

Afterword: Homes in the context of the third and fourth ages

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Reflecting on the theme of this special issue it is useful to not only to be aware about how older people have often been forgotten about in thinking about the topic of home, but also that there has been a transformation of what old age means and how these changes have impacted on how societies see the older population. It is useful to remind ourselves that the generalised experience of later life through the institutionalisation of retirement is a relatively modern phenomenon (Phillipson 2013). It is not that the lower life expectancies of earlier centuries meant that there were no older people; there obviously were but not in sufficient numbers for there to be a normative expectation of old age (Thane 2007). It was only during the 20th century that the introduction of state retirement pensions, first for men and then for women, made the expectation of an old age defined by retirement a mass phenomenon. This did not mean that later life was transformed into a positive category of entitlement. Rather, the emergence of modern old age was often marked out by its position as a residual category of social policy. First the indigence of the poorhouse and secondly the dependency of the poor law infirmary (Townsend 1981). Both of these concerns marked the position of the old throughout most of the twentieth century: the calculation of just how much financial support could maintain the older citizen and just how much health and social support could keep them from placing burdens on the then fledgling NHS were major concerns of the architects of the post-war welfare state. It is not surprising that Peter Townsend, the great chronicler of poverty in the UK, described the position of older people in the UK as one of ‘structured dependency’ (Townsend 1981). Similar concerns continue to the present but now set within a different context; one of perceived relative affluence and of longevity induced higher demand. The current dichotomy between age as disadvantage and age as advantage, however, is not a simple inversion of previous approaches to old age but is rather a re-articulation of age relations (Higgs and Gilleard 2015a). Old age has come to affect people in two different ways. For many, the maturation of the post-war welfare states and the long period of prosperity that has accompanied those growing up in the decades leading up to the end of the century has permitted what has been termed an ‘ageless ageing’ (Andrews 1999). In these circumstances retirement could often be represented as the continuation of lifestyles developed in earlier parts of the life course. While the retired are still divided by differences

in wealth and income, the very fact of their age no longer amounts to what was called the 'life cycle theory of poverty' has transformed and continues to transform their lives (Elder 1998). The improvement in the general health of older people as well as their increased longevity has created a tension with those whose health and levels of disability run counter to this trend (Jones and Higgs 2010). Health and social care is now focused on the issues of frailty, disability and cognitive impairment that impact on a substantial minority of older people. This distinction becomes critical (Grenier, Lloyd and Phillipson 2017; Pickard 2014).

Ageing in the 21st century will not look like ageing in the previous century. The twentieth century was one which saw the emergence and consolidation of retirement as an expectation for the majority of the population of the Western nations. What had started out as a way of dispelling 'the shadow of the workhouse' had by the last decades of the century been transformed into a post-work period of relative health and increasing security (Higgs and Gilleard 2015b). The idea that old age was defined by poverty and dependency has become challenged by the cultures of what has come to be termed the third age focusing on choice, autonomy, self-realisation and pleasure. This rise to prominence of sections of the older population connected to the demographic and social impact of the 'baby-boomer' cohorts has not gone un-noticed and has stimulated debates about intergenerational equity and fairness (Bristow 2015; Roberts 2012).

The rise of the third age has also tended to blank out concerns for those whose old age is very much dominated by issues of dependency and frailty. Those with complex care needs and difficulties with cognitive function have become more numerous as populations continue to live longer and societies themselves age. It could be posited that having removed the shadow of the workhouse from the lives of older people it has been replaced by the 'shadow of the nursing home'; a projection of ageing which produces an expectation of lack of choice, agency or indeed pleasure (Higgs and Gilleard 2014). These intimations of an 'ageing without agency' have been described as the 'social imaginaries' of the fourth age; a constellation of fears about the limitations imposed by corporeality and society on an undesired old age which lacks the necessary individual, social and environmental resources to overcome it (Gilleard and Higgs 2010).

These demographic and cultural dimensions need to set the scene for discussing what our homes could be in 10 or 20 years' time. What we have at present is a concentration on one aspect of later life and a complete avoidance of the other: Those living in their sixties,

seventies and eighties are valorised for being active, agentic and healthy while those at similar ages who are marked out by frailty or other dependencies are often regarded as a residual group categorised by their needs and potential 'riskiness'. Our homes are marked out by similar divisions. The nature of each person's home is now seen as an extension of their lifestyles and an expression of their choices. Indeed the cultural 'revolution' can be seen as much as being concerned with lifestyle as it has been with wider processes of liberalisation of social values (Ransome 2005). Since the 1980s the capacity to determine the nature of your own home has been an accepted part of a political discourse which has had widespread support and has been the underlying assumption for many decentralising and localising policy initiatives (Hodkinson and Robbins 2013). The cultures of the third age broadly resonate with these developments which is not at all surprising given that many older people were actively involved in creating the focus on lifestyle and identity at earlier points in their lives. The impact of ageless ageing, however, creates a tension between this desire and the difficulties that can emerge as people grow older. This can be seen in the reluctance of many people to anticipate the future of their living in their own homes; considerations of 'future-proofing' their accommodation are often absent or seen as 'wasted spending' (Price et al 2014). Indeed, the 'markers' of old age that come in the shape of rails and other assistive technologies are often considered stigmatising in themselves (Astell, McGrath and Dove 2019).

