

## **Ageing and Old Age in History: What has Changed?**

First, I wish to dispel some historical myths that are all too prevalent when discussing the ageing population.

1. That in 'the past' life expectancy was low, most people died in middle age, so the presence of numerous older people is a new experience.
2. That in that mythological past those who did survive to old age were nurtured in the bosoms of their families, as they supposedly are not today, and made few demands on public support.
1. In reality until the 20<sup>th</sup> century average life expectancy (LE) at birth was low: in 1851 40 years for men, 43 for women; in 1901 51 and 58 respectively. Women have always tended to outlive men. But these were times of high infant mortality rates (IMR) which drastically reduced these averages. Those who survived the hazardous early months and years of life had a good chance of surviving past 60. In 18<sup>th</sup> century England about 10% of the population did so, and a much poorer society coped with these numbers, indeed the economy expanded as the Industrial Revolution took off. Also many people in this much poorer environment showed signs of ageing at earlier ages than now, so the numbers who were visibly, physically 'old' by modern standards was larger still, perhaps similar to the numbers defined as old today.

Concern about the assumed devastating effects of an ageing society are also not new. Panic about what was called the 'menace' of the ageing society was widespread in Britain, France and elsewhere in Europe between the 1920s and 1940s<sup>1</sup>.

The birth-rate (BR) underwent its first sustained decline from the late 19<sup>th</sup> century at the same time that the IMR was falling and LE was rising. Concern to understand these changes encouraged the study of demography. Demographers assumed that current changes were permanent and made doom-laden projections about the aged societies to come: e.g, that as early as 1971 as many as 20% of the UK population would be over 65. This caused much alarm about the burden of future costs of pensions and health care on a shrinking younger labour force. But it also produced some valuable work in another new discipline, industrial psychology, which demonstrated that, contrary to common belief, older people could learn new skills and, if re-trained and properly supported, continue to work at least to their later 60s , even in heavy manual labour. Research in Scotland found that men in their sixties could mine coal as well as younger men. What caused them most strain was the walk through the pit to the coal-face when the pace was set by younger men. When they could walk at their own pace they could work longer and productively<sup>2</sup>.

One of the policy-makers who became involved in the debate about ageing and wrote about it in 30s was William Beveridge. It was in his mind when writing his important report of 1942 which influenced post-war welfare reforms<sup>3</sup>. He was anxious to raise and universalize state pensions, which previously had been means-tested and minimal since their introduction in 1908. But he did not want higher pensions to encourage people to retire earlier at a time when he believed that the ageing population necessitated people working until as late ages as possible to avoid imposing ‘an unjustifiable and harmful burden on all citizens below that age’<sup>4</sup>. So he proposed a default pension and retirement age of 60 for women, 65 for men, but

recommended that if people worked longer they should receive an addition to pension for each additional year worked, of sufficient amount to encourage staying on. In practice he was recommending a flexible retirement age. This was also the approach of the first state pensions in the world, introduced by Bismarck in Germany in the 1880s. These were not paid at a fixed age but at the age at which an insured worker became too disabled for work.

Unfortunately this was one of many of Beveridge's wiser proposals that the post-war govt did not implement. They did introduce supplements to pensions if people stayed on at work but they were too small to be an incentive to do so. If they had followed his advice, flexible retirement could have become a norm and recent governments might not have had to make unpopular pronouncements about raising pension ages. Instead, after the war, retirement at the pension age spread as never before- previously many working people could not afford to retire before they dropped- until it became a norm by the late 1950s.

Beveridge recommended a flexible rather than a higher fixed pension/retirement age because he recognized the great variability in the ages at which people undergo physical decline and have to stop working. A report to government by Sir Michael Marmot, the leading epidemiologist, in 2010, pointed out that still about 20% of workers are not fit to continue working even to 65 and even fewer could make it to the projected higher pension ages of 67 or 68<sup>5</sup>. At the same time healthy LE is lengthening for many others. The differences are closely related to socio-economic status. According to Marmot, men in Kensington and Chelsea have a life-expectancy of 88, in Tottenham of 71. A very big difference. The poorest could

suffer most from raising the fixed pension age as government currently proposes. Anyone reaching 65 in 2013 will have been born in 1948, a generation in which under 2% went to university and the great majority left secondary modern schools at age 15 with no qualifications, often for years of heavy labour. Much has changed since then but large inequalities remain. If we wish to move eventually to a higher fixed pension/retirement age, maybe it should be linked to policies designed to narrow income differentials. They narrowed substantially from the late 1940s- 1970s, but have been widening since 1980s. Perhaps we should look into what made that post-war narrowing of inequalities possible. In any case, one lesson from history may be that there is a case for introducing a flexible retirement age, as proposed by Beveridge, rather than raising it for all and forcing increasing numbers of older people off the pension, to which they have a right, onto rigorously tested disability benefits.

