

cdr

Issues of Ageing, Social Class, and Poverty

Item Type	Book chapter
Authors	Carey, Malcolm
Citation	Carey, M. (2019) 'Issues of Ageing, Social Class, and Poverty' in Webb, S. (ed) Routledge Handbook of Critical Social Work Abingdon, Routledge
Publisher	Routledge
Rights	CC0 1.0 Universal
Download date	2026-05-20 19:24:32
Item License	https://creativecommons.org/licenses/by-nc-nd/4.0/
Link to Item	http://hdl.handle.net/10034/621832

Issues of Ageing, Social Class, and Poverty

Malcolm Carey

Carey, M. (2019) 'Issues of Ageing, Social Class, and Poverty' in Webb, S. (ed) *Routledge Handbook of Critical Social Work* Abingdon, Routledge

Issues of Ageing, Social Class and Poverty (in Social Work).

Malcolm Carey

Introduction

Significant demographic, political and social changes continue to carry important ramifications for older people and social work. For example, an increasing proportion of older people within the United Kingdom (UK) and many other high-income nation-states, suggest that demand for greater social work support is inevitable. Despite this, such principal welfare provisions for ever more diverse groups of older people continues to shrink. Until fairly recently, the welfare state provided many older people with a socially legitimate source of stability for later-life concerns and, in part at least, forms of identity management (Phillipson, 1998). Such stability, however variable, now continues to be under significant strain: not least due to political pressures within seemingly 'post-welfare' states to interpret care through a crude economic lens. Indeed, such largely neo-liberal inspired outcomes generate uncertainty, distrust and deep insecurity for many citizens (Carey, 2015).

The increasingly complex and diverse needs of ageing 'service users', alongside the ever-changing organisation of social and health care in countries such as the UK, offer a challenge if seeking to offer moral guidance for professionals to apply. For example, ever more flexible 'learning organisations' are likely to struggle with set professional codes that adapt slowly to change. Similarly, the many ethical implications of important demographic, cultural and lifestyle changes effecting diverse groups of older people may fail to be adequately accommodated by narrowly-focused 'methods and skills-fetish' centred

professional training. As Congress (2010: 29) adds despite their growth and influence, there is little evidence that now seemingly omnipresent professional codes of ethics either 'reflect cultural differences or keep up to date with societal trends'.

This chapter examines some ethical and political challenges generated by the increasingly complex needs of an ageing society upon social work. It concentrates on the UK as a case study and critically evaluates related age-graded policies and practices relating to social work and care. The chapter includes a discussion of the on-going tensions between social diversity within an ageing society and the shrinking of formal care provision. It highlights also the paradoxical extension of often instrumental professional ethical codes and related frameworks, including bioethical paradigms ideologically transported direct from medicine. Alongside shifting aspects of ageing - which include complex on-going demographic and societal changes - the chapter looks at the promise of alternative moral paradigms: including postmodern, critical and 'indigenous ethics'. This includes the potential for social workers to move beyond the largely traditional objectification or exclusion of the 'aged other' embedded within many professional cultures, ageist components of Eurocentric ethical codes and formulaic or soul-destroying policy-enacted procedures.

Ageing and rescinded care

Alongside shifting welfare provision for older people within the UK and some other countries, many generational attitudes and lifestyles have altered over time. For example, more 'active ageing' populations now stimulate their 'mature imaginations' through leisure pursuits, exercise, counselling and other therapies, or pursue plastic surgery or pharmacology. Ever more numbers of older people remain in or return to employment and education, and have greater access to new information technologies such as the Internet.

For some at least, the ageing body is less likely to be accepted as being in continuous decline or retreat, but may instead be viewed as a continuing project to work on throughout life. In a more diverse society, the social frames (or restraints) of ethnicity, class, gender, sexuality and age continue to transform. Belief systems, cultural traditions, expectations and social norms may also repeatedly alter (Lash, 2007). Such on-going changes challenge many long-held assumptions within welfare that working with older people requires little training, and is ultimately a low-skill and predictable activity (Phillipson, 1982).

