

[Gail Wilson](#)

Money and independence in old age

Book section

Original citation:

Originally published in Arber S. ; Evandrou, M., *Ageing, independence and the life course*. London : [Jessica Kingsley](#), 1993, pp. 46-64.

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This chapter concentrates on the material aspects of independence and autonomy in old age. It deals with exchanges and reciprocities as they relate to cash and to identifiable goods and services. The important part that emotional reciprocity, altruism and the need to serve, play in the interdependencies of later life must be considered as a separate issue. Similarly a discussion focusing on independence and autonomy does not imply that interdependence is not equally important for the well being of elderly people (see McCloughlin, 1991; 1992). While mutual interdependence may carry no threat to individuality and self-respect, one sided or unreciprocated dependency very easily can. It follows that the ability to reciprocate help or assistance in old age is very important, but such reciprocity usually demands either material or emotional resources.

Access to resources in old age is pre-eminently a life course issue. The amount of money available to men and women after retirement is closely related to their income during the rest of their lives. While we may all expect to be poorer when we retire, old age is not the great financial leveller it is often assumed to be. Indeed to quote Stearns 'it would be tempting to see aging, like death, as one of those basic human phenomena which cut across class lines... But in modern society one of the main functions of social class has been to prepare a differential response to aging' (1977: 42). The same could also be said of gender. Men in old age are less likely to have very low incomes than women.

The way elderly men and women use money, the way they think about it, and the meanings they attribute to it are influenced by past experience. Any consideration of the ways in which money is related to independence and autonomy in old age needs to consider the interactions of class and gender with other features of the life course. However, more research is needed on gender in old age (Arber and Ginn, 1991) before clear gender distinctions can be drawn. One reason for this is that the views of women on money are rarely expressed. Married women's views tend to be subsumed under men's views and single women are rarely asked. Another reason is that gender distinctions alter in old age as men lose the gendered identity which comes from paid work and women (sometimes) gain financial and decision making power. Research is needed which is specifically directed at the hidden nature of women's experience and the ways in which it can be put into words. [Omit the previous sentence if you like but I think it is worth saying]

INDEPENDENCE AND AUTONOMY

The theory of structured dependency (Phillipson, 1982; Townsend, 1981; 1986; Walker, 1980) suggests that if we interpret independence as the ability to make and implement choices, there are many areas where older people in our society have very little independence. A relatively fixed retirement age, low incomes, fear of forced institutionalisation and the widespread stereotype of

old age as a time of burdensome decrepitude all conspire to make ageing and dependency seem inseparable.

There are two main objections to seeing old age in such negative terms. First, structured dependency can be exaggerated (Johnson, 1988; Dant, 1988; Wilson, 1991) and second, those old people whose incomes and savings put them significantly above the poverty line operate within different structures. Many aspects of structured dependency do not apply to them. However they are a limited group and likely to remain so. Although around half of all those reaching retirement age now have some occupational pension entitlement, Bosanquet et al (1990) have calculated that the proportion of retired people with incomes above the national average is unlikely to rise above 20% during the next twenty years. As at present, the best off will be concentrated among the newly retired young elderly who have good occupational pensions. Women and the very old will have lower incomes in the future, as they do today. However, even for the majority who have low incomes, structured dependency is not necessarily experienced as helplessness and incapacity.

An understanding of the ways in which money can reduce structured dependency needs a more exact definition of independence. The aims of this research were first, to distinguish between independence and autonomy, second, to relate independence to reciprocity and third, to relate independence and autonomy to quality of life. The data refers only to people over 75 - those for whom issues of independence and autonomy are most likely to be problematic.

Independence

Independence is seen in most Western societies as a major ingredient in the maintenance of self-identity and self-respect (Cicirelli, 1992). It commonly has positive and negative connotations. From a positive viewpoint independence can be defined as the ability to make choices and act on them without any extra assistance. For example, independence is associated with the ability to drive a car, to use public transport, to shop when and where one chooses, to decorate the house, or to visit friends whenever one wants. A degree of control over one's own life and an adequate income are important ingredients in determining levels of independence. Such a definition of independence is not in conflict with interdependence (McCloughlin, 1991; 1992; and Howarth chapter). Independence that enhances the quality of life almost always implies interdependencies of various kinds.

The negative use of the term independence often implies what relatives or professionals may feel is a 'pig-headed' refusal of 'necessary' services. This type of independence as Qureshi and Walker, (1989) have pointed out relies on a restricted range of goals or a willingness to give up certain aspirations in exchange for remaining in control of some aspects of life. In most cases it

also implies a reduction in interdependence. For example old people who have become isolated and housebound may have very little social contact indeed. A place in a day centre might (depending on the quality of the day centre), increase their chances of forming interdependent relationships. However it would also mean attendance at a fixed place at fixed hours and so a loss of control and may be refused in order to maintain independence.

