

Some obvious signs of ageing are the lines and wrinkles that appear on the skin. Young people's skin is supple and is able to return to its original shape when stretched. However, tissue in the skin loses its elasticity with age, causing the skin to wrinkle rather than bounce back into place. The skin's properties can be destroyed more rapidly with excessive exposure to the sun's harmful rays, from excessive use of sun beds or from smoking.

In a similar way, loss of elasticity in lung tissue means that elderly people are more prone to respiratory problems and diseases like pneumonia. Even eyesight is affected by loss of elasticity – the eye lens becomes less supple with age and is unable to focus as well.

Common illnesses of ageing

Illnesses related to age include some types of dementia, like Alzheimer's disease, as well as sensory disorders that affect sight and hearing. Read this article on how scientists are discovering how we can live longer and avoid age-related illnesses: www.guardian.co.uk/society/2006/mar/08/health.longtermcare.

Psychological changes

Effects on confidence and self-esteem

The life events that we experience up until old age can reduce or improve our confidence and self-esteem. For example, retirement can give people the freedom to travel, to relax or to be released from the ties of regular work. However, retirement can also take people away from social contact and financial security, so can be a worrying time and can have an impact on confidence and self-esteem.

The loss of a partner may mean having to learn new skills, such as cooking, gardening or managing finances. These new challenges may be embraced or it could be a time when confidence is low.

Ill health may also reduce self-confidence because it may cause isolation. Therefore, support from family and health and social services is paramount.

Effects of ageism

Older people can often be stereotyped as being 'past their best' and not able to contribute to society any longer. This may result in the older

person believing this to be true and so conforming to society's expectation of them. Because faculties like hearing, sight and mobility have diminished, they may feel that they are not functioning well, or be seen not to be.

Ageism can lead to abuse in care establishments. Vulnerable older service users may be abused emotionally, physically and financially.

We should always try to learn from older service users. It can be easy to overlook the fact that they may once have had important careers, have taken part in war actions or have brought up a family.

Ageism is a form of discrimination and brings with it all the effects of discrimination that you will have studied in Unit 2.

Theories of ageing

Activity theory

This theory states that if people keep actively involved with others in a social network, they will be more satisfied with their life. Being an active member of society maintains mental and physical health. According to Havighurst (1963), 'In its latest projections the Office of National Statistics indicates that nearly a third of the labour force will be over 50 by 2020. Businesses increasingly need to recognise the benefits of age diversity in the workplace.' (Source: www.dti.gov.uk/files/file29239.pdf)

Criticisms of activity theory

Some individuals prefer to live alone and be independent. Not everyone wants to be active. Not everyone is able to participate in a social network. Those with dementia or Alzheimer's disease may have difficulty in maintaining social contacts. People with limited mobility may not be able to go out of the house and those on limited income may not be able to afford to take part in activities.

Disengagement theory

In the early 1960s, Cumming and Henry described disengagement theory. They said that social structures encourage older people to withdraw from society so that younger people may take their place. An example is the decline in family size and the break-up of families, which leads to more isolation.

Activity 19

Interview an older person about their social network. Remember to maintain confidentiality when presenting your findings. Change names and any details that might identify them. You need to obtain their consent to use the anonymous information.

You should be sensitive about asking questions. A good way to interview someone is to start with 'Tell me about ...'. Ask open questions such as, 'How has that affected you?'

The following interview schedule may be helpful, or you may prefer to make your own.

- Who is part of their social network?
- Do they go out to visit friends or do people come to visit them?
- Do they have a pet to talk to if they live alone?
- Do they live with family or friends, or do they live alone?
- What physical changes have they noticed about getting older?
- How have any of these physical changes affected how they live their lives?
- When do they meet people? Is it every day or not so often?
- How do they keep in touch with people? Do they telephone, email or write letters?

Compare your findings with others in your group. Are there any similarities? Are there any differences?

Table 4.7 Two theories of ageing

Activity theory	Disengagement theory
Maintains independence	Encourages dependency
Gives choice	Little choice
Values individuals	Devalues individuality and treats everyone the same

especially for older people, who may lose contact with grandchildren after a divorce or separation.

According to this theory, ageing is seen as a negative withdrawal from society. For many, this happens when they stop work. In the 1960s, many women did not work. At that time, according to this theory, their role in society finished when their husband died.

