

Abstracts

Social Policy

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Richard Hugman. 1995. The implications of the term ‘elder abuse’ for problem definition and response in health and social welfare. *Journal of Social Policy*, 24 4, 493–508.

The subject of elder abuse, according to Richard Hugman, suffers from a lack of definitional debate. From the consideration of older people requiring support as a ‘burden’ through to the emergence of elder abuse as an issue for professionals, widespread ageism has tempered the recognition of domestic violence towards older people as a ‘social problem’. Hugman attributes increased efforts in the investigation of the phenomenon to a new professionalism in services for older people, rather than going along with what he sees as the unduly cynical suggestion of a concern with professional careers. Either way, we are still left with the shortfalls of a clinical focus on elder abuse and on problem definition at the level of individual need.

Hugman identifies two categories in the criteria used to define elder abuse. Regarding the first, the violation of rights for an individual not to be subject to violence, he is concerned to understand why acts typically regarded as ‘criminal’ are deemed as abuse in the context of older people with dependency needs. The complicating factor lies in what Hugman refers to as the ‘obligation to care’ which is assumed to characterise care-giving. Through appeals to such a notion, violence by a care-giver may be interpreted as ‘abuse’ and put down to the stresses of the role, while the taking of an older person’s money by family members may be seen as ‘financial abuse’ rather than theft. Hugman recognises the complexities of extending this approach to sexual activity between older people and their spouses or partners. On the other hand, he claims that while the notion of an ‘obligation to care’ may be relevant when formal carers commit acts of violence towards older people, the contractual sense of obligation is likely to make it easier to characterise such acts as ‘criminal’.

The second area, of violence by omission through not performing caring tasks, is usually referred to as neglect. It may be deliberate or accidental allowing, as above, for the notions of stress and inadequate care. However, given also that the social rules of informal care are negotiated between people against a backdrop of changing social mores, judgements about neglect are more ambiguous than about harm. Hugman stresses the contextualisation of neglect, but his call to address the support available to carers implies a limited approach to the remedying of abuse (see Biggs below). On the other hand, Hugman does recognise the potential influence of institutional culture on neglect by formal carers. He also points out the inadequacies of the ‘obligation

of care' criterion for understanding other instances where individuals are at risk in their homes, for example, as a result of systematic thieving from older people or of long-standing violence within a relationship.

Potential dangers in producing guidelines for responding to elder abuse lie in the legal field's tendency to concentrate on 'mentally incapacitated' older people, and in inappropriate comparison with child abuse procedures. Hugman believes that the notion of an 'obligation of care' can aid the development of policy in three main ways: by providing a basis for distinguishing abuse as mis-treatment rather than bracketing together all violence or threat as abuse; by emphasising the subsequent necessity of properly trained professionals to carry out assessments; by suggesting that the effects of inadequate pensions, housing and services are best brought to the attention of policy makers by professionals through collective means rather than through their characterisation as another form of abuse – 'social abuse' – which overstretches the term.

Simon Biggs. 1996. A family concern: elder abuse in British social policy. *Critical Social Policy*, **16** 2, 63–88.

Simon Biggs is concerned with what he believes to be the narrow presentation in policy discussions of elder abuse as a problem of informal care within family settings. In contrast to Hugman, he defines elder abuse solely as the active abuse of older people, distinguishing it from mis- and maltreatment, which may also include neglect. According to Biggs, general trends in British social policy have concentrated on financial provision for older people, otherwise adopting a *laissez-faire* approach to support. Policy concerned specifically with elder abuse – Biggs singles out the Department of Health's document *No Longer Afraid* (1993) – offers guidelines based on limited definitions which, on reflection, take for granted the one-way dependency of older people. They appear to omit material and community abuse, as well as elder abuse which is sexually and racially motivated. Indeed, links to societal forms of oppression and the influence of contemporary social policies are systematically excluded so that: 'Elder abuse emerges as a phenomenon without context, that occurs between individuals and as having the potential to pathologise both the abuser and the abused' (p. 67).