It is therefore possible that a dislike of interference or control by social or health service staff or by relatives and neighbours, can result in a very restricted quality of life - something that looks to an outsider more like 'survival' than 'living'. It can be argued that independence which can only be maintained by accepting a poor quality of life (as judged by an outsider), is not a desirable goal. The corollary is not that services should be forced upon people. Service take up can be increased by well-motivated workers who respect the autonomy of their clients or patients, but there will always be some people who would rather refuse all help because they see it as of less value than their independence.

A gendered manifestation of negative independence arises when frail or disabled married men who are wholly dependent on their wives for care, refuse outside services because they wish to retain their 'independence'. In such cases the husband may feel he has retained his independence but his wife will have lost still more of her freedom of choice and capacity for independent action.

The phenomenon of willing acceptance of help which cannot be reciprocated, is most likely to occur in marriage. It is often assumed that emotional reciprocity is enough in marriage or that the duty to care over-rides normal conventions of reciprocity. Elderly married men, in particular, may take the care they receive from their wives more or less for granted and hence feel no need to reciprocate. Qureshi and Walker (1989) also found men who assumed their daughters would care for them if their wives could not. In these cases the patriarchal position of men obscures the issue of dependency and allows them to feel independent even though they need assistance. Women on average receive less care from their husbands and it is not likely to give them the same feelings of 'independence' (Arber and Ginn, 1992).

In other cases where older men or women willingly become dependent we may assume, though more research is needed, that they judge the improvement in the quality of life derived from their dependence on others to be worth any accompanying loss of independence. They willingly embrace the role of invalid or frail elder. Such people are rare - only three in the present sample.

Autonomy

Autonomy may either be treated as synonymous with independence (Cicirelli, 1992) or as a separate concept (Collopy, 1988). In the present context it is defined as different from

independence and refers to the ability of older men and women to make independent choices when such choices can only be carried out with extra assistance. Autonomy, as used here, refers specifically to frail or disabled older people and is an indicator of their ability to live as they wish. It is dependent on an individual's ability to command sources of assistance which can be reciprocated as necessary and on the degree of respect which helpers accord to the wishes of the older person.

Autonomy is thus a vital concept when considering the quality of life of frail or disabled older people. First, as with independence, autonomy implies freedom from coercion by others. Second, the support needed to carry out decisions must be available as and when it is needed. Third, there must be some means of reciprocating help received. For example, people who for health reasons cannot drive a car may still be autonomous if they can afford to hire a reliable minicab or if they have a paid carer who will drive as needed. Alternatively, they may be able to call on a relative, neighbour or volunteer to drive them, they may belong to a subsidised taxi scheme or they can ring the Dial-a-Ride service if one is provided by the local council. These options of paid help, a relative, a free or a subsidised service are not all equally conducive to autonomy. The differences between the categories of private, voluntary, informal and formal (state) aids to autonomy will be analyzed below, focusing on the reciprocities they demand.

RESEARCH METHODS

Any enquiry into sources of reciprocity needs to consider income levels but researching money is not easy, especially among people of older generations. In the past money was rarely mentioned in polite conversation. Even now personal discussions of money, like sex, are still thought to be impolite by sections of the population. Old people are often very unwilling to talk about money for this reason. In addition to the general view of money as 'not quite nice' there is also the added influence of a morality which opposes the material to the spiritual and very much favours spiritual riches. This is illustrated not only in Christian teaching but also in such sayings as 'Money does not bring happiness', 'Money cannot buy love' or 'Better love in a garret than marry a millionaire'.

People over 75 belong to a generation when these attitudes were stronger than they are today. When asked what makes for a happy old age they rarely mention money directly and very few even mention it indirectly. The nearest direct mention in the conversations reported in this research came from a former banker who said 'if you've had a healthy upbringing then you stand a much better chance of living to a good age. Other people that live in bad conditions, the poor, they don't really stand a chance do they'. And yet money is clearly a key issue in the descriptions of daily life given by old people. It may even be freely discussed in

relation to other areas of living, like rising prices, where there is less moral stigma attached to complaint.

The research is based on interviews with old people living in 100 households in two different areas of a north London borough. People over 75 living either alone or in households with only other people over 75 were selected by the process of contacting every fifth household and asking if the residents were eligible for the study and if they would co-operate. Refusals were highest among low income households and people with very severe chronic health conditions and sensory deprivation. The resulting sample is therefore biased in favour of better off and fitter old people.