The reluctance to be identified with the markers of 'old age' is widespread and has been attributed to the impact of ageism in the form of a 'decline ideology' (Gullette 2018), and certainly the demarcations thrown up by the youth orientated cultures surrounding the generational habitus of the post war cohorts has made 'old age' an 'othered' category. However, this being said, it also needs to be recognised that there are limitations that occur as individuals grow older and many of these are not simply products of discourse. Ageing is accompanied by intrinsic, deleterious and ultimately fatal conditions. The speed at which they occur may vary from individual to individual and recent decades have seen the emergence of a 'compression of morbidity' where the conventional demarcations between working life and retirement can no longer be used as general proxies for illness and disability (Fries 1983). This being said, decline and disability become the focus of health and social care professionals as people reach older ages. Those with health care issues in their eighties and above find that instead of their homes being expressions of their own choices, they become arenas of health and social care evaluation and intervention; from Occupational Therapist visits and risk assessments to inter-agency consultations regarding their suitability for

remaining living at home. The illnesses and disabilities that many older people experience become definitions of who they are. Concerns for how people can 'age in place' transform into the best possible configuration for services. It is noticeable that the issue of older people returning to their own homes after hospitalisation is concerned more about facilitating the availability of hospital beds than it is about the nature of the home lives of those being discharged. And this is *before* we consider the admission of a high proportion of older patients to nursing homes; the significant last home for many older people which both exemplifies one of the prime dimensions of the fourth age representing as it does a considerable loss of choice and agency for those admitted. The fourth age as a lived reality is physically located in such institutions which are organised around the care of the frail and dependent older person; individuals who have had little engagement in how 'home' is defined or what aspirations it seeks to meet.

Even those attempts to bridge the dichotomous reality of the meaning of home that is projected by the different discourses and imaginaries of the third and fourth ages through the application of technology often find that they reproduce its essential differences, despite explicitly trying not to do so. The development of what are termed 'assistive technologies' both exemplifies the problematisation of home and the tensions that the 'event horizon' of the fourth age brings to the fore. The reality that the difference between being able to perform effectively within the cultures of the third age and being subject to the othering of the social imaginaries of the fourth age operates through a series of what could be called 'satellite failings' means that simple facts such as 'falling' can be interpreted as entry points to greater and more negative categorisation (Hanson, Salmoni and Doyle, 2009). That such failing works hand-in-hand with the negative stereotyping confronting older people means that many older people are aware of what might be 'discreditable' as they go about their everyday lives. This may include not driving at night or in bad weather (irrespective of their own confidence in their driving abilities) so as not to invite any potential blame for accidents. Similarly, the risk of applying for help from statutory services also runs the danger of assessments which may reveal 'risks' that demand interventions and the gradual replacement of first person narratives with third person ones where the older person becomes an object of professional interactions and significant others.

It is in this light that technology is often seen as a way of both keeping older people in their homes and reducing the costs of care. However the potential benefit has probably been greatly overestimated with one review of smart homes and health monitoring technology

pointing out both the low preparedness for such interventions alongside a lack of evidence that they actually prevent disability, result in fewer falls or improve quality of life (Liu et al 2016). This last concern has been the subject of much research in the United States which has pointed to the transformation of homes through the introduction of passive monitoring technologies (Berridge (2015) as well as the potential for conflicts between older people and their adult children (Berridge and Wetle 2019). It is noteworthy that research also suggests that not only are there assumptions about how older people behave in their own homes but that there is also 'pushback' from residents regarding these assumptions so that some of the more intrusive aspects of such monitoring are curtailed through purposeful actions such as personally overriding monitoring systems by using informal networks to overcome the monitoring system when accidents occur (Berridge 2014).

The transformation of home is much more apparent in residential or nursing homes where not only is the resident unlikely to have had much say in the move to institutional care but is now expected to respond to the pattern of institutional life and all its precepts. If issues of privacy are problematic in relation to monitoring technology in areas of assisted living, this is much more prevalent in institutional care. However, interestingly, this might be more of an issue for staff than for the residents themselves given recent cases of relatives placing surveillance cameras in the rooms of residents they suspect are not receiving good care. Given that in both the UK and the US admission to nursing homes is as often because of cognitive impairment or dementia as it is to frailty, the use of technology to monitor residents and to minimise risk is widespread. Here the technology shifts the focus from monitoring to control (Astell 2006). Again there may be very good reasons for this shift but the practical result is that it deepens the shadow of the fourth age as it places a considerable check on the agency of the older person. The prospect of moving into a 'home' transforms the very nature of the word. Staff in such institutions make considerable efforts to prioritise the 'personhood' of residents through the provision of person-centred care however this always exists in a tension with the realities of care (Higgs and Gilleard 2016). It is therefore ironic that technology is being promoted as the solution to the care 'problem' when most research and policy suggests that not only are the issues more complex but that what is needed is a more human centred approach rather than one that is by definition de-humanised (Gilleard and Higgs in press).

To conclude it is important to place the social and cultural effects of the binary between the third and fourth ages at the centre of any understanding of the meaning home in later life. The transformation of ageing and old age has created not only many cultural differences about the

meaning of home in contemporary society but has also led to the development of different assemblages of the relations between the bodily, the technological and the institutional. Meeting the challenges thrown up by these relationships in order to create a better future for older people will be difficult because it resonates so well with some of the dominant trends in contemporary society. However, avoiding thinking about them risks extending the social divisions of later life further and creating more negative futures for old age in the process.

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