The reasons why the state has positioned abuse within the family or domestic setting, and failed to recognise its increasing occurrence within institutional settings, Biggs attributes to political sensitivity to the growth of private-sector care combined with 'new right' championing of family values. At the same time, responses to elder abuse as a social problem have been influenced by the paternalism of the early welfare state, the subsequent sanctification of the family, the concentration of attention of campaigners on other forms of family abuse such as child abuse and violence by men towards women partners, and policy agendas aimed at reducing spending on welfare services. All have bolstered family obligation. Moreover, since the issue has met with a relative absence of public outcry or grass-roots organisation, debate

tends to have been dominated by professional bodies and interest groups. Biggs notes the potential for future policy initiatives to become part of the 'ageing enterprise'; that is, to be driven by sectional interests rather than by 'pressure from below'.

Rather than developing new services, the government believes that abuse can be adequately dealt with through care-management. Its conceptualisation of the phenomenon identifies causal factors – captured most commonly in the carer-stress/victim dependency and inadequate care models outlined by Hugman – and suggests a particular history in abusive relationships, despite the lack of evidence that these factors are positively associated with elder abuse. Such an approach, of course, implies an underlying ability to cope which does not threaten family members' positions as primary carers. The paradox is that the older person becomes the problem: 'elder abuse is simultaneously recognised as an issue, and effectively ignored in terms of response' (p. 76).

Biggs makes several suggestions for the way forward, calling for an anti-oppressive perspective to be developed within policy which would draw out a diversity of requirements, processes and solutions – not least based on the views of older people themselves – as well as making links between the abuse of older people and other forms of violence and exploitation in society.

Julia Johnson and John Adams. 1996. Self-neglect in later life. *Health and Social Care in the Community*, 4 4, 226–233.

The issue of self-neglect in later life, which forms the subject of this paper, may be seen as distinct from that of elder abuse as defined so far (though some may argue for self-neglect as a form of personal abuse, as the authors themselves suggest). Indeed, while Biggs argues that previous policy toward older age has focussed on dependency and self-neglect, Johnson and Adams make the reverse claim that little attention has been paid, in recent years at least, to self-neglect in later life relative to the issue of the abuse and the neglect of older people. This last paper is included not to progress this debate but, rather, to add to the general call for social policy approaches towards older age to move beyond select and bounded discourses. Just as Biggs and Hugman warn against the uncritical adoption of a pathology model of elder abuse, so Johnson and Adams highlight the dominance of the medical model in understanding and responding to self-neglect.

Johnson and Adams's article opens with a review of British surveys which have played a key role in the medicalisation of self-neglect in later life as a senile psychiatric syndrome. The earliest combined the use of grading systems, based on environmental and personal items, with personality portraits gleaned from interviews with significant others in the lives of older people (though not, it seems, older people themselves), and concluded that self-neglect in later life was a syndrome – an active response to certain life-events, including grief and physical and sensory impairment, rather than passive deterioration. Johnson and Adams question the linking of the syndrome with Diogenes and his

supposed ideal of ‘lack of shame’. They suggest a misreading of the ascetic who, in fact, advocated self-sufficiency as a source of happiness and sought out the company of ‘an honest man’: those labelled as suffering from Diogenes syndrome are typically not happy, self-sufficient or desirous of being with others. Neither have the hypotheses that self-neglect in later life is either a reflection of a proclivity to give personal care low priority or a personality-based reaction to stress been tested.

In terms of responses to self-neglect, several important debates underpin effective intervention: the significance of age; the distinction between abuse and neglect; and the balance between individual autonomy and risk. Johnson and Adams argue that the epidemiology of self-neglect is under-researched: its focus has typically been on older people, and it has overlooked reports of equivalent behaviour in younger age groups as well as biographical context. There is a clear need to distinguish between neglect which is self-inflicted and that inflicted by others; to examine who it is who judges whether it is occurring and should be acted upon; and to consider whether it is wilful and therefore constitutes self-abuse rather than self-neglect. These issues of responsibility, consequence and intention throw up ethical concerns relating to the nature and level of intervention.