Scepticism of the many upbeat positive portrayals of ageing also persists. For example, such perspectives may 'blind us to the choices that are actually, rather than theoretically, available to people across the life span' (Holstein and Minkler, 2007: 17). That inequality and poverty intensifies for many beyond retirement is but one notable example, including 'service users' within social work. The now sustained promotion of bureaucratic and risk-averse social work - embodied within care management or adult 'safeguarding' – again sit uneasily with the more complex and fluid stages of the modern life course. Ageing populations who are consumer-active often contrast sharply with a high proportion of older people on low incomes, experiencing chronic illness, loneliness, isolation or inadequate pensions; alongside now significantly reduced access to increasingly fragmented and often unreliable or risky social or health care 'support' (Carey, 2015). As Higgs (1997) has noted, the ever more formal machinery of social work (and other types of formal care and welfare) are now increasingly programmed to identify or quantify age-related needs, rather than *provide* direct support. In such interpretations or terms, state welfare has ideologically shifted from an ideal of providing Fabian-inspired universal citizenship, to instead largely

offering means-tested 'supports for the irresponsible', unable to adequately cope with the harsh realities of unfettered market capitalism (Gilbert and Powell, 2009: 4).

Demographic and social changes effecting older people

Despite ever more political attention being drawn to population ageing, such debates will often be embedded with a slanted moral discourse which infuses anxieties of extra demands placed upon welfare sectors. These commonly include fears of the pressures placed on employment or housing sectors, or the likely cost of additional pensions and health or social care services. Some commentators, including some within social work, have stressed the apparent strain placed on many existing health and social care services by an ageing population (for example, Glasby et al, 2010). One estimate suggests that people in the UK aged over 65 will increase from 10 to 15 and a half million within twenty years; rising further to 19 million by 2050; and the proportion of the population aged over eighty will increase from three to eight million by 2050 (Cracknell, 2010). Subsequent prejudice is often felt towards 'fourth agers' as symbolising a 'burden of dependency' on welfare systems, and 'third-agers' as 'greedy baby-boomers perennially enjoying their leisure' (Blaikie, 2006: 13). Apprehension of a possible war between generations have also been noted, especially if younger people begin to protest what they see as an 'inequitable distribution of public resources favouring the old' (Bengtson and Oyama, 2007: 3). As part of a broader narrative, negative associations have also been drawn between population ageing and environmental decline or global terrorism, leading to a 'moral panic' which fuses past reductive economic arguments with newer cultural or politically-infused anxieties (Phillipson, 2013).

Related prejudice felt towards older people have become more subtly embedded within some professional welfare discourses, such as part of interrelated narratives of risk and dependency, alongside exaggerated claims made of an impending collapse of state welfare. Such moral panics echo traditional hegemonic and pathological presumptions about older people as personifying decay, and as embodying a veritable risk which potentially threatens the foundations of normative society. This includes the potential for elders to 'wreak economic havoc as well as damage the life chances of younger generations' (Phillipson, 2013). Doomsday projections often decontextualize or mask complex social or political trends. In government or media reports, for example, the contribution made by older people to key areas of the economy such as volunteering, care giving, child rearing, employment, consumerism or political engagement are neglected or ignored. Most care giving and support for older people (if necessary) continues to be provided by family and close friends rather than formal health or social care services, and intergenerational ties have strengthened rather than declined in many families. Decisions about coping with chronic illness or end-of-life care are much more commonly made by close relatives rather than professionals, and demographic projections typically ignore the significant role of structural inequalities based on class at different ages (Dannefer and Settersten, 2010).

Despite common assumptions within some statistics and welfare that older people remain a largely homogenous social and cultural group, it is diversity and unpredictability which more accurately embody later-stage ageing. For example, relationships and related norms continue to alter for many older people. The numbers of marriages and remarriages have declined for all age groups and there has occurred an enduring increase in the number of

divorced older men and women - more than doubling in two decades. Higher proportions of parents are childless and men also now live longer (and often alone) and are more likely to be competent domestically or express themselves emotionally (Davidson, 2006). Greater gender equality is influencing the increasing involvement of older men in domestic labour and caring, and a historical tendency to 'desexualise ageing' is beginning to falter as a dominant cultural norm, as are greater levels of tolerance towards same sex relationships. As Arber (2006: 57) adds lesbian and gay older people are now becoming 'more vociferous about their rights'.

Another example of ageing diversity relates to 'race' and ethnicity. While poverty is common for many ethnic minority cohorts, so too are strong intergenerational bonds and family or community networks, which are often a consequence of 'close settlement patterns and employment in local industries'. Such trends, however, often mask important differences between migrant ethnic groups. For example, many Bangladeshi groups experience extensive poverty and poor health in later life, a factor less evident among moderate numbers of Indian or Chinese migrants. Some members of second and third generation ethnic minority groups can fair better economically as they enter old age, yet they may lack the social capital which many first-generation migrant's benefit from (Nazroo, 2006: 63-71). Such trends, among many others, carry important implications for adult social work, despite limited evidence of a change in policies, or many professional cultures of practice and education to adapt. For example, social work education still remains largely 'mainstream' child-care and safeguarding focused, despite claiming to be a 'generic profession'.

