

Analyse the effects that an increasing ageing population has had on society in the UK since 1948 and changes successive governments have made since 1979 to meet the demands and changes.

Demography is the study of the characteristics of human populations such as; size, growth, density, distribution, and vital statistics. Those statistics vary depending upon what facet of the population a study undertakes to quantify into trends including; births, deaths, income, or the incidence of disease, ageing, along with many others which together illustrate the changing social structure of human populations. Understanding the size and characteristics of a country's population is vital when it comes to planning and delivering services like; education, transport, commerce, and healthcare. Population change occurs as a result of many factors including; births per 1000, deaths, and net migration, (the difference between immigration and emigration), and a myriad of other quantifiable statistics.

In the United Kingdom, a census survey is carried out every decade, to monitor these crucial changes and trends. The information the census provides allows; central and local government, health authorities, and many other organisations to direct their resources more effectively. Demography can also be used in the forecasting and planning for specific needs such as; housing, education, healthcare, and transport services for years to come. In this essay, we will explore changes made by successive governments, and the provisions made thereby in order to help manage these changes. We will analyse the impact of an ageing population, along with which contingency plans should be implemented in comparison to those actually enacted in order to accommodate the ever-changing demography of our society.

The end of the Second World War left many in absolute of squalor living under conditions of; inhabiting derelict housing, no sanitation, food rationing, and the elderly members of many families relying on their children to care for them in their old age. The United Kingdom was inefficient in dealing with the needs of the people having at the time a government in a fragmented state in turmoil and disarray, until the formation of the welfare state in 1948 (proposed by Beveridge) which in itself helped the poor and deprived families of this country set up financial security for their future, as well as free health care via the formation of the National Health Service. The country was on its way to economic recovery and infrastructure.

Life expectancy pre 1948 was around 45 for men and 49 for women. Statistically between the years of 1955 to 2010, the number of people aged 40 and older trebled from 9.7m to 30.8m, in 2012 the number of over 65's and older in the UK surpassed 10 million for the first time, and by the year 2007 the number of people in Britain aged over 65 outnumbered those under 16 for the first time in its history. Baby Boomers: born during a period of rapid population growth and social change from 1946-64, reached a total of 17m births recorded in Britain alone during this period.

When comparisons are made from previous census studies to the more current, studies show significant changes in the mortality rates. Changes due to; better sanitation, drinking water vaccinations, diets and socialized housing have all contributed enormously to this process. The launch of the polio, diphtheria and cholera vaccination (1958) as an example. This altered the death rate of children before their first birthday dramatically. Statistically from the same era child death rates of children before their first birthday were 160/1000 compared to the present day (2016) of 3.9/1000. Advances in free medical health care came, with contraception in 1961 (the pill) and the 1967 abortion act. Women were influenced by the liberation of the feminist movement 1968/1970,

and set out to join the work force, resulting in a reduced nuclear size family, compared to that of an extended family.

However, as a result of these improved interventions, we now have an ageing population, and the demands of this population upon society have been catastrophic. Successive Conservative governments from 1979 onwards sought to dismantle the welfare state and to promote individual rather than state responsibility for welfare. This was done in a number of ways under the Thatcher ruling, having implemented changes to tackle the ever-increasing demands to raise funds by selling off public services to private companies or tendering out to the cheapest bidder, increasing the retirement age, and taxes, selling off council homes to tenants under the right to buy schemes at discounted prices. Also a factor introduced by the administration was the capping of welfare benefits based upon tests of individuals and families means as criteria for assessing the amounts of aid given.

The Conservative Governments of 1979, 1983, 1987 and 1992 oversaw far-reaching reforms of the National Health Service (NHS) which created much controversy. Supporters argued the reforms brought increased efficiency and effectiveness, but opponents argued they undermined the founding principles of the health service. Prescription charges were abolished by the Labour Government in 1965, only to be reintroduced on 10/6/1968 at a higher rate of 2 shillings and six pence but with a wider range of exemptions. In April 1971 the prescription charge was increased from 12.5p to 20p. In 1974 the exemption for children was raised to 16 and for women reduced to 60. The Conservative government then consistently increased the charge above the rate of inflation. In England 2016 the prescription charge is now £8.40.

The Community Health Care Act 1990 changed the way society cared for; the elderly, the mentally ill, the physically disabled and people with learning difficulties. The stated aim was to release people from long-stay institutions and house them in the community where they could be more independent and have a greater say in how they lived, along with which services they chose to use. However there was criticism from health and social care experts that the changes were not properly funded. They believed care in the community was more expensive than hospital care and that the extra funding has not been forthcoming. Another Conservative reform was the abolition of free eye and dental check-ups in 1989, and extortionate Prescriptions, further burdening the health care system.

The pensioner population is expected to rise despite the increase in the women's state pension age to 65 between 2010 and 2020 and the increase for both men and women from 65 to 68 between 2024 and 2046. Growing numbers of elderly people also have an impact on the NHS, where average spending for retired households is nearly double that for non-retired households: in 2007/08 the average value of NHS services for retired households was £5,200 compared with £2,800 for non-retired. These averages conceal variation across older age groups, with the cost of service provision for the most elderly likely to be much greater than for younger retired people. The Department of Health estimates that the average cost of providing hospital and community health services for a person aged 85 years or more is around three times greater than for a person aged 65 to 74 years. The ageing population brings with it, diseases such as dementia, Alzheimer's, heart conditions including diabetes. Funding these conditions will impact collectable revenues.