COMMENT

The sensationalisation of ‘granny bashing’ has led to the perception of older people as a group who are particularly at risk from attack in public and, subsequently, to concerted efforts on the part of crime experts to produce statistics and other evidence demonstrating the falsity of this impression. The more frequent occurrence of the abuse and neglect of older people in private settings has received attention only recently from policy makers, though it suffers as much from stereotyping. Given the medical focus of much of the research into elder abuse and self-neglect in later life, the brief case studies cited by the authors, along with the example of biographical context (Johnson and Adams), vividly illustrate the importance of wider social and environmental factors in understanding the phenomena. They support the argument for more qualitative studies which would unpack the significance of gender, age, class and race (Williams and Griffen 1996). Likewise, the linking of the topics into wider debates on citizenship – through the casting of abuse as a civil rights issue (Biggs), and highlighting the implications for civil liberties of proposed new legislation to replace Section 47 – is to be encouraged.

Reference

Williams, O. J. and Griffen, L. W. 1996. Elderly maltreatment and cultural diversity: when laws are not enough. *Journal of Multicultural Social Work*, 4(2), 1–13.

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John C. Everitt and Barbara M. Gfellner. 1994. The effects of migration upon the quality of life of elderly movers in a small Prairie city: the case of Brandon, Manitoba. *Great Plains Research*, 4, 89–115.

This article investigates the determinants and consequences of the residential relocations of elderly residents of a small Canadian Prairie city, Brandon. It lies in Westman, a predominantly rural region in south-west Manitoba which has one of the oldest populations in Canada. In 1986, over 14 per cent of Brandon's population of almost 39,000 were aged 65 years and over. Within a theoretical framework based on E. S. Lee's (1966) 'push-pull' model, the article specifically focuses on the impact of migration upon the quality of life of elderly people recently relocating to, or within, Brandon. Interview survey data were elicited in 1992 from 195 elderly persons who had moved during the preceding five years, and a control group of 97 elderly non-movers. Additional data for the study are based on a separate interview survey which yielded responses from a random sample of 143 older people who had moved in the late 1980s. Elderly subjects for the surveys were identified from the files of the Manitoba Health Services Commission (MHSC), the government body which administers the provincial health insurance program. The questionnaires used to collect the survey data elicited information on each respondent's socio-demographic characteristics, 'social spaces' (housing type and quality), health status, life satisfaction, and migration factors (reasons for the move or non-move).

The data disclose that most of the respondents who moved into Brandon came from surrounding areas characterised by a dispersed rural population. Overall, the moves were prompted by several negative circumstances mainly relating to difficulties associated with characteristics of the previous residence, financial problems, and a need for informal social supports. Interestingly, data obtained from both the movers and the control group suggest that moves are often prompted by anticipated declines in health rather than current health problems. The control group exhibited however stronger ties to place and viewed the option of moving more negatively than the migrants. Movers and non-movers also differed on several socio-demographic criteria, with the former group including more females, widows, older persons and renters.

This suggests that the needs and desires of the two groups are dissimilar. Moreover, while some non-movers appeared apprehensive about the future, many movers recognized positive outcomes from their migration. Nonetheless, approximately 60 per cent of the members of each group expressed a high level of current life satisfaction, with broadly similar percentages predicting a highly satisfactory future. Many of the movers indicated however that they would have preferred to have 'aged in place' in their previous homes, particularly those who migrated from outside Brandon. The authors conclude by raising questions about the appropriateness of contemporary service and support provision for elderly people living in small or medium-sized service centres on the Canadian Prairies. If the increasing numbers of older people are

not to be 'forced' or 'imposed upon' to move, then distinctive and creative support systems will be required to meet their future needs.

Reference

Lee, E. S. 1966. A theory of migration. *Demography*, 3, 47-57.

John C. Everitt and Barbara M. Gfellner. 1995. *Elderly Persons' Housing in Brandon, Manitoba: Status, Challenges, and Prospects*. A report prepared for the Health Policy Division, Policy and Consultation Branch, Health Canada. Faculty of Science, Brandon University, Brandon, Manitoba, 70 pp.