The only ethnic minorities represented were Jewish. This was first, because both areas were long established communities with little residential mobility among their older inhabitants, and second because the lower age limit of 75 excluded the great majority of ethnic elders who had not, in 1991, reached that age. The lack of ethnic elders was unfortunate because previous work has shown that different ethnic groups have different attitudes to money (Wilson, 1987a; 1987b; Thorogood, 1987) so the present analysis cannot be taken as relevant to all groups of the population.

The two areas sampled were chosen because they differed in home ownership and in social class, with the northern area being very much poorer than the southern area. This provided the opportunity to look at the impact of income levels over a wide range - from a single woman living on royalties who was able to pay £240 a week for a live in carer, to another who felt well off for the first time in her life because a volunteer community worker had encouraged her to claim income support on top of her very small pension.

Interviews were tape recorded and references to money and to material aspects of life, since such references were often a proxy for talking about money, were collated and analyzed. The aim of this chapter is to look in detail at different aspects of money in old age.

AUTONOMY IN RELATION TO SOURCES OF ASSISTANCE

The private market and autonomy

Private assistance in its simplest form is a matter of having the cash to buy an aid or a service which will increase independence or autonomy. In most cases old people do not mention the private sector as a source of help. (When well off older women refer to 'my help', meaning their cleaner, they are not implying dependence). The goods and services bought are classified simply as another form of consumption and taken for granted. This is important because help implies need and therefore possible

dependence, whereas consumption does not. Consumption involves exchange of money for goods and services based on a known tariff. It is not normally conceptualised in terms of 'reciprocity'. The exchange is simple and unproblematic as long as the money and the service are available.

For some the ability to buy private services will be a way of remaining in control of certain areas of their lives and of guaranteeing their autonomy. For example one disabled elderly woman in the sample preferred to change her resident carer every fortnight because she felt that otherwise the carer would take her over. Others may find private services too impersonal.

The private market is not a panacea because, even assuming adequate income, a service or item may not be available. For example, some types of service may be unobtainable at almost any price (washer women, for example, no longer exist although a home help may do some washing and ironing). In areas where private services do not operate because they cannot at present make a profit, contracts from social service departments (Cm 849, 1989) are intended to help them set up after 1993. In theory this will increase choice for those well off older people who can afford to buy their own domiciliary care.

However private domiciliary care is also likely to lead to problems of abuse and exploitation, as have occurred in private residential care (Wagner, 1988). The risks will be greater if profits are squeezed and standards are driven down. A poorly regulated private sector can easily result in abuse. In the present survey there were three cases of very frail old people being cheated or frightened by private staff. The growth of such abuses will be hard to detect and very hard to prevent.

Other constraints on the use of private services may be cultural and the result of lifelong habits of economy. As one relatively well off widower said,

"When you've worked hard, I've worked hard all my life, you can't just, you know fritter it away. I mean I'd never think of getting a taxi if there's a bus. You know, things like that. Although I could if I wanted to, you know."

The majority of older men and women who are limited to a state pension or income support will not be able to afford more than the occasional private service. Vouchers given by central or local government to those who need them are the logical concomitant of an extension of private care. Any expansion of the private sector without a voucher system will increase the already great inequalities in old age.

Informal help and autonomy

Informal support systems are subject to different constraints from market transactions. Informal help may confer a degree of autonomy but it is unlikely to be as effective as the ability to pay for a service. The taxi driver, or the launderette which delivers clean washing are part of the economic system and are paid in money. However the services of family and friends must usually be repaid in different ways and feelings of obligation may build up if help cannot be reciprocated. Money can only be used in certain circumstances, such as to pay for petrol or phone calls. Emotional reciprocity, or the links of affection which bind families together, should, ideally, suffice in the family context, but they are likely to be replaced by duty (Ungerson, 1993) if too much assistance is demanded.

Problems arise because most transactions in the informal care system are governed by a set of fully understood but highly negotiable rules. It is widely accepted that children should care for their parents (Finch 1989; Qureshi and Walker, 1989). However, this duty is not all-pervading and does not necessarily take priority over other duties. Such caring is rarely something which an elderly parent can take for granted. It follows first that most children do have some choice over how much they will do for their parents and second, that what they do results in the build up of obligations which need to be reciprocated. The same is true for other relatives and friends, though as mentioned above, care by spouses is more likely to be taken for granted.

Children may think of themselves as reciprocating for care they have received in the past and may see no reason why their parents should worry about reciprocity (Qureshi and Walker, 1989; Finch, 1989). This view may occasionally be shared by elderly parents themselves, particularly if they are men who have been used to care by female relatives. However, such attitudes were very uncommon in north London, although Qureshi, working in Sheffield, did find people who took their children for granted (Qureshi and Walker, 1989). The difference may be regional or it may arise from the way the study populations were selected. The Sheffield sample was of old people with carers while the north London sample was of people over 75 living alone or with others in the same age group. It therefore seems likely that the great majority of old people do see the need to reciprocate informally provided help.

