007, p157.

Chapter IV: Social Isolation and Loneliness

Do we only care about widows if they're Scottish (Widows)?

Dr Dylan Kneale

Dr Dylan Kneale is Head of Research at the International Longevity Centre-UK (ILC-UK). Dylan has a background in Demography and much of his research has explored pathways into social exclusion among both younger and older people. Dylan is particularly interested in the timing, sequence and context of life course transitions including housing, parenthood and partnership transitions.

In 2011, 3.16 million widows and widowers were estimated to be resident in England and Wales – representing 7% of all adults[1]. Due to rising longevity (especially among men)[2] as well as reduced spousal age differences over time[3], widowhood may occur at progressively older ages. However, despite the relentless shift towards an ageing population[4], the number of widows actually fell between 2001 and 2011, from almost 3.5 million individuals. While this essay doesn't attempt to conclusively explain this apparent drop, it is nevertheless a useful backdrop and justification as to why, in a society of increasingly heterogeneous patterns of partnership formation and diversity in our ageing population, but looser social connections and increasing loneliness, it is important that scholars from all standpoints, but especially perhaps those from a feminist tradition, re-engage with the notion of widowhood.

Widowhood is a common experience for many older women, inherently involving a catastrophic and multifaceted loss of social and economic identity, position and resources. Such is the extent of widowhood being a commonality for older women that some scholars have come view widowhood as integral to the biography of ageing among women, not to be regarded a separate entity in itself[5]. Much of the (quantitative) literature documenting the impact of widowhood highlights the heightened risk of older widows falling into poverty[6] - the links between previous labour market history and poverty during widowhood being perhaps most emblematic of the way in which pre-existing inequalities are reproduced to

make widowhood a 'gendered' experience[7]. Similarly, much of the qualitative literature focusses on the reconfiguration of identity after widowhood, linking the loss of identity experienced by women in particular to gendered social positions and relations occurring earlier during the life course[8]. However, both quantitative and qualitative studies highlight loneliness to be by far one of the most salient impacts of widowhood, particularly in the short-term[9,10].

Another (complementary not competing) body of research suggests that widowhood is not *permanently* catastrophic, or even shattering across all domains, and some go as far as to dispute its status as 'problematic', at least on a long-term basis [11,12,13]. Interestingly, some studies suggest that "the women who have been disadvantaged over across the life course have the edge when it comes to bereavement"[14]. More generally, some studies find that after an undefined and variable period where widowhood has a negative impact on health and wellbeing, many widows develop a new sense of freedom and purpose, although may continue to experience loneliness at times[15]. Some widows, particularly those who were heavily involved in the care of a sick partner describe the freedom that follows the death of a partner in the long-term[16], while others describe the sense of empowerment from learning new or forgotten skills and becoming, in many ways, self-sufficient[17].

Much of the literature is unanimous that although widowhood is experienced in myriad ways and that the consequences are rarely positive in the short-term; some long-term opportunities exist to explore new roles and identities[18]. However, although some of the experiences of widows and widowhood are understood, particularly for larger social groups, this knowledge has remained relatively static while relationships, gender roles, labour markets, life expectancy and demography, to name but a few, have not remained so. In particular, given the importance of loneliness as a predictor of physical health[19], the heterogeneity among widows and forms of widowhood is yet to be reflected in studies of loneliness. Blieszner's early work in particular set something of a rallying call for those from a socialist feminist standpoint to ensure that the voices of widows from all backgrounds be heard. This is important in safeguarding that the 'new opportunities' following widowhood, described by some earlier, are open to all and are not restricted due to pre-existing social inequalities.

From a public policy perspective, in the absence of any cohesive strategy around widowhood[20], it is evident that more needs to be done to protect the wellbeing of all widows. New opportunities in public policy are emerging – the UK government's new recognition of loneliness as a public health problem[21], coupled with the evidence that widows are at high risk of loneliness[22], provides an opportunity for widowhood to be explicitly incorporated into public policy. Nonetheless, this is conditional that widows themselves, or their advocates, find a voice and are able to articulate the diversity of their needs. If feminism, at its most basic level, is about providing a voice to women in a patriarchal society and ensuring gender equality, then a role for the sisterhood is clearly demarcated. However in addition to acknowledging the intersection of age and gender, diversity across other lines, for example social class and ethnicity, also needs to be incorporated into policies aimed at improving our understanding of widowhood and directing any assistance that may be needed. Furthermore, this essay began through citing the drop in the number of widows between 2001 and 2011. One explanatory factor must be the rise in diverse living arrangements – generally the term 'widow' refers only to those who lose a partner in a marriage – although losing a long-term partner regardless of marital status is likely to be equally traumatic. As our relationship types are evolving, there is also a pressing need to guarantee that the voice of widows of different relationship types is also heard.

Without taking into account the heterogeneity of life course experiences at older ages, public policy will continue to be culpable of focussing on the more tangible issues of ageing such as pensions (our Scottish Widows), and ignoring the biographical experiences of ageing, such as widowhood and consequent loneliness, particularly among different social and minority groups. In our ageing societies, the multifaceted experience of widowhood is increasingly diversifying - accounting for these differences must be a worthwhile challenge to feminist gerontologists worldwide.

1 Office for National Statistics (2013) 2011 Census: Marital and civil partnership status, local authorities in England and Wales. http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262
2 Vojak, F. (2013) ILC-UK Factpack of statistics on ageing and demographic change. London: International Longevity Centre-UK.
3 See, for example Kneale, D. & Joshi, H. (2008) Postponement and Childlessness: Evidence from two British Cohorts. *Demographic Research 19(58):1935-1968*
4 Vojak (2013) Ibid
5 Chambers, P. (2002) The Life Stories of Older Widows – Situating Widowhood Within the Life Course. In Narrative, Memory and Life Transitions. University of Huddersfield, Huddersfield, pp23-41
6 Gillen, M. and Kim, H. (2009) Older Women and Poverty Transition: Consequences of Income Source Changes From Widowhood. Journal of Applied Gerontology. 28(3):320-341
7 Blieszner, R. (1993). A Socialist-Feminist Perspective on Widowhood. Journal of Aging Studies. 7(2):171-182
8 Van Den Hoonaard, D. K. (1997) Identity Foreclosure: Women's Experiences of Widowhood as Expressed in Autobiographical Accounts. Ageing and Society. 17(5):533-551
9 Feldman, S., Byles, S. E., Beaumont, R. (2000) 'Is Anybody Listening?' The Experiences of Widowhood for Older Australian Women. Journal of Women & Aging. 12(3-4):155-176
10 Savikko, N., Routasalo, P., Tilvis, R. S., Strandberg, T. E., & Pitkälä, K. H. (2005). Predictors and subjective causes of loneliness in an aged population. Archives of gerontology and geriatrics, 41(3), 223-233.
11 Chambers (2002) Ibid
12 Bennett, K. M. (2010) "You can't spend years with someone and just cast them aside": Augmented identity in older British widows. Journal of Women & Ageing. 22:204-217
13 Feldman, et al (2000) Ibid
14 Blieszner (1993) Ibid (p178)
15 Feldman et al (2000) Ibid
16 Davidson, K. (2001) Late life widowhood, selfishness and new partnership choices: a gendered perspective. Ageing & Society. 21:297-317
17 Van Den Hoonaard (1997) Ibid
18 Blieszner, R. and Hatvany, L. E. (1996) Diversity in Experience of Late-Life Widowhood. Journal of Personal and Interpersonal Loss: International Perspectives on Stress and Coping. 1(2):199-211
19 Shankar, A., McMunn, A., Banks, J., & Steptoe, A. (2011). Loneliness, social isolation, and behavioral and biological health indicators in older adults. Health Psychology, 30(4), 377.
20 See recommendation in Kneale, D. (2012) Is social exclusion still important for older people? London: International Longevity Centre.
21 DH (2012) Loneliness measure to boost care for older people (Accessed 22-02-13) http://mediacentre.dh.gov.uk/2012/11/22/loneliness-measure-to-boost-care-for-older-people/
22 For example Savikko et al (2005) Ibid

Preventing and alleviating loneliness for older women.

Laura Ferguson

Laura Ferguson is the director of The Campaign to End Loneliness, a coalition of organisations and individuals working together through research, policy and campaigning to combat loneliness in older age in the UK.

Addressing the problem of loneliness that women experience in later life requires a dual approach. One strand must be to consider the person. The experience of loneliness is as individual as the person feeling it. I can determine whether you are socially isolated by counting your daily contacts, but that doesn't tell me how they make you feel. Only you can tell me if you are lonely.

At the same time, we must seek a whole-population view of the problem of loneliness. We already know a great deal about risk factors and potential consequences for the whole population of women. It is profoundly important to consider these when preparing for the specific needs of women who are or could become lonely.

Considering the individual

Gender-specific social activities are often argued to be helpful in alleviating loneliness for men, partly because the activities provided by local charities tend to be group or discussion based, and are perceived as being more suited to women.

What is really needed – for men or women – are activities based on a particular interest, at a particular time of life, and that involve the person in creating their own solution. Therefore, research conclusions about interest, time and design[1] focuses us on the needs of the individual. Two projects from the Campaign's supporter network that are designed for women illustrate this approach:

Case study: *Late Spring*

Age UK Oxfordshire and Independent Age are working on the 'Late Spring' initiative, which aims to identify and reach women aged over 70 who have been recently bereaved. It will create a network of self-sustaining support groups to help their transition

into a life without their loved one. Late Spring's website describes this as: "not a counselling service, just an opportunity for people to meet with others in a warm, friendly, and supportive environment"[2].

Case study: *Roshni Asian Women's Resource Centre*

Roshni Asian Women's Resource Centre in Sheffield offers one-to-one emotional and practical support, as well as tailored group activities, to vulnerable, isolated and lonely South Asian women living in Sheffield. The Centre's objective is "to empower Asian women to identify their own needs, create their own solutions and make their own choices so that they have lasting improvements to the quality of their life[3]".

Considering the whole population

Social research on loneliness has identified a number of likely triggers and consequences of loneliness that specifically relate to women. It is argued that older women may be more at risk of social loneliness (missing a circle of friends) as opposed to emotional loneliness (missing a special someone)[4]. There are a number of 'risk factors' that make us vulnerable to loneliness that are more likely to occur, and combine, in older age, and some are more likely to happen to women: losing a partner or becoming a carer for another family member (58% of carers are women[5]). Women are more likely than men to live their later lives alone (60% of women over 75 live alone compared to 49% of the whole population[6]). Although living alone is not necessarily the same as feeling lonely, research shows that those who do live alone are more likely to be lonely[7].

Health and public health

Consideration of the whole female population shifts loneliness from social care to a broader arena. Dr Hanratty, from York University and a General Practitioner, stated in the December 2012 *Journal of the Royal Society of Medicine:* "For loneliness and social isolation in older adults to be taken seriously by practitioners and policy-makers, we need to… [focus] more closely on the risks to public health[8]".

Loneliness has serious, negative health impacts, with consequences for the female population. The risk of Alzheimer's is more than doubled in lonely people compared with those who are not lonely[9] and statistics in the UK show that two thirds of people with dementia are women[10].

Women-specific solutions to loneliness?

In tackling the scourge of loneliness, it is crucial to start with the individual: women must have their needs catered for. Whereas, to understand the impacts loneliness can have on health requires a whole-population approach, including understanding the specific demographic needs of large portions of that population, such as women.

A knowledge-based response to women who are at risk of becoming lonely, or who are lonely, requires effective partnership working at a local level. Knowledge about loneliness both at population and individual level is an urgent requirement for all those who are responsible in our local areas for funding services and activities that promote and sustain our health and wellbeing as well as for those who offer and deliver services to reduce loneliness.

1 Cattan, M, White, M, Bond, J and Learmouth, A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society,* 2005, vol. 25, issue 1, pp. 41–67

2 Late Spring, website viewed 14 February 2013, http://www.latespring.org.uk/

3 Sheffield Asian Women's Resource Centre, website viewed 19 February 2013, http://www.roshnisheffield.co.uk/

4 Cann P and Jopling K. The challenge. *Safeguarding the Convoy: a call to action from the Campaign to End Loneliness.* Age UK Oxfordshire, 2011, p.10

5 Carers UK, website viewed 14 February 2013, http://www.carersuk.org/newsroom/stats-and-facts

6 Office for National Statistics. *General Lifestyle Survey:* Household Tables 2010 (Table 3.3). ONS, 2012.

7 Burholt, V. Loneliness of older men and women in rural areas of the UK, *Safeguarding the Convoy: a call to action from the Campaign to End Loneliness*. Age UK Oxfordshire, 2011, p.35

8 Valtorta, N and Hanratty, B. Loneliness, isolation and the health of older adults: do we need a new research agenda? *Journal of the Royal Society of Medicine,* 2012, vol. 105, pp. 518–522

9 James BD, Wilson RS, Barnes LL, Bennett DA. Late-life social activity and cognitive decline in old age. *Journal of the International Neuropsychology Society* 2011, vol. 17, issue 6, pp.998-1005. http://www.ncbi.nlm.nih.gov/pubmed/22040898 and Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, Tang Y, *Bennett DA. Loneliness and risk of Alzheimer disease. Archives of General Psychiatry* 2007, Feb; vol. 64, issue 2, pp. 234-40. http://www.ncbi.nlm.nih.gov/pubmed/17283291

10 Alzheimer's UK, website viewed 14 February 2013, http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341

Chapter V: Care and Carers

Older women and care: are they invisible to the sisterhood?

Michelle Mitchell

Michelle Mitchell is Charity Director-General at Age UK. Michelle was previously Communications Director for Age Concern England and Chair of the Fawcett Society (2005-2008). Michelle has a BA in Economics, MA in Politics and Administration, an International Executive Diploma from INSEAD and has completed the Innovations in Government Programme at Harvard University JFK School. Michelle is currently a trustee of Platform 51 a charity which supports girls and women and promotes equality.

> "After I stopped work to care, our finances nosedived. We went from me having a good salary to living on benefits. It certainly wounded my pride. In the end that just played on my health as well". Christine, 70, cares for her mother[1]

Women outlive men in nearly all parts of the world and, as a result, outnumber their male counterparts across the globe by 100 million.[2] But though they live longer than men and are stronger in number, women are likely to spend more years in poor health and/or with a disability.[3]

In the developed world these demographics are reflected in the gender profile of users of health and social care. In the UK, women account for two thirds community care users over the age of 65 and three quarters of people in residential care homes.[4] This is similar across OECD countries, where three quarters of people in long-term care are women.[5] Older women are therefore disproportionately affected by inadequacies of care and support.

Yet not only do older women show the greatest need for care but, paradoxically, they are also the main providers of it. Across OECD countries close to two-thirds of informal carers aged 50+ are women.[6] While in developed countries, the issue of older women carers tends to focus on informal care provided to a family member or friend who has care and support needs, in developing countries much of the care that older women deliver is as a grandparent. HIV/AIDS and conflict, in addition to rapidly rising rates of migration, mean many older women find themselves

left with young children to care for.[7]

Compounded challenges

The challenges older women face in regard to care are exacerbated by economic and social inequalities that women accumulate across the life-course. Historic inequalities in the employment sector and incomplete contribution years for pensions due to caring for children, for example, mean women are at greater risk of poverty than men in later life.[8] Whilst modest increases have occurred in younger cohorts' full-time employment rates, these are likely to be offset by a rising emphasis on private pensions and the continued reduction of the basic state pension relative to earnings.[9]

There is a class dimension to be considered too, as poverty itself leads to worse health outcomes and caring is known to be more common in areas of high deprivation.[10] [11] When these issues are aggregated with the demographics of women in relation to health and care, we begin to see the extent of the challenges.

Symbiotically, illness, disability and caring can also intensify the deprivation they're often caused by, increasing the likelihood of loneliness and isolation as well as intensifying financial strain due to unemployment and health and care costs.[12] [13] [14] [15]

Feminism and later life

The historic preoccupation of feminism with the first forty years of the female life cycle,[16] is perhaps based on a belief that once the social structures tied up with maternity and employment have been passed, inequality is diffused in a post-labour world. But, as we have seen, rather than being dissipated, the inequalities of gender are focussed and extended in later life.

Younger feminists might be forgiven for thinking that the current issues surrounding care are a feature of an older age that has not yet adapted to advancements achieved by successive generations and that they will have progressed by the time of their own old age. But trends suggest this too might be a mistake.

Firstly, there is much that requires addressing if we are to ensure our longer lives are healthier ones. We will need to challenge the accumulated inequality of both gender and age, alongside those of class. Fighting discrimination experienced on all three grounds in employment, education, health, and access to wider services

will be vital, as will more broadly championing the rights of women from all backgrounds across the life-span.

In terms of caring, population ageing makes higher demand a near certainty. How gendered provision will be, though, remains to be seen. Despite fears that the increased participation of women in the labour market, changing family structures, reductions in the number of children and changing expectations of care will leave a dearth in care and support - note that many of these 'challenges' are the same phenomena feminists would consider key advancements of the 20th Century – evidence suggests women are responding to these changes by simply adding care to their portfolio of daily tasks, reacting to need more than any other factor. [17] [18]

Towards an intergenerational sisterhood

To move forward, feminists and the organisations that champion gender equality across the world need to wake up to the large and ever-increasing numbers of people over 60 in their constituency and make alliances with those campaigning on the issues that affect them across the lifespan. There are already strong examples of where this is happening: UN Women champion the rights of women around the world, undertaking work specifically on older generations. Age UK and Age International with their overseas partner, HelpAge, undertake a range of work helping older women both nationally and internationally, particularly in relation to care and support. It is clear, though, that more needs to be done.