To return to the story of the birth-rate. It rose unexpectedly during and after the war, until the late 1960s, the so-called 'baby-boom'. The panic, the research and Beveridge's proposals were forgotten and policy-makers assumed that the BR would stay high permanently. Until it started to fall from the late 60s. By the 80s everyone was convinced that a low BR was permanent and panic revived, even greater now because life expectancy was even longer- until the BR began to rise again, unexpectedly, from 2001, and remains high. In 2012 it was highest since 1972, according to the Office of National Statistics (ONS). Britain is ageing but more slowly than was projected even a few years ago. The fact that the birth-rate has turned around unexpectedly, for reasons that are incompletely understood, three times

within 70 years, suggests that policy-makers should be cautious about demographic projections and prepare for alternative outcomes, as the Treasury has done in recent years. The other end of the life course, the steady lengthening of life expectancy has sprung fewer surprises and seems to be set to continue, though we cannot know the future impact of the unprecedented levels of obesity among younger people at present and their ill-health consequences.

2. Care and family relations of older people over time. Another popular myth is that, until the recent past, older people were cared for by their families, whereas in the modern, fast-moving world, they are not, adding to burdens on the public purse. This partly rests on an old-fashioned sociological belief that in pre-industrial society communities were static, people lived from birth to death in the same place and families lived close to their extended kin. We have known for at least 40 years that in England and much of North West Europe, through centuries before industrialization, people were highly mobile, in search of work, and most people lived in nuclear families of parents and children not in extended family groups<sup>6</sup>. When young people did move away in the days when communications were poor- i.e. any time before 20<sup>th</sup> century- it was hard for the generations to keep in touch. That is, if they were alive together anyway. High death rates meant that many older people had no surviving children- one-third by age 60 in the 17<sup>th</sup> century. And a high proportion of people never married and had no children. If children did survive they might be too poor to help their parents. Indeed parents might often help them, by caring for grandchildren while they worked or sharing the resources they had. And of course, even if older people shared a home with

younger ones they might not be 'cared for'. Abuse of older people, including within the family, is not a modern invention. For many reasons, including the desire to remain active, older people over many centuries expressed a preference for living independently for as long as they could<sup>7</sup>.

The impossibility of support from their families explains why older people were a high proportion of recipients of Poor Relief from its foundation in 1601. In the late 19<sup>th</sup> century there was a drive to make younger people support their impoverished parents due to the government's belief that they were no longer looking after them like families 'used to'. The drive failed, for all the reasons I have described. Older people receiving poor relief were disproportionately those without children and it became clear that when children survived they did their best to support their parents. And their parents supported them when they could<sup>8</sup>.

In the present and recent past most older people have children and the children survive. People are mobile, but modern communications and technology make it easier to keep in touch and people do so- by car, airplane, telephone, email, skype. Also a high proportion of older people have close relatives living within easy distance and they keep in touch. There are, sadly, lonely, neglected older people who need support, but very probably fewer proportionately to their numbers than in the past.

Older people with low incomes have always created a certain cost to the public purse, though this has always been kept to a minimum- poor relief was never generous and state pensions since they started in Britain in 1908 have never provided enough to live on without a supplement (another example of Beveridge's hopes not

being fulfilled- the post war pensions were not at the full subsistence level he recommended)<sup>9</sup>.