It is easier for active old people to provide reciprocal services like baby sitting, housework, DIY, or car driving for the younger generation. The problem for the very old (over 75) who have functional disabilities is that their ability to reciprocate can be limited. This is another version of the inverse care law (Tudor Hart, 1971). Those who most need care are least likely to be able to get it in a way that enables them to increase their autonomy because of their limited ability to reciprocate.

The older people interviewed stated clearly that they did not like to impose on their relatives or burden them. As one older woman with a large and close family said,

" I don't think I would want to go and live with a child. I don't think I would want that. I think that then you become a nuisance and a burden and you are not loved so much because you are just these things."

Some older people in the sample were dependent on their children, but it is important to understand that they felt the choice was not free and that in coming to rely on informal help they either had to ration the demands they made, or they were rationed by their informal helpers. The extreme position, those who live in the household of their informal helpers, has been found by Day (1985) in her Sydney study to leave old people with the least independence and the lowest morale.

Dependence on informal help may therefore reduce autonomy greatly if services cannot be reciprocated in some way. In the sample some of the better off had incomes which would have allowed them to pay their informal helpers. However, since these services are performed out of love or duty or neighbourliness, they are usually felt to be devalued if they are paid for (Ungerson, 1983). Long term reciprocity via inheritance has traditionally been one way in which those with property could repay their carers. The threat of disinheritance was also a way of constraining the younger generation to respect the dignity and wishes of the old. Such thoughts were not voiced by any of the present sample. In low income working class families payment was more acceptable, though certainly not the norm, but paying for services when income was already low could mean that expenditure on necessities had to be reduced.

State help and autonomy

Health and social services can be thought of as a just reward for a life time of useful citizenship, taxpaying and national insurance contributions. The state pension was almost always seen as a reward for a life time of work and contributions. However state services, which might contribute to independence and autonomy, are not usually viewed so unproblematically. The absence of stigma in consulting a general practitioner was the nearest that most old people approached to this view of the reciprocities involved in state provided services.

Services provided by the local authority were more likely to be seen as charity and demeaning. It is hard to tell how far this perception is a legacy from the past when the workhouse still existed and how far it is an accurate reflection of the way being a client is experienced by old people. The study population included only one person who appeared to be completely unambivalent about state services. She saw welfare in old age as a

right. It is perhaps significant that she was an 85 year old Danish woman who felt that the Danish welfare state was much better than the English, which she saw as failing to provide adequately for her and all other old people. She hoped to move to Denmark and to benefit from the higher standards over there. Her complaint was about the poor quality of the British services and their inability to meet user needs for autonomy. Other respondents (particularly in the poorer area) felt the services had a duty to search out those in need and offer assistance, but that asking was demeaning.

It did appear that the local state-provided services had very little ability to increase either independence or autonomy. The inflexibilities associated with a rationed service were possibly responsible. One woman who had had a stroke mentioned that Dial-a-Ride had never been able to pick her up when she wanted and she had given up phoning. Similarly, community service staff who arrived without appointment or had to be waited in for all day long can only be seen as a restriction on independence not an aid to autonomy.

As Smith (1980) has pointed out, clients are assessed for a service and the next stage is that clients or patients have to fit in with that service. As a result their independence may be correspondingly limited. In these circumstances it is hardly surprising that many old people see becoming a client or a community health service patient as a signal that independence has been lost and dependency has set in (S. Sainsbury, personal communication). Badly managed and rigid state services have been rightly identified as a major component of structured dependency (Townsend, 1981).

The National Health and Community Care Act 1990 is intended to improve state services in ways that will increase client autonomy. Decisions about services will, in theory, be led by client needs not by service availability (Cm 849). However as Osborne (1991) has pointed out, resource constraints, multiple aims and organisational imperatives will make such an outcome very difficult to achieve. If the intentions of the Act are fulfilled, there will be more private services available. Social Service Departments will contract with private care agencies to provide flexible, client-oriented services. However, the main weakness of this method of service delivery, in terms of client autonomy, is that the council is the customer and has the market power, not the client, who may well feel no more autonomous than at present.

Despite the limitations outlined above there is no reason in principle, why state provided services should not increase autonomy. The essential point is that they should be provided in ways that respect the autonomy of the users (clients or patients). Successfully provided services are an example of third party reciprocity in terms of cash. Paid professionals are assumed to be doing a job and hence to be reciprocated via the market. Such

services were often mentioned as being preferable to help from family if the burden of dependence grew too great.