It is vital that future work sees older women placing themselves at the centre of activity. Later life all too readily hides women away, leaving them feeling invisible, undervalued and not respected for the contributions they make and the skills they have. Older women must challenge stereotypes and become both the agents and beneficiaries of change.

I would suggest care is a good place to start. Despite care having been on the feminist agenda for years, the issue of it in later life has remained shrouded from our viewpoint, as millions struggle in quiet crisis. Yet nowhere are the compounded challenges of class, gender and age more evident and nowhere are older women more in need of voice.

To get involved in Age UK's campaign to end the care crisis in England, please visit: www.ageuk.org.uk/careincrisis

1 Age UK, *Invisible but Invaluable* report, 2010, available at www.ageuk.org.uk/Documents/EN-GB/Campaigns/ID9494%20Invisible%20But%20Invaluable%20Report.pdf?dtrk=true
2 UN World Population Prospects, 2010 available at www.esa.un.org/unpd/wpp/Excel-Data/population.htm
3 Kinsella, K. and Gist, Y.J., 'Gender and Aging. Mortality and Health', (International Brief IB/98-2), Washington, D.C., U.S. Department of Commerce. Bureau of the Census.
4 Community Care Statistics: Social Services Activity, England 2010-2011 (final release), NHS Information Centre 2012, https://catalogue.ic.nhs.uk/publications/social-care/activity/comm-care-soci-serv-act-eng-10-11-fin/comm-care-soci-serv-act-eng-10-11-fin-tab.xls
5 OECD Health Data 2012 - Long-Term Care data
6 Colombo, F. et al, 'Help Wanted? Providing and Paying for Long-Term Care', OECD Publishing available at www.oecd.org/health/longtermcare/
7 EveryChild and HelpAge International, *Family first: Prioritising support to kinship carers, especially older carers*, 2012 available at www.helpage.org/resources/publications/?adv=0&ssearch=&filter=f.yeard&type=&region=&topic=&language=&page=5
8 Ginn, Jay and Price, Debbie, 'The Future of Inequalities in Retirement Income' in Vincent, John A.; Phillipson, Chris R. and Downs, Murna (eds.), *The Futures of Old Age*, 2006, Sage: London.
9 Arber, S. and Ginn, J. (2004) 'Ageing and gender. Diversity and change', lead article in *Social Trends 2004,* No. 34: 1-14.
10 Marmot, Michael; Atkinson, Tony; Bell, John et al, 'Fair Society, Healthy Lives: The Marmot Review', 2010.
11 Young, H; Grundy, E; Kalogirou, S., 'Who cares? Geographic variation in unpaid caregiving in England and Wales: evidence from the 2001 census' in *Population Trends*, 2005 Summer; (120):23-34.
12 Cann P and Jopling K, 'The challenge. Safeguarding the Convoy: a call to action from the Campaign to End Loneliness' 2011, Age UK Oxfordshire, available at www.campaigntoendloneliness.org.uk/wpcontent/uploads/downloads/2011/07/safeguarding-the-convoy_-_acall-to-action-from-the-campaign-to-end-loneliness.pdf
13 Victor, C.;Scambler, S.J.; Bowling, A. and Bond, J., 'The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain' in *Ageing and Society*, 25 (3)
14 Tijhius M.A.R.; de Jong Gierveld; Festas, .E.J.M.. and Kromhout, D., 'Changes in and factors related to loneliness in older men, The Zutphen Elderly Study' in *Age and Ageing*, 1999: 28 (5).
15 Carers UK, 'It Could Be You', 2000, available at www.carersuk.org/professionals/resources/research-library/item/494-it-could-be-you-a-report-on-the-chances-of-becoming-a-carer
16 Gibson, Diane and Allen, Judith, 'Parasitism and phallocentrism in social provisions for the aged' in *Policy Sciences* 26: 79-98, 1993.
17 Pickard et al, 'Care by Spouses, Care by Children: Projections of Informal Care for Older People in England to 2031' in *Social Policy & Society*, 2007, 6(3) 353-366.
18 Agree, E. M., & Glaser, K., 'Demography of Informal Caring' in Uhlenberg, P., (Ed.), *International Handbook of Population Ageing* (Vol. 1, pp. 647-670), 2009, Houten: Springer.

Older women carers – invisible and ignored?

Heléna Herklots

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When the Reverend Mary Webster started the carers' movement fifty years ago in 1963, she wrote powerfully about the impact on her life of caring for her parents. In 1954 Mary was 31, and gave up her work as a Congregationalist minister to care for her parents. Mary described her life as a single woman caring for her parents as being 'under house arrest'. Her caring was not seen, or valued, beyond her family, and her role was not recognised. Mary thought that others might be in the same situation, so she wrote to the newspapers and began a campaign to bring the issue into the public realm, and to win political support. From these beginnings the carers' movement grew, and Mary established the National Council for the Single Woman and her Dependants in 1965. Nearly fifty years later we are now called Carers UK. Since 1965 we have seen progress; carers have rights and entitlements across employment, care, pensions, and benefits. Yet for all this progress, many carers today would still recognise and identify with the situation that Mary described.

There are 6.4 million people in the UK looking after an elderly relative, sick partner or disabled family member. We will all care for someone, or need care ourselves, at some point in our lives. Caring is part and parcel of our lives but, without the right support, the personal costs of caring can be high. With increased longevity and changing family structures, the demands of caring can be more complex and long-lasting. Back in 1954 Mary was caring for her parents; today there are many people of Mary's parents' age who are caring for their own parents in their 80s and 90s.

In the Carers UK 'State of Caring' survey in 2011 we asked carers

about the impact of caring. 42% of older women said that they retired early to care; 53% expected their financial situation to get worse over the next year; and 78% thought that their health was worse due to the effect of caring. The experience of Margaret will be familiar to many older women who care for loved ones. Margaret retired early from her teaching career to care for her husband John who has Alzheimer's disease. She cared for 10 years without support and only when she reached crisis point did she start to receive limited support and breaks from caring. The pressure of caring around the clock took its toll on both her physical and mental health but she was resolute that the best place for her husband was at home. Her health reached breaking point last year and John had to move into a care home, but it could not provide the care John needed because of his sometimes violent outbursts. Margaret made the difficult decision to bring her husband back home to continue to care for him herself.

The practical demands of caring can be immense, and too often carers struggle on with little support, risking their own health as a result. But it is not just the practical demands, it is the emotional too. Becoming a carer can turn your life upside down; it changes the relationship you have with your loved one who you are caring for; it can change the relationships you have with your friends; and how you are seen by wider society, and how you regard yourself. As an older woman carer you can experience a growing invisibility from the disregard of casual ageism, compounded by the restrictions placed on you by your caring role. The contribution that you make as a carer is too often ignored, or taken for granted, or even exploited. Older women carers play a powerful role in our society in caring for others, often across the generations for grandchildren, partners, and sometimes parents; yet it is a role with very little power for the individual. This needs to change.

The change needs to happen before women reach older age, with better support so that it is easier to combine work and caring. Without this support women are forced to leave work, or reduce their hours, with consequences for their own incomes and pensions, as well as a wider economic cost. Overall the cost of carers having to give up work is estimated at £5.3 billion[1] a year to the economy in lost earnings and tax revenues and additional benefit payments.

The support needs to be a mix of available and affordable care, together with employers supporting carers in their workforce through flexible working arrangements. This needs to be recognised as a crucial investment in supporting people to care, and to continue to work, rather than being seen as a drain on the Exchequer. At the same time affordable care and support needs to be available to older carers who have retired from employment, to help them in their caring role as they grow older.

The other shift we need to see is, if anything, more challenging, as it is a cultural one, and we all have a part to play. If being an older woman means you may experience the 'double jeopardy' of ageism and sexism, then being an older woman carer can be a 'triple jeopardy' where the impacts of caring can further restrict your quality of life, and opportunities to live the life you want. One older woman carer described her caring situation to me as 'being in lock down' – not so very different from Mary Webster's 'house arrest'.

Many older women carers grew up during a time when women's contribution to society was far less recognised than it is today. They now live in a society which too often ignores their contribution as older women carers. We need to challenge this; guard against any prejudices and assumptions we may ourselves have; and work to ensure that older women carers are recognised, respected, and valued – no longer invisible and ignored.

1 **Age UK, Care Crisis wipes out over £5.30 million from the economy.**

Affective inequalities: older women's obligation to love and care

Dr Loretta Crawley

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In recognition of International Women's Day, this short essay discusses affective injustices, which are defined as inequality in doing work that goes into providing love and care for another individual[1]. While it is important to recognise that political and economic injustices in old age are of profound importance, the impact of affective injustices on the emotional wellbeing of older women needs to be highlighted. Love and caring have been traditionally viewed as within the domain of women's work and hence have been treated as a private matter[2]. Although unpaid care work has been recognised by feminists as a major injustice[3] [4], older women's experiences of affective inequalities have not received adequate attention in the mainstream gerontological or feminist literature. Nor has women's emotional response to this affective inequality been sufficiently recognised.

Globally, populations are ageing and in Western countries life expectancy at the age of 75 years is increasing, whilst the population aged 80 years and over is also growing. In old age, women are twice as likely as men to provide unpaid care. Carers may also have underlying medical conditions or disabilities and are usually not in receipt of any carer's allowance or benefit[5]. Given that most carers are women and the majority are aged over 50 years, this has implications for their affective well-being. In most cultures, women remain subordinate to men in terms of power, income, wealth and influence. Regardless of a woman's age, class, or participation in paid work, women are surrounded by structural and cultural signals that define their lives. These signals refer not only to their position in the economic, political, religious and domestic arena, but also assume that women are the de facto informal and unpaid care providers.

Because care work has a moral and social component that is "encoded in the norms of femininity, masculinity and domesticity" (5: 181), women who provide unpaid care work do so throughout their adult life, and for many this continues into their old age. Consequently, 'retirement' from care work is not an option. Care work contains both opportunities and hardships for many older women. On the one hand, care work can serve to provide a continuation of societal roles within the family and provides emotional satisfaction. On the other hand, care work has been shown to create stress and strain due to the physical and emotional labour that is expended[6].

In this author's study[7], data obtained from interviews with 21 women with an average age of 76 years demonstrated that providing care was perceived as an obligation linked to their roles as wives, mothers and grandmothers. While research has demonstrated that there is a moral imperative on younger women to provide love and care, especially for children and aged parents[8], this research found that the moral imperative lasted into old age. For example, some older married women felt obliged to provide care to their spouse, despite their own increasing disability or inability due to their own poor health. Although the women stated that they were happy to be actively engaged in this emotional and physical work, it was at the same time perceived to be a moral duty and, on occasions, a burden. Women's aspirations and hopes of 'retiring' or 'slowing down' were not fulfilled and some felt that the opportunity to have time for themselves was not an option. Women's sense of injustice was compounded when they had limited access to supports such as a family member or an advocate to assist her in accessing services that she required in her role as a carer.

It was also assumed by the women (and by society) that they would continue to provide care regardless of their own (in)ability. When circumstances outside of a woman's control prevented her from fulfilling her obligation to care, emotions such as anxiety and guilt were manifested. This was illustrated when one woman was forced to place her aged mother in residential care in order to effectively care for her ill husband. The obligation to provide care superseded the needs and aspirations of the women. Similar to younger women in a British study, providing care was a means of

women finding meaning and dignity within society. The women found that their worth was embedded, reflected and enhanced in the quality of their caring work[9]. The women in this study were also socialised to place their own needs subordinate to the needs of others.

What is clear is that women are the default carers in society and consequently experience affective injustices. Not only do women have to do more care work than men, they have to do it throughout life and with limited resources and capacities. They experience affective inequalities into old age.

Recommendations

The implication to be considered by feminists, researchers and policy makers is that a broad approach to tackling affective inequality is required. There is a need at a political, economic, social and cultural level to recognise and respect the unpaid care work that is provided by many women throughout their lifecourse. Recognition for this work is not all about monetary assistance, women also need access to information and practical support to facilitate and empower them to continue to provide care at a level that is commensurate with their wishes and ability[10]. It has also been shown that counselling and support groups, in combination with respite and other services, assist caregivers to remain in their care giving role longer, with less stress and greater satisfaction[11].

Within the area of health and social care, gender sensitive services to support the role of women caregivers should be properly resourced, for example, holistic and carer-centered supports that recognise women as equal partners with health care providers could be further developed and their effectiveness evaluated[11]. This approach can only be of benefit to women who provide unpaid care if there is awareness among professionals of the reality of caring in the home and the impact on the emotional wellbeing of women.

1 K. Lynch, J Baker, M. Lyons, *Affective Equality: Love, Care and Injustice*, Palgrave Macmillan, Basingstoke, 2009.
2 J. Baker, K. Lynch, S. Cantillon, J, Walsh. *Equality from Theory to Action*, Palgrave Macmillan, Basingstoke, 2004.
3 T. Calasanti, K. Slevin, *Gender, Social Inequalities and Aging,* Altimara Press, Oxford, 2001.
4 D. Bubeck, *Care, Justice and Gender*, Oxford University Press, Oxford, 1995.
5 K. Lynch, M. Lyons, The Gendered Order of Caring, In U. Barry, editor, *Where are we now?*,Tasc at New Island, Dublin, 2008.
6 M. Navaie-Waliser, P.H. Feldman, D.A Gould, C.L. Levine, A.N. Kuerbis, K. Donelan, When the caregiver needs care: The plight of vulnerable caregivers, *American Journal of Public Health*, 92(3) p.409-13 2002.
7 L. Crawley, *Women in old age: an egalitarian analysis of the emotional significance of age based inequalities*, [Unpublished PhD],University College Dublin, Dublin, 2010.
8 M. O'Brien, *Mother's Emotional Care Work in Education: The Moral Imperative and Inequalities in Capitals,* [Unpublished PhD], University College Dublin, Dublin, 2005.
9 B. Skeggs, *Formations of Class and Gender*, Sage Publications, London, 1997.
10 L. Crawley, K. Lynch, The emotional significance of affective inequalities and why they are important to women in old age, *Journal of Women and Aging,* 24, (4), p.313-28, 2012.
11 S. Delaney, P. Stapleton, I. Jeffares, *A new vision for care: Nurse led carers clinic evaluatio, Caring for carers Ireland*, 2012.

Who cares? An older working carer reviews her experience in a changing world.

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International Women's Day offers a rare opportunity to formally recognise women's care of older people and to place 'who cares' firmly back onto the political agenda. For amidst the policy debates and government responses to Dilnot, scant attention, if any, has being paid to the 'who' of care funding; specifically on 'whom' and 'what' will the funds made available be spent?

So lest it be forgotten, the unpaid work of family carers, many of them old and frail 'saves' the economy £87 billion per annum, replacing health and social services through, essentially, voluntarism[1]. The 'who' in this scenario is largely women caring for other women in the private sphere of the home where care work's economic dimensions and contributions are hidden, whilst in the public sphere, a vast low paid and undervalued female workforce is engaged in a similar labour of love. As for 'care' - let's be honest – it's often relentless, routinised physically draining toil, in fact, read "housework, with its endless repetition: the clean becomes soiled, the soiled is made clean, over and over, day after day." [2] Few (male) job specs include these skills.

Yet the issue of who cares or rather who will care is far larger than the UK and Europe. By 2050, of almost 2 billion people on the planet aged 60 years or over, 80% will live in developing countries.[3] In East Asia and Latin America, where the process of population ageing is already more rapid than that undergone in the past by today's developed countries, traditional family care is being dismantled and the 'solution' of institutional care being pursued.

In the UK there are 10.3 million people aged 65. Some 1.4 million are over 85, a group forecasted to double in the next 20 years.

As in the rest of the world, women aged 65+ outnumber men by almost 4 to 3 and by almost 2 to 1 in the 80+ age group.[4] Black and minority ethnic (BME) groups make up over 16% of the population of England, but only 8% of people in England aged 60 and over. Nevertheless especially in large urban areas, these are significant groups with specific care needs.

Despite improved life expectancy, an estimated 4 million older people in the UK, including 48% of those aged 75+, have a chronic disease or other type of limiting longstanding illness that causes disability. Disability is a crucial factor in considering need for long-term care, as it is disability rather than age which influences need for care.[5] A growing older female population with disability is more likely to experience poverty given care-giving roles in earlier life.[6]

Society cannot be complacent as a care gap beckons. In the UK, intergenerational care by women, projected to constitute 60% of people providing intense care to 2041, will fail to keep pace with a forecasted 90% increase in numbers of disabled older people cared for by their adult children, as family size decreases and more women work. Despite a heavy reliance on family care in developing countries and more use of formal care in developed countries[7], both are experiencing socio-economic change that will shift this care balance and over the coming decades, carer shortages will become a global problem.

In drawing attention to the priority for greatly improved support for informal carers enabling those who want to and have to offer care by family, I reflect on the recent admission to care of my dear 86 year old Polish-born mother who has lived with me for the best part of 3 years. Notwithstanding the fact that each care situation is unique, what helped and hindered chimes with many others.