In Canada, Elderly Persons' Housing (EPHs) offer age-segregated apartment-living environments with a variety of supportive features and amenity options to maintain an independent lifestyle. This report offers a detailed study of the residents of EPHs in Brandon, Manitoba. Emphasis is placed on the characteristics of EPH residents, their reasons for selecting this housing option, and the degree to which the EPH environment is meeting their current and changing needs. There are thirteen EPH developments in the city which vary in size, age and available facilities, and they serve approximately 14 per cent of the population aged 65 years and over. The five oldest buildings were constructed prior to 1980 and are public housing projects, while the newer buildings have mainly been sponsored by local community groups. Most of the EPHs are located near to Brandon's Downtown, providing proximity to major community facilities and services.

Interview survey data were collected from 215 sample residents of the twelve EPHs in operation during the summer of 1993. Sixty-five of these residents were the subject of a more intensive study conducted at the recently constructed Westman Lion's Manor, the largest EPH in Brandon with 128 living units. Overall, the Westman Lion's Manor residents registered higher levels of education, annual income, psychological well-being, social support availability, and they reported fewer health problems than residents of the other EPHs. These differences are partly attributed to the fact that the residents of Westman Lion's Manor had only recently relocated to the new project, while over 50 per cent of the residents of the other EPHs had been resident for more than five years. In all of the EPHs sampled, however, many residents had close family members living in Brandon with whom there was substantial interaction. Most residents felt that they had substantial choice in relocating and a majority also stated that they had only considered EPHs in their migration decisions. The most frequently cited reasons for selecting an EPH living environment included: problems concerning their ability to manage at the previous residence, the need for help that could not be obtained elsewhere, proximity to services or facilities, proximity to friends and relatives, and finance. Although most residents were generally very satisfied with their

living situation in the EPHs, a minority expressed concern with maintenance and security problems associated with the buildings.

On the basis of the survey findings, several policy issues are identified including the affordability of EPHs for seniors, the provision of financial security for tenants through life-tenancies, the need for a wider provision of support services at some EPHs, and the need for a greater involvement of tenants in day-to-day decision-making. While there is evidence that EPHs can be tailor-made to satisfy the needs of different groups of elderly people, it is nonetheless recommended that closer links be developed between EPHs and Personal Care Homes (PCHs) which provide continuous care for 'institutionalized' residents. The provision of such 'shared supportive assistance' with geographically proximate PCHs would help reduce the need for further relocation when there are declines in the functional abilities of EPH residents.

COMMENT

In these two distinctive publications, Everitt and Gfellner address the retirement centre role of a city in a rural region with a predominantly dispersed elderly population. Both reports focus on the effects of recent migration decisions upon the quality of life of the elderly residents of Brandon. Compared to smaller towns in south west Manitoba, Brandon offers an extensive range of community services, formal supports, and housing options, including a range of EPHs. Moves to EPHs are frequently precipitated by widowhood, the costs of maintaining a single family dwelling, changes in health, personal mobility constraints, and declining income. In fact, many EPH residents receive rent-subsidies. However, it is noteworthy that the overwhelming majority of the sample EPH residents reported in the second study previously lived in Brandon or within the city's service area. This is consistent with the authors' contention that, for many people who are no longer able to 'age in place', EPHs at least offer the opportunity for them to 'age *near* place' and remain active in the local community. Both studies underscore the need for the dwellings of such people to be located in areas with an infrastructure of social, health, transport and shopping resources.

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Welfare and Incomes in Latin America**Peter Lloyd-Sherlock**

J. Tapia Videla. 1994. Los ancianos y las políticas de servicios en América Latina y el Caribe. (Elderly people and service provision policy in Latin America and the Caribbean.) In E. Anzola Pérez *et al.* (eds) *La Atención de los Ancianos: Un Desafío para Los Años Noventa.* (*Care for Elderly People: A Challenge for the 1990s.*) Pan American Health Organisation, Washington D.C.

Videla observes that important future policy issues are often ignored until their effects have become inevitable. This is clearly the case with population ageing in Latin America. Throughout the region, the problems of older people have received scant attention. Moreover, the region has borrowed concepts from the developed world which are not always appropriate in the continent. During the early twentieth century all responsibility for the welfare needs of older people was delegated to families. Subsequently, most countries developed public welfare systems centred on retirement pensions. By the 1980s older people had formed an increasingly vocal lobby, which was able to shift the focus of welfare concerns towards issues specifically related to their day-to-day living conditions – the need to overcome stereotypes, for independence, and for continued personal development.

