

Transcript

George Leeson

Welcome to the Ageing Conversation, a series of podcasts from the Oxford Institute of Population Ageing at the University of Oxford. I am Professor George Leeson, Senior Professorial Fellow at the Institute. The Oxford Institute of Population Ageing is now celebrating nearly 30 years. was the first institute to move away from looking at old age per se and instead to examine the implications for societies, economies, political systems and indeed the wider global community of the profound demographic shifts brought about by falling fertility and increasing longevity. We are a multidisciplinary institute and the topics presented in this podcast series reflect the breadth of expertise exploring different aspects of population ageing, past, present and future. Each of these podcasts features an interview conducted by one of our research fellows and I'm delighted that the current series features Dr Chiara Fukaci and Dr Kate Bancroft. The opinions expressed by the interviewees do not necessarily reflect those of the Institute.

Introduction

Welcome to the podcast series of the Institute of Population Ageing at the University of Oxford. In this series, we're going to look at interesting aspects of why we age the way we age. And the next episode is hosted by my colleague, Dr. Kate Bancroft. Let's dive in.

Kate Bancroft

So I'm joined now by Professor Eleanor Moore. Welcome, Eleanor.

Speaker 2

Hi, Kate. Thanks for having me.

Kate Bancroft

Come and done on the keynote presentations at this week's conference. Would you mind just sharing, before we talk about your talk, just a little bit about yourself and your role at Cape Town University, please?

Eleanor Moore

Sure. Well, I'm a professor there, first of all, in the sociology department, and I've been there for about 13 years. And over the last maybe 10 years, or 8 to 10 years, we've been working, I mean, I've always been working in the world of sociology of families, intergenerational relationships and care. but over the last couple of years have focused in more on care of older persons specifically. So we developed a network before COVID actually, which brought different stakeholders on who are working and thinking about

care of older persons in the region. So in Southern Africa, not just in South Africa. And that was a really active and productive kind of network. And from there, we decided we actually also want to develop more, not necessarily an evidence in a kind of concerted way collectively. And so through that, we were able to I was able to apply for a welcome award, which allowed us to start this family caregiving program of older persons in Southern Africa. And so that brought a kind of a very specific and particular study and public policy kind of program together.

Kate Bancroft

Brilliant. Okay. And what was your topic in your presentation yesterday kind of focused around?

Eleanor Moore

So yesterday I talked to a paper that's called Struggles Over Elder Care. And really what it did, and it's co-authored by myself and Dr. Gabby Kelly, who has been working with us for the last couple of years. And so what we were trying to understand was the tensions in care relations we could see on the ground. So when we would talk to older persons, when we would host community meetings and different social workers, home-based carers, differently placed caregivers, paid and unpaid, we found there was this reoccurring narrative of blaming other people. So family caregivers would be blaming social workers for not being good enough. Social workers would be blaming family caregivers for not being good enough and not doing a good enough job. We wanted to try and understand that. And so part of us, why were the care relations so tense across communities, across different provinces, across the country? And had that anything to do with what was available in communities, i.e. like different forms of support, whether that's a old age home or whether that's some kind of respite care or whether that's just a service centre? And if so, how did that actually connect to the ways in which the state is supporting older persons more broadly nationally and provincially and obviously then locally as it filters down? And so we started to do our investigations and we looked at the spending and the financing of care for older persons over the last almost 20 years, 18 year period. And we found there was a 13% reduction in spending, particularly for community care, meaning service centers where older persons can gather, get meals, socialize, and also have to do a range of kind of health programs and the like. So what we found that meant that If there was less available community support, needless to say, families actually had to do more. And we also found that not only was there a reduction in spending of such services, but it was also highly uneven across the country. So areas of South Africa, for example, where former homelands and particularly outside urban areas, had almost no services. And therefore, being old and requiring care, as an older person in a rural area and in a rural area in this particular province that was formerly a homeland meant more grave kind of inequalities were experienced by that family and by that older person. And so that was the kind of the

main finding. We said, well, these tensions that we're seeing on the ground can really be explained through the state's kind of... action or inaction funding and defunding of services that did exist or the unequal distribution of services across the country and the ways in which families are really left to carry most of the responsibility, almost all of the responsibility for care.

Kate Bancroft

Yeah, interesting. And you said there was a slightly racial element to the study, wasn't that you found? Would you be happy to share some of those?

