

Forging Social Futures for Senior Populations:
Developing Policy Agendas from Narratives

by

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This paper reviews major methods used to formulate social policy. It advocates a value based approach in which the narratives of seniors, their primary carers, their professional helpers and ethnographers who have studied aging processes can contribute to policy formation. The paper concludes by outlining major issues that are encountered by rural elderly populations as reflected in these narratives and calls for more narrative studies to supplement the material currently available.

Policies for Senior Populations

The aging of the world population brings with it a need to develop and expand policies and human services for seniors. In this paper I explore different ways to develop policies and human services that will respond to the social, physical, emotional and spiritual needs of senior populations, particularly those living in rural and small town communities of industrial countries. After evaluating the advantages and limitations of frequently-used methods of developing policies, I argue that, when policies and services are developed, it is crucial to target issues of concern to seniors. To do so it is necessary to understand the aspirations of seniors and the aspects of their lives which they find most difficult, as well as their preferred strategies for responding to their needs. The diversity of senior populations is highlighted. I draw particular attention to the diversity between seniors in rural communities of developed countries. I suggest that the narratives of seniors are particularly valuable in identifying agendas for policy makers and human service providers. I recommend that policy makers

and human service providers should root their policies and services in these narratives of seniors or in the narratives of people who have had close contact with them.

Policies for Senior Populations: Utilizing Existing Methods to Develop Policies

One way to develop policies for seniors in rural communities is to consider different ways that social policies are developed, and then emulate the method that is most compatible with the needs of these seniors. Dobelstein (1993) suggests there are three main methods for developing policy: the behavioural or rational method, the incremental policy method and the criteria or value-oriented model. Each of these methods has advantages and limitations.

The first method is the *behavioural or rational* approach. The policy maker adopting this approach begins with a particular social problem and then considers different ways of resolving it. The most efficient, effective and economical method is selected and policies based upon the preferred option are constructed. This model is useful in highlighting the importance of basing social policies on a clear strategy to resolve social problems. A problem with this method is it assumes that we know what these social problems are. Another problem is that this method can underestimate the diversity of senior populations in the western world. Gender, ethnicity, rural/urban residence and sexual orientation are just some of the dimensions of diversity that influence how the aging process is experienced. There are many differences in the resources available to respond to these social problems and the *behavioural or rational* method does not always lead to the diversity and flexibility needed in policies. Finally, the *behavioural or rational* approach has the limitation that it does not provide guidance about *who* should be involved in the identification of social problems or in the evaluation of social policies for their

resolution.

A second method is based on an *incremental policy model*. Policy-makers consider the limitations of any existing policies. Then small-scale changes are implemented and evaluated. This method affirms the need to move slowly when new policies are developed. It does not help policy-makers to decide which small-scale changes should be made first, nor does it suggest a policy development process or indicate the people who should participate in this policy development process.

The third method described by Dobelstein is *criteria or value-based*. Goals are established based on values. Then policies that will reflect these goals and values are formulated. This strategy has appeal. All social policies are informed by underlying values. It is important to articulate these values. If this strategy is to be adopted, many preliminary questions must be answered. Whose values should inform policies? What process should be followed to develop value-based policies that are based on needs? How should the needs of seniors be ascertained? In my view, the narratives of older people, family members who provide personal care for seniors, human service workers, and ethnographers who have gathered and analyzed stories about aging processes should be important guides for the development of value-based policies.

Before reviewing some of these narratives, it is necessary to consider the demographic profile of the world population, define the elderly population, review projected population trends over the next few decades, and decide specific areas where policies may be needed. I consider these issues in the next section.

The “Senior” Population

The “senior” population is defined in different ways. Often 60 or 65 is taken as the age when people become seniors. Sometimes other ages are taken - in the United Kingdom women are still defined as senior after age 60 (the age at which they can draw state pensions) while men do not “retire” until 65 - although this gender difference will be phased out over the next few years. Frequently a distinction is made between the “young” and older seniors, the latter group defined as people over 80 - the group considered most in need of health and social services. On other occasions, seniors are defined as people who have retired from full time employment. Whatever definition is taken, it is the oldest and frailest people for whom policies are particularly important. Novak refers to this group as the old-old (1988, p. 61). Old-old people are increasing throughout the world - even in countries where the overall population is stable or declining.