Latin American countries can be divided between those with low levels of socio-economic development, where there is a large gulf between idealised formal declarations about welfare needs and the capacity to provide for them, and the middle-income countries, which have a long history of relatively comprehensive social security and health-care systems. They have recently developed a broader range of social services, including voluntary sector and community initiatives. Unfortunately, these efforts have been undermined by severe economic problems.

A large proportion of health services are paid for through occupational pension funds. This leads to a highly fragmented structure, divided between private health-care, public programmes and those linked to pension funds (which are themselves highly fragmented). Pension-fund health services usually receive substantially greater funds than universal public ones, which reinforces a bias towards curative rather than preventive programmes. Attempts to reform the pension-fund health sector have met with stiff resistance, particularly from middle class interest groups.

Beyond pensions and health-care, Latin American countries offer their elderly people diverse services, from personal care to ‘universities for the third age’. Elderly people’s institutional homes fall into two categories: ‘asylums’ are regarded as the last resort for the poorest elderly. They are run by the voluntary and private sectors rather than the state. They receive very little public funding and their services are generally limited to providing food and shelter. Only exceptionally do asylums also offer health and social facilities. ‘Rest homes’ are targeted at a small minority of very rich elderly people. They are run by the private sector, offer a wide range of services and are very costly.

Nevertheless, state regulation of rest homes is lax, leaving the door open to abuse.

COMMENT

Tapia Videla's chapter is part of a major new book from the Pan American Health Organisation (available only in Spanish), which examines all aspects of ageing in Latin America, including health problems, cultural and psychological issues, service provision and education, and provides a valuable inter-disciplinary overview of issues which are frequently compartmentalised. The author provides a useful summary of service provision for older people across the region. This is no easy task given the vast differences in institutional and socio-economic development within Latin America. Nevertheless, most of the generalisations Videla makes are valid, although they would have had more force if supported with specific examples and empirical evidence.

M. Queisser. 1995. Chile and beyond: the second generation pension reforms in Latin America, *International Social Security Review*, **48**(3-4), 23-39.

During the early 1990s Argentina, Colombia and Peru carried out pension-fund reforms inspired by the Chilean experience of 1981. These formed a part of more comprehensive neo-liberal economic reform and they shared several traits, such as reducing benefit levels and tightening eligibility criteria, as well as switching the role of the state from direct financing to regulation. However, the second generation reforms did not follow the Chilean model to the letter. One key difference is that they allowed for the permanent co-existence of public and private pension funds (in the case of Chile, public funds are being gradually phased out). Queisser reviews the problems which had previously affected pension schemes in the region and gives a summary of the main elements of the 1981 Chilean reform. She draws attention to the spectacular growth of Chile's private funds, which by 1995 were managing assets of more than US\$22 billion (43 per cent of the country's GDP). She also identifies a number of shortcomings, including high administrative costs and problems with coverage (see Barrientos, below).

The pension schemes of Argentina, Colombia and Peru faced very different situations in the early 1990s. Argentina had a long-established programme with high coverage but suffered from widespread evasion and a rising dependency ratio. Colombia and Peru's pension programmes covered only a minority of their populations (25 and 20 per cent respectively) and faced fewer immediate demographic pressures. The second generation schemes have not been operating long enough to enable firm conclusions about their long-term impact. To date, the Peruvian programme has not performed satisfactorily. There have been problems with the payment of retained contributions by employers and the government deprived the pension funds of investment

opportunities by delaying the introduction of new bonds. These problems have partly resulted from political events: President Fujimori suspended Parliament and pushed through the reform bill before the scheme's potential deficiencies had been ironed out.

The Colombian reform has been hampered by the country's fragmented public administration and decentralised fiscal structure. By 1995, only 15 per cent of contributors had switched to privately-administered funds. It has, however, been claimed that competition from private funds has led to administrative improvements in the public scheme. The Argentine reform has been the most successful, with 50 per cent of the work-force now in private funds. The relative efficiency of the Argentine system is in part due to a new collection mechanism, which integrates social security contributions with general tax collection. Nevertheless, rates of return on private contributions have so far been much lower than in Chile.