Even regarding poor health for many older people, experience of low income and exclusion can differ significantly due to other contingencies, such as access to, or exclusion from, family networks or wider forms of social or cultural capital. Alan Walker (2009: 143) adds that inequality for older people begins at earlier stages of life, and that an increasingly unpredictable life course now merely offers new constraints. We now turn our attention to professional ethical codes, including their limited capacity to often again accommodate diversity and ageing.

Political tensions between ethical codes, complexity and inequality within ageing

While welfare retrenchment, alongside any rigid 'McDonaldised' components of care management in UK adult social work, offer a contrast to the more complex needs of older service users, such tensions nevertheless frequently reverberate in other components of care. One area where any discursive friction appears to be just as pronounced is within the broad, and often ideologically fixed, universal statements embedded within professional ethical frameworks. Codes of ethics within welfare professions such as social work have expanded significantly since the 1970s, and indeed represent an essential trait within competitive labour market attempts to gain full professional status. At one level, they offer an opportunity to establish basic norms and standards of behaviours, while providing a framework within which a distinct professional identity may be established. Evidence, however, that social workers follow or are fully aware of ethical codes continues to be weak, and adherence is likely to vary significantly at the level of active agency (Congress, 2010). Moreover, codified moral frameworks are regularly contradictory or ambiguous – not least due to their tendency to draw from contrasting moral theories, which can offer mixed

messages to social workers. Ties to wider public understandings of morality within codes are also often unclear (Banks, 2004), and other critics have highlighted the individualising and conservative nature of mainstream ethical codes. For example, codes can be overtly didactic if applied within challenging fields of welfare such as social work or nursing, and in their eagerness to create the 'totalising category of professional', such frameworks can quickly render the social worker 'an individual subject of correction' (Rossiter et al, 2000; Baines, 2013).

Any distance between front-line social work practices and ethical codes can run even deeper in work with older people. This includes that core paradigms embedded in such codes contain ageist undertones. For example, utilitarian principles are central to most codes but in seeking to maximise the happiness of an inevitably younger majority, priority is subsequently given to the young, healthy, able-bodied and employed. Indeed, this standpoint reiterates in much social policy and law. Kilner (1996: 125), for example, has noted the negative impact of the utilitarian way of thinking upon social policies and professional practices for older people. This includes the strong emphasis placed on 'youth and productivity', and lack of inherent protections 'against how badly a person or group can be treated', especially if they are assumed to lack economic viability. The other core paradigm embedded within social work codes is Kant's widely embraced deontological perspectives, built around the human capacity to reason. Wilmot (1997: 17) stresses the likely exclusion of associated 'universal rights' for people with dementia - or other age-related disabling conditions – in Kant's terms. This is due to any limited cognitive capacity on behalf of the ill, and likelihood that such users or patients will struggle to count as a 'reasoning being'. In prioritising reason and objectivity, deontological frameworks also

readily promote professional age-related categorisation, a modernist principle arguably intended to meet the capricious needs of the capitalist economy and labour market (Phillipson, 1982). In addition, the control of emotions is encouraged through Kant's discursive moral framework: largely detached responses echoed in much professional training which may prove insensitive or even unattainable within much social work with older people. Examples include in unpredicted casework scenarios affecting loneliness, debt, bereavement, or during safeguarding investigations. In such instances 'natural' emotional labour may prove decisive or indeed may be anticipated by relatives, colleagues or other people directly involved in care. Such tensions are only likely to become more pronounced within expanding and increasingly diverse demographic communities.

The prevalence of risk-averse practices, work intensification, deskilling and bureaucracy in adult social work add further potential strains within morally acute welfare terrains. Such trends have been prevalent for many years now, including within the UK and wider Western economies such as Canada and Australia (Baines, 2013). Together such instrumentalism and labour rationalisation undermines numerous claimed principles embedded within *professional* ethical codes. This includes many of the Fabian, humanist and other European Enlightenment aspirations which lie at social work's popular ethical and political core (for example, to promote social justice, user emancipation, anti-discriminatory values, and so forth). In offering universal guidance through fixed or even static statements in a changing world of 'multiple realities', or a now deeply fragmented consumer-led 'industry' of social care, ethical codes and statements are perhaps doomed to fail regards acceptance or regular application. Petrie (2009: 3), for example, has claimed that the *British Association of Social Work's* Code of Ethics is 'too grandiose' and 'too detailed', as well as lacking validity

due to over ambition and abstract idealism: 'In common with many welfare policies of the UK government in recent years, [this code] could be described as an amalgam of a "blue skies" wish list and tick-box template and in attempting to cover everything achieves little'.