In February 2005, the United Nations collated demographic information and projections worldwide and concluded that the world population will increase from 6.5 billion to approximately 9.1 billion by 2050 (United Nations, 2005). There are large variations between countries. Almost all of this population growth will occur in the least developed countries or in the United States. Eight countries are expected to account for half of the population growth (India, Pakistan, Nigeria, Democratic Republic of the Congo, Bangladesh, Uganda, USA, Ethiopia, and China) and in 13 countries the population is expected to triple over this 45 year period. Because of a low and sometimes declining rate of population change, the populations of most developed countries are expected to remain quite static.

According to UN projections, by 2050 global life expectancy is estimated to increase to 75 years (from 65 years today and 46 years in 1950-55). The rate of change in each region will be greatly influenced by the HIV/AIDS epidemic. In the 60 countries most affected by this epidemic the

population aging will be slower. Indeed, in South Africa, the country with the highest prevalence of the disease, life expectancy fell from 62 years in 1990 - 1995 to 48 years in 2000 - 2005 and is expected to further decline to 43 years before a slow increase in life expectancy is expected to begin.

The UN estimates that globally the number of people over 60 will triple between 2005 and 2050. This change will be noted throughout the world with particular change in developing countries where 60% of the world's over-60 population live today and where 80% of this age are estimated to live in 2050. In developed countries the proportion of the population over 60 will increase from 20% to 32% of the total population.

How do these statistics assist the development of social policies? In short, taking an arbitrary age is ineffective because of the diversity of people over 60 and the difference in resources available to meet their needs. Knowledge about the age structure of the population does not provide answers to questions about the needs or the wishes of seniors.

Needs of Seniors

As people become older, particularly when they approach the age at which they will retire from paid employment or the age at which they begin to need support from others to manage the challenges of everyday living, a number of areas of their lives may become problematic to them. Areas of the lives of older people often addressed by policy makers and human service workers are financial affairs, health, housing, and social relationships

1. Financial

An aging population brings with it a decline in the proportion of people who are likely to be

economically active outside of the home. Gee and Gutman (2000) caution against assuming that all people over 65 are retired and dependent on the state and that all adults below this age are employed outside the home. Gee (2000) calls attention to the diversity among the over-60s in Canada, many of whom live comfortably with income from occupational and Canada Pensions. Gee urges us to avoid the age-blaming whereby the Canadian senior population, particularly the aging baby-boomers, are held responsible for the federal debt and are defined as a threat to pension sustainability - a message that Linda McQuaig has been giving to Canadians for several years (for example, McQuaig, 1993).

Taking an arbitrary age - 55, 65 or 80 - and then defining all people above this age as “dependent” is a gross oversimplification. As Gee points out, in 1996 a total of 372,415 Canadians over the age of 65 had employment income and many between 20 and 65 were economically inactive (Gee, 2000, p. 11). This pattern of a flexible retirement age is likely to continue. Many Canadians still hope to retire at “freedom 55” (although early retirement was easier during the stock market boom in the late 90s). Others express a wish to remain in jobs that they love beyond age 65 or take bridge-jobs “between their career and retirement for as long as they choose or their health permits” (Holloway, 2005, p. 3). Financial needs of the oldest and frailest seniors will differ from those of younger and more active seniors. The financial status of senior populations will vary and any policies will need to recognize this fact.

2. Health

As people age, their health needs increase. McPherson (2004) states that many older people report one or more chronic illness. Chronic conditions that increase with age include arthritis and rheumatism, hypertension and stroke, heart problems, respiratory diseases and cancer (p. 408). Pain,

and the drugs taken to alleviate pain, can cause problems in sleep, suppress appetite and lead to depression and unclear thinking. Mobility, social interaction, sense of well-being and quality of life can all be adversely affected by pain and chronic illness (p. 408). Policies are needed to respond to these issues and to the seniors with sensory impairments that increase in old age (Leslie & Leslie, 2004). Older populations will also need more palliative care services. Policies are needed, particularly for rural communities where health care resources are often in short supply or difficult to access.