Voluntary Sector Services

The activities of the voluntary sector are so varied that it is impossible to generalise about its ability to assist older men and women. In the present sample two cases of paid volunteers were particularly successful in providing acceptable additions to autonomy. They were seen as friends and neighbours but such emotional reciprocity was reinforced by Council payment to the volunteers.

The quality of life for many was improved by attendance at voluntary clubs. One in the prosperous southern area also provided a quick and relatively frequent chiropody service which was better than the local NHS provision. Club subscriptions were low but reinforced feelings of self-help and independence. The clubs were not seen as charities.

Summary

It follows from this research that while autonomy is often best secured through the ability to pay for services, the services need to be available and of good quality. This is more likely to be the case in areas where there are large concentrations of relatively well off people.

It is not possible to say whether informal services are more helpful in assuring autonomy than those provided by the state. In each case so much depends on the quality of the service, either in terms of the quality of the caring relationship or of the standard and variety of state services. In rare cases when it is possible for the very old to reciprocate informal services by indirect payment or in some other way, the advantages of flexibility and personal commitment will almost certainly outweigh the benefits offered by the private sector. On the other hand well managed state services, where staff morale is high may reach more people in need than the private sector and increase autonomy by demanding less reciprocity than informal care. Voluntary services can have the same effect but their coverage is very limited compared to state health and social services.

TYPES OF PAYMENT

The way a service is paid for may be important in deciding how far it is an aid to autonomy and how far it builds up obligations which perhaps cannot be reciprocated. Types of payment can be divided into direct payment and indirect. Directly bought services are mostly available in the private sector but an increasing number of state and voluntary organisations charge for services and some transactions with neighbours or relatives can be directly paid for. The disadvantage of directly bought services is

that a certain level of income is essential if they are to aid independence and particularly if they are to aid autonomy. At low income levels the use of one private service such as chiropody, hairdressing or window cleaning may mean that something else has to be foregone. Independence may be maintained but at the same time the quality of life may suffer. There is great benefit in being able to sack a helper. One woman in the sample was pleased to change her agency carer each fortnight because she said they would take her over otherwise.

Direct payments in the private sector are charged at the market rate. This is not necessarily so in the state sector and apparently unheard of in the informal sector. In the rare cases where relatives were paid directly, the price was unlikely to be anything near the market rate. For example the cost of the petrol might be the price of a lift to hospital. Council services may be free for those on state income support but increasingly all others will pay, though usually at less than the market price. Counties such as Kent bill service receivers indicating the proportion of the cost paid for by the council. This practice can be seen as a way of indicating to older people that they are still recipients of charity and should not think that because they pay a contribution they have any right to demand good service or challenge standards.

Indirectly bought services are characterised by the transfer of money but not for the specific service performed. The payment is nominally for another purpose. For example, one man had all his meals cooked by his next door neighbour. He made no payment for the meals but when the gas and electricity bills arrived he put both sets together and paid half. Since his bill was always smaller than his neighbour's he ended up paying a share of her costs (see Howarth chapter). Similarly there were a number of elderly women who gave very large gifts at Christmas and other socially accepted occasions in return for a range of driving and cleaning jobs done by their relatives. In such circumstances neighbourliness or love can continue as moneyless transactions but indirect reciprocity via a cash transaction allows the service to be reciprocated and hence autonomy can be maintained. In other words any feelings of guilt or obligation are discharged and the person in need can continue to ask for help.

MONEY AS A RESOURCE

Money and day to day living

While it may be true that the quality of life in old age is closely related to the amount of money available, income in old age cannot be simply equated with a specific standard of living. There are often powerful normative or cultural constraints on spending by old people. Women who have brought up families on a low income often have a life-long habit of saving and find it hard

to stop. Rather than spending on themselves they may give money to their children and grandchildren. Others in this sample, particularly men, may feel insecure if their savings begin to fall. They may fail to raise the housekeeping money they give to their wives to keep pace with growing needs. For example one wife with increasing mobility problems needed transport to and from the shops but was struggling to walk, partly because she did not want to hire a car for such a short distance, but mainly because she could not afford it on a housekeeping allowance that had not risen recently. Another husband did not increase the money he gave his wife although she had had to employ a cleaner since a recent accident. Such women do not like to ask their husbands for money and so their autonomy suffers, though their independence, negatively defined, is maintained.

In the same way, both men and women may pride themselves on having very simple needs, or refuse to spend on things they would once have bought because the prices are so high (see below). Others want to leave money and possessions to their children or other inheritors. Many, and particularly working class men and women, feel the need to leave at least £1,000 (in 1991) to pay for their funeral. On the supply side the things that old people would like to spend money on may no longer be available, or the shops that they can reach may not stock the things they want.

