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What do we mean by age?

What factors are involved in participatory working with older people? The panel uncovered many prompts for consideration on fostering inclusivity when working in this way. Posing questions on participation, social isolation, authenticity, and responsibility, this resource brings together these ideas around the reductive use of age as a category to identify participants.

Because what emerged from the panel, is that age is just a number.

When people discuss diverse communities, they are mindful not to “other” those who are different to them. We talk inclusively about those that are outside societal perceptions of the mainstream as regards to ethnicity, sexuality, gender and disability. When it comes to age, we are unsure -both as a society and in cultural practice- by what we mean.

1

How old is old anyway?

There is an assumption that *older people* are post war baby boomers, all now in their 70s. However, the pandemic has taught us that age isn't static and in fact generations are constructs too. They may be a useful tool for analysis, but aren't fluid enough to consider societal shifts in terms of age and its own social context. If you are 50+ you could now have three generations spanning 30 years in your family. Does being a grandparent make you "old" these days?

Whilst generational categories make for stereotypical assumptions and don't consider socio- economic, cultural, and geographical variances, they are a useful tool for benchmarking technological adoption and cultural use.

Baby Boomers
born 1946 to 1965

Millenials
born 1981 to 1996

Generation Alpha
born 2010 or after

1940

1950

1960

1970

1980

1990

2000

2010

2020

Generation X
born 1965 to 1980

Generation Z
born 1997 or after

2

Medical vs Social Model

Before the pandemic (but exacerbated by Covid-19) there's been a medical model lens that we have viewed age through. The Medical Model is normally applied to disability and considers disability as a problem, focusing on what an individual can or can't do, using a non disabled body as the standard.

Older people were defined by care home residence, by illness, and by vulnerability — and as a society “we” had to take care of during the pandemic. “Don’t kill your gran” the then Health Secretary implored us. Older people were viewed as the weak in society who needed the rest of us to look after them. In real terms, the immediate impact of Covid was indeed worse on those defined as older by age. Once vaccinations started, older age groups were identified as in their 50s and then 40s, showing a sliding scale of age and particularly defined by those with underlying health conditions. So, the status of your health risks is what identifies you as old. So far, so “medical model”.

The Social Model centres external barriers in society as what disables people. In this context, disability is a social construct and these barriers are societal. If we view age in this way, we focus less on age stereotypes, assumed health issues, fragility and impairment and focus on societal attitudes towards ageing which leave those within older communities without agency or self determination. As we live longer, with greater lifestyle expectations and independence, then a social model of ageing accommodates more nuance and variance and also allows for far greater intersectionality and diversity when it comes to age.

2

Medical vs Social Model

ASK YOURSELF THIS QUESTION

- Who is an aging participant? Where is the cut-off, and why?

3

What language do we use when we talk about age?

Are we talking about a younger old age as it were? It feels that the traditional generational categories of age are being upended. This is not just in part by people on the whole living for longer, but as the pace of change within technology rapidly accelerates, society adapts through these technological and demographic shifts. The generational age gap shrinks with better health care, and digital services and delivery for older people encourage independent living and agency, rather than institutionalised care. This is dismantling the medical model of ageing and creating a social model of ageing.

Whilst digital doesn't eradicate and indeed can exacerbate social isolation; during the pandemic it proved to be essential for communication and keeping familial and community links alive, both nationally and internationally. It has transformed how globally dispersed communities can connect. In doing so, it changes the nature of how we view age as so called "older people" embrace digital technology to keep in contact, keep active and keep informed.

That being said, the trope of older people unused to technology was partially exposed as a myth during lockdown as more and more people used online platforms, video calling and social media to stay connected. As we moved online, that middle older age became part of the digital audience.

But considering the importance of lifestyle, digital technology enabled wider consultation with older people and digital delivery in

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care homes. This demonstrates, to an extent, that factors on top of age, such as living circumstances and their structures of care played a part in cultural engagement.

Furthermore, what are “ageing participants”? We are ageing from the moment we are born. Is anyone who is not a Millennial an ageing participant? Or is it from a Gen Z point of view, whereby anyone from Millennial onwards is seen as “old”?

ASK YOURSELF THESE QUESTIONS

- How much do someone’s lifestyle choices influence and impact on their own identity as an ageing participant?
- How does socio-economic variance play a part in ageing and perceptions of age?

4

How do you address bias when it comes to age?

Socio-economic variances impact on digital engagement regardless of age. As new technologies emerge, you can remain the same digital age as defined by the technology platform and level you stay at.

As we live independently for longer with more complex health conditions and as immigration redefines a singular experience of age, we need to look beyond a Western lens when talking about ageing. What does “old” mean when in some communities, elders are respected as being powerful and with influence, and not seen as vulnerable? In these communities elders have wisdom and agency and as such are treated very differently when compared to a more Western approach to ageing and social care.

Coupled with ethnicity, sexuality, and gender, we need to start approaching age with a more discerning and qualitative eye. What does ageing mean if we move beyond traditional gender norms, and societal familial constructs are replaced by the families we choose? As we move beyond other social constructs such as gender, and as ethnicity disrupts the established Western heteronormative society, the notion of age is no longer linear and bounded by health- it has to be reflected by social dynamics and be viewed intersectionally and within a variety of contexts.

Working in this way also challenges our own assumptions and bias when it comes to age.

4

How do you address bias when it comes to age?

ASK YOURSELF THESE QUESTIONS

- What assumptions do you make when looking at generations (Baby boomers, Gen X, Millennials, Gen Z)?
- What generation do you put yourself in? Do you fit or challenge those stereotypes?
- Where do you put age on the spectrum of digital adoption? (How users can use digital tools as they are intended and to the fullest extent)
- How has lockdown and the pandemic disrupted digital usage (streaming, video calling, AI virtual assistants)?
- How can you use technology to co-produce with participants rather than instrumentally as a tool for engagement?
- How can you work with technology to factor in intersectionality to make for an inclusive experience that, as well as age, considers gender, race, sexuality, disability, and socio-economic background?