Again there is diversity: older people will have differing health needs and they will have different resources to call on to meet these needs. A one-size-fits-all policy will be ineffective.

3. Housing

Housing alternatives for seniors are increasing. Many older people will choose to move house after they are 65, although a good proportion will choose to remain in their family home, perhaps with financial help from a lodger or a reverse-mortgage. For older people who choose to move, many different housing alternatives are available. McPherson describes several age-integrated and age-segregated housing alternatives for older people with varying degrees of physical ability (2004, pp. 219-230). Age-integrated possibilities for older people who wish for independent living include houses, apartments, condominiums, trailer homes and home-sharing. There are many age-segregated options as well. The growth of North American retirement communities with a range of different housing options is reflective of the aging population. Granny flats, retirement hotels, and seniors apartments (with and without wardens or care staff) are other options. For the most frail or ill seniors are special care homes, nursing homes, long-stay hospitals and palliative care units. Many of these options are not available in rural settings.

How can policy-makers begin to formulate housing policies that incorporate all of these options? Are policies needed for all these options? How should decisions be made? Who should decide? How can the housing needs of rural seniors be met without requiring them to move to urban settings?

4. Social

Senior populations have many other needs. Should policy-makers intervene in regard to their social and even their spiritual needs? Many older people choose to travel after completing their years of full-time employment. Should there be social policies to address their needs and to assist them in resolving problems that they might experience when they are away from their homes? Some rural seniors experience almost complete social isolation during the winter months (York, K. 2005). Should there be policies in place to respond to this isolation? How much state intervention should exist to protect the interests of senior populations who may be the victims of abuse - physical, sexual and financial? Should there be policies in regard to the spiritual needs of seniors? Who should participate in the formulation of these policies? How can policies be sufficiently broad and flexible to address different needs, wishes and resources of senior populations?

In this paper, I have argued that there is a need to develop policies to respond to the growing population of seniors. I have suggested that the formulation of these policies will be difficult because of the diversity of the senior population in Canada, other developed countries and worldwide. I have explored briefly the financial, housing, health and social needs of older people and have concluded that there are inadequacies in existing methods of policy formulation and many unanswered questions about how and by whom policies should be developed. In the final section I will suggest how narratives can be

utilized or used more fully to develop relevant policies. Before doing so I will highlight some of the specific issues often faced by seniors in rural settings in contemporary developed countries, particularly North American countries.

Through a rural lens: Developing policies for rural seniors

Some policy makers and human service practitioners draw on models developed in urban settings, models that do not always fit with rural realities (Randall & Clews. 2001, p. 4). There are many differences between urban and rural settings throughout the world and there are also many different rural settings, even in a particular country. Often human service practitioners who obtain work in rural communities do so immediately after qualifying. These novice workers may accept positions to give themselves experience to enable them to obtain work in “more interesting” urban communities. They may have little experience of rural ways of life and approach their work informed by one of the two meta-narratives about rural settings - rural as an idealized “place to escape to” or rural as the dirty and boring “place to escape from” (p. 6). Rural life is much more complex for rural seniors than these meta-narratives would suggest.

Even within developed countries, there is a great variety of rural settings (if rural is defined as communities having a small population and a low population density). Some rural communities are little more than dormitory suburbs for a larger town or city, others are the one-industry towns that die when the large national or multinational company leaves, still other rural communities are based on primary economies such as farming or fishing. The economic bases will influence the needs of rural seniors.

Rural seniors constitute a small proportion, but still a sizeable number, of all seniors in

developed countries. For example, according to the Canadian Council for Social Development, 17% of seniors live in rural settings (Auger & Tedford-Little, 2002, p. 145). There is diversity among these rural seniors. Some 29% of these seniors live alone. The proportion of over-85s living alone is greater - 50% of single women over 85 live alone.