Eleanor Moore

Yeah, absolutely. So I mean, in reading some of the older reports, I mean, these reports might only be about 10 years old. It was brought to the department's attention in 2016 report that the older, the old care sector, the care, you know, the care for elderly persons sector is one of the most untransformed. kind of sectors. And that has a long history in terms of apartheid and who was able to access pensions previously only for white persons, although that changed over time since the 1920s. But not just pensions, old age homes. So all old age homes in apartheid era were for white people only. But that history, that kind of inequality, you can still see today. So in terms of that infrastructure, care homes, service centers that are often attached to a care home, they are in specific areas and those areas are serving mainly white persons. Now, so you have the inequalities that existed throughout the 30s and 40s, the 50s and the 60s, they linger because we all know disadvantages is cumulative. So if you enter into your old age and you have a history of being disadvantaged, needless to say, you know, you don't have the resources that other folks have been given in very advantaged ways through these types of histories. Not only that, the second part of that is that also has implications for caregivers. So Because of the few resources that are available, people, families, as I said, but not just all families, families that have more resources are able to pay for help. But most vast majority of families can't. And therefore, the onus of responsibility, the workload is carried more unevenly by those who have fewer resources. Not only have they a higher burden of care, i.e. caring with less resources, but they have to spend more time doing that. And that really impacts low income black women in South Africa the most. And And that means that unless these inequalities in what's available, what supports are available, are improved, it means that's going to impact what women who are 20, 30, 40 can do with their lives. So whilst there is increased education and the performance of women in education is really great, has made great improvements over the last 20 years, if their care responsibilities don't change or there's no options really, and if they are expected to care and are made, I mean, they have a duty to care, it means they're going to be locked into caring for younger children, older persons, people living with disabilities for a longer period. And

that means transformation, racial and gender transformation going forward is not going to happen in ways we would like.

Kate Bancroft

And are you hoping some of the findings that relate to that topic are going to help change national policy where there'll be like extra alert for those inequalities?

Eleanor Moore

No, absolutely. I mean. it's not it's not ironic and it's not funny, and some of these patterns are similar across the world, but we know not only are older persons, it's the feminization of old age, so older persons are more increasingly women, and in South Africa it's quite dominant, you know, so, but also the caregivers are predominantly. So, when we highlight some of our concerns to policy makers, government officials that we're working very closely with, we point out that when we're, you know, when we're under, when we're framing our policy priorities, these need to be gendered. They need to have a gendered lens from the outset, regardless of we're talking about water services or access to sanitation, it's all gendered. Our lives are gendered and racialized. And therefore that needs to be, so we really need to be thinking, and also in places like South Africa, but not only South Africa, Southern Africa, there's high portions of the population are living in rural areas. So we need to be thinking about women in differently placed social positions, specifically black low-income women, but also those living in rural areas who have poorer access to basic services, let alone home-based care and social work services.

Kate Bancroft

So when we think about intersectionality, it often covers like a double disadvantage, but with some of those women, it's a triple disadvantage.

Eleanor Moore

Completely.

Kate Bancroft

Racially, socioeconomically, and geographically.

Eleanor Moore

And gendered. Yeah. So the geographic location. Completely.

Kate Bancroft

Yeah.

Eleanor Moore

And that geographical location is I think something that has been, I won't say overlooked, but rurality and providing care in a rural setting. given the histories, the history of development and services in the country and in many other countries as well, but obviously the particularities of apartheid legacies, they continue. And so they're not gone. So there's very poor water services in many rural areas where women have to spend large times collecting water, collecting wood, and accessing toilets that are outside. And we know the dangers of all of those things and the risks that come with that. So that's, policy priorities need to have an unsectional lens as you said, but it needs to be highlighted and the starting point.

Kate Bancroft

Yeah. And have you seen any progress at all on the ground after doing this or is it far too soon?

Eleanor Moore

No, there is some progress that we're, there's small inroads being made into more information and awareness about particular social protection measures that older persons are able to apply for that was largely unknown, to be honest, by the popular, and so different government bodies, the ones responsible for social security, are trying, at least some parts of, the offices are trying to make it easier for older persons to apply and access services. And so there has been, there is also, I should say, the older person's legislation has just been reformed and with those amendments there, are some improvements. And I really think though. We all take legislation very seriously and policies very seriously, but it's the implementation that is important. And if it's not being implemented, then it's no good to have great laws and policies. So that's something that needs a lot of attention. And it's up to us, not just as researchers, but folks involved in the world of older persons, as you know, to increase the advocacy for that on a daily basis, so that people listen.

Kate Bancroft

That's brilliant. So if people wanted to contact you about this research, what are the best ways? Are you on social media?

Eleanor Moore

We are on social media, and I'm embarrassed to say I don't know.

Kate Bancroft

You don't know.

Eleanor Moore

No, I don't know, but it's family care. It's family caregiving. We have our website. It's www.familycaregiving.org.za. And then there is our Twitter X. social media site and yeah and we're on LinkedIn and all the others. But you can find all our details available on our website.

Kate Bancroft

Brilliant. Well thank you so much for being here and thanks for your talk yesterday and joining us on the podcast.

Eleanor Moore

Thanks so much Kate.