Bioethics and ageing

The more recent rise of bioethics, or principle-based ethics, within welfare-related research and practice raise further concerns. This paradigm originating in medicine links to on-going policies in the UK which promote health and social care integration, including as part of greater levels of 'evidence-based' and 'trans-professional' practice (Carey and Green, 2013; Carey, 2016). As powerful paradigm drawn from clinical and biomedical discourses, bioethics provides a different set of problems for social work, due not least to its much narrower, and indeed often isolated epistemological focus, that regularly repels non-science based or inductive theory (Estes and Binney, 1989). With a resilient focus upon the application of hard-science, deductive analysis and binary reasoning, bioethics not only extenuates many of the problems encountered within utilitarian and Kantian frameworks discussed earlier, but also marginalises tacit understanding of structural inequality or diversity, including their influences upon ageing or within care (Carey and Green, 2013; Zielinska, 2015). Indeed, clear links have been drawn between bioethics and neo-liberal policies, due not least to special priority being given in each hegemonic discourse to consumer and market-led constructs such as 'autonomy' or 'rational choice'.

Estes et al (2003: 94-96) note that within bioethics a seductive but hazardous hegemonic fusion of universally prioritising expertise and pedagogy sits alongside a stress upon free-market welfare. Each power-based force combines to push complex and changing ageing-related needs closer towards interpretations which can only be resolved through deductive

biomedical frameworks. Priority for patients or service users subsequently moves from economic, symbolic or inter-personal inequalities commonly experienced, towards the application of overtly 'general moral principles' which fail to adequately recognise the interactive dialogue and 'legitimizing discourses' that shape and sustain inequitable relationships between the doctor as patient and patient as rational consumer within inequitable discursive settings such as the hospital or clinic. The strong priority given to objective knowledge and expertise mean also that the significant power held over patients or service users is such that the human qualities of each including those embodying difference or social class are marginalised through a sophisticated professional hegemony that leads to intense forms of institutional objectification. As Estes et al (2003: 96) conclude: 'Interactions take on a Buberian "I-it" quality, whereby the humanity of the other is not seen, except as a thing like material, subject to manipulation and control'. Whilst such stances are open to personal political reinterpretation for the professional at the level of agency, any such radical ideological stance, can appear unsettling at a time when reports of neglect or abuse against older people in a variety of UK health and social care settings continue to prevail or indeed rise (for example, *Care Quality Commission*, 2013a; 2013b).

Alternative paradigms for ageing: post-structural, critical and indigenous ethics

A number of established or emerging paradigms have challenged the apparent elitism or homogenising complacency of professional ethical codes, and more generally institutionalised forms of morality. Three examples are offered. Although often contrasting, ideologically converging elements of such alternative perspectives may together, provide us with a foundation upon which to build a more sustained and viable sets of moral principles

more suited to moral substance, ethical recalcitrance or sincere forms of support for ever more diverse ageing communities.

The first example remain what have been loosely-termed 'postmodern ethics' including a questioning of the logocentric bias inherent within Western philosophy and related sources of knowledge (Bauman, 1991). These include many points, but of particular interest for social work remain a challenge to the pervasive ideals of autonomy and rational agency precariously built around the binary-inducing principles of reason, truth and seemingly unequivocal logic. This includes an associated scepticism felt towards seemingly 'deviant' others, especially forms of agency which drift away from the hetero-normative and young 'white' Western male. Crude logocentric emphasis placed upon emotion free professionalism, learned knowledge, discursively embedded and taken-for-granted truth-based assumptions within grand narratives are again challenged. Examples include that ageing represents 'naturalized decline' and predictable dependency requiring interventions through the application of rigorous scientific knowledge. Such political cultures which, subtly or otherwise, includes the dismissal of experiential lay knowledge and opinions (unless carefully controlled), lead to implicit distrust of deviant otherness while discursively inscribing a 'dualism between self and other' (Popke, 2003: 302). Post-modern and post-structural approaches instead propose alternative ways of conceptualising ageing subjectivities including to challenge normative prescriptions. This suggests a more fluid ethics based on an explicit recognition of power and domination, relative freedom, openness, creativity and difference, as well as the validity of so called 'lay' perspectives.