There are differences in the relationship of rural seniors to the community in which they live. Some rural seniors want to age “in place” - the place where they have lived for the whole of their lives (McKenzie, 2001, p. 74). Others are “retirement migrants” who choose to move to a small towns such as Qualicum Beach or Parksville in Vancouver Island, British Columbia, Canada - communities that often have very high proportions of senior populations (McKenzie and Cloutier Fisher, 2004). Other seniors move to “granny flats” or other accommodations close to their adult children (sometimes reluctantly). Seniors who age in-place will have an opportunity to maintain relationships and may draw upon support networks within their community. Migrants who “escape” to areas with high proportions of seniors will have an opportunity to draw on the services that develop in these areas (if they can afford them). Those who move to be close to their adult children will often have little if any social network in their new community and may need to draw upon their children for support - more than the seniors and the children actually want. Different services, and different policies underpinning the development of these services, will be needed for these different situations of older rural people.

Rural over-60s or over-65s do not form a homogeneous group. Their social worlds will differ, their needs will differ and the resources they are able to draw upon will differ. In light of this diversity, how is it possible to develop policies and plan services for rural seniors? In the final section of this paper I propose that a promising way forward is to consider the wishes of seniors and people who have

the greatest understanding about seniors. The wishes of seniors are often reflected in narratives by and about them.

A narrative approach: Current sources of narrative data

The issues and concerns of senior populations can often be distilled from reading the narratives that they write and tell about their lives. Ethnographers gather and collate narratives from and about seniors. Other written narratives can be obtained from the writings of seniors themselves. Narratives are found in magazines written by and for senior populations. Other narratives are written by primary carers or professional helpers of older people. I will summarize some of the main themes that have emerged from a study of these documents.

An interesting organizing concept that underpins much narrative writing by and about seniors is “meaningful functioning”. “The concept of meaningful functioning, which has previously received little attention in gerontological research literature, is that the overall level of life satisfaction that an older adult reports experiencing appears to hinge less on the state of his or her actual physical health than on the ability (or inability) to participate in activities which he or she happens to find personally meaningful, e.g., reading, playing cards, visiting with grandchildren.” (Randall, 2005). What then, are some of the components of this “meaningful functioning”?

Ethnographic studies that combine narratives from many participants provide rich sources of data for policy makers who are considering priorities. Canadian authors Auger & Tedford-Little(2002) identify shelter and living arrangements, income and financial supports, transportation, leisure and recreation, education and lifelong learning, sexuality, spirituality, healthcare and preparation for the end

of life as major issues that are spoken about by Canadian seniors (Chapter 4). Caregivers of seniors in one study identify time and stress management, the need to network with other carers, and training to develop knowledge and skills needed to care for a senior as major concerns (pp 202-205). Drawing upon world-wide literature, Seabrook (2003) adds widowhood, poverty, elder abuse, stereotyping of seniors and particular issues faced by minorities as other issues of concern to seniors.

Some of the same issues are faced by rural and urban seniors. Narratives from rural seniors, however, are more likely to contain themes of transportation, social isolation and paucity of formal services. One of Auger's rural participants expressed concern about transport when her eyesight, already impaired through diabetes, deteriorated still further (cited in Auger and Titford-Little, 2002, p. 163). McKenzie (2001) confirms Auger and Titford-Little's view that transportation is a particular issue for rural seniors. McKenzie adds that the paucity of formal services and few trained service providers is also a worry for rural seniors (2001, p, 78). Social isolation is another concern of rural seniors in Saskatchewan, Canada (p. 78). Practice-narratives of social workers in Canada often contain themes of rural isolation. For example, one social worker in New Brunswick reported that some of her rural older clients who live alone rarely see other people in the winter months because they are afraid to leave their homes (York, 2005).

Narratives by seniors themselves may contain important clues about the issues that concern them, issues that policy makers and service providers should heed. The narratives contained in the songs of "Raging Grannies" indicate that social issues of concern to younger Canadian people are also of concern to seniors. The "Raging Grannies" sing songs such as "The Chemical Restaurant" to the tune of "Alice's Restaurant" or:

It must go. It must go

The nuclear plant at Lepreau

(By S. & T. Andrew, Fredericton Raging Granny to the tune of “Bless them all”)

or

For global peace and justice is the message that we bring,

the politicians tremble when the grannies start to sing

(By Lorna Drew to the tune of “MacNamara’s band”).

or

Now people cry and children die

While rich men buy our water

Cool clear water

(By Lorna Drew, Fredericton Raging Granny, to the tune of Clear Water)

It is not only the “Raging Grannies” who sing and write with enormous humour about issues that they encounter as they grow older. Judith Viorst (2000) writes about changing relationships with spouses, adult children and childhood friends. She also gives humorous treatment to the afflictions of old age:

A’s for arthritis

B’s for bad back

C is for chest pains. Corned beef? Cardiac?