Spending less than current income and so having a lower standard of living than necessary is associated with income level. It is less common among working class elders who are often forced by state pension levels to live close to subsistence or even below. The decision to spend less and save more may be a manifestation of independence but it in so far as money is needed to maintain autonomy, it is likely to indicate reduced autonomy and restricted goals.

Income level is also the main determinant of the ability to spend more than current income. Only the rich have large amounts of capital which they can run down on the assumption that they will die before it is exhausted. In the present sample those doing so were elderly women who had inherited capital from husbands or other relatives. Older people who are less well off can only spend more than their income if they have frequent presents of cash from family or friends. It seems very uncommon for old people to rely on such continuous financial assistance from family for their day to day living expenses and there were none reported in this sample, although many accepted occasional one-off gifts.

Income, quality of life, independence and autonomy are closely linked. The maintenance of autonomy for frail old people very often depends on how much they can spend. They may have to spend more than current income at certain times if they are to retain a measure of autonomy. For example, if a person with no available relatives is incapacitated by a fall the alternatives may be to enter a home (usually seen as a loss of autonomy if enforced

by a physical condition), or to pay for a resident carer until mobility returns. In such conditions spending more than current income may be the only way to maintain autonomy.

Money and time

The passage of time is a key issue in relation to money in old age. A fixed pension or income from investments cannot give the same security to old people as earned income. Earnings usually keep pace with inflation. The long run trend over this century has been for earnings to rise faster than prices, so those in paid work become more prosperous and those outside the labour market fall behind. Until 1982 the state retirement pension was linked to earnings and, although still low by European standards, it had risen faster than average wages as a result of a number of above average increments. As a result the old were to some extent able to take part in the general growth in national prosperity, despite starting from the very low base set by the Beveridge reforms in 1948. Since 1982 this process has been reversed because increases in state pensions are no longer linked to changes in average earnings, but now move with prices. The old have consequently become relatively poorer, even though in theory they can still maintain the same absolute standard of living. Time therefore means growing relative poverty for state pensioners.

In the occupational pension sector the situation is sometimes worse since very few private sector occupational pensions are inflation proofed. Their value therefore falls, faster or slower according to the rate of inflation. Another disadvantage of occupational pension schemes is that they did not always pay benefits to widows. The death of a husband could result in a sharp drop in income. However it is equally true that the transition from a small housekeeping allowance to income support can sometimes mean increased financial well-being for widow.

The idea that money can bring security and independence in old age has a hollow ring for many elderly people who were encouraged to save or to rely on their husbands for a pension in their youth. Even those without substantial savings can find the effects of inflation on prices very disturbing and upsetting. Things that they could afford in their youth become impossible to buy, for example, the price of tobacco is a common source of complaint. Women, who have usually spent a life time being more conscious of changes in day-to-day prices than men, are often protected from the worst feelings of insecurity related to price rises. They may however refuse to buy things which they consider have become too expensive. Old people who do not shop regularly - perhaps because they have been institutionalised - may be too shocked by changes in prices to spend what money they have (R. Bland, personal communication).

A final point about the changed relationship between money and time in old age arises out of the special needs of elderly

people. 'Time is money' is a common statement and it is often assumed that elderly people have time on their hands. However by the age of 75 or 80, old people are often forced to do a wide range of things more slowly. Also the use of time to cut down on expenditure involves activities such as shopping around for bargains, buying fresh rather than processed food and going on holiday in cheap periods. Inability to use public transport, problems with cooking or with health can mean that these options are more limited than they appear to be. Very often time is not money in advanced old age and hence it can make no contribution to independence or autonomy.

MONEY AND PROPERTY

Home ownership

Like income and savings in old age property ownership tends to be a legacy of working life. Widows may inherit but otherwise few people become home owners for the first time in old age, so tenure is a reflection of life long income. However tenure is not always a good indicator of current income. As Means (1988) has shown a house can become a burden to elderly owner occupiers. Many are 'housing rich and income poor'.

Although living at home is so closely associated in the popular mind with independence, caution is needed in equating the two. 'Staying put' may be an indication of independence, in the sense of reduced goals, but it may offer little in the way of autonomy. A poor quality of life may be the price of such independence unless income is adequate. Otherwise staying at home can reduce autonomy just because there is no money to make alterations to an unsuitable home or because the maintenance of home and garden mean that other activities have to be given up. Council and housing association tenants have the advantage that their internal decorating and external maintenance should at least be done regularly (though much depends on the housing authority).