Also, fundamental to such critical moral stances is a unifying theme that ageing is not a social problem or risk to be dealt with purely by technical, bureaucratic or medical solutions:

but a dynamic multicultural, political and social assemblage of tacit experiences and events embedded with meaning at a personal level, or within diverse moral communities and social spaces. Dannefer and Settersten (2010: 3), for example, note how associated life-course perspectives represent a significant departure 'from the conventional practice of thinking about age in normative terms', to one in which recognition is given to growing older as 'shaped by a host of factors that cumulate in individuals over decades of living'. Here the changing identity of the ageing person is understood as part of an ongoing life-span which enmeshes many stages and influences, from the biological and psychological to the cultural, material and social.

Related post-structural interpretations of ethics seek also to challenge 'post-welfare' policy around ageing. This includes any increased risk-averse surveillance techniques offered by attachment or systems theory yielding 'care managers' or health workers, alongside the cursory but probing and insensitive use of technologies of care such as assessments of need or risk assessments; which seek to locate, measure, evaluate, instruct or move the ageing body trapped in the apparent 'black hole' of an increasingly demoralising fourth age (Gilbert and Powell, 2009; Higgs and Gilleard, 2015). Governance theories, inspired by Foucault (1986) and Rose (1996), offer another canon of debate. Within what Dean (2010: 20) has termed 'the arena of the government of the self', ethics persevere in wider discourses, knowledge and power relations; and are disseminated in institutions and increasingly abrupt and didactic engagements with professionals. They also offer an epistemological framework through which to stimulate the capacity of citizens to reflect and monitor themselves, to be more reflexive, empowered and autonomous. As Gilbert and Powell (2009: 7) surmise:

Individuals, incited by discourse, engage in reflective processes where they speak the truth about themselves, gain self-knowledge, and then act on that self-knowledge in an ethic of self-formation producing the self-managing individual central to neo-liberal rule...Techniques of self-assessment, counselling, reflection and professional supervision all provide examples.

Normative and professional ethics in these terms become more about instilling the personal capacity of elders to gain control - to empower the reflexive ageing self - including to rely much less upon state support.

Although fascinating and clearly of relevance to critical interpretations of ageing and ethics, one sustained criticism made against such eclectic perspectives are their limited recognition of macro-structural or materialist influences. These include in relation to poverty, inequality, social class, and their central association with later-stage ageing, such as by inculcating 'structured dependency' (Walker, 2009). In the UK, older people now account for nearly 60 per cent of local authority spending on social services, a reflection of both demographic pressures and 'widening inequalities in later life' (Milne et al, 2014: 9). Indeed, the casualisation of employment and reduced access to pensions and fragmented social and health care services in the UK are intensifying further already established forms of aged-related inequality and exclusion (Phillipson, 2013).

Anti-essentialist ethics which query a rationale for generating truth claims and constructing static foundations for morality may overstate the capacity of welfare professionals to instil autonomy among older people while promoting political nihilism. Understandably perhaps, adult social workers may argue that they require guidance, direction, and insight from which

to make crucial moral judgements, typically at short-notice. They may be somewhat perplexed at endless debates about the use of language or the importance of managing identities, and contest that it is material inequalities and forms of structural exclusion that have the greatest impact on older clients or the local communities which they serve. In relation, Singer (1986) has argued that ethics and normative moral theory are too often 'poverty blind'; a point of contention in a welfare profession such as social work which represents the most class-specific and increasingly rescinded or punitive instrument of the welfare state (for example, Phillipson, 1982; Jones and Novak, 1999). In relation, Shapiro and Stefkovich (2005) have detailed the 'ethic of critique' to prioritise not merely critical analysis, but as a theory-based means in which to foreground and confront structural and material inequalities through applied ethics. This is alongside appreciation through ethics of disadvantage and oppression including in tacit attempts to promote equal relations. Here recognition is also given to minority needs, policy, history and, crucially, the redistribution of power and material needs as a central component of ethical teaching, research and practice.