'Money and the lack of worry about it; mum worried that I worried about my 'flexible employment' and the costs of reducing my workload when taking on care responsibilities – replacement carer income would offer cost savings in health and care. Local day centres were a godsend but the hours (9.30 – 3.30) were not. Respite (my daughters, a neighbour, a sibling, a paid carer) helped but the absence of easily online bookable weekend or evening respite meant honing my care co-ordination skills, planning ahead, forgetting spontaneity. Holiday care in care home that was a community hub was a joy, pity it was so far away. Living

in an age-friendly neighbourhood where services, shops and staff are geared up for disability with ample seating, clear signage and level paving made a difference to mum's independence and later her zimmer-aided excursions. We became reliant on the car and our mobility badge. Familiar with the care system, yet the regular local Age UK carers information constantly surprised me but not as much as my (female) GP who, whilst checking out my carer health, secured a one-off carers grant that gave me 'permission' to have a break, in this case in New York. Where would mum and I be without Care Managers clearly and competently explaining Personal Budgets (we were not eligible), a Community OT who promptly sorted out aids and adaptations, 14 months of twice weekly District Nurses visits dealing with mum's massive leg ulcer. My daughters, who also cooked for and showered mum, and friends who handed me white wine (mum prefers red) and listened to my carer tales were perhaps the most treasured of my carer resources.'

I felt that if I could multi-task as a working mother, I would do so as a working carer. Besides, my love and sense of obligation to my mother was huge: how else could I have managed 3 children, academic and professional roles, spouse support and my home without mum arriving on the coach from Leicester every fortnight? The answer of course was that I could but in the end even I could not. A salutary experience coming to many more of us over this decade and beyond but perhaps where there is political will and community engagement, better, customised and imaginative support will be forthcoming.

1 International Longevity Centre (2009)*Caring in the Older Population A Research Brief for Local Authorities,* London ILC-UK

2 de Beauvoir, S, *Second Sex, fourth Estate*

3 The Department of Economic and Social Affairs of the United Nations Secretariat, *World Economic and Social Survey 2007 Development in an Ageing World* http://www.un.org/en/development/desa/policy/wess/wess_archive/2007wess.pdf

4 Malley, J Wittenberg, R, Comas-Herrera, A ,Pickard, L and King, D (2005) *Long-term Care Expenditure for Older People, Projections to 2022 for Great Britain,* PSSRU Discussion paper 2252 Personal Social Services Research Unit, LSE Health and Social Care, London School of Economics

5 Wittenberg, R, Comas-Herrera, A, King, D, Malley, J, Pickard L and Darton, D (2006) *Future Demand for Long-Term Care, 2002 to 2041: Projections of Demand for Long-Term Care for Older People in England*, PSSRU Discussion Paper 2330, Personal Social Services Research Unit, LSE Health and Social Care, London School of Economics

6 *Melzer, D et al (2000)* Socioeconomic status and the expectation of disability in old age: estimates for England, *Journal of Epidemiology and Community Health* 54:286-292

7 Geerts, J, Willemé P and Mot E (eds) (2012) *Long-term care use and supply in Europe: Projections for Germany, the Netherlands, Spain and Poland*, European Network of Economic Policy Research Institutes report no. 116

The loss of the private realm

Belinda Brown

Belinda Brown is an Honorary Research Associate at UCL and Fellow of the Young Foundation. She has conducted research on a range of issues including childcare, children's independent mobility, processes of social exclusion, Polish migration and the role of women in the Polish revolution. She was active in the Hera Trust, which promoted the role of older women in society, and has authored 'The Private Revolution' and co-authored 'Valuing Informal Care' - both published by it.

Focus on the public realm

Feminism focussed on the public realm of work and politics as here the most grating, conspicuous inequality lay. Power achieved here would resolve imbalances of power elsewhere. The other reason feminists focussed here was because it was perceived as more important. The secondary status of the private realm and all it entailed - the bearing and rearing of children, family, marriage and community - was an unarticulated assumption which underlay all their work. Their blindness to the value of the private realm led to a neglect of it, which had detrimental consequences for those most dependent on it. The elderly are an example of the most vulnerable here.

This assumed secondary status of the private realm has shaped our social life. A generation of women delayed having children, motivated by the rewards of work. People migrated away from their parents to make the most of the opportunities the labour market and liberated life had to offer. Women were no longer prepared to put up with unsatisfactory men - because they no longer had to.

The private realm of children, family and community was also fractured by other forces. While the welfare state should be held sacred, we should not flinch from acknowledging unintended consequences as well. For example the help which initially protected abandoned and widowed women from poverty, subsequently enabled young women to establish families without a range of 'inconvenient' family ties. Not only could women more or less (usually less) manage financially without fathers (whose ability to contribute anyway was being undermined by the economic policies of the time), they could manage without

in-laws, grandparents and sometimes their own mothers as well. The state was expected to ease the burden of caring for all those who needed it, and although caring remained very much the responsibility of women a wage packet and job title replaced the reciprocity of family ties.

Erosion of the private realm

This eroded the fabric of social life. Children have grown up in truncated families; grandmothers have been deprived of contact with paternal grandchildren; fathers feel alienated from children they brought into the world and whom they are expected to support. But the most insidious damage has been the disruption in social networks, squandering of social capital, and collapse of social cohesion over which there has been much hand-wringing. And some of this is because the women who were at the heart of it, who gossiped, knew their neighbours and looked after each other's children, were out at work.

The consequences of this are felt acutely by those elderly for whom our communities are their 24 hour homes. There is not much space for them in our public realm, nor do they necessarily want it. Mobility is more difficult, energy levels are lower and technology seems determined to keep them out. But perhaps more importantly they have gleaned all they want from it and have a stronger awareness of what really counts.

Reinvigorating the private sphere

If this is the case, rather than despairing at the inadequacy of public provision perhaps there is more we can do to make sure our communities provide safe and hospitable environments in which our elderly can participate and thrive; places full of interaction cross-cutting age and gender, where families could feel confident that someone would help their elder if they got lost walking home. For this to happen the private realm needs to be pivotal - where people organise work and residential decisions to fit in with family and community, rather than the other way round. Putting the private realm first provides a source of identity, resilience and power, and it is those in the public realm who are invisible and irrelevant when we look from here. And the elderly have a particular role within this. Caring for them brings people together as their frailty enables everyone from children to young men to have a useful role. Social networks spiral around them, where their commitment to remain in

one place provides continuity through generations when all else seems to be flux. Family is important to them, but the proximity of local community means they can transcend the partisanship of familial ties.

For this to happen the private realm needs to be placed back at the heart of all we do. In many ways this is happening already as ordinary women who have never known the humiliation of patriarchy are opting for more traditional divisions of labour - but this time as choices of their own free will. Most ordinary women - not the higher flyers who make policy decisions for them - prioritise their family and will willingly downgrade career prospects, status and wages so that they have more time, energy and mental space for matters closer to home. Many of the talents honed in the public realm are now profiting the private, as these women participate in school life, the local voluntary sector, and build businesses serving local needs all of which reinvigorate a previously flagging domain.

However there is a lot more which can be done, which the sisterhood should support.

- Many mothers feel compelled to stay in jobs they have outgrown because of economic pressures. Perhaps we should think carefully before we completely dismiss the male providing role.
- Women need to think more carefully about the age they have children, not just from a fertility point of view. Where women have their children younger, there is more potential for relations of reciprocity to develop between mothers and daughters, grandparents and grandchildren, which will be maintained throughout the lives of all involved.
- One of the forces fragmenting communities is migration, and we need to rethink the relationship between rural and urban. There is frequently an assumption that a move to the country will improve our quality of life as we get older. Apart from this being environmentally questionable, it may be towns and cities which provide a better context for community and a more hospitable environment for the elderly to live out their lives.

Chapter VI: Care Homes

Destination: care home?

Lorna Easterbrook

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In the late 1950s, those[1] most likely to move into care were older men living alone, in need of housekeeping help, and with no daughter or daughter-in-law nearby who could help with chores such as cooking, laundry and cleaning. More than fifty years later, in 2013 those most likely to move permanently into care and nursing homes are older women without a partner living with them to provide the personal care needed[2].

This shift from older men to older women, and from housekeeping to often intensive personal or nursing care, has not happened overnight. It was already underway by the early 1970s, as a generation of women - left single because of the First World War – aged alone. A 2012 survey[3] found that, of residents aged 75-84, 37% were male and 63% female; by aged 85-94, this reached 25% male and 75% female.

Such gender differences might be a feature of women's greater longevity – care is most likely to be needed at the oldest ages (the median age of moving into a care home is now 82[4]); yet older women's increased longevity brings a higher proportion of increased healthy life expectancy than for men[5]. In reality, in 2012, women aged 85 and over who were single, divorced or widowed were four times more likely to be in a care home than married men in the same age group[6]. It is this absence of someone else at home - or, at the very least, living very near – that has become a critical factor. This is not surprising given the support needed.

Moving the state's system away from those seeking housekeeping help and prioritising instead those requiring personal and nursing

care has accelerated in the 20 years since the community care reforms were implemented on 1st April 1993, driven by the introduction (and subsequent and repeated tightening) of eligibility criteria for care. It is estimated that, had 'unrestricted' access to care homes not ended in 1993, there would be 250,000 more older and physically disabled adults in care homes than today[7]. In 2012, a BUPA survey found the most common health issue amongst older residents was dual incontinence (56%); 46% had a diagnosis of dementia[8]. In Scotland in 2012, half the older care home residents had a formal dementia diagnosis; a further 8% were identified as having dementia but no formal diagnosis[9]. The point beyond which someone might successfully live alone with dementia remains arguably unresolved; other difficulties that arise irregularly - such as incontinence – may be difficult to support in short 'slots' of paid care at home for those otherwise living alone.

Another important factor concerns the making of care decisions. Fifty per cent of those moving into a care home do so from hospital, with a further 32% moving from their own home[10]: arrangements that are very likely to have been made by someone else[11], and quickly.

What has any of this to do with younger women? The majority of care home residents may be older women, but most of the staff working across all care services are younger women[12]. Care could – perhaps should - be seen as a system in which younger women are supporting older women, often in a communal environment with people who can respond when the need arises. In return, older women provide paid employment alongside opportunities such as the chance to understand this stage of life.

Talking with older women living in care and nursing homes is illuminating. It helps younger women comprehend how an older woman's route into care is often complex, affected over a lifetime by education and income, bereavement and ill health, and multiple caring roles. We talk about the 'sandwich generation' of women caring for dependent age children and older relatives, but not about those older women who feel catapulted all too quickly from bringing up children to caring for grandchildren, then a partner, and finally needing care themselves – less a 'sandwich' and more of an 'all-day-buffet' generation.

We can't imagine becoming older ourselves or having health and care needs[13], yet we take critical decisions about care for these older women, without necessarily seeking their views. If we did, we might hear them describe moving into care as one of their final acts of parenting[14]. Older women want mutually supportive arrangements, greater choice and control, and information, whether about care at home, housing adaptations, care homes, care villages, extra care housing, Shared Lives, Homeshare, or intergenerational or senior co-housing[15 16 17].

Care brings younger and older women together - as neighbours, friends, relatives, or as paid staff in any health, housing or care service. We can each learn a great deal from the other. We might even discover we share the same destination.

1 Townsend, P (1962). The Last Refuge. London: Routledge and Kegan Paul

2 Laing, W (2013). Care of Elderly People UK Market Survey 2012-2013. London: Laing & Buisson

3 Centre for Policy on Ageing (2012). A profile of residents in Bupa care homes: results from the 2012 Bupa census. London: CPA

4 As 2, above

5 Office for National Statistics (2012). Pension Trends. Chapter 3, Life expectancy and healthy ageing. Newport: ONS

6 As 2

7 As 2

8 Centre for Policy on Ageing (2012). A profile of residents in Bupa care homes: results from the 2012 Bupa census. London: CPA

9 National Services Scotland Information Services Division (2012). Care Home Census 2012.

10 As 9, above

11 As 2, above

12 Skills for Care (2007). Sector skills agreement. Leeds: Skills for Care

13 Jones, Rebecca L. (2011). Imagining old age. In: Katz, J. et al. (eds). Adult lives: A life course perspective. Bristol: Policy Press, pp. 18–26.

14 Easterbrook, L (2007). Unpublished.

15 Bowers, H et al (2013). Widening choices for older people with high support needs. York: Joseph Rowntree Foundation

16 Brenton, M (2013). Senior cohousing communities – an alternative approach for the UK? York: Joseph Rowntree Foundation

17 Care & Repair England (2012). If Only I Had Known … integrating housing help into hospitals. Nottingham: C&RE

Dignity in care for older women

Dr Rekha Elaswarapu

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"These older women must train the younger women... to live wisely and be pure." (Titus 2:4,5)

Britain is an ageing society. According to 2011 census[1] there are about 11 million women over the age of 50 years, of which about 4 million are over 70 years of age. It is expected that by 2035 there will be 4 million more females aged 65+ than under 16s.

Women tend to outlive men which means that there are more older women living on their own or living in residential homes in their later years. With old age comes the adversity of ill health and higher dependence on social care services. Despite their substantial contribution to society, community and family they do face discriminatory practices in accessing health care[2]. 2009 saw the passing of a law to end discrimination against older people in services however anecdotal evidence indicates that older people, particularly women, still face covert discrimination in care settings. Concerns have been raised about the barriers in access to cancer treatment and surgical procedures for older people based on their age[3, 4]. An area that has been of major concern for a considerable time is the care provided to older people in care settings. There are many stories where older people have been deprived of their dignity and privacy[5].

While dignity in care is an issue that is applicable to all older people, older woman due to their longevity, increased risk of ill health, and greater need for privacy, appear to be more commonly at the receiving end of undignified care.

A woman once told me about her 60th birthday celebrations at the local day centre for people with disabilities. She told me that the day after her birthday a younger woman at the centre asked her whether she should be attending a day centre for older people now that she was 60. The lady in question was made to feel old

although in her mind she did not feel any different.

A colleague in her 40s once said to me that she could not relate to the needs of older women as she has never experienced what it is like to be an older woman while she could do so with younger women as she has been through that phase.

In both the examples the person's age became their identity. I believe application of the prefix 'older' is the point at which the woman becomes invisible. This perceived lack of empathy with older age, particularly older women, can become a significant barrier for care professionals in some instances when care delivery becomes a process and older clients mere cases. This is not to suggest that every younger carer provides poor care.

Such attitudes are deep rooted in society and cannot be removed easily. Terms such as 'old girl', 'biddy' or even 'burden on society' have become common due to ageist attitudes. Another barrier is the perception that as people age their intelligence and experience becomes irrelevant. Yet every woman in some stage of her life would have drawn from their mother's experience.

Many organisations have been criticised for the perceived corporate preference for younger women, the prominent one being the BBC[6]. Such actions inadvertently reinforce the preference for young and disregard for old.

Older women are strong contributors to society and families. There are many older women who are in caring roles or volunteer in some capacity. As women age these qualities become more pronounced and enhanced with the experience they gain over the years. Older women have a lot to give to the younger generation yet they are treated as a spent force and not always given the respect and dignity that they deserve.

Woman in our society are seen as those with nurturing and caring qualities be it as a sister, daughter or mother or even a friend. The workforce in care settings tends to be female dominant, so why it is that there are cases of compromise of dignity and poor care towards their older counterparts?

There are many projects being undertaken which are aimed at intergenerational work to bring people of different generations together but in wider society the differential attitudes still exist.

Older women face discriminatory attitudes in many walks of life

but being in a situation where they receive care can put them in many possible vulnerable situations. Negative attitudes of some care professionals towards ageing could make such situations much worse[7]. Dignity in care therefore should be the underpinning principle of any society.

The need to bridge the gap between the two generations of women and develop greater respect for age is paramount to empower the older women. They in turn could be role models and mentors for younger women and contribute to an enriched society.

1 Office of National Statistics 'Focus on Older People, Population Ageing in the United Kingdom and Europe, published March 2012, accessed 21 February 2013, http://www.ons.gov.uk/ons/rel/mortality-ageing/focus-on-older-people/population-ageing-in-the-united-kingdom-and-europe/index.html

2 G Scott, 'Ageism is rife in health care, Editorial' in Nursing Standard. 09 march 2011, viewed 21 February 2013, http://nursingstandard.rcnpublishing.co.uk/news-and-opinion/editorial/editorial-9-03-11 ageism-is-rife-in-health-care

3 Macmillan Cancer Support 'The age old excuse: the under treatment of older cancer patients' published February 2012. Accessed 21 February 2013, http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/AgeOldExcuse/AgeOldExcuseReport-MacmillanCancerSupport.pdf

4 D Oliver, 'DR DAVID OLIVER: Elderly? Sorry... doctors just don't give a damn about you?' in Mailonline 21 April 2009, Accessed 21 February 2013, < http://www.dailymail.co.uk/health/article-1172158/DR-DAVID-OLIVER-Elderly-Sorry--doctors-just-dont-damn-you.html#ixzz2LeFHAut8>

5 HMSO, 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' published 2013, London: The Stationary office

6 P Revoir 'Stop ignoring older women, says Harman as she hits out at ageism on TV and in public life, in mail on line 29 August 2012, http://www.dailymail.co.uk/news/article-2195020/Harriet-Harman-says-stop-ignoring-older-women.html#ixzz2Ldp7LKt6

7 D Oliver, ''How do you stand working with all these old people?' in Health Service Journal 22 November 2007; 117 (6083): 20-21

Chapter VII: Health and Wellbeing

Active ageing and the challenge of dementia

Marina Yannakoudakis

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As we enter the twenty-first century people are living longer. Life expectancy across the EU is 76.7 years for men and 82.6 years for women[1]. For women who are living longer, sixty has become the new forty. As women approach retirement they are freed from the responsibility of working or of running a home. This is the age at which women can finally begin to devote time to doing the things they like. Indeed across Europe those rating themselves 'satisfied' with their lives actually rises from the age of 65[2].