The one person in the sample who had moved from being an owner occupier to a council tenant was very content with the change. A disabled private tenant saw the advantages of her situation:

"You've got to be a good handyman to own, otherwise you're paying out all the time, while all I do is ring up the landlord. I can't do things. I find that my neighbours [owner occupiers] who can do things spend their time doing things"

These two cases indicate the importance of a good landlord in maintaining autonomy. Home ownership is not intrinsically an aid to independence or autonomy in old age. In the sample it was associated with greater independence but apparently only because

homeowners in general had more money and better health than tenants.

In theory owner occupiers have much greater flexibility than tenants because they can trade down to a smaller house and keep the difference in price, or they can use their property for a home and income scheme. Such schemes allow a person of a certain age (usually older for a women) to treat the value of their house either as capital or as security on a loan and to receive a monthly income from the interest. Even when interest rates and property values were high such schemes offered poor value for money unless a person could be sure to die within a few years. None were reported in the sample.

The move to a smaller house had usually occurred in early retirement, if at all, and it was not clear how far the benefits were still being felt by couples who were over 75. On the other hand widowed owner occupiers did appear to benefit from a move to smaller accommodation.

Car Ownership

Car ownership in old age is strongly linked to current income. It was clear from the interviews that it is not possible to run a car on an income which is at or near state pension level. Cars that were acquired during years in paid work eventually cost too much to repair or replace, or simply became too expensive to run on a declining income. A part time job, a good occupational pension or substantial savings did make car ownership a possibility, particularly as running costs were relatively low when the car was only used for short journeys.

There was no doubt that, in the eyes of car owners and former owners, the car was the most important item contributing to their independence. Most were men and those who had given up the car regretted it intensely. Their ability to act autonomously in simple matters like going to the shops, helping others, or getting the washing done was dependent on the car. As one who was still in part time work said he 'would rather be dead than not have the car'.

Men who were less well off gave up their cars because of money problems. The rich were more likely to give up for health reasons. Women, who in the older generation were less likely to drive, were to some extent cushioned from this loss since most had always had less autonomy than men. Women whose husbands had been car owners did however feel the loss in material terms - as a drop in their standard of living - when spontaneous trips to the countryside or to visit friends and relatives were no longer possible. The few married women and single women who still drove were adamant that they would not give up until they were forced to. It is a paradox that when a car is most needed it is most likely to have to be given up.

There are no good substitutes for a car at present, which is the main reason why it is so crucial for the maintenance of independence and autonomy. Even the best bus service which stops anywhere on request, is quite regular and passes close to home, is of little use to those who cannot get on and off a bus. Cars were hired by men and women in all income groups but were expensive. Hiring was certainly no substitute for owning a car because drivers did not necessarily come on time and they were not there for the return journey. The exception was a woman who joined with her 70 year old daughter to hire a car which waited for them while they went round the supermarket. Even she had had to change her car firm when one had proved unreliable.

Women, who were more likely to be physically disabled than men and less likely to have been drivers, appeared to be more likely to hire cars. In this sense their sources of autonomy were increased but they suffered from the poor reliability of car hire firms or taxis and, if their incomes were low, from the cost.

Consumer Durables

Ownership of consumer durables was more common but showed a similar pattern to cars. Lack of money could mean that washing machines would not be replaced when they broke down, unless relatives could offer them as gifts. The more modern household appliances like microwave ovens and videos were also much more likely to be gifts than to have been bought, though the best off, who continued to consume almost as before they retired, did buy these things for themselves as and when they were needed. However many who had no income other than a state pension found it hard to raise lump sums from their own resources and did not wish to use hire purchase.

It is questionable how far modern consumer durables raise the standard of living of old people. Some, such as microwaves, can contribute directly to the autonomy of men and women who find it difficult to cook, but often only if they can afford to buy ready prepared meals as well. Men having relatively higher incomes and less resistance to ready prepared food (see chapter by Howarth) appeared more likely to take full advantage of microwave technology. However it was not clear how far women, who often insisted that they kept to the old ways, were giving a publicly acceptable account (Cornwell 1984) which played down their use of modern technologies in the home.

Many of the new aids to an autonomous life style are designed with younger age groups in mind and may be hard for older people to use. For example washing machines speed up washing but assume that the user is capable of hanging out the clothes, ironing or simply folding sheets. A partially disabled person may be better served by a laundry - if they can afford it at £7 a week (1991)

for linen only - or a launderette that delivers, than by the presumed autonomy that comes from a washing machine.

Money and power

Like home ownership financial power is something that most people acquire before retirement or not at all. It is also an attribute that is mainly associated with masculinity in our society. Older men whose life courses have given them that power may retain it even in later life. Some however lose it if their savings are not big enough or if their occupational pensions are not index linked.

In contrast, those widows who have combined a lifetime of limited spending on their personal needs with the inheritance of a good occupational pension or other source of income will find that they have more financial power in later life than at any other time. Sometimes, particularly if widowed early, they are able to take advantage of this accretion of power. Others, particularly if widowed in advanced old age, may find that long experience of economic dependency on their husbands, leaves them with little confidence in financial matters and no will to express their independence.