Another example of a counter-hegemonic set of moral principles remains what have been coined 'indigenous ethics'. The non-codified and eclectic moral insights of indigenous people in the Majority World seemingly benefits from a lack of 'epistemological corruption' of Western logocentric ideals, alongside any situated priority given to the values of seemingly white male dominant elites. They are, it seems, not trapped in western realist discourses, and can offer a greater degree of respect for more visible older people. Elders are often central to many indigenous cultures, as is recognition of other minority issues and

needs. Castellano (2004: 101), for example, details the principal role of Canadian Aboriginal Elders within their local communities, including as part of teaching:

When Aboriginal Peoples speak about maintaining and revitalising their cultures, they are not proposing to go back to igloos and teepees and a hunter-gatherer lifestyle. They are talking about restoring order to daily living in conformity to ancient and enduring values that affirm life...The persons who are most knowledgeable about physical and spiritual reality, the teaching and practice of ceremonies, and the nuances of meaning in Aboriginal languages are Elders. Elders typically have been educated in the oral tradition, apart from the colonizing influence of the school system. They enjoy respect as sources of wisdom because their way of life expresses the deepest values of their respective cultures.

Indigenous values provide a political challenge to the associated positivist stress upon 'subjects' within present day instrumental professional cultures, including any related obsession with formality, objectivity, measurement, evidence or various corrupting business principles such as a concomitant narrow understanding of social relations, assets or medically-framed 'needs'. Within tight narrated boundaries set by bureaucratic managerial hegemonies, the marginalisation of trust, spirituality and *meaningful* representation is more likely to flourish. Popke (2003: 312) claims that many indigenous belief systems can sustain an ideological challenge to modernisation alongside ever reductive consumerist notions of development or progress, such as through a 'kind of "situated" commitment to community' that offers 'a powerful source of solidarity for [older] subaltern groups seeking to confront the worst excesses of neoliberal globalisation'.

Conclusion

Despite demographic pressures and social change, social work with older people has continued to decline in the UK. Core policy initiatives such as personalisation or asset-based care have omitted a clear role for adult social workers, who now rarely get a mention in official policy documents or debates (Carey, 2016). Although an ageing population remains ever more diverse, numerous professional 'social work' activities continue to fulfil a restricted focus: especially in terms of quantifying rather than meeting various narrow interpretations of 'needs'; or engaging in limited bureaucratic and managerial-technicist elements of 'adult safeguarding' roles which seek, often unsuccessfully, to control risk with minimal interventions. A raft of 'technologies of care' and reductive non-materialist discourses supported by essentialist frameworks again persevere: including evidence-based practices, business and economic, behavioural psychology, resilience, attachment or narrowly reinterpreted strengths-based theories. Such reductive and increasingly calculated yet crude interventions also reflect the relentless rejuvenation of positivism, hard science and deductive care in social work (for example, Webber, 2015); and are set aside, ever more, as crude epistemological instruments to objectively analyse people in the fourth age not uncommonly moving towards an end-of-life. Indeed Smethurst (2012: 32-33) has argued that formal care for older people is now almost exclusively dominated by a 'financial discourse', with social care representing little more than a 'residual luxury' within a political narrative through which dependency is discouraged 'through a combination of moralizing and bureaucratic deterrence'.

The impact of social fragmentation upon groups such as older people due to the erosion of communal and social networks, in tandem with enhanced forms of neo-liberal inspired professional exclusion and risk management, merely add further pressures upon diverse ageing communities. Earlier critical debates about neglect or abandonment within welfare and professional social work discourses towards older people (for example, Phillipson, 1982) have, it seems, become more pronounced. Tensions persist between increasing diversity within an ever more variable ageing society and the narrow focus within receding domains of welfare placed upon reductive models of bureau-professional practice. Reliance upon 'textbook' ethics and biomedical principle-based paradigms that 'reinforce a sense of professional superiority' (Hanford, 1993; Banks, 2016) - or denounce critical learning as anecdotal or biased research that lacks rigour add further strains to already compromised systems of network-centred de-professionalised care.

It has been proposed that some alternative perspectives within a broader cultural and political discursive domain of ethics - including those drawn from other Majority cultures that promote visibility and situated respect for older people - may offer a challenge to institutionally driven ageist professional narratives or reductive market-state hegemonies. Other alternative paradigms persist, and some such as the ethics of critique or care can provide 'powerful insights' into political context regards interventions with older people, including to illuminate the 'inadequacies of relevant policies and practices' (Lloyd, 2004: 245). Paradigms within codified ethics, moral theory and social work typically often lack materialist and macro-structural discursive traits, able to adequately accommodate poverty, material or power-based inequality and social class. This is despite each of these political constructs being central to nearly all forms of social work with older people. Older people

themselves tend to be excluded from involvement in the construction of codes, and subsequently can become as invisible within such professional discourses as within many fields of mainstream society. As Twigg (2006: 53) has argued, changing attitudes and newer theoretical perspectives regarding ageing may generate a window of opportunity for the 'objects of policy presented for analysis' to 'wrestle the account of age out of [the] hands of experts'. These are just some of the challenges facing social work with older people at a time of continued economic and political upheaval, and aggressive state welfare retrenchment.