Older women especially throw themselves into new activities in later life. 26% of over 65s in the UK are involved in voluntary work[3] - the EU average. And voluntary work has an important role to play as people begin to build new lives. As the UK sees a rise in "silver separations" for many women this means starting a completely new life, sometimes with a new partner, sometimes as a newly independent individual.

It's no surprise to discover that this new generation of independent older women are the children of flower power and of the sixties. These women are redefining life at older ages, especially when they realise there is still time for new horizons and new perspectives.

I myself embarked on a political career in my fifties after a successful business career and raising three children. While there has been no silver separation for me and my husband, he knows full well that politics is "the other man" in my life.

Yet against this background of longer, often more fulfilling lives, we

are faced with the problems of overcoming health impairments, diseases and disabilities. We should celebrate living longer, but we also need to recognise the formidable challenge for public services as well as for older people and their carers.

Women are more aware of their bodies and health, and, unlike in previous generations they are not afraid or embarrassed to ask questions. More women than ever are surviving cervical and breast cancers. One-year relative survival rates for breast cancer increased from 82% in England and Wales during 1971-1975 to 95.8% in England during 2005-2009.[4]

However there is one disease where we still have a long way to go in improving treatment and care and that is for Alzheimer's and other dementias. As Vice-Chair of the European Alzheimer's Alliance I believe that the EU needs a multifaceted approach to addressing this increasingly urgent challenge. This means looking at the four themes of prevention, diagnosis, treatment and cure.

EU Member States need to work together on tackling and treating Alzheimer's while respecting the sovereignty of national health policies. Research is one area where pooling resources has value-added and I am pleased that the European Commission's seventh framework programme has made more than €600 million available to study neurodegenerative diseases, including Alzheimer's.

Awareness-raising has been an important aspect of the approach here in the UK. Television advertisements are currently highlighting the condition and helping relatives to recognise symptoms. Raising awareness can lead to a quicker diagnosis and earlier, more successful treatment. In my London constituency alone, 68,000 people are suffering from dementia. And yet, another 40,000 people in the capital do not realise they have the condition. On average fewer than 50% of cases of dementia are diagnosed in Britain and this figure is woefully low.

Early diagnosis also means that families can begin to have access to the support they need to care for their loved ones, and, to prepare better for what is to come. When we talk about active ageing, we mean allowing normal life to continue for as long as possible; this includes those who are suffering from dementia.

We need to help women have a good quality old age. This is about encouraging older women to continue to lead full lives. While there

are many challenges which need to be overcome from failing health to exclusion and loneliness, my first hand experience is that women's attitude to later life is increasingly positive, and that retirement is seen as time to do the things you always wanted to do.

But we need to be aware that in addition to health issues we must ensure that ageing comes with dignity, both in terms of financial support from adequate pensions, and systems in place to enable people to live independently for as long as their health allows.

1 Eurostat, *Mortality and life expectancy statistics*, 2012

2 European Foundation for the Improvement of Living and Working Conditions (Eurofound), *European quality of life survey* 2007

3 Eurostat, *Active ageing and solidarity between generations*, 2012

4 Cancer Research, *Breast cancer survival statistics*, 2012

Bones, muscle groans and other unknowns. A call for joined up thinking to solve women's potential musculoskeletal cyclones.

Peter Smitham, Dr Richard Weiler, Dr Catherine Holloway, Professor Allen Goodship

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A healthy older life is for many an aspirational goal. As Buddha said *"Without health, life is not life; it is only a state of languor and suffering"*. However, there are numerous obstacles to ageing health, many of which are more pertinent for women and need greater understanding. Healthy living is not purely defined as an absence of disease but a state of complete physical, mental and social wellbeing[1]. Women are more likely to be afflicted by chronic conditions that cause limitations in their quality of life[2]. Chronic musculoskeletal conditions, including osteoporosis, osteoarthritis and muscle weakness contribute significantly to poor physical, mental and social wellbeing, and are made worse by physical inactivity, poor diet and resultant obesity.

It is estimated that over a third of adults aged 65+ are obese[3] and only 2% of UK women aged 65+ meet the minimum recommended levels of physical activity to confer basic health benefits[4]. Overweight and inactivity increase the relative risk of diabetes, coronary artery disease, back pain and osteoarthritis. Furthermore, these women are at higher risk for multiple cancers, including endometrial cancer[2]. However, methods to tackle obesity and inactivity within the older population in particular are neglected. Although steps have been taken to improve awareness of this problem, accessibility to exercise facilities for the older person is limited, potentially intimidating and often costly.

General loss of muscle and strength with age, known as sarcopenia, is exacerbated by a lack of exercise– use it or lose it applies! Resultant frailty is a vicious cycle leading to a loss of independence, gait disturbances and an increased risk of falling. This in turn leads to fractures and loss of confidence resulting in increased cost to society and resources to fund health, in turn creating another vicious cycle. Older women have a significantly higher prevalence of this despite studies demonstrating reversibility and effective prevention with appropriate exercise regimes[5].

Fragile bones due to bone loss, known as osteoporosis, is a silent pandemic that usually manifests itself after a fracture has occurred. One in two women over the age of fifty will fracture a bone. Currently there are 1,150 people dying every month in the UK as a result of hip fractures[6]. Fear of falling and sustaining a hip fracture significantly affect a women's quality of life[7]. The combined hospital and social care costs of patients with hip fractures accounts for approximately £6million a day within the UK[6]. Although some preventive measures and treatments are available, further research, access to treatments and methods for identifying women at risk are under-resourced and not given the gravitas they deserve.

Osteoarthritis is the single most common disease affecting joints such as the hands, hips and knees. It is responsible for 2.4% of all GP consultation[8] and approximately double the number of women are affected compared to men. It is a condition that becomes more common with age and almost 10% of GP consults for women over 65 are for osteoarthritis. This presents as pain and stiffness causing a loss of mobility and independence. In many, a joint replacement can be transformative, providing pain-free movement and improved function, however regional differences in prevalence of joint replacement surgery have been reported and further work investigating whether this represents regional inequalities is required. It is estimated that joint replacements cost the NHS approximately £890 million/year[8] and as the population ages, knee replacements are predicted to increase by over 600% by 2030[9]. Preventive interventions to avoid, delay or treat the symptoms of osteoarthritis are urgently needed.

Novel therapies are being developed for sarcopenia and

osteoarthritis but identifying who needs treatment can be problematic. The National Hip Fracture Database has resulted in a significant improvement in hip fracture treatment within the UK and similar networks are being considered worldwide. Ideally, we would be able to identify at-risk people prior to a hip fracture to prevent them occurring. The World Health Organisation has adopted the Fracture Risk Assessment Tool; a simple questionnaire that can be administered by a healthcare practitioner or individuals themselves, which should help identify those at risk.

Older women need specific health focus, not just for their own sakes, but for the benefit of global healthcare systems. The conditions described have wider health and wellbeing implications than the musculoskeletal system alone. They have the potential to cripple an otherwise healthy individual, imprisoning them with pain, disability, fear of further injuries and places them at risk of numerous more non-communicable chronic diseases linked to further inactivity. There are effective ways to change the environment to tackle these conditions and a culture of change is fundamental. This culture of change must bring together professionals from a variety of backgrounds to tackle the goal of enabling women to be and remain active.

Although many of these problems must be addressed by the younger generation, who are already moving to a more virtual lifestyle with increased juvenile obesity, access to a more active lifestyle for older women will make a significant improvement to their physical and mental states. Accessibility includes improved transport networks and services, improved signposting to activity options and a more holistic management of individual environments and lifestyles to introduce exercise, diet and attitude changes without effort by the individual. A multidisciplinary approach to these conditions is critical. Preventative approaches, regular exercise, safer sport through injury prevention, activity modification and rehabilitation are all key areas where good quality research is required.

All these conditions have the potential not only to affect women with chronic conditions but also affect their families and friends who must care for them or provide funding for a carer. As populations age, resources to support and care will be further stretched. It is imperative that older women are not ignored for

their own sake, but also for current generations as they age and future generations who will have to care for them. Beecher said *"The body is like a piano, and happiness is like music. It is needful to have the instrument in good order"* and women must strive to maintain theirs.

1 *WHO* (2013), <http://www.who.int/hac/about/definitions/en/index.html>

2 M.A. Danello, *'Health concerns of older women'*, *Public Health Rep,* (1987)102 (4 Suppl), 14-16

3 T.H. Fakhouri *et al 'Prevalence of obesity among older adults in the United States, 2007-2010 '*, *NCHS data brief,* (2013*), no 106*.

4 The NHS Information Centre *'Health Survey for England - 2008: Physical activity and fitness',* (2009)

5 Latham, N., et al. *'Progressive resistance strength training for physical disability in older people', Cochrane Database Syst Rev,* (2003), (2), CD002759.

6 National Osteoporosis Society, *'Facts and Figures',* (2013), <http://www.nos.org.uk/page.aspx?pid=328>,

7 Salkeld, G., et al. *'Quality of life related to fear of falling and hip fracture in older women: a time trade off study'*, *BMJ,* (2000), 320 (7231), 341-6

8 Arthritis Research UK <http://www.arthritisresearchuk.org/arthritis-information/data-and statistics/osteoarthritis.aspx>(2013).

9 S. Kurtz *et al*. *'Projections of primary and revision hip and knee arthroplasty in the United States from 2005 to 2030'*, JBJS Am, (2007), 89 (4), 780-5.

Forgetting older women with breast cancer hurts us all

Hazel Brodie and Rachel Bowden

Hazel Brodie and Rachel Bowden work for Macmillan Cancer Support, a UK charity which aims to reach and improve the lives of everyone affected by cancer. A current Macmillan campaign, *The Age Old Excuse,* is calling for higher quality cancer care for older people. In 2012, Macmillan published the Cancer Services Coming of Age report in partnership with the Department of Health and Age UK.

When you were a young girl, did you ever play dress-up and stuff tissue paper in your bra? Having a fuller bust seemed so grown-up. Now imagine padding your bra again later in life, but this time it's not so much fun: you've lost a breast to cancer, and you haven't been offered reconstructive surgery. Why? Because you're deemed too old.

As women in the UK, one in eight of us will be diagnosed with breast cancer at some point in our lifetime[1]. The chances of getting it increase as we grow older. In fact, eight in 10 of all cases occur in women over 50, and almost a third in women aged over 70[1]. This may come as a surprise to some of us - images of those with breast cancer in the media are predominantly of younger women and many older women themselves are not aware of their increased risk or the common symptoms[2]. Yet, despite the fact that most women who get breast cancer are older, healthcare services are too often failing to meet their needs.

Older women with breast cancer are typically diagnosed later than younger women[3], and are less likely to receive the kinds of treatment that are most likely to cure the disease[4]. Knowing this, I have come to reflect on what my cancer care might look like when I reach old age. Will my diagnosis be viewed as an injustice which must be urgently addressed, or received with indifference as an inevitable part of growing older?

Will my surgeon not offer to operate on me because she thinks "It'd be wrong to put her through surgery at her age"? Surgery is widely accepted as the most clinically effective treatment for solid tumour cancers such as breast cancer. However, reports suggest older women are missing out. In 2011 only 39% of women

with breast cancer in England over 80 received surgery for their cancer, compared to 90% of women aged under 50[4]. Research has shown that not all of this difference can be accounted for by patient choice and the presence of other health problems[5]. While I appreciate that cancer treatments carry risks, and that well-meant paternalism may have my best interests at heart, increasing age will not make me any less capable of making an informed choice. Please don't take that choice away from me.

If I do receive surgery will society think breast reconstruction is no longer relevant for women my age? In 2007 only 1% of women in their 70s had immediate breast reconstruction following their mastectomy compared to 20% of women in their 40s[6]. Reconstruction requires a longer operating time, so it is reasonable that some women do not undergo longer surgery due to the risks presented by other health conditions. On the other hand, misconceptions about the body image needs and preferences of older women may lead to health professionals not even raising the topic of breast reconstruction. Research supports this hypothesis, with many older women expressing that they would like the option of reconstructive surgery, and many reporting that this option was rarely discussed[7].

Of course, I'm assuming I'd actually know that I had breast cancer at all. How old will I have to be before my daughter's plea to the cancer nurses of "Please don't tell mum she's got cancer, it'll upset her too much" is obeyed without question? Speaking of families, will I feel obliged to put my caring responsibilities above my breast cancer treatment? It is estimated that one third of older carers in the UK have delayed or cancelled treatment for a health condition due to the demands of their caring responsibilities[8]. Who will take care of me? My spouse? My daughter?… Or will I be one of the many older people with no family, who experience social isolation and have no one at all to turn to?

You may not want to consider these questions yourself - while many young girls can't wait to grow up, few women look forward to growing old. But we must not shy away from the harsh realities of older age. Although many older women currently receive excellent breast cancer care, for others it is woefully inadequate. Cancer care for older people in general needs to improve as a matter of urgency. The number of women aged 65 and over with a diagnosis

of breast cancer is set to quadruple by 2040[9]. As younger women, when we forget older women, we're also forgetting our future selves. Isn't it time we remembered?

1 Cancer Research UK, Breast Cancer-UK Incidence Statistics, 2009, http://www.cancerresearchuk.org/cancer-info/cancerstats/types/breast/

2 E.A. Grunfeld, *Women's knowledge and beliefs regarding breast cancer,* British Journal of Cancer, 2002, vol.86, pgs.1373-1378

3 Cuthbertson *et al*, *Inequalities in breast cancer stage at diagnosis in the Trent region, and implications for the NHS Breast Screening Programme*, Journal of Public Health, vol. 31(3), pgs. 398-405

4 NCIN, *Breast Cancer in the Elderly,* NCIN Data Briefing, United Kingdom, 2010

5 K Lavelle *et al, Non-standard management of breast cancer increases with age in the UK: a population based cohort of women > or = 65 years,* British Journal of Cancer, 2007, vol.96, pgs.1197-1203

6 West Midlands Cancer Intelligence Unit, *The Second All Breast Cancer Report,* NCIN, United Kingdom, 2011, pg.24

7 D Fenlon *et al, Living into old age with the consequences of breast cancer.* European Journal of Oncology Nursing, 2012, [Epub ahead of print]

8 The Princess Royal Trust for Carers, *Always on Call, Always Concerned,* United Kingdom, 2011, p.17

9 J Maddams *et al, Projections of cancer prevalence in the United Kingdom,* British Journal of Cancer, 2012, vol.107, pgs.1195-1202

Gender discrimination in biomedical research and clinical practice

Hildrun Sundseth

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Women's health has traditionally been associated with diseases of the reproductive organs. Once past menopause, women became invisible to researchers. Yet this is precisely the time when various chronic diseases set in. Age joins gender discrimination in biomedical research and clinical practice. Women are society's longevity champions, outliving men by an average of 6 years in Europe. However, these extra years all too often bring with them an increased burden of chronic disease, robbing women of their quality of life, often leading to disability and – most dreaded – loss of independent living.

We know that many chronic diseases develop over the lifespan, but prevention and treatment strategies have not been adjusted accordingly to take a life-course approach. Historically the research community has been reluctant to include women in clinical trials for safety reasons, cost considerations and because of a male-dominated medical hierarchy. Following the Thalidomide tragedy in the late 1950s, women of childbearing age were excluded from clinical studies for fear of exposing their unborn children to investigative procedures. Gradually this ban has been relaxed, as women became able to control their fertility. Today, we know that sex differences, being male or female, encompass much more than reproductive organs. There is an increasing recognition that both biological factors and gender affect health - for women as for men. Awareness is also rising that a person's sex may differentially influence genetic predisposition, the impact of both environmental and biological risk, protective factors, time of onset, symptoms and the progression of many diseases. Sex may also influence the effectiveness of medication and its duration. All this knowledge has increased our understanding of a range of diseases and consequently enhances our ability to intervene

more effectively. Yet it is not consistently applied.

Some treatments work differently in women from in men, but the proportion of treatments for which men and women respond differently is unknown. A *Nature* article argues that *"gender inequalities in biomedical research are undermining patient care".* The article calls for the *"sex bias in basic research and clinical medicine to end".*[1]

The current lack of evidence about the effectiveness of medicines in women may result in withholding treatments that could be beneficial or exposing women to treatments that may be harmful. This situation is aggravated by age.

By 2030, Europeans aged 65+ will account for 30% of the EU population. Women make up the largest segment of older population and become the heaviest users of medicines. It is therefore difficult to understand why women are not systematically included in clinical trials. In fact older people take more than 30% of prescribed medicines and more than 40% of over the counter medicines. Unsurprisingly, young and older women have the highest risk of developing Adverse Drug Reactions (ADRs), costly to their quality of life and government healthcare budgets. In Europe, ADRs cause 20% of physicians' visits and up to 30% of hospital admissions.