D is for dental decay and decline

E is for eyesight - can't read that top line!

The Raging Grannies and authors such as Seabrook do not only identify concerns of older people but they also suggest clues about sources of the resiliency of seniors on which policy makers and service providers can build - humour, honesty, humility and courage.

Pressure groups for seniors are often useful sources of narratives that describe issues of concern and strategies for resolving these issues. North American associations for older people - in the United States AARP and in Canada CARP - act as pressure groups for seniors. These associations produce magazines and have web-sites containing narratives. In March 2005 the AARP web-site contained articles on family, housing, travel, finances, employment, health and wellness, and computing (AARP, 2005). The magazine *50+* from the sister organization CARP has the subtitle "the authoritative voice for mature Canadians". The May 2005 issue of the CARP magazine contained articles on "20 great places to live in Canada" and "how to downsize to that small but perfect nest for two." Another Canadian publication entitled *Good Times* bills itself as "The Canadian magazine for successful retirement". The May and June 2005 issues of *Good Times* contained articles on health, travel, gardening, finance and VE Day Celebrations. Many articles in these magazines are written by seniors. Others are based on the narratives of seniors. A study of the articles in these magazines, and also a study of some of the adverts placed by commercial publishers, provides a useful insight into the issues of concern to seniors - although it should be recognized that only the more affluent seniors would be interested in many of the articles - such as those on expensive foreign travel or tax-saving methods. These magazines can also throw light on several urban/rural differences in needs and resources for seniors.

Narratives of human service workers and narratives of seniors as interpreted by these workers can also assist policy makers and service providers to develop their agendas. Text books for students in human service professions contain professional narratives about work with aging populations as well as narratives by older people themselves. For example, a recent Canadian social work text on working with older people is divided into two main sections (Holosko & Feit, 2004). The first section on “direct practice issues” includes chapters on counselling, psycho-social assessment, case management, medication utilization, alcoholism, sensory impairment, HIV/AIDS, retirement planning, volunteering and rural elderly. In the second section, “selected practice settings” institutional care, nursing homes, adult day centres, private retirement communities, rehabilitation hospitals, assisted living complexes and psycho-geriatric centres are considered. A text by authors from the United States contains similar themes but also includes chapters on hospital discharge planning, older people from ethnic minority groups, lesbian and gay elders, and disability and aging (Schneider, Kropf, & Kisor, 2000). The content of these texts is often directly and indirectly based on narratives of seniors or narratives by social workers about their practice challenges. The themes and overall content are valuable for policy makers.

Developing a narrative model for policy and practice agendas

This paper has argued that social policies are value-based, so a value-based model for policy development to address the needs of rural seniors is more appropriate than the rational and incremental models described at the beginning of this chapter. I have proposed a central value, that our policies should be based upon the expressed wishes of seniors themselves and people such as their carers, professional helpers and ethnographic researchers. This is because these groups have the greatest insight

into their needs. I have suggested that the growing numbers of seniors throughout the world highlights the need to put policies in place for seniors. In contemporary North America and Europe, where the baby boom generation is reaching retirement age, the need to develop policies is urgent. The UN data shows that the projected increase in senior populations in less developed countries is even greater. In Canada, approximately one sixth of seniors live in rural settings. The needs of people living in rural settings often differ from the needs of urban populations so, therefore, specific policies for rural seniors are necessary.

Available literature suggests that rural seniors have diverse needs and live in many different rural settings. It is challenging to develop policies that will meet the needs of all. Several sources of narratives by and about seniors have been reviewed to provide hints about the issues that many find important and some of the policies that seniors might favour. However, much more work is needed. In particular, the voices of more seniors need to be heard, in all their diversity, if our policies and the practices that derive from them are to target the most important issues and suggest solutions that will be truly relevant for seniors.

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