References

- Arber, S. (2006) 'Gender and Later Life: Change, Choice and Constraints' in Vincent, J., Phillipson, C., and Downs, M. (eds.) *The Futures of Old Age* London, Sage. 54-62
- Banks, S. (2004) *Ethics, Accountability and the Social Professions* Basingstoke, Palgrave MacMillan
- Banks, S. (2016) 'Everyday ethics in professional life: social work as ethics work' *Ethics and Social Welfare* 10 (1): 35-52.
- Baines, D. (2013) 'Resistance in and outside the workplace: Ethical Practice and Managerialism in the Voluntary Sector' in Caney, M., Green, L. (eds) *Practical Social Work Ethics: Complex Dilemmas in Applied Social Care* Farnham, Ashgate

Bengtson, V.L., and Oyama, P.S.(2007) *Intergenerational Solidarity: Strengthening Economic and Social Ties* New York, United Nations

Blaikie, A. (2006) 'Visions of Later Life: Golden Cohort to Generation Z', in: Vincent, J., Phillipson, C. & Downs, M. (Eds.) *The Futures of Old Age*, London: Sage.

Care Quality Commission (2013a) *Time to Listen in NHS Hospitals: Dignity and Nutrition Inspection Programmes 2012* Newcastle-upon-Tyne, CQC

Care Quality Commission (2013b) *Time to Listen in Care Homes: Dignity and Nutrition Inspection Programmes 2012* Newcastle-upon-Tyne, CQC

Carey, M. (2015) 'Journey's end? From residual service to newer forms of pathology, risk aversion and abandonment in social work with older people' *Journal of Social Work* 16 (3): 344-361.

Carey, M. (2016) 'Biomedical Nemesis? Critical Deliberations with regards Health and Social Care Integration for Social Work with Older People' *International Social Work Online* First 28th June.

Carey, M. and Green, L. (2013) 'Practical Social Work Ethics, Professionalism and Ethical Space' in Carey, M. and Green, L. (eds) *Practical Social Work Ethics: Complex Dilemmas in Applied Social Care* Farnham, Ashgate.

Carpenter, J. and Hewstone, M., (1996). 'Shared learning for doctors and social workers: Evaluation of a programme'. *The British Journal of Social Work*, 26(2): 239-257.

Congress, E. (2010) 'Codes of Ethics' in Gray, M., and Webb, S. (eds) *Ethics and Value Perspectives in Social Work* Basingstoke, Palgrave Macmillan

Cracknell, R(2010) 'The Ageing Population' *Key Issues for the New Parliament 2010* London, House of Commons Library Research.

Dannefer, W.D., and Settersten, R.A. (2010) 'The Study of the Life Course: Implications for Social Gerontology' in Dannefer, W.D. and Phillipson, C. (eds) *International Handbook of Social Gerontology* London, Sage. PP3-19

Davidson, K. (2006) 'Flying Solo in Old Age: Widowed and Divorced Men and Women in Later Life' in Vincent, J., Phillipson, C. & Downs, M. (Eds.) *The Futures of Old Age*, London: Sage.

Dean, M. (2010) *Governmentality: Power and Rule in Modern Society*, 2nd Ed. London, Sage.

Estes, C. L. and Binney, E. (1989) 'The Biomedicalisation of Ageing: Dangers and Dilemmas' *The Gerontologist* 29(5): 587-598.

Estes, C.L., Biggs, S., and Phillipson, C. (2003). *Social Theory, Social Policy and Ageing: A Critical Introduction*, Berkshire: Open University Press.

Foucault, M. (1986) *The Care of the Self*. New York, Pantheon.

Gilbert, T. and Powell, J.L. (2010) 'Power and Social Work in the UK: A Foucauldian Excursion' *Journal of Social Work* 10 (1): 3-22.

Gilbert, T & Powell, J.L. (2012). 'The Place that Social Policy Plays in Shaping the Social Context of Older People' in Davies, M. (Ed.) *Social Work with Adults* (pp. 167-183). Basingstoke: Palgrave Macmillan.