Cardiovascular disease in women - a classic example

Traditionally regarded as a male disease, cardiovascular disease (CVD) is the number one killer of women worldwide and the cause of much illness. It is a classic example of gender and age blindness in biomedicine and clinical practice. While younger women have a lower prevalence of CVD compared to men, this gap narrows and even reverses in older women. Women get CVD about 10 years later than men. Consequently women's risk has been underestimated by society, including women themselves and the medical community. Women are protected by their hormones during their fertile years, but lose this protection once they enter menopause. Interlinked with these changes are other factors that increase in women aged 45+ such as a rise in hypertension and total cholesterol levels. Obesity, another major CVD risk factor, is increasing with advancing years in women.[2]

Smoking, including passive smoking. is a risk factor that hits women harder. Research suggests that smoking is more likely

to cause CVD in women than in men and mortality in smoking women is higher. The risk of CVD is especially high in women who started smoking before the age of 15. Some researchers speculate that women who smoke get more easily addicted and may metabolise nicotine faster. This could be linked to hormones, but more research is needed to find out the reasons. As more and more young girls take up smoking, even out-smoking boys in some EU countries, a rise of heart disease and stroke in women can be expected in the future unless we succeed in stopping young girls and women from smoking.

Not only do women have different or stronger CVD risk factors: they also present different symptoms from men. Alarmingly, women themselves are not aware that they are at risk of heart attack and stroke, two acute events that can result in death if timely, effective emergency treatment is not at hand. As diagnostic standards were mainly established in men, potential life-saving treatment all too often is given too late. More women die after a heart attack and stroke than men.

The European Heart Health Strategy reviewed 62 randomised clinical trials and analysed them for gender-specific factors, concluding that women are generally under-represented and only half of the trials reported the analysis of the results by sex/gender.[3]

International Women's Day is an opportunity to sound the alarm about the danger of CVD in women. General clinical trial practice that considers one size-fits-all will persist unless women themselves understand that they are at risk. Women will continue to face gender and age blindness in biomedical research, unless they themselves are willing to become advocates for evidence-based gender-specific prevention, treatment and care of major chronic diseases.

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1 **Putting gender on the agenda, *Nature* 465, 665 (10 June 2010) doi:10.1038/465665a Published online 09 June 2010**

2 **European Heart Health Strategy. 2009. *Red Alert on Women's Hearts.* http://www.irishheart.ie/media/pub/red_alert_on_womens_hearts__final_report_nov_09.pdf**

3 **Eur Heart J (2010) 31 (14): 1677-1681.doi: 10.1093/eurheartj/ehq094 Stramba-Badiale M, Fox K M, Priori S G, Collins P, Daly C, Graham I, Jonsson B, Schenck-Gustafsson K, Tendera M. 2006. "Cardiovascular diseases in women: a statement from the policy conference of the European Society of Cardiology" *Eur Heart J* 27:994-1005.**

Older women and health

Nicola Shelton

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As life expectancy increases, extending health into old age becomes a key concern. This paper considers three important issues for health in older women: alcohol consumption, physical activity and fractures.

Alcohol consumption:

Alcohol consumption is increasing in older people whilst falling in young people[1]. In 2011 in England the frequency of drinking increased with age. 29% of men aged 75 and over had drunk on five or more days in the last week. Among women, the highest prevalence of drinking on five or more days in the last week was found among those aged 65 to 74 years (19%).[2] Department of Health recommended limits for sensible alcohol consumption are higher for men than women and are the same for all age groups (3-4 units per day for men and 2-3 units per day for women or 21 units per week for men and 14 per week for women)[3] but these limits for are based on work on younger adults. In 2011 among adults aged 75 and over, 27% of men and 16% of women drank more than the recommended amount, and 8% and 2% respectively drank more than twice the recommended amount (defined as binge drinking).[4] Recently a Royal College of Physicians report called for a reduction in the recommended sensible drinking limits in older age to 1.5 units per day (roughly equating) to a small glass of wine a day or 11 units per week; because of physiological and metabolic changes associated with ageing, current 'safe limits' are too high for older people.[5] They recommended redefinition of binge drinking to be greater than 4.5 units in a single session for older men and greater than 3 units for older women so approximately two glasses of wine for women and three for men. The downward revision of current guidelines could mean over one million older

women are drinking too much alcohol[6] - a couple sharing a bottle of wine would be beyond twice the 'safe' session limits for women. Further study of the reasons behind increased drinking in older women is required without demonising their drinking.[7]

Physical activity

Physical activity reduces with age, and is also lower in women than in men at all ages. Chaudhury and Shelton found that participation in sports and exercise, walking, heavy housework and gardening were all lower in non-working than working older adults aged 60-69 in England in 2006, even after health status had been considered. Yet older adults aged 60-64 in England 2007 reported work and lack of time as barriers to physical activity.[8] Twice as many women as men additionally reported that not being 'the sporty type' was a barrier to physical activity or that they were too busy caring for older people or children. Around three quarters of adults aged 60-64 in England thought they were fairly physically active in 2007, yet less than a third of adults aged 55-64 in 2008 met the then recommendation for 5 days of a least 30 minutes moderate to vigorous activity in a week based on self reported data. In a subsample who had physical activity measured objectively using an accelerometer, only 5% of men aged 65 and over and less than 1% of women met the guidelines. The importance of replacing work related physical activity is a challenge post retirement. Yet the benefits of physical activity may still be accrued in later life. A 2009 study showed that adults who increased activity levels between 50 and 60 years of age lived as long as those who were already exercising regularly in middle age.[9]

Fractures

Fractures are a considerable public health burden. Donaldson et al have shown using data for England 2002-4 that fractures may be more common than previously estimated, with an overall annual fracture incidence of 3.6%, more than double previous estimates.[10] Though the prevalence of ever having had a fracture is higher in men than women in all age groups apart from age 75, the male to female ratio in fracture incidence in the last 12 months altered markedly between those aged under 55 years and those 55 years and above (with rates in women far higher than in men after age 55).This effect was most marked in fractures of the trunk (including vertebral fractures) and long bones(including hip

fractures) and continued to increase rapidly with age in women - it is likely to reflect postmenopausal bone density loss. There are associations between health behaviours of alcohol consumption and physical inactivity and osteoporosis.[11]

To conclude, the key to addressing health outcomes of older women such as fractures, but also cardiovascular disease and cancer, which are beyond the scope of this essay, may be through understanding health behaviours.

1 Knott C, Scholes S, Shelton NJ, Could More Than Three Million Older People Be At Risk Of Alcohol-Related Harm? A Cross-Sectional Analysis Of Age-Specific Drinking Guidelines *Journal of Epidemiology and Community Health* 2012; 66:A58

2 Ng Fat L, Fuller E, Drinking Patterns Chapter 6 in *The Health Survey for England 2011, Health, social care and lifestyles* The Health and Social Care Information Centre Leeds, 2012

3 Department of Health. Sensible drinking: the report of an inter-departmental working group. Department of Health, London, 1995.

4 Ng Fat L, Fuller E, Drinking Patterns Chapter 6 in The Health Survey for England 2011, Health, social care and lifestyles The Health and Social Care Information Centre Leeds, 2012

5 Royal College of Psychiatrists *Our invisible addicts* First Report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists College Report CR165, 2011

6 Knott C, Scholes S, Shelton NJ, Could More Than Three Million Older People Be At Risk Of Alcohol-Related Harm? A Cross-Sectional Analysis Of Age-Specific Drinking Guidelines *Journal of Epidemiology and Community Health* 2012;66:A58

7 The author is co-applicant with Holdsworth C (Keele) principal investigator and co-applicants Oliveira C and Pykhart H (UCL): on an ESRC funded project starting 1 March 2013: *Alcohol consumption, life course transitions and health in later life (Understanding Individual Behaviour)*

8 Chaudhury M, Shelton N Physical activity among 60–69 year olds in England: knowledge, perception, behaviour and risk factors *Ageing and Society* 2010, 30 (8) 1343-1355

9 Byberg L, Melhus H, Gedeborg R, Sundstrom J, Ahlbom A, Zethelius B, Berglund L, Wolk A. and Michaelsson, K. Total mortality after changes in leisure time physical activity in 50 year old men: 35 year follow-up of population based cohort. *British Medical Journal*, 338, 2009.

10 Donaldson L, Reckless I, Scholes S, Mindell J, Shelton N The epidemiology of fractures *Journal of Epidemiology and Community Health* 2008 62 174-80

11 Kanis J, on behalf of the World Health Organization Scientific Group *Assessment Of Osteoporosis at the Primary Health Care* Level World Health Organization Collaborating Centre for Metabolic Bone Diseases, University of Sheffield Medical School, UK and the World Health Organization 2007

Evidence-based health care for older women: not quite there yet

Suzanne Wait PhD

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There is an expression that says that 'men die quicker but women are sicker'. Although they tend to live longer, women are more likely to suffer from multiple conditions as they age.[1] Health care reforms in many countries have advanced the notion of an integrated, holistic approach for the care of older people, taking into account their physical, social and psychological needs. However, implementation lags behind recommendations and the configuration of our health systems and the training of our health care professionals are often not conducive to ensuring that such a holistic approach is applied in practice.

Medicines management for older women is a particularly problematic area. Prescribing in older people who have several conditions at once involves a delicate balance between limiting the number of drugs prescribed and offering drugs that may be of real benefit.[2] I remember vividly my 90-year old grandmother being prescribed one drug after the other by her physician over the phone, without regular reviews or any consideration for the combined effects of the drugs she was taking. Similarly, my mother-in-law, aged 79, suffered from repeated falls and confusion for months before a geriatrician examined her pillbox and told her that the combination of drugs she was taking was likely to be the cause of her symptoms.

A large number of studies around the world have shown that inappropriate prescribing is most common in older women.[3] Women – particularly older women - are also more likely to suffer from adverse drug reactions than men.[4] The most common type of

adverse drug reaction is giving the wrong dose – women tend to have lower body weight than men and dosing regimens may only have been tested on men in clinical trial settings, so that dosing may be inappropriate for women's body weight and metabolism.

One could turn to research in the hope that evidence is emerging on how different treatments and interventions fare in older women, so that doctors can make informed choices when treating their older female patients. Unfortunately, very little research exists on how to tailor medication strategies by sex in older people, and this may be due in great part to the fact that women are still underrepresented in clinical trials, and older women that much more so.[5,6] The fact that older women tend to have multiple conditions may automatically exclude their participation from many clinical trials, but there may be other barriers to older women's participation in clinical trials as well, be they financial, physical, cultural or psychological. Of course it is important to note that older men are also poorly represented in clinical trials: the average age of all cancer patients is 63, yet the average age of participants in clinical trials is approximately 32.[7]

So we are faced with a situation where the number of clinical trials is exploding (there are currently more 75 trials published every day!)[8], yet our understanding of how treatments may work and what risks they may entail in older women lags far behind. Health authorities such as the U.S. Food and Drug Administration (FDA) have called for greater inclusion of women, and of older people, in clinical trials since the late 80s. And efforts are being made by the research community, be it academia- or industry-based, to change the situation. But the requirements of clinical trial design are often difficult to match with the characteristics of the populations in which medicines will be used. As a result, the evidence base for the effectiveness of many interventions remains weak in older women, which may lead some physicians to hesitate to prescribe evidence-based drugs in older women and favour older, less effective drugs instead – even if newer agents could be safe and effective if used appropriately.

The situation is similar for the use of surgical procedures, diagnostic tests and equipment in older women. Cardiovascular disease is the most common disease in older women, however fewer women than men with suspected symptoms of acute heart

attack are referred to non-invasive testing, and fewer women than men who test positive for heart disease are referred for further testing and treatment.[9,10]

In conclusion, there are still important gaps to be filled in the way we deliver care, and the evidence upon which it is based, to meet the needs of older women. Closing these gaps should be considered an urgent priority is we are to offer older women an integrated response to their health care needs.

1 Wait S, Harding E. The state of health and ageing in Europe. International Longevity Centre, 2006. (http://www.ilcuk.org.uk/files/pdf_pdf_4.pdf)

2 Colley CA, Lucas LM. Polypharmacy: the cure becomes the disease. *J Gen Intern Med 1993; 8: 278-283.*

3 Hofer-Duckelmann C. *Gender and polypharmacotherapy in the elderly: a clinical challenge. In: Regitz-Zagrosek (ed.). Sex and Gender Differences in Pharmacology, Handbook of Experimental Pharmacology 214: 169-182.*

4 Schuler J, Duckermann C, Beindl W, Prinz E, Michalski T, Pichler M. Polypharmacy and inappropriate prescribing in elderly internal-medicine patients in Austria. *Wien Klin Wochenschr 2008; 120: 733-741.*

5 Schwartz JB. The current state of knowledge on age, sex and their interactions on clinical pharmacology. *Clin Pharmacol Ther 2007; 82: 87-96.*

6 Kim AM, Tingen CM, Woodruff TK. Sex bias in trials and treatment must end. *Nature 2010; 465: 688-9.*

7 Society for Women's Health Research. Barriers to women's participation in clinical trials and SWHR proposals solutions. http://www.womenshealthresearch.org/site/PageServer?pagename=policy_issues_clintrials_barriersandreccommendations (accessed 22 Feb 2013)

8 Bastian H, Glasziou P, Chalmers I. Seventy-Five Trials and Eleven Systematic Reviews a Day: How Will We Ever Keep Up? PLoS Med 2010; 7(9): e1000326. doi:10.1371/journal.pmed.1000326

9 Arber S, McKinlay J, Adams, J, et al. Patient characteristics and inequalities in doctors' diagnostic and management strategies relating to CHF: A video-simulation experience. Social Science and Medicine 2006; 62: 103-115.

10 Bird CE, Freemond AM, Bierman AS, et al. Does quality of care for cardiovascular disease and diabetes differ by gender for enrollees in managed care plans? Women's Health Issues 2007; 17(3): 131-8.

‘Just Can’t Wait’ – women’s age-related incontinence

Dr Richard Day and Nina Parmar

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Many of us take for granted the ability to manage our day-to-day lives without pre-planning every potential bathroom visit. For others, especially older women, this is often not the case. Sufferers of bowel incontinence (also called faecal incontinence) may go to extreme measures when faced with a privy-less trip or opt not to venture out at all. Others resort to a pre-trip laxative binge, attempting to ‘purge’ their bowel so as to avoid accidents. Significantly, many persons with incontinence suffer in silence, without seeking help of family, friends or medical assistance due to the condition being considered a taboo topic. Individuals may also be affected by significant financial burden due to the direct and indirect effects of this condition, which can be devastating for the person’s confidence, close relationships, employment and family life – consequences that do not immediately spring to mind when considering the effects of incontinence.

The control of bowel motions is maintained principally by muscles called sphincters. The two types of bowel sphincter muscle act in a coordinated manner to provide voluntary and involuntary control. Damage or degeneration of these muscles, or their assisting components, frequently occurs as a result of childbirth, which itself is the major risk factor for bowel incontinence in women, although the majority of women develop the condition several years later due to cumulative effects of the initial damage, ageing and the menopause.[1]

Worldwide studies indicate the prevalence of bowel incontinence in community dwelling adults ranges between 0.4–18 %,[2] but this figure increases to 26 % of women aged over 50,[3] mostly likely due

to the cumulative effect of ageing and the menopause. Because of the stigmatism surrounding the condition, these figures are likely to under estimate the true number of women who are affected but fail to seek help despite a reduced quality of life. It is saddening that bowel incontinence is one of the leading causes of admission to long term care home facilities, accounting for the prevalence of this condition in around 50% of institutionalized persons.[4] It is therefore not surprising that the annual cost of 'treating' and managing persons with bowel incontinence was estimated to be £500 million in 2007.[5] Efforts to reduce this figure by commissioning and delivering a quality integrated service that meets patients' needs and is cost-effective to the NHS have recently been set out in a report produced by the All Party Parliamentary Group for Incontinence Care.[6]

Despite this apparently bleak prospect, advances in modern regenerative medicine offer new treatments that could revolutionize the management and, more importantly, prevent bowel incontinence specifically in women. Combining improved and more available methods for detection of damage with new therapies for repair of sphincter muscle closer to the time of injury as a result of childbirth is likely to reduce significantly the number of women affected by bowel incontinence later in life.

However, for such new treatments to have a real impact on preventing incontinence later in life, there will need to be a significant change to the standard approaches currently used for evaluating and treating sphincter damage following childbirth, as well as ensuring women understand the benefits of early intervention as a preventative measure, particularly if there are no overt clinical symptoms that would immediately suggest problems occurring years later.

Compared with urinary incontinence, bowel incontinence is a relatively neglected area in healthcare technology, with treatment options largely dependent on the severity of the condition. Bowel incontinence is a socially isolating condition, not a life-threatening one; therefore patient preference is strongly to avoid invasive options. Conservative treatments currently available are effective only in patients with mild symptoms and mostly show insufficient long-term efficacy.[7] There is, therefore, a clear need for better healthcare investment to improve detection of sphincter muscle damage following childbirth at an early stage, as well as

identifying and validating new therapies capable of restoring bowel continence.

Whilst it is understandably not the most pleasant of topics for polite and dignified conversation, the societal impact of bowel incontinence for women, especially as a long-term consequence of child birth, must be raised in the collective conscience of policy makers. Government plans for wide-ranging social care reforms in England highlight the increasing demands being placed on local-government budgets, particularly care home placement, which will increase further with the ageing and incontinent population.

Taking action now on the provision of better methods for detecting sphincter muscle injury for new mothers to replace outdated subjective measures and investment in new technology that is designed specifically for treating this condition instead of the 'make do' approach of adapting therapies designed for other conditions would be a major step in the right direction for achieving a reduction in the number of women who develop bowel incontinence in the years to come.