It is often said today that the ageing population is a major reason for the increasing costs of health care as well as pensions. Older people are the majority of recipients of health care, mainly because younger people no longer get ill and die to the extent they did through past centuries. As specialists in the history of ill-health point out, severe illness is now 'compressed' into later life. People impose greatest costs on health services at the end of their lives, at whatever age they die. Now, most die in old age<sup>10</sup>. The ageing society is sometimes blamed for the increasing costs of health services, but a recent study by the School of Pharmacy at UCL calculates that ageing accounts for only 1.5% of the annual increase in costs in Britain. The main drivers of increasing costs are not ageing but technology, pharmacy and medical salaries<sup>11</sup>. It is too easy to blame the ageing population for problems with other causes.

Persistent discrimination against older people in the health care system, which also has a long history, keeps down their contribution to costs. Among other instances of discrimination, routine screening against breast cancer stops at age 70, although breast cancer is most common after age 70; recent cuts in the number of NHS operations have fallen disproportionately on joint replacements and cataract operations which disproportionately affect older people and seriously restrict their mobility. Discrimination of this kind may increase costs by causing further social and medical problems for older people.

Finally, we hear much more about the costs imposed by older people than about the benefits they provide for society and the economy. I have already indicated that in

past centuries older people often gave as well as received support, including financial help to adult children and care of grandchildren. They do even more in the present, when there are more of them, they are fitter to later ages and more of them have time and resources to give. According to the Women's Royal Voluntary Service (WRVS, now RVS) 1 in 3 working mothers rely on grandparents for childcare, enabling the mothers to work. 31% of grandparents save to help grandchildren buy a home and give other forms of financial help to children and grandchildren. They provide unpaid care for other people: for partners, for disabled adult children, for friends and neighbours; and many retired people in their 60s and 70s care for parents in their 80s and 90s<sup>12</sup>. A survey in 2011 found that 30% of over 60s volunteer regularly through a voluntary organization, here or abroad<sup>13</sup>. VSO was established in 1956 to enable young people to volunteer to work in poorer countries. In 2008 28% of its volunteers were aged 50 or above compared with 3% 20 years before, and their skills and experience - as engineers, teachers, doctors nurses and more- vastly more useful than those of many younger people. In all of these and other ways active older people save public money. And more of them also are staying in paid work past the conventional retirement age. WRVS calculated in 2011 that over 65s make a net contribution to the UK economy, after deduction of costs of pensions, welfare and health care costs, of £40b through tax payments, spending power, donations to charities, volunteering and informal care services<sup>14</sup>. If this is accurate, it suggests the need to take a more positive view of the ageing society we live in than is generally done. And we should not assume that it was ever better in the past; it almost certainly was not.

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<sup>1</sup> P.M.Thane 'The debate on the declining birth-rate in Britain: the 'menace' of an ageing population, 1920s-1950s' *Continuity and Change* 5 (2), 1990, 283-305.



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<sup>2</sup> Ibid.

<sup>3</sup> *Social Insurance and Allied Services* Report by Sir William Beveridge Cmd.6404 1942 paras Part 3 Section II 'The Problem of Age'. paras 233-257

<sup>4</sup> Ibid para 244

<sup>5</sup> M.Marmot *The Marmot Review: Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England*, 2010 [www.marmotreview.org](http://www.marmotreview.org).

<sup>6</sup> EA Wrigley and RS Schofield *The Population History of England 1541-1871: A Reconstruction* ( Cambridge University Press 1989).

<sup>7</sup> Pat Thane *Old Age in English History. Past Experiences, Present Issue.* ( OUP 2000)

<sup>8</sup> Ibid.

<sup>9</sup> Ibid; H.Pemberton, P. Thane, N. Whiteside eds *Britain's Pensions Crisis. History and Policy.* ( OUP/British Academy, 2006)

<sup>10</sup> J.Spijker and John MacInnes ' Population ageing: the time bomb that isn't?' *British Medical Journal* 12 November 2013.

<sup>11</sup> J. Gill and D.Taylor *Active Ageing: Live Longer and Prosper* ( UCL School of Pharmacy, 20120.

<sup>12</sup> Women's Royal Voluntary Service (WRVS) 'Gold age pensioners: contribution outweighs cost by £40 billion' [www.goldagepensioners.com](http://www.goldagepensioners.com).

<sup>13</sup> Ibid. GrandparentsPlus 'Policy briefing paper 01.Statistics' [www.grandparentsplus.org.uk](http://www.grandparentsplus.org.uk).

<sup>14</sup> 'Gold age pensioners'.