Glasby, J., Ham, C., Littlechild, R., McKay, S. (2010) *The Case for Social Care Reform – The Wider Economic and Social Benefits* University of Birmingham, HSMC IASS

Holstein, M.B., and Minkler, M. (2007) 'Critical gerontology: Reflections for the 21st Century' in Bernard, M. and Scharf, T. (eds) *Critical Perspectives on Ageing Societies* Bristol, Policy Press. pp13-27.

Jones, C. and Novak, T. (1999) *Poverty, Welfare and the Disciplinary State* London, Routledge.

Kilner, J.L. (1996) 'Why now? The growing interest in limiting the lifesaving health care resources available to older people' in Walters, J.W. (ed.) *Choosing who's to Live: Ethics and Aging* Urbana and Chicago, University of Illinois Press

Hanford, J.T. (1993) 'Religion, medical ethics, and transplants' *Journal of Medical Humanities* 14(1): 33-38.

Higgs, P. (1997) 'Citizenship theory and Old Age: From Social Rights to Surveillance' in Jamieson, A., Harper, S., and Victor, C. (eds) *Critical Approaches to Ageing and Later Life* Buckingham, Open University Press. pp118-132.

Higgs, P. and Giljeard, C. (2015) *Rethinking Old Age: Theorising the Fourth Age* London, Palgrave

Lash, S. (2007). Power after Hegemony: Cultural Studies in Mutation? *Theory, Culture, and Society*,24(3): 55-78.

Lloyd, L. (2004) 'Mortality and Morality: Ageing and the Ethics of Care' *Ageing and Society* 24 (2): 235-256.

Milne, A., Sullivan, M.P., Tanner, D., Richards, S., Ray, M., Lloyd, L., Beech, C., and Phillips, J. (2014) *Future directions for investment: Social work with older people* London, The College of Social Work

Nazroo, J. (2006) 'Ethnicity and Old Age' in Vincent, J., Phillipson, C., and Downs, M. (eds.) *The Futures of Old Age* London, Sage. 62-73.

Petrie, S. (2009) 'Are the International and National Codes of Ethics for Social Work in the UK as Useful as a Chocolate Teapot?' *Journal of Social Work Values and Ethics* 6 (2).

Popke, E.J. (2003) 'Poststructuralist Ethics: Subjectivity, Responsibility and the Space of Community' *Progress in Human Geography* 27 (3): 298-316.

Phillipson, C. (1998) *Reconstructing Old Age: New Agendas in Social Theory and Practice* London, Sage.

Phillipson, C. (2013) *Ageing* Cambridge, Polity.

Ray, M. (2014) 'Critical Perspectives on Social Work with Older People' in Baars, J., Dohmen, J., Grenier, A., and Phillipson, C. *Ageing, Meaning and Social Structure: Connecting Critical and Humanistic Gerontology* Bristol, Bristol.

Rose N. (1996) The Death of the Social? Re-figuring the territory of Government. *Economy and Society*, 25(3): 327-356.

Rossitor, A., Prilleltensky, I., and Walsh-Bowers, R. (2000) 'A Postmodern perspective on Professional Ethics' in Fawcett, B., Featherstone, B., and Rossitor, A. (eds) *Postmodern Feminist Perspectives: Practice and Research in Social Work* London, Routledge 83-103.

Shapiro, J.P. and Stefkovich, J.A. (2005) *Ethical Leadership and Decision Making in Education* 3rd ed Oxford, Routledge

Singer, P. (1993) *How Are We to Live? Ethics in the Age of Self-interest*. Oxford, Oxford University Press.

Smethurst, C. (2012) 'Contextualizing the Experience of Older People' in Hall, B., and Scragg, T. (Eds.) *Social Work with Older People: Approaches to Person-centred Practice*, Maidenhead: Open University Press pp34-46

Twigg, J (2006). *The Body in Health and Social Care*. Basingstoke: Palgrave Macmillan.

Walker, A (2009) 'Why is ageing so unequal?' in Cann, P. And Dean, M. (eds.) *Unequal ageing: the untold story of exclusion in old age* Cambridge, Polity pp141-154

Webber, M. (ed) (2015) *Applying Research Evidence in Social Work Practice* London, Palgrave MacMillan

Wilmot, S. (1997) *The Ethics of Community Care* London, Cassell

Zielinska, A.C. (2015) 'Moral Principles and Ethics Committees: A Case against Bioethical Theories' *Ethics and Social Welfare* 9 (3): 269-279

Zylinska, J. (2009) *Bioethics in the age of New Media* London, MIT press.