1. Poen AC, Felt-Bersma RJ, Strijers RL, Dekker GA, Cuesta MA & Meuwissen SG., 'Third-degree obstetric perineal tear: long-term clinical and functional results after primary repair' Br J Surg, vol. 85, 1998, pp. 1433-1438.
2. Macmillan AK, Merrie AE, Marshall RJ & Parry BR., 'The prevalence of fecal incontinence in community-dwelling adults: a systematic review of the literature' Dis Colon Rectum, vol. 47, 2004, pp. 1341-1349.
3. Roberts RO, Jacobsen SJ, Reilly WT, Pemberton JH, Lieber MM & Talley NJ., 'Prevalence of combined fecal and urinary incontinence: a community-based study' J Am Geriatr Soc, vol. 47, 1999, pp.837-841.
4. Nelson R, Furner S, & Jesudason V., 'Fecal incontinence in Wisconsin nursing homes: prevalence and associations' Dis Colon Rectum, vol. 41, 1998, pp.1226-1229.
5. 'Faecal incontinence: the management of faecal incontinence in adults'., NICE clinical guidelines CG49, June 2007, http://www.nice.org.uk/cg49.
6. All Party Parliamentary Group For Continence Care Report, A guide for commissioners written by continence care professionals., 'Cost-effective Commissioning For Continence Care' www.appgcontinence.org.uk.
7. Wald A., 'Clinical practice. Fecal incontinence in adults' N Engl J Med, vol. 356, 2007, pp. 1648-1655.

Chapter VIII: Relationships and Intimacy

Sex and the older person: more complicated than most people (including feminists) think.

Geraldine Bedell

Geraldine Bedell is the editor of Gransnet, the largest social networking site for grandparents in the UK. A former journalist with the Observer and Independent on Sunday, she frequently writes and broadcasts on issues to do with ageing in the media. She is the author of several books, including the bestselling Make Poverty History handbook.

Every few months on Gransnet we get an outbreak of sex. There are very few places where older women can talk frankly and anonymously about their intimate desires, because older women's sexual experiences are almost entirely hidden from public discourse – after all, who wants to think about older women having sex?

It turns out that women themselves do, even if only to decide they've had enough. 'In all honesty, given the choice, I would prefer to go and clean the oven,' posts one, not untypical, contributor to our forums. It's fairly common to find that a post-menopausal flagging of desire, or loss of libido in their partners, leads to an even more painful loss of intimacy: 'My other half went off sex about 10 years ago (we are both 68) and it has never been mentioned since. If I cuddle him he draws back'.

Yet failure and loss are not universal experiences. It is a truism that people become more diverse as they age and this is as much the case with sex as anything else. 'Thank God for HRT and retirement,' says one of our members; 'it's better than ever'.

The only broad conclusion to be drawn from the welter of anecdote on our forums is that sexuality in older people is about more than hormones and pills; it is profoundly and often mysteriously connected to a sense of self-worth and the complexities of

relationships. One woman concludes: 'It's better when you live alone and have "visits". When I was married, I think sex was spoiled by underlying resentment and suppressed anger'. Another speculates that 'perhaps older men keep on trying just to prove they're still masculine'.

It is not feminism's business to codify or prescribe sex; attempts to do so have often ended in authoritarianism. While sex may be about power, it is also, crucially, about play.

It is feminism's business to question what effect public discourse about older women might be having on our intimate lives - and this, feminists have too often failed to do.

The actor Harriet Walter has commissioned and collected photographs of older women and exhibited them around the country over the last few years in an exhibition called Infinite Variety ('Age cannot wither her, nor custom stale her infinite variety,' Shakespeare has Enobarbus say of Cleopatra). The portraits are deeply shocking because images like these - resilient, characterful - are so rarely seen. Even when older women appear on magazine covers, the wrinkles and the character are invariably smoothed away.

Our ideal images of womanhood are blank-faced girls, Botoxed and airbrushed, passive and available. Older women internalise their own failure to be these creatures. We wrestle with this all the time at Gransnet, because our members ask us not to use pictures of old people (They don't want pictures of young people either, of course). It's surprising how hard it is to come by images of older women that pulsate with life and celebrate experience.

Negative stereotypes of older women are bound to persist when a woman's essence is still defined by her youthfulness. Feminism has done very little to counteract this impression, having focused (for good reasons) on reproductive rights, violence against women and our ability to combine motherhood and the workplace. But feminism is fundamentally about equality; and exclusive concentration on the childbearing years does women a disservice, not least now that women are living such long postmenopausal lives.

Every so often a prominent feminist hits the menopause and tries to reframe it as gain rather than loss. Eva Figes described the

postmenopausal years, when she felt energetic and enthusiastic, as 'truly women's liberation.' But the discussion rarely gets taken up because so powerful is the cultural pressure to be youthful that most women are still trying to 'pass' as younger than they are. If we are not actively lying about our age, we are trying to ignore it.

Younger, online feminists, the kind who are behind Feministing in the United States or Vagenda in the UK, are busy interrogating the portrayal of women in popular culture. The relentless sexualisation of young women that they deplore is part of a continuum that sees the menopause as the end of meaningful life, because women's lives are understood as being fundamentally about their availability and enthusiasm for sex.

The upshot of a culture that sees women primarily through the prism of sex is that you had better look young or you will be despised. It leads to highly attractive female television presenters being encouraged to get Botox or surgery so as not to look their age. There ought to be common cause for older and younger feminists here, and with men: who knows what the psychological effect of sleeping with a non-youthful and therefore largely valueless person may be?

It's hard to say what a serious feminist analysis of the menopause and postmenopausal sexuality would find, though the anecdotal evidence on Gransnet suggests that it would encompass both loss and liberation. Feminist readings of the menopause could, though, allow women to acknowledge their shifting sexuality – other than on anonymous forums, fan of those though I am – and to articulate their hopes and fears about intimacy as they age.

There doesn't seem to be much doubt that we all, regardless of age, benefit from touch, from physical expressions of care and love, and from close and intimate personal relationships. And at the moment, for quite a lot of older couples, sex, or rather all the cultural baggage that comes with it – who is supposed to be having it, what it should be like – often gets in the way.

Sexuality and intimacy in middle and late adulthood

Dr. Sharron Hinchliff

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"The midlife woman is rendered invisible by the media and the elderly woman is stripped of her sexuality both by her children and by societal agents, though passion and sexual interest may continue to percolate internally."[1]

It is widely accepted in the field of human sexuality that sexuality should be approached from a life-course perspective, that it is part of us through childhood to old age. However, public discourses demonstrate that it is not always looked at in this way. Indeed, it is common in western societies for later life sexuality to not get acknowledged and for expressions of sexuality to be stigmatised or infantilised. For example, residential homes tend not to cater for couples, doctors may not provide information on how the older patient's health condition can affect sexual function,[2] and observers may react to an older couple holding hands in the same way they would to a pair of toddlers doing the same. Indeed, media portrayals of sexuality focus almost exclusively on young adults while medical and social discourses frequently portray ageing in terms of decline and decay. It is no surprise then, that sexuality in middle and late adulthood doesn't receive much attention in society and when it is acknowledged it is often with disdain.

Women are disproportionally disadvantaged as they get older as ageism and sexism collide. Feminism has recognised this concern for many years but since Susan Sontag's seminal piece The Double Standard of Aging,[3] little research has been conducted. Sontag identified the challenges that women faced as they aged, and drew specific attention to the way that the physical characteristics of older men were looked upon more favourably than those of older women. Almost forty years on, the social construction of

female beauty is still fixated on a young appearance. Thus, visible signs of ageing can be seen as a weakness, and we often hear women talk about becoming invisible to society (an issue not helped by the lack of older female presenters on UK prime time television, for example).

Without a doubt, the discourses of ageing can present a challenge to women and this is clear to see in the subject of menopause. Menopause has been flagged as a time when women are very likely to stop feeling sexual desire and to cease viewing sexual activity as important. This notion has its origins in medicine.[4] But evidence for the roots of sexual desire difficulties at menopause point to a number of factors. It has been found that when women lose interest in sexual activity around this time the reasons are complex and attributable to factors such as the quality of their intimate relationships,[5] exhaustion as a result of caring for elderly relatives, or fatigue from broken sleep caused by recurrent night sweats.[6] Many women experience vaginal dryness too which can have a negative impact on sexual desire. But sexual activity is important to many women in middle and late adulthood who value the pleasure it brings and the closeness it grants with their partners. Indeed, Hite[7] has argued 'What happens at menopause is something that happens only to our reproductive organs: sexuality and the capacity to experience sexual pleasure are lifetime attributes'. Masters and Johnson,[8] in their pioneering research, pointed out that women can experience an 'unleashing' of sexual drive after menopause as they're no longer at risk of becoming pregnant. Subsequent research has supported this finding.[9] However, sexual activity tends to be more broadly defined than when younger, and intimacy often takes precedence over sexual actions such as intercourse.[10]

In spite of some wonderful women-centred research that has sought to understand sexuality from the perspectives of older women, the predominant focus has been on young women. Consequently, the body of knowledge regarding female sexuality in middle and late adulthood remains underdeveloped. If we are to confront negative constructions and discourses of older sexuality, my recommendations are to make it visible, to bring it into the public arena. This can be achieved in a number of ways, by embedding female sexuality and ageing into the courses that we teach, and

by carrying out research and presenting the findings to a wide audience (e.g. practitioners, policy makers, relevant groups such as Age UK). Indeed, studies that have given women a voice and explored their own accounts provide positive discourses of ageing, and thus help counter the confusion women can feel about their bodies that results from the dissonance between their own experiences and social stereotypes.[11] It is time for feminism to pay more attention to female sexuality in middle and later adulthood as an important quality of life issue.

1 S. Leiblum, 'Foreword', in *Women's Sexuality Across the Lifespan*, J.C. Daniluk, Guilford Press, New York, 1998, pp. vi-viii.

2 A. Sarkadi & U. Rosenqvist, 'Contradictions in the Medical Encounter: Female Sexual Dysfunction in Primary Care Contacts'. *Family Practice*, vol. 18, 2001, pp. 161–166.

3 S. Sontag, 'The double standard of aging', in *An Ageing Population*, V. Carver & P. Liddiard (eds), Open University Press, Milton Keynes, 1978, pp. 72-80.

4 D.R. Reuben, *Everything you Ever Wanted to Know about Sex*, W.H. Allen, London, 1970.

5 K. Hawton, D. Gath, & A. Day, 'Sexual Function in a Community Sample of Middle-aged Women with Partners'. *Archives of Sexual Behavior*, vol. 23, 1994, pp. 375–395.

6 S. Hinchliff, M. Gott & C. Ingleton, 'Sex, Menopause and Social Context: A Qualitative Study with Heterosexual Women'. *Journal of Health Psychology,* vol. 15, 2010, pp. 724-733.

7 S. Hite, *The new Hite Report: The Revolutionary Report on Female Sexuality Updated*. Hamlyn, London, 2000 p. 481.

8 W.H. Masters & V.E. Johnson, *Human Sexual Response*, Little Brown, Boston, 1966.

9 E.M. Banister, 'Women's Midlife Confusion: Why am I Feeling This Way?' *Issues in Mental Health Nursing*, vol. 21, 2000, pp. 745-764.

10 S. Hinchliff, & M. Gott, 'Intimacy, Commitment and Adaptation: Sexual Relationships within Long-term Marriages'. *Journal of Social & Personal Relationships*, vol. 21, 2004, pp. 595-609.

11 Banister, p. 759.

Chapter IX: Gender and Development

Older women in low- and middle income-countries – forgotten by feminism?

Bridget Sleap, Eppu Mikkonen-Jeanneret and Mark Gorman

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The existence of a feminist generational divide, in which it has been claimed that older women are neglected because the focus is on asserting the rights of young women, has been the subject of much debate in recent years.[1] This debate has however largely taken place in the "developed" world; for "developing" countries, it is arguable that older women have been even further neglected by the feminist discourse.

This matters because of the levels of discrimination faced by older women in low-and middle-income countries. Although other forms of discrimination are increasingly challenged in many parts of the world, both women and men growing older in the developing world face a range of prejudice which is still widely tolerated. Older women face a double burden of discrimination. After facing prejudice earlier in life because they are female, they then have to cope with discrimination because they are old. In the low- and

middle-income countries where the great majority of the world's older women already live[2], these issues have a profound effect on their opportunities to participate in development.

It is thus not surprising that older women remain invisible in major development processes such as the Millennium Development Goals and are rarely included when action is taken to address gender inequality, such as those to implement the Beijing Platform for Action.[3] In fact, as women become older, they are often considered no longer economically or reproductively useful and seen as a burden on their families. In most of the developing world, women outlive men, a differential that increases with age; globally older women account for 54% of all those over 60, and 63% of those over 80. Older women are likely to live more years in ill-health, and to live on their own, less likely to be married and more likely to be widowed than older men.[4] While some older women may choose to live alone, others do not, and become more vulnerable and isolated as a result.

In many societies, being widowed or single, either because of divorce or never having married, profoundly changes older women's status in society. For example in low-income settings widow-headed households are consistently among the poorest.[5] This can result in discrimination in both law and practice, particularly regarding property and inheritance rights. Inheritance laws often deny women the right to own or inherit property, and family members and others often force widows off their land or seize assets.

In low-and middle-income countries women of all ages may experience violence and abuse. However, the different forms of abuse to which older women are subjected continue to be excluded from wider debates and responses on violence against women. The current international human rights system does little to shed light on the issue, nor to support governments to understand their obligations to protect older women's rights. Most existing human rights standards do not adequately cover issues of critical importance for older women, such as violence and elder abuse, though the UN Committee for the Elimination of Discrimination Against Women (CEDAW) has taken a major step forward in addressing the specific nature of age and gender related violence.[6] However, while recognition of physical and

sexual violence has slowly begun to emerge, other forms of abuse (such as economic discrimination or neglect) remain hidden.[7]

These are thus life course issues, where the impact of gender-based discrimination against girls and younger women is carried into old age. For example, in many countries, older women have lower literacy rates than older men because, as girls, they were not allowed to go to school. Being unable to read or write seriously limits older women's ability to obtain information, access services or take part in social, economic or political activities[8].

Even where development programmes are targeted at women, older women may be excluded. For example the reproductive health debate largely fails to address the problems suffered by post-menopausal women as an outcome of the multiple pregnancies undergone in poor health conditions. The World Health Organisations says "Traditionally, in developing countries, menopause and problems thereof are accepted as [a] normal physiological phenomenon…However, with increasing life expectancy among women in developing countries, the… problems of postmenopausal women continue to increase substantially. About 75% of world's postmenopausal women live in these countries. Therefore, health problems related to the menopause are of a great magnitude".[9] The fact that health systems continue to ignore these problems characterises a wider neglect of women's health in older age, despite the fact that, as the WHO acknowledges, "Good health needs to lie at the core of society's response to population ageing".[10]

Despite a growing body of evidence on discrimination affecting older women, the challenges they face in the poorest countries are almost entirely absent from the feminist debate. Neither the extraordinary resilience of older women, nor the discriminatory laws, policies and social norms which reinforce the poverty and exclusion of many women into old age, are being addressed.

However, opportunities exist to promote the inclusion of older women in development programming, and thereby to redress the gender inequalities that have existed throughout women's lives, and into old age. It is critically important that the development agenda which succeeds the Millennium Development Goals after 2015 recognises the need to support older women, offering

them a dignified quality of life and helping them fulfil their right to a decent standard of living. The engagement of the powerful force of feminism with this agenda would be a belated gesture of solidarity with older women in the developing world.

1 For example S. Samizade'-Yazd, "Ageing is a feminist issue" blog 27/07/2010 http://comunityfeminisiting.com

2 United Nations Department for Social and Economic Affairs, Population Division, *World population Prospects: 2010 Revision*, New York, United Nations 2011

3 United Nations, *Fourth World conference on Women, Action for Equality, Development and Peace - Platform for Action* Beijing, United Nations, 1995

4 United Nations, *General Assembly 64th Session, Follow-up to the Second world Assembly on Ageing – report of the Secretary-General* New York, United Nations July 2009, p.3

5 D. van de Walle, *Lasting welfare effects of widowhood in a poor country,* Washington D.C., World Bank, 2011

6 United Nations CEDAW, *General Recommendation No. 27 on older women and protection of their human rights* (CEDAW/C/GC/27, 2010)

7 HelpAge International & INPEA, *Joint NGO Statement submitted by HelpAge International and the International Network for the Prevention of Elder Abuse (INPEA) to Commission on the Status of Women, 57th Session, 4 – 15 March 2013, Elimination and prevention of all forms of violence against women and girls.*

8 United Nations, *Follow-up to the Second world Assembly on Ageing – report of the Secretary-General* p.4

9 WHO Reproductive Health Library, "Long-term hormone therapy for perimenopausal and postmenopausal women", http://apps.who.int/rhl/gynaecology/gynaecology

10 United Nations Population Fund & HelpAge International, *Ageing in the Twenty-First Century: A Celebration and a Challenge,* New York, United Nations, 2012, p.66

The invisibility of older women in international development

Dr Valerie Lipman

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> [E]lderly women, in all regions of the world, represent an important human resource, and ...their contributions to society and development in the economic, cultural, political and social fields often remains unseen or unrecognised[1]

By 2050 the largest single group of people in the world will be older women. The combined forces of population growth and the speed of age-structural change mean that in less than 40 years one in five persons across the world will be over 60 and for the first time in human history people in this age group will outnumber children (aged 14 and under). Eighty per cent of older persons[2] will live in what are currently developing countries, and, as with developed countries, women will outnumber men.[3] To date feminists working in international development have demonstrated little interest in the lives of older women and largely ignored their contributions.