Queisser identifies one key weakness in the Chilean and second generation pension systems, their failure to guarantee income security for large sectors of the population. Pension coverage is far from universal and future benefit values are not guaranteed. She argues that this should be the over-riding objective for the reforms, but that it is often obscured by concerns about capital markets and the dynamism of the private sector.

COMMENT

This is one of the first articles to evaluate the success of second generation pension reforms in Latin America. Given their short period of operation, any observations are inevitably tentative, but Queisser develops some useful insights and provides a more cautious view of the region's new private pensions orthodoxy than many of her colleagues at The World Bank. Her specific concerns, with the implications for the welfare of elderly people and the political context of the reforms, are refreshing. Despite claims that the Chilean reform can serve as a model for pension systems throughout the world, it has been far more influential within Latin America than elsewhere. Even here, however, key elements of the original reform had to be modified while the mixed results to date make the model's global applicability doubtful.

A. Barrientos 1996. Pension reform and pension coverage in Chile: lessons for other countries, *Bulletin of Latin American Research*, **15**(3), 309–322.

Barrientos comments that Chile's pension privatisation of 1981 has attracted considerable attention and praise, particularly from neo-liberal economists. Indeed, it has since inspired similar reform initiatives in much of Latin America and beyond. Whilst the reform has been highly successful in terms of capital accumulation, little has been said about its potential welfare impact. Barrientos seeks to address this issue by examining patterns of pension coverage under the new scheme.

In Chile, pensions provide the main source of income for the majority of people of retirement age. Those who are not eligible for private pensions can obtain from the government a basic benefit (currently 80 per cent of the minimum wage), if they have contributed for at least 20 years. Others may apply for a discretionary public assistance benefit (currently 15 per cent of the minimum wage). Also, there is a strong association between private pension coverage and membership of private health insurance programmes. Consequently, private pension coverage has had a major impact on elderly people's welfare and on future government welfare expenditure.

Before the 1981 reform, over 70 per cent of the labour force were included in pension programmes, but by 1994 this had fallen to around 60 per cent. Barrientos carries out a multivariate analysis of the factors which influence participation in Chile's pension scheme. He shows that well-paid workers in large, formal sector establishments are more likely to be covered than are self-employed workers, particularly women. There are numerous explanations for this tendency. First, the private pension scheme is voluntary for self-employed workers, but obligatory for the rest of the labour force. Much self-employment and female employment is characterised by low pay and periodic spells of unemployment. As such, it has been estimated that 45 per cent of self-employed women would never satisfy the 20 year contribution requirement for a basic benefit. The illiquid nature of pension contributions (they are only received in the event of retirement or death) is also a major disincentive for low paid workers who wish to mobilise these savings for other purposes, such as purchasing housing or for their childrens' education. Barrientos identifies a gender bias in the pension programme: whilst female spouses of covered males are entitled to a survivor pension, the entitlement is not extended to males. This may reduce the incentive to participate for females married to covered males. Despite Chile's economic success, the informal sector continued to grow through the 1980s, as has female employment and the participation of smaller firms. Consequently, it is unlikely that pension coverage will significantly improve in the near future.

Barrientos suggests that the Chilean programme requires a more robust and flexible basic pension scheme. The minimum requirement of 20 years' contributions could be replaced by a *pro rata* calculation of the worker's entire contribution record. A more systematic safety-net pension could be introduced for those who remain ineligible for other benefits. Also, workers should be allowed more freedom of access to their pension funds before retirement, to cover intervening consumption needs. Finally, Barrientos advocates that forms of gender bias which reduce the participation of women be removed.

COMMENT

Barrientos's original article helps to redress a serious imbalance in the literature about the pension reforms in Chile and other Latin American nations. Most studies point to the very high rate of return on pension contributions and argue that these alone will guarantee the welfare of elderly people in the future. Some studies have questioned whether such high returns will be sustainable in Chile or replicable in other countries. Barrientos takes

these criticisms one step further, identifying serious structural barriers to full pension coverage. He combines a clear analysis of Chile's social security system with an appreciation of labour market dynamics. There is no question that the problems outlined in this article will be more severe for the new pension programmes in countries such as Peru and Colombia, where levels of informal employment are particularly high.