In lower income groups, married women may find that the real value of their income is higher than it was in earlier life. Their husbands continue to give them housekeeping but they are at the same time drawing a pension of their own, or their share of the state pension for a couple, and have reduced household responsibilities and so need to spend less on essentials. This phenomenon was first noted by Townsend (1963).

In this study there is evidence that a life time of financial power is advantageous because it builds up expectations of autonomy and the habit of buying goods and services as they are needed. This is undoubtedly important when services become necessary. For example, those who have always employed gardeners will go on doing so. Others, to whom the idea and the amount of money are unthinkable, may apply for residential care - often thought of as the end of all independence and autonomy - when their hedges and lawns become unmanageable.

The possession of money during the life course can therefore result in attitudes which increase autonomy in old age but such an outcome is not inevitable. The relative prices of goods and services have changed dramatically over the life times of people who are now over 75. Goods are now relatively cheap, whereas services have become very much more expensive as wages have risen. Someone to do the washing, a service that was common in the 1930s when labour was cheap but washing machines were an inefficient luxury, would do more for the autonomy of many old people than the most modern washing machine. A launderette that will deliver the

washed and dried clothes might be the ideal solution for many older people.

Given these massive changes in the availability and prices of services, it is not surprising that some of the people who were interviewed expressed the view that a lifetime of having money left people ill-equipped to cope with the rigours of old age. A number of women pointed out that a life of hard work and self-reliance was useful in old age. Those who had always relied on servants, or delivery services were often seen as less able to cope.

Money and pride

Pride combined with the reluctance to talk about money, makes it very difficult to discuss poverty without giving offence in most interviews with old people. Elderly people who live on or near the state pension level, nearly always say that they can manage on what they have got. In cash value their pensions are very much higher than the money they earned or the pensions their parents had. While they are aware that inflation has reduced the real value of their pensions the money value may still seem high.

A life time of managing on a low income often leaves a legacy of unwillingness to ask for benefits, or to accept help that was formerly associated with pauperism or charity. Pride may therefore lead to pensioners saying they can manage on their incomes, but in this research there was no case of a low income respondent whose interview did not contain some instance of hardship or reduction in living standards. 'Managing' is therefore a very relative term in old age and it can conceal wide variations in degrees of poverty.

Unwillingness to acknowledge that money is often put down to independence, but it is a manifestation of independence that means accepting limited goals in place of asking for help. As a result autonomy is restricted because the standard of living is lower than if all benefits were claimed and all useful free or subsidised services accepted. It is unclear how far this type of independence is freely chosen and how far it is the result of the social structuring of preferences over the life course. It is certainly very common among people over 75 in Britain in the 1990s.

CONCLUSION

Money is of vital importance to successful ageing, even though few elders feel free to say so. In terms of maintaining independence and autonomy, the main contribution made by money is in giving access to a decent standard of living. This is true even though many old people are able to maintain their self-respect and independence on less money than younger generations might think necessary.

However if old people become disabled or frail the importance of money in maintaining autonomy becomes very much more salient. Autonomy can only be maintained if help is available and is offered in ways that respect the wishes of the recipient and do not create one sided obligations. Autonomy demands either that help is reciprocated in cash or in other material exchanges such as services, or that affective ties are strong enough for an imbalance in material reciprocities to be overlooked. The alternative is independence in the negative sense which means reducing goals and living standards so that help is no longer needed.

It is difficult to maintain autonomy if services cannot be obtained via the private market. Informal assistance is likely to build up obligations and in any case may well be rationed by the helpers. State services may be seen as charity and may be designed so that the client fits the service rather than as an aid to client autonomy.

When informal assistance can be fully reciprocated the quality of life obtained and the maintenance of autonomy are likely to be highest. This desirable outcome is usually only possible in exceptional circumstances when informal help can be paid for indirectly and is reciprocated emotionally.

Access to money, and the desirable attributes that go with it, such as car ownership and the power to buy services as they are needed, depends on life history rather than any special circumstances related to old age. All the older people interviewed could 'manage' on their incomes. However, the degree to which they could support their independence and autonomy if health failed or disabilities increased was affected by life time earnings, gender and class as well as individual preferences and capabilities.

Growing reliance on private services, which seems certain to occur following the implementation of the NHS and Community Care Act 1989, means that differentials in the ability to maintain independence and autonomy in old age between men and women and rich and poor will increase.

Notes

(1) My thanks go to Hilary Gavilan and Glennys Howarth for comments and insights and to the Nuffield Foundation for financing the research on which this paper is based.

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