Over the last forty years the 'gender and development' movement has succeeded in bringing the role of women to the centre of international development. Prior to the 1970s it was estimated that less than one per cent of standard text books on development referred specifically to women[4], and in those early years, following the second world war, the focus was on population control and the role women played in food production. By the 2000s, they were being seen as part of the wider development movement designed to empower individuals and communities, and to reduce global poverty. The Millennium Development Goals (MDGs) and pro-poor agenda of the 2000s reinforced the representation of women in the global development discourse. Today the literature on gender and development is extensive and there are sizeable programmes throughout the world from both government and non-government agencies focusing on women and gender. Virtually all

development agencies now include a gender-based perspective in their programmes, and, for some, such a perspective is mandatory. This increased attention has improved the status of women in development policy, and changing analytical tools and disaggregating data have made it possible to assess women's contribution.

There has however been a consistent absence of reference to older women in any of the developments described above. Likewise there has been a noticeable absence of follow-up, by feminists working in international development, on the steady flow of resolutions emerging from the UN General Assembly[5] and the Commission on the Status of Women (CSW) since the 1980s, concerned with improving the position of older women. The quote at the start of this article went on to highlight

> ...the urgent need to develop and improve the publication of statistics by sex and by age, and to identify and evaluate the different forms of activities of elderly women which are not normally recognized as having an economic value, in particular in the informal sector[6]

The practical actions offered by this resolution, and others, have similarly been ignored by other Inter-Government Organisations (such as the UN Development Programme and World Bank) and International Non-Government Organisations (such as Womankind Worldwide and Oxfam) working on gender and development. The International Plans on Ageing that emerged from the two World Summits on Ageing (Vienna, 1982 and Madrid 2002) have also gone largely unnoticed in the gender literature.

Interestingly feminists working in development appear to deploy similar lines of arguments against the inclusion of *older* women, to those that were used in earlier times against the inclusion of women. The popular arguments follow the mainstream picture of older people in development: that in situations of limited resources the emphasis is on investing in younger generations; that development deals with the economic and productive sectors in which older people do not have a role; and that old age was not an issue in development, but a problem of the 'north' which designed systems to take care of older people, while kinship was supposed to take care of the old in developing countries. Most international development programmes continue to focus on

maternal and child health, education and training for children and young people, infrastructure developments, and, increasingly, the environment. It may therefore not be surprising that the field of international development and gender has also overlooked older people. However, in failing to acknowledge the situation of older people in society, it could be argued that the women's movement has also allowed the economic hegemony that drives development to obscure the rights of older people as citizens and contributors to society, and has tacitly accepted the established model of older women as beneficiaries who have no role in the public sphere.

Nonetheless the perseverance of feminist campaigns has brought women to the forefront and aided the visible increase in their role and status – there may thus be lessons to be drawn out for those working in gerontology on how to achieve a higher profile for both older women and older men in international development.

1 CSW *Resolution 36/4 Integration of Elderly Women in Development* UN, 1992

2 The age of 60 years, used by the United Nations for demographic analysis, is typically taken as the dividing line between younger and older cohorts of the population in developing countries

3 P. Vera-Sanso and C. Sweetman *Editorial* Gender and Development, 17: 3, 2009

4 N. Kabeer, *Reversed Realities: Gender Hierarchies in Development Thought*, Verso, London, 1994

5 The UN is the dominant international government agency with the remit to influence global social policy

6 CSW *Resolution 36/4 Integration of Elderly Women in Development* UN, 1992

Feminism's pale shadows: older women, gender and development

Professor Ann Varley

Ann Varley is Professor in Human Geography at UCL (University College London). Her research lies within the fields of urban housing, gender, families and households, and law and urban governance. She has held a residency at the Rockefeller Foundation's Study Centre in Bellagio, Italy, and was awarded the Royal Geographical Society's Busk Medal in 2009.

It is almost three decades since the feminist tendency to concentrate on women of working and reproductive age was first remarked, but it often seems that not a lot has changed. If anything, it is adolescent women, young adults and girls who have become more visible in recent decades; older women remain a pale shadow in the background. This is ironic, given that recent decades have seen the rise of 'third wave' feminism, characterised by an emphasis on the differences between women. But those differences are routinely described in terms of ethnicity, race, sexuality, religion and class, not of ageing. Attention to difference should surely lead to sensitivity to age differences *within* specific groups of women, but rarely does. My research interests once led me to look, for example, at writings about *chicanas* – women of Mexican descent in the USA – and I soon found that celebration of *chicanas*' diversity can be accompanied by a complete disregard of age as a relevant dimension of that diversity. (And should it be objected that these distinctions ignore the 'bigger' issue of failure to address masculinities: the same goes for work on Latino men.)

The neglect of ageing is not perhaps surprising, given that a bias against older women is built into third-wave feminism. A quick look at Wikipedia's article on the theme reveals not a single mention of older women, but does give a clue to the reason for the omission, in a quotation from Rebecca Walker (one of the term's originators):

Young Women feminists find themselves watching their speech and tone in their works so as not to upset their elder feminist mothers. There is a definite gap among feminists who consider themselves to be second-wave and those who would label themselves as third-wave. Although the age criteria for second-wave feminists

and third-wave feminists is murky, younger feminists definitely have a hard time proving themselves worthy as feminist scholars and activists.[1]

The mother-daughter generational conflict within feminism undoubtedly contributed to the emergence of the third wave, and its conflation of older women with older feminists has reinforced the neglect of ageing.

One aspect of the neglect of older women has been their marginalisation in the field of gender and development, especially in relation to female-headed households. Women heading their household have become iconic figures in feminist development research and advocacy since experts at the 1975 International Women's Year Conference reported that one in three of the world's households was headed by a woman. Census data do not support this assertion,[2] but the figure stuck and still keeps appearing online and in print. Given that on average women live longer than men and marry somewhat older men—meaning that widowhood is above all a female experience—the interest in female-headed households should mean that older women receive plenty of attention. Although the heterogeneity of women household heads is routinely acknowledged at the level of principle, it is however 'lone mothers' who in practice receive the lion's share of the attention—meaning, young mothers with dependent children. Discussion of female headship in the global south generally reverts to a stereotypical image of lone mothers supporting young children and ignores the significance of widowhood as a route into household headship.

Youthful demographic structures in developing countries cannot justify this bias. Even in some lower-income countries with youthful age structures—such as Ethiopia, Cambodia, Bolivia, and Botswana—the number of women heading their household aged 60 or more exceeds those aged under 25.[3] In all these countries, and in most lower-income countries with data available, the proportion of heads who are women is also higher in older age groups. As virtually every country is now experiencing population ageing, it seems remarkable that so little attention is paid to older women and to widows in gender and development research.

The main reason for the neglect is probably a desire to show that women on their own can get by, heroically, in unpromising

circumstances. The idea of a woman abused and abandoned by her partner but surviving and bringing up their children single-handed has almost mythical appeal. Widows and older women do not offer such a good feminist storyline. Becoming a household head through widowhood hardly speaks to agency (not many women kill their husband…), and the lack of agency implicit in widowhood chimes with the stereotype of older women as passive and dependent. The same stereotype means that older widows may not even be recognised as household heads (or 'lone mothers') when they live with their adult children and perhaps grandchildren, because headship is ascribed to the 'economically active' generation. And despite feminist dissection of the myth of the harmonious family, daughters and sons are often assumed to care for their ageing mothers. But mounting evidence shows that older women's well-being is not guaranteed by living with family and that more and more have to support younger relatives, rather than being supported by them, both economically and in the provision of domestic labour.[4] Consequently, while it is generally believed that for older women to live alone in urban Mexico, for instance, is abnormal—prompting explanation of the growing numbers doing so in terms of 'reaping what they sowed'—some actively prefer to live lone (and not *too* close to married children), to minimise continuing childcare demands.[5]

The emphasis on female household headship is often portrayed as a way of acknowledging women's contributions to family welfare. Ironically, however, the neglect of older women overlooks *their* contributions: from income, pensions, savings, housework or childcare. When older women are overlooked, a focus on 'lone mothers' also suggests that women without (young) children are not really mothers—and ultimately, perhaps, not really women. These are highly paradoxical results for a feminist encounter with gender and development.

1 Third-wave feminism, http://en.wikipedia.org/wiki/Third-wave_feminism; accessed 22 Feb 2013.

2 Varley, A. Gender, families and households, in V. Desai & R. Potter (eds) *The Companion to Development Studies*, 3rd ed., Routledge, London (forthcoming).

3 Calculations from UN Statistics Division data.

4 Aboderin, I. Changing family relationships in developing nations, in M.L. Johnson (ed.) *The Cambridge Handbook of Age and Ageing*, Cambridge University Press, Cambridge (2005).

5 Varley, A. & Blasco, M. Intact or in tatters? Family care of older women and men in urban Mexico, *Gender and Development*, 8, 2 (2000), 47-55. The 'slave grandmother syndrome' is movingly depicted in Ihm Eun-Hee's 2012 film *Abuela Mambo*.

Chapter X: The Future Research Agenda- Research Gaps and Opportunities

We are older women too: under - recognition of older lesbians in research, social policy and provision

Sue Westwood

Sue Westwood has qualifications in gerontology, law and gender, sexuality and human rights. A freelance trainer, researcher, organisational consultant, and occasional tutor at the Law School at Keele University, Sue is also about to complete a PhD. Her research explores equality issues in relation to older people with lesbian, gay and bisexual identities, from a feminist socio-legal perspective.

The limited discourse about older women generally refers to older heterosexual women, although this is rarely made explicit. Older lesbians are under-represented in culture[1], academia[2], social policy[3], health, housing and social care provision[4]. While there are a growing number of generic texts about older lesbian, gay and bisexual (LGB) people[5], few are located within mainstream sexualities/ageing literature. Gender and sexuality researchers have not addressed older age, while gerontologists have under-addressed sexuality in general[6], and LGB ageing in particular[7].

When LGB ageing has been studied, there has been a tendency to neglect older lesbians. In a UK study of over 250 lesbians and gay men aged 50-plus, just over a third of the sample comprised women and two-thirds men[8]. A more recent survey of over 1,000 older LGB people consisted of 30% women and 69% men[9]. The majority of the lesbians in the sample were under 65, meaning an under-representation of lesbians of retirement age, and those at the upper end of the age spectrum[10]. The limited number of recent small-scale studies about older lesbians[11] have also tended to focus on the younger end of the older-age spectrum[12]. Yet older lesbians have very different experiences of ageing, depending on age[13].

The under-recognition of older lesbians in research has informed social policies which are based on a heterosexist model of women's ageing and of LGB ageing as homogenous, privileging gay men's perspectives[14]. Yet older lesbians' ageing is different from that of heterosexual women and gay men. Compared with heterosexual women, older lesbians are more likely to be single, more likely to live alone, less likely to have children, less likely to see biological family regularly and more likely to suffer from anxiety and depression[15]. Older lesbians are also more likely to require social support, sooner and in greater proportion to older heterosexual women[16]. Compared with both gay men and heterosexual women, older lesbians are more likely to end their lives in residential care, because women live longer than men, and because single, childless women (more likely to be lesbian) are disproportionally represented in those settings[17].

The under-representation of older lesbians in social policy has led to formal provision which does not meet their housing, health and social care needs[18], particularly those who wish to live in women-only or lesbian-only supported living/care spaces, which are not available in the UK[19]. Many avoid formal support when they need it[20] or feel they have to hide their sexual identities to avoid hostility from carers and fellow service users[21]. Greater research is urgently needed, to achieve better informed social policy and provision, more able to address older lesbians' diverse needs and wishes.

1 J. Traies ,'Women Like That: Older Lesbians in the UK', in *Lesbian, Gay, Bisexual and Transgender Ageing: Biographical Approaches for Inclusive Care and Support*, R. Ward, I. Rivers and M. Sutherland (eds), Jessica Kingsley, London and Philadelphia, 2012, pp 76-82.

2 P. Averett and C. Jenkins, Carol, 'Review of the Literature on Older Lesbians: Implications for Education, Practice, and Research', *Journal of Applied Gerontology,* 2012, 31, pp. 537-561

3 J. Manthorpe, 'Nearest and Dearest? The Neglect of Lesbians in Caring Relationships'. *British Journal of Social Work,* 2003, 33, pp. 753-768.

4 L. Concannon, 'Developing Inclusive Health and Social Care Policies for Older LGB Citizens', *British Journal of Social Work, 2009,* 39, pp. 403-417.

5 e.g. T. Witten and A. E. Eyler (eds) *Gay, Lesbian, Bisexual and Transgender Aging: Challenges in Research, Practice and Policy*, Johns Hopkins University Press, Baltimore, 2012, p 360.

6 M. Gott, *Sexuality, Sexual Health & Ageing,* Maidenhead, Open University Press, 2005, p 192.

7 A. Cronin (2006) 'Sexuality in gerontology: a heteronormative presence, a queer absence', in *Ageing and Diversity: Multiple Pathways & Cultural Migrations,* S.O. Daatland and S. Biggs (eds), Policy Press, Bristol, 2006, pp. 107-122.

8 B. Heaphy, A. Yip, and D. Thompson, 'Ageing In A Non-Heterosexual Context', *Ageing & Society, 2004,* 24, pp. 881-902.

9 J. Taylor, personal correspondence, 24/9/12.

10 S. Westwood, 'Researching Older Lesbians: Problems and Partial Solutions', *Journal of Lesbian Studies,* in press.

11 K. Slevin,'The Embodied Experiences of Old Lesbians', in *Age Matters: Realigning Feminist Thinking,* T. Calasanti and K. Slevin (eds), Routledge , New York, 2006, pp. 247-268; N. Orel, 'Lesbian and Bisexual Women as Grandparents: The Centrality of Sexual Orientation in the Grandparent-Grandchild Relationship', in *Lesbian, Gay. Bisexual and Transgender Aging,* D. Kimmel, T. Rose and S. David (eds), Columbia University Press, New York, 2006, pp. 175-194.

12 J. Barker (2004) 'Lesbian Ageing: An Agenda for Social Research', in *Gay and Lesbian Ageing: Research and Future Directions*, G. Herdt & B. de Vries (eds), Springer, New York, 2004, pp. 29-72.

13 S. Westwood,'"I May Be Older, But I Ain't No 'Elder": A Critique of "Elder Law"', *Temple Political and Civil Rights Law Review*, 21, 2012, pp. 485-510.

14 S. Pugh, 'The Forgotten: A Community Without a Generation, in D. Richardson and S. Seidman (eds) *Handbook of Lesbian and Gay Studies,* Sage, London, 2002, pp. 161-181.

15 Stonewall, *Lesbian, Gay Bisexual People in Later Life,* Stonewall, London, 2011, p 32.

16 Heaphy et al 2004, op. cit.

17 S. Arber, 'Gender and Later Life: Change, Choice and Constraints', in *The Futures of Old Age,* J. Vincent, C. Phillipson and M. Downs (eds), Sage, London, 2006, pp. 54-61.

18 R. Ward, S. Pugh and E. Price *Don't look back? Improving health and social care service delivery for older LGB users,* Equality and Human Rights Commission, London, 2011, p 34.

19 M.L. Gabrielson, '"I Will Not Be Discriminated Against" Older Lesbians Creating New Communities'. *Advances in Nursing Science,* vol 34, 2011, pp. 357–373.

20 Stonewall 2011, op. cit.

21 S. Knocker *Perspectives on ageing: lesbians, gay men and bisexuals*, Joseph Rowntree Foundation, London, 2012, p 16; R.Hubbard and J. Rossington *As We Grow Older: A Study of the Housing and Support Needs of Older Lesbians and Gay Men,* Polari, London, 1995, p 88.

What has happened to older disabled women with learning difficulties?

Jane Chelliah

Jane Chelliah is the voluntary CEO of Powerhouse, a London based charity for women with learning difficulties. Powerhouse, originally known as the Beverly Lewis House, was the first centre to be set up as a safe meeting place for women with learning disabilities. Jane is very involved with feminist mothering and disability issues.

When I started working at Powerhouse I discovered that there was scant feminist experience and literature to draw upon on the experiences of older disabled women, especially women with learning difficulties. Modern day feminism concentrates on core conceptual issues which have been identified by a mass critical movement of women under 40 and neither age or disability feature on this agenda. Feminist thinking has become siloed and vertical in approach. So, for example, the nature and extent of 'feminism' is discussed in terms of equality in the workplace, as a fight-back against the pornification of women's sexuality and as a criminal justice and social policy issue of violence against women. While I applaud these aims, which are crucial in advancing women's power and safety, I do think that women's agency extends beyond these areas. There are significant horizontal cross-cutting feminist issues that need addressing and the older disabled woman with learning difficulties (LD) is one such issue.

The intersection between the current vertical approach, and a horizontal approach which I advocate is the lived experiences of older women with LD who face a triple jeopardy of gender discrimination, disability discrimination and age discrimination. In other words, being an older disabled woman with LD is a high-walled barrier to participation in normal life. Let us assume that there is a line of continuum marked 'invisibility' along which the identities and diversity of the make-up of women appears. Some of these markers have been brought to light but the line that traverses older women with LD is still to find the light of day.