Criticisms of disengagement theory

Society and the nature of work have changed. Many retired older people play an active part in their community and may continue to work in a part-time job. Some stores have a good reputation as employers of older people. The old heavy industrial jobs where people, mostly men, were frequently injured no longer exist. Most people

work in safe and clean environments, so that when they retire they are not 'worn out'.

The theory denies that individuals have a choice. Not every older person wants to stay at home and watch television. It also devalues older people. It does not acknowledge the wisdom some have. A company director who manages a company on Monday, then retires on Tuesday still has the same skills.

Demographic changes mean that there are fewer young people to take the place of those who retire. If everyone retired early, there would be increased cost to the government for benefits and pensions. People are living longer and staying healthy for longer. Those who retire at 60 may live until they are 80 and are not economically productive.

Since 1st October 2006, it has been illegal to discriminate on the grounds of age, so this theory, based on age discrimination, is technically illegal! Read more on the government website: www.dti.gov.uk/files/file29239.pdf.

Find more theories on ageing on the Geriatric Medicine website: www.gerimed.co.uk/sites/Gerimed/downloads/2004aug11.doc.

Activity 20

Which of the two theories described here fits your interviewee best? Are they active or disengaged?

Read the case study opposite and decide which theory best applies: activity or disengagement theory.

The UK Inquiry into Mental Health and Well-Being in Later Life reported in June 2006. You can download the executive summary from www.mhilli.org/documents/InquiryreportPromotingmentalhealthandwell-beinginlaterlife-ExecutiveSummary-andRecommendation.pdf. Table 4.8 outlines its recommendations.

Case Study

Mary is 82 years old. For the past 20 years, she has made weekly visits to her local bingo hall, where she meets up with friends. As well as the socialising benefits, she enjoys the game because, as she says, it 'keeps her brain ticking over'. Her friend of 50 years, Sue, recently celebrated a £300 win. She claims her success is down to her quick reflexes and the ability to play several bingo cards at once.

Activity 21

Which theory is reflected in the recommendations in Table 4.8 – older people should be active or older people should disengage?

What advice can you give an older person to help them become active in society?

Activity 22

P4

D2

As part of your fact file/case study explain two theories of ageing (P4).

Discuss and link these theories with your chosen individual (M2).

Look at current health and social care provision and evaluate how well they meet the needs of these two contrasting theories (D2).

Table 4.8 Recommendations of the UK Inquiry into Mental Health and Well-Being in Later Life

who	no.	what
Local authorities	1	Establish 'Healthy Ageing' programmes, involving all relevant local authority departments, in partnership with other agencies.
	2	Identify funding for and support community-based projects that involve older people and benefit their mental health and well-being.
Government	3	Introduce a duty on public bodies to promote age equality by 2009.
	4	Ensure that the Commission for Equality and Human Rights tackles age discrimination as an early priority in its work programme.
	5	Ensure that the 2007 Comprehensive Spending Review takes into account the findings of this inquiry, and commit to setting a target date for ending pensioner poverty. Government should publish, by 2009, a timetable for achieving this and report on progress against milestones.
	6	Work to achieve consensus, both within government and with external stakeholders, on long-term pension arrangements.
Health departments	7	Ensure that active ageing programmes promote mental as well as physical health and well-being in their design, delivery and evaluation.
	8	Ensure that mental health promotion programmes include and provide for older people.
Education departments	9	Ensure that school programmes promote attitudes and behaviour that will lead to good mental health and well-being and healthy ageing.
Public bodies	10	Encourage work practices that support a healthy work-life balance for employees, as a contribution to long-term mental health and well-being.
	11	Abolish mandatory retirement ages and enable flexible retirement for older employees.
	12	Provide pre-retirement information and support for all employees.
Public bodies and businesses	13	Educate and train all staff who have direct contact with the public to value and respect older people.
Age Concern and the Mental Health Foundation	14	Work with other organisations, including the media, to improve public attitudes towards older people and promote a better understanding of mental health issues.
Voluntary organisations and local authorities	15	Encourage and support older people to take advantage of opportunities for meaningful activity, social interaction and physical activity, and provide information, advice and support to enable people to claim the benefits to which they are entitled.