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Current and future developments will have a profound impact upon a broad range of public service changes that will be necessary in health and social care such as, residential housing, pensions, savings, adjusting our attitudes to ageing and retirement, housing provisions/adaptions, and considered questions of fairness within and between generations. Longer lives represent progress, but as well as opportunities, the changes involved create major challenges for; individuals, employers, our welfare services, and the Government inclusive of all political parties. Radical changes to the way that health and social care is delivered are needed to provide appropriate care for the population overall, and particularly for older people to address future demands. These are some of the areas we need to reflect upon.

Challenges of an ageing population:

- Gaps in the job market, with businesses and public services lacking workforce and skills (shrinking work force/tax force)
- Pressure on healthcare and social services. Not enough provisions to meet the demands dementia/Alzheimer's diabetes etc.
- Funding public services and social housing: particularly in time of recession,

How to harness the; experience, expertise, and creativity of a large number of older people.

- Raising the age of retirement – 70?
- Sustain or increase levels of migration to help fill labour and skills gaps-
- Encourage the working, taxpaying population, to save more through pension schemes
- Encourage people to remain active, engage in regular exercise and refrain from behaviours that could have a detrimental effect on their health.
- Higher taxes on alcohol and cigarettes.
- Increase national insurance and taxes for higher earners. (£55K)

On ending this essay it is clear that, Living longer is now inevitable; in the 21st century the key in general, is how to ensure those extra years are spent in a state of optimum health and wellbeing. A healthier old-age population would also allow greater numbers to remain in the labour market for longer, thereby mitigating the impact of an ageing population on the dependency ratio. This in turn could increase tax receipts and limit public expenditure growth. Censuses will help selected governments make provisions in line with the approaches they need to implement in order to meet the demands of the ageing population, whether it be residential housing /adapted homes or allowances for carers/family. Sustaining the NHS and social care workforce of the future must be equipped with the knowledge and skills appropriate for our changing socio-demographics; government spending need to more transparent.

Apendices/Bibliography

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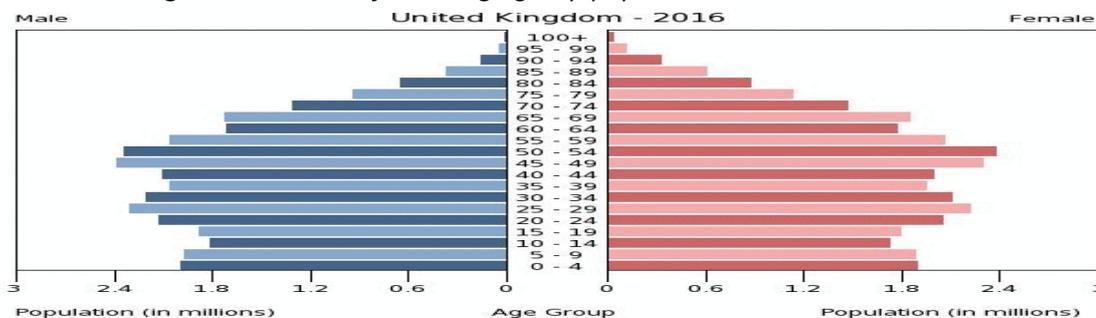
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Figure 1: Male and female age group population in the UK in 2016



- 0-14 years: 17.44% (male 5,761,311/female 5,476,649)
- 15-24 years: 12.15% (male 3,997,150/female 3,830,268)
- 25-54 years: 40.74% (male 13,367,242/female 12,883,674)
- 55-64 years: 11.77% (male 3,760,020/female 3,820,525)
- 65 years and over: 17.9% (male 5,170,542/female 6,363,047)

Table 1: UK population estimates and annual growth rates, 1960s to 2020s

Decade	Initial population	10-year growth in population	Annual growth rate (%)
1960s	52,372,500	3,259,700	0.61
1970s	55,632,200	697,500	0.12
1980s	56,329,700	907,800	0.16
1990s	57,237,500	1,648,600	0.28
2000s	58,886,100	3,873,400	0.64
2010s	62,759,500	4,600,200	0.71
2020s	67,359,600	3,993,000	0.58

Source: Office for National Statistics Office for National Statistics (2011). Report.



Figure 2: Population growth prediction for 2032

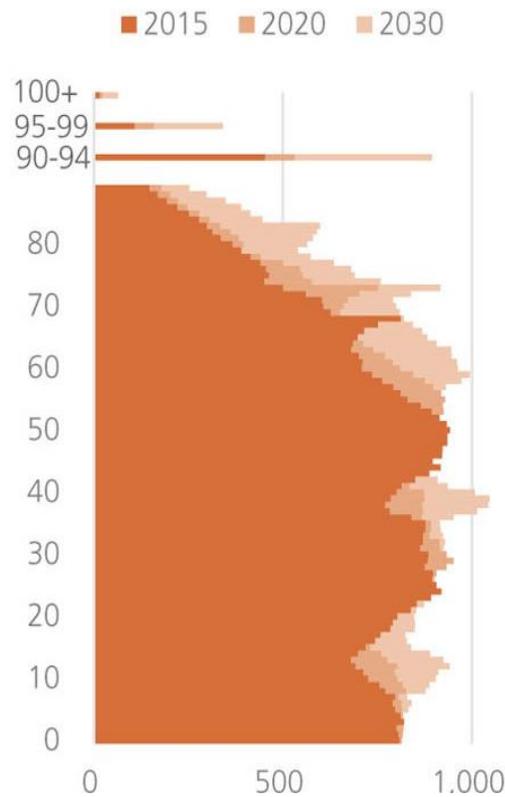


Figure 3: Households and families, Social Trends Ageing population predictions to reach an all-time high by 2030. Office for National Statistics (2011).

The infant mortality rate remained at 3.9 deaths per 1,000 live births in 2015.

There were 529,655 deaths registered in England and Wales in 2015, an increase of 5.6% compared with 2014.