Mainstream feminist voices have been silent on disability issues. Interestingly, the disability forum is also not vocal on gendered disability concerns. The attention of both groups has been

hijacked by fighting against topical issues while ignoring the long-lasting sustainable issue of female empowerment. Such an approach disregards feminism's relevancy to older disabled women with LD. This cannot be reconciled with the common understanding of feminism which is about the female struggle for human rights i.e. economic power, being treated as an equal in all social circumstances regardless of age and physical or mental abilities; and being recognized as a worthy recipient of social policy advantages.[1]

Disabled women feel betrayed and excluded by feminist analysis and activism because many key aspects of feminism have great relevance to how they experience oppression and discrimination.[2] Jenny Morris, a well-known writer on feminist disability issues, states that a disabled person's politicisation has its roots in the assertion that the 'personal is political', that their personal experiences of being denied opportunities are not to be explained by their bodily limitation but by the social, environmental and attitudinal barriers which are a daily part of their lives. Feminist research into areas such as motherhood, poverty, violence, work and sexuality have as much relevancy to older disabled women with LD as to other women. However, their exclusion provides society with a distorted picture because the majority of disabled people are women.

The following is a poem written by the Powerhouse women about their fears of ageing. It demonstrates a touching similarity to the worries carried by any woman, disabled or not, about growing older.

Growing Old

Feeling Sad
Things on your mind
I don't wanna think about it
Feeling Grumpy
When you get older, you can't get up the stairs so good
I saw someone with a walking stick, just yesterday
What about one of those scooters you can get
I saw 2 people on scooters coming down the road
They were having a race

Maybe I'll be walking down the road singing
False teeth and a wig
You get forgetful, don't you?
Lose your memory and that
You gotta call someone in to do the garden
Maybe my family will help
Feeling lonely
You need to look after yourself when you get older
Gotta get used to it

In the rare instance when the voices of older disabled women are represented in feminist discourse then it is done as a chorus with a single lyric of 'care'. Those who provide 'care' to these women are termed as 'carers' and the women are called 'dependants'. Such language immediately places a disabled woman in a secondary position but, if you listen to their individual voices, you will hear that a number of disabled women have multiple identities as 'carers' themselves. Powerhouse women are in relationships and have successfully raised children.

Disability feminism is a transformational challenge to the hegemony of mainstream feminism which categorizes women as being equal in their gender struggles. Expanding the horizons of feminism to include diverse markers of identity such as disability, race, ethnicity and growing older can only serve to elevate feminism as an integral social movement with worthy contributions to make to contemporary understandings of the diversity of women. Any situation that involves a female in a position of reduced power and inequality should automatically give rise to a strong need for feminist advocacy.[3]

At Powerhouse we imbue our members with a sense of agency from which they can learn to recognize their self-worth as women. They undergo confidence building sessions, assertiveness training and attend classes on how to live healthy lifestyles. Many of our members are older women. Powerhouse aims to become a 'Centre of Excellence for the Advancement of Women with Learning Difficulties'. Furthering the cause of disability feminism will feature strongly in this vision because I believe that bringing together female-dominated disability learning difficulty issues with

the social challenge of an ageing population has the potential to challenge the dominant narratives of both feminism and age discrimination.

1 N. Ellison, *Social Policy*, London School of Economics, 2011

2 J. Morris, *Encounters with Strangers,* pages 4, 5 and 15, Women's Press, London, 1996

3 R. Garland-Thomas, *Re-shaping, Re-thinking, Re-defining: Feminist Disability Studies*, Center for Women Policy Studies, Washington, 2001

The experience of ageism for older women

Isla Rippon

Isla Rippon began a joint UCL and ILC-UK Impact PhD Studentship in October 2012. As part of her PhD she is currently looking at the experiences of discrimination at older ages using data from the English Longitudinal Study of Ageing (ELSA). Isla completed an MSc in Demography and Health at the London School of Hygiene and Tropical Medicine in September 2012. Isla is interested in the social and economic determinants of wellbeing at older ages, and the policy implications of research.

Does the experience of older women differ to that of older men? Is ageism a more universal experience in older age?

Unlike other forms of discrimination, ageism has the potential to affect all of us at some point. To a certain extent it could be argued that ageism is a universal experience, as everyone at some point in their lives is at risk of experiencing it. Having said that, it has also been argued that age combines with gender to disadvantage women to a greater extent. Despite this it has been under-researched in comparison to other forms of prejudice[1,2].

It has been shown previously that ageism is a difficult concept to measure[3]. In terms of the law, the recent Equality Act 2010 extended existing age discrimination legislation to cover the provision of services. It also covers nine protected social characteristics, of which 'age' is one, which cannot be used as reason to treat someone unfairly. It has also been defined more negatively, based on the stereotyping of and discrimination against people based on their age and the ageing process[4,5]. Despite the differing conceptualisations of what may constitute ageism and age discrimination, we can uncover a number of trends from questions included in large scale surveys.

Analysis of a representative sample of over 52 year olds in England revealed that more people reported perceived age discrimination than any other type of discrimination[6]. For women this was followed by gender discrimination. While age discrimination was found to gain in importance for older women, gender discrimination was

seen to decline with age. The data from Wave 5 (2010-11) of the English Longitudinal Study of Ageing (ELSA)[7] showed that on average, nearly one in three older women were found to attribute their age to experience/s of day-to-day discrimination. Our research showed that women who were older (70-79), of a lower social economic status, retired and were educated to A Level or above, were more likely to report age discrimination. Overall no significant gender differences were observed, with older men found to experience similar levels of age discrimination. On average both older men and women experienced the least age discrimination between ages 50 to 59 years old in comparison to older ages.

There were indications though that this may vary in different situations, for example, out of the five day-to-day discrimination scenarios analysed, the results indicated that a higher proportion of women than men reported age discrimination in service settings and when being treated as less clever, although these findings were not statistically significant.

This finding was supported by an analysis of survey data from European Countries for the Department of Work and Pensions, which also indicated that gender was not significantly related to experiences of ageism[8]. While no significant difference was found in direct experiences of ageism, the authors reported that women regard it as more serious than men. Women were also more likely to perceive that old age starts later, and to think that people over 70 are viewed as less friendly and less acceptable as a boss. One explanation offered for some of these differences is that women are more likely to be involved in caring roles and may view ageing as less defined by occupational roles[9].

Much of the previous research has concentrated on gender discrimination and ageism in experienced by older women in the workplace[10]. Therefore there are gaps in our understanding, particularly of the experience of retired women or those with caring responsibilities. It is still a topic that remains as relevant today as it was over 20 years ago, with the announcement by the Labour Party last year that they are creating a Commission on Older Women that will look at the issue of double discrimination in public life, the workplace and caring responsibilities[11].

In the sample we analysed, women aged 52-59 reported more gender discrimination than older age groups. Women who were in employment, higher educated and single reported more gender discrimination. Gender discrimination was observed to fall from just under one in five women (19%) aged 52 to 59, to less than four per cent of women aged 80 and over, while for men it remained at around four per cent throughout. In contrast age discrimination increased, with just over a quarter of women aged 52 to 59 years reporting rising to 38 per cent for 70 to 79 year olds.

Our analyses of ELSA data are only descriptive at present. However it does not mean to say that there are not any differences in how age discrimination affects wellbeing in later life. Studies from the US suggest that perceived age discrimination and day-to-day discrimination more generally have a greater negative effect on women's wellbeing[12,13,14]. Although it is acknowledged that further empirical research is required to elucidate our understanding of the relationship between perceived age discrimination and wellbeing.

However, this all raises as many questions as it answers. Understanding age discrimination is important if we are to develop appropriate policies and to target interventions effectively. Some of the key challenges will be to:

- Identify occurrences of age discrimination
- Challenge established ageist stereotypes
- Target legislation effectively
- Investigate further where there are variances between social groups.

Either way, the fact that a high proportion of older people, both women and men, reported experiences of age discrimination in the UK must be taken into account seriously by decision makers. Some final food for thought and as it has been suggested previously, we need to seek ways to reduce prejudice against our future selves[15].

1 Nelson, T.D., *Ageism: Prejudice against our feared future self*. Journal of Social Issues, 2005. 61(2): p. 207-221.

2 Giles, H. and Reid, S.A. *Ageism across the lifespan: Towards a self-categorization model of ageing*. Journal of Social Issues, 2005. 61(2): p. 389-404.

3 Macnicol, J., *Ageism and Age Discrimination: Some Analytical Issues*, ILC-UK Think-piece, 2010, London: ILC-UK.

4 Abrams, D. and Swift, H.J. *Ageism doesn't work*. Public Policy & Aging Report. 2012; 22:3-8.

5 Clark A. *Ageism and age discrimination in primary and community health care in the United Kingdom: a review from the literature -commissioned by the Department of Health*. London: Centre for Policy on Ageing; 2009.

6 Paper forthcoming

7 Steptoe, A., et al., *Cohort Profile: The English Longitudinal Study of Ageing*. International Journal of Epidemiology, November 2012.

8 Abrams, D., M. Vauclair, and Swift, H. *Predictors of attitudes to age across Europe*, 2011, Department for Work and Pensions: London.

9 Ibid.

10 For further exploration of this see for example: Arber, S. and J. Ginn (eds), *Connecting gender and ageing: a sociological approach*, 1995, Buckingham; Philadelphia: Open University Press. xi, 212 p.

11 Walker, T. *A double discrimination? Older women representation within news broadcasting*, ILC-UK blog, August 2012

12 Yuan, A.S.V., *Perceived age discrimination and mental health.* Social Forces, 2007. 86(1): p. 291-311.

13 Ryff, C.D., Keyes, C.L.M. and Hughes D.L., *Status inequalities, perceived discrimination, and eudaimonic well-being: Do the Challenges of minority life hone purpose and growth?* Journal of Health and Social Behavior, 2003. 44(3): p. 275-291.

14 Lee, H. and Turney, K. *Investigating the relationship between perceived discrimination, social status and mental health*. Society and Mental Health, 2012. 2(1); p. 1-20.

15 Nelson, T.D., *Ageism: Prejudice against our feared future self*. Journal of Social Issues, 2005. 61(2): p. 207-221

‘Lest we forget’: what it means to be old and a woman

Miriam Bernard

Prof Miriam Bernard is Director of Keele University’s Centre for Social Gerontology; was President (2010-12), and is now Past-President (2012-14), of the British Society of Gerontology. She has longstanding interests in women’s lives as they age and in intergenerational relationships; and is the author/editor of 18 books and monographs and over 70 book chapters and articles.

> *I do not like writing about being old. This is no doubt partly vanity – we all tend to think of ourselves as perennially young, but partly because society too has such a negative image of what it is like to be old… Only by working together to win recognition for their rights and abilities all along the line and by taking an interest in the wider world will women be treated as full human beings as they grow older.*
>
> **Barbara Castle: The Right Honourable Baroness of Blackburn, January 1993.**

For me, feminism, ageing and the lives of older women have always gone hand-in-hand: they are integral to both my professional life and my personal identity. However, the study of women and ageing was – and perhaps still is – a relatively narrow field of academic and popular concern. Yet, lest we forget, there is an identifiable strand of writing, research and practice that has long been attempting to uncover what the experience of later life is like for women. It shows how feminist perspectives can help illuminate and inform the largely invisible and undocumented lives of older women; and how we might challenge and question the policies and practices which have served to reinforce and entrench the ageist and sexist treatment meted out to many of us as we grow older. It is to some of this history - and to the specific writings and activities of female gerontologists and inspirational colleagues - that I want to draw attention.

Our colleague Sheila Peace (Professor of Gerontology at the Open University and President-elect of the British Society of Gerontology) was instrumental in documenting early initiatives

focussing on the situation of older women. Sheila had worked at the International Federation on Ageing (IFA) in Washington DC and, whilst there, was involved in helping put together an international report on the 'Status of Older Women' which was delivered at the World Assembly on Ageing in 1982. This led, subsequently, to her notable 1986 chapter prophetically titled 'The Forgotten Female: social policy and older women'. She was therefore a key person to ask to contribute to a new collection two little-known voluntary sector workers (myself and Kathy Meade) had begun to talk about putting together in the late 1980s.

Though geographically separate – one of us based in London at Pensioners' Link and the other in the Potteries at the Beth Johnson Foundation – we were both engaged in educational work around health issues, and ever more involved with older women who tended to be the main participants in our respective organisations' projects and activities. Every day, we saw the impact of inequalities on these older women's' lives but, as practitioners, we were frustrated by the seeming paucity of information, research or even informed discussion about what ageing was like for women in Britain - despite some notable exceptions such as Sara Arber and Jay Ginn's landmark book 'Gender and Later Life'. Audacious though it perhaps was, we began to wonder if we might do something ourselves. We also took to heart the late Zelda Curtis's challenge that, in this country, younger feminists had seldom raised or discussed issues and problems specific to older women.

All the women we approached in 1990 to contribute to our collection willingly accepted our invitation and our perhaps rather quirky guidelines and requirements. These included: ensuring individual chapters all addressed issues around race, ethnicity, class, sexual orientation and disability; and making visible the contributions of female authors by using both their first and second names. The resulting book, entitled 'Women Come of Age: perspectives on the lives of older women' was published exactly 20 years ago in the spring of 1993.

Our authors addressed many of the themes this ILC-UK Compendium is concerned with: intimacy and sexuality (Dorothy Jerrome); health (Moyra Sidell); caring (Gillian Dalley); work and poverty (Dulcie Groves); living environments (Sheila Peace);

and leisure and personal development (we editors). We also framed it with an opening chapter which argued for: the study of ageing and older women as a multidisciplinary undertaking; for an understanding of how women's lives are socially constructed and experienced; and for a feminist life-course perspective. The concluding chapter (Anthea Tinker with us editors) set out an agenda for change and suggested how older women, older people's organisations, as well as professional and academic bodies, might contribute to this process. All of our chapters were informed by, and brought to life through, the life stories of five older women: Joan, Pat, Charanjit, Ray and Olga. Interviewed especially for the book by Joanna Bornat, their voices illuminate the individuals behind the statistics; illustrate the different experiences women bring to later life; expose their feelings about growing older; reveal their skills as carers, mothers, wives, activists and workers; and enable connections to be made across lives. Their portraits also grace the cover of the book. And, much to our surprise - and our delight – the late Barbara Castle agreed to contribute the foreword from which the opening quotation of this piece comes.

At the turn of the millennium, we published another book co-authored with colleagues and doctoral research students in gerontology, social work and counselling at Keele University. 'Women Ageing: changing identities, challenging myths', explored some of the topics identified in the earlier volume (e.g. work, retirement and caring responsibilities) but also the less examined dimensions of women's personal lives such as bereavement, the menopause, education, widowhood and long-term marriage. Once again, we drew on insights from feminism, critical gerontology and life course perspectives to help understand the interplay between individual lives and wider social structures. This time too, we ourselves were a decade older and some of us had personal experiences of the issues we were researching and writing about. Reflections on these experiences, and on our own ageing, were thus an important element of this later work.

Public, professional and academic interest in ageing has grown rapidly and ageing now seems to be everybody's business. Yet, it is often easy to forget the contributions and writings of those who have gone before us and to ignore the history and foundations of our current concerns. At a time when the welfare state is again

under sustained attack and when older people in general, and older women in particular, are questioning the extent to which society recognises and values their contributions, this Compendium is a salutary reminder that we still need to draw attention to, and refocus our efforts on, this area of all our lives.

For those who would like to follow-up the authors, publications and organisations mentioned here, please see:

Arber, S. and Ginn, J. (1991) *Gender and Later Life – a sociological analysis of resources and constraints*, London: Sage.

Bernard, M. and Meade, K. (eds)(1993) *Women Come of Age: perspectives on the lives of older women*, London: Edward Arnold.

Bernard, M., Phillips, J., Machin, L. and Harding Davies, V. (eds)(2000) *Women Ageing: changing identities, challenging myths*, London: Routledge.

Curtis, Z. (1989) 'Older women and feminism: don't say sorry', Feminist Review, 31(Spring): 143-47.

Peace, S. M. (1981) *An International Perspective on the Status of Older Women*, Washington DC: International Federation on Aging.

Peace, S. (1986) 'The Forgotten Female: social policy and older women', pp61-86 in Phillipson, C. and Walker, A. (eds) Ageing and Social Policy: a critical assessment, Aldershot: Gower.

The British Society of Gerontology: http://www.britishgerontology.org/

The Centre for Social Gerontology, Keele University: http://www.keele.ac.uk/csg/

Has the Sisterhood forgotten older women? is a timely and insightful collection of essays to mark International Women's Day on the 8th March 2013. It brings together contributions from across the academic, policy, political and voluntary sectors to debate the opportunities and challenges for older women at the national and Global level. The Compendium also asks if our relatively recent female demographic dividend has caught feminists and indeed the wider community by surprise.

Essential reading for anyone interested in the subject of ageing and gender, this Compendium of essays presents opinions from a range of experts on subjects as diverse as finances, work, social isolation and loneliness, care and carers, health and wellbeing and the current invisibility of older women on the international development agenda. it represents a necessary 'stocktake', asking just how far we need to travel to advance the cause of older women and provides a platform for future action and development. While the aspirations, experiences and reflections expressed by the authors differ, they are arguably all united by a widespread dissatisfaction with the current status quo and the need for further action.

Contributors include: Lynne Berry, Jane Ashcroft, Sheila Gilmore MP, Ros Altmann, Geraldine Bedell, Michelle Mitchell, Heléna Herklots, Jack Watters, Laura Ferguson, Marina Yannakoudakis MEP and Miriam Bernard and a foreword from Baroness Sally Greengross.

The International Longevity Centre - UK (ILC-UK) is an independent, non-partisan think-tank dedicated to addressing issues of longevity, ageing and population change. It develops ideas, undertakes research and creates a forum for debate.

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