The historians’ view...

Why are our elderly care services in crisis?

Doctors and MPs are warning that millions of elderly people are being put at risk by failing care services. We asked historian Pat Thane what led to Britain’s social care crisis, while Mayumi Hayashi offers a historical perspective on elderly care in Japan.

Interviews by Chris Bowlby, a BBC journalist specialising in history.

For decades, providing care for older people has been regarded as the poor relation of other healthcare services.

PAT THANE

Today's crisis in care for older people has two main causes: the growing numbers of people living longer with increasingly complex needs, relying on a system that has long been the poor relation of national health and social care services.

Current services originate in two key postwar measures: the NHS and the 1948 National Assistance Act. This required local authorities to provide residential accommodation for older people, supervise care homes run by independent organisations, provide home and community services, including meals, day centres and home helps, or to subsidise other providers.

The NHS was free and wholly publicly provided, to deliver the best healthcare for all. No such vision guided residential and community care, substantially provided by voluntary services, collaborating with local authorities as they long had, with least-tested charges for all services.

The Labour government, facing the task of reconstructing the postwar economy, could not afford to fund all services, and social care of older people was not seen as a high priority. Older people rarely survived long following acute conditions such as strokes. Before such episodes they were mostly self-supporting, or received help from their families (among the better-off, that help may have been provided by servants). Before 1948, those lacking such support could access free, but minimal, residential support in the workhouse.

Today, due to rising life expectancy (from 66 for a male at birth in 1948 to around 80 now), better lifetime health and improved medical knowledge and care, more people survive longer in conditions requiring expert support. Families provide at least as much care as they ever did, but can rarely, without support, address serious personal needs.

Care faced persistent criticism as these trends became apparent. From the early 1960s, local authorities were required to plan health and welfare services to enable older people “to remain in their own homes for as long as possible”. But this increased concern about the lack of co-ordination of free health and paid-for social care and the slow development of social services.

Through the 1970s a succession of measures sought to improve matters but, at a time of financial crisis, funding remained inadequate and little changed.

In the 1980s, government spending cuts and preference for private over public services made co-ordination even more difficult, while the numbers of frail older people grew. Governments emphasised the need to improve services, while doing little to assist. The Griffiths report in 1988 concluded that “community care is a poor relation; everybody’s distant relative but nobody’s baby.”

Services were uneven across authorities and, unless you were prepared to pay, increasingly difficult to obtain for any but the most severely disabled. Little changed through the 1990s and 2000s, without severe deterioration, until further cuts from 2010 created the current crisis. The need still grows, putting intense pressure on ill-supported family members—themselves often retired people caring for their partner or for parents in their 80s and 90s.

Why has 60 years of criticism produced so little change? Discrimination against older people has a long history and those affected by inadequate health and social care are too vulnerable to launch the protests that have led to the current crisis.

Pat Thane is professor of contemporary history at King’s College London.
In Japan, thanks to deep-rooted Confucian ethics, eldest sons were held legally responsible for the care of elderly parents. The myth of Oshureyama, the elderly woman who was abandoned by her disrespectful parents, was a powerful influence on how elderly care is perceived in Japan. The care of elderly parents was seen as a duty that passed from generation to generation.

Until the second half of the 20th century, these deep-rooted Confucian ethics weren't applied to all families. However, under the influence of the Universal Healthcare System introduced in 1961, and the need for elderly care, the situation began to change.

The care for the elderly was initially left to private institutions, and many elderly people were sent to nursing homes. This situation changed in 1964 when the Ministry of Health, Labor, and Welfare introduced the National Health Insurance System, which helped to expand the care for elderly people.

Care for elderly people was initially provided by family members, but with the increasing number of elderly people, the government recognized the need for institutional care. In 1985, the Elderly Care Insurance System was introduced to provide financial support for the care of elderly people.

In recent years, there has been a shift towards community-based care, with the government encouraging elderly people to remain in their homes as long as possible. This has been seen as a more effective way of providing care, as it allows elderly people to maintain their independence and dignity.

Despite these changes, there is still a strong tradition of familial responsibility, and many elderly people continue to receive care from their families, even if they are living in nursing homes.