Abstracts

Education   Joanna Bornat

Brian Groombridge, 'Older students: the perceptions of educational providers in Great Britain'. *Journal of Educational Gerontology*, **2** (1987), 19–30.

Brian Groombridge's informal survey of adult education providers concerned with older adults leads him into considering issues of curriculum, tutor support, policy and institutional change. Though his sample is drawn from members of the Forum on the Rights of the Elderly to Education, a group of practitioners whose awareness of the issues relating to older people is predictably keener than most, the paper reveals contradictory attitudes and perspectives which are provocative and occasionally conflicting.

There is the WEA organiser who observes that, 'they no longer wish to modify their attitudes. They don't really want to learn something new, but consolidate what they have.' And, in contrast a London informant who describes how, 'The group welcome and all join in business meetings, planning, organising, with a clique forming – very worthwhile.' The perspectives of providers, Brian Groombridge argues, determine the possibility of institutional change and curricular choice whether the group of learners is active and independent or frail and in receipt of continuing care. However, there are still fundamental issues to be resolved, issues which are not specific to the situation of older learners, but which the education of older learners illuminates. These issues concern the notion of education as a series of choices within a provision in contrast to the notion of education as an enabling process with outcomes which are both socially and personally developmental.

Ivan Moyer, Jr and Dan Lago, 'Institutional barriers to older learners in higher education: a critique of fee-waiver programs'. *Educational Gerontology*, **13** (1987), 157–69.

The authors contrast evidence which points to high levels of interest in education amongst older people in the USA with low levels of take-up on university courses where fee-waivers are available. They argue that

such provision is 'fiscally irresponsible' since it brings no revenue into the universities. Fee-waived programmes would appear to suit neither older people nor providers.

More important than financial incentives, they suggest, are institutional barriers which many universities seem unable to remove or deal with. Problems of physical access, location, bureaucracy, lack of information and enrolment procedures are just some of the obstacles which deter older students. They conclude that cost is more likely to be mentioned as a barrier by younger students and that administrators often lack the conviction and the commitment to the idea of fee-waiving, with the result that this is frequently given little prominence in college literature. Much of the content of higher education is at best neglectful, at worst ageist, with its emphasis on vocational objectives for younger adults. Lack of relevance to the lives of older people may well lead to university education appearing unattractive.

The solution advanced by way of conclusion is a double-edged programme focusing on counselling, targeting and scholarships on the one hand and a means-tested sliding-fee on the other. Such an approach would, they argue, increase the numbers of older learners in universities while creating a sounder financial basis for future developments.

Scott A. Bass, 'University and community partnerships: developing linkages for quality gerontological training and institutional expansion'. *Educational Gerontology*, **13** (1987), 307–324.

From its title this paper might appear to be addressing issues of professional development for service providers or care deliverers whose educational needs include a familiarisation with older people: a process of 'gerontology education'. In fact this is quite a different educational experience. The University of Massachusetts, a 'land-grant' college and state funded institution has over a period of five years run a programme focusing on issues concerned with age. Three quarters of the 179 students who graduated were over 60 years of age. The youngest student was 22, while the oldest was 82.

The article describes a course and a process of development which is unique, though as the author argues, repeatable elsewhere. Predisposing factors include a fee-waiver and, more significantly, close links with the community surrounding the university. From its inception, those involved in planning the programme involved outside organisations. With the main aim of career training for people over

60 years of age, organisations such as the Massachusetts Association of Older Americans were invited to play a leading role in guiding its first steps. Drawing on organisational and adminstrative skills is important but the programme has community focussed objectives running through all its different components. A central part of the programme, a 30 credit hour module, doubles as an undergraduate credit or as a freestanding certificate in gerontology. Its elements include knowledge of state and federal provision for older people, community needs, economic literacy, life stages, intervention with individuals, the legislature and public-interest speaking. Students undertake public policy research on issues which in a number of illustrated cases have had a direct impact on local provision or awareness. A project called, 'The elderly have spoken: is anybody listening?' led to a $22.5 million State appropriation each year for fuel assistance. Another, 'Access to nursing homes: the experiences of families' resulted in the development of state reform of nursing home policies.

After five years, the State of Massachusetts legislated to found a gerontology institute with a budget supporting a full-time staff of four and 50 part-time staff. The positive outcomes of the programme had an impact on local government whcih secured its future. Replicability of this particular initiative, it is argued, may depend on others following the example of close community links. In practice this means co-opting practitioners from the community into the university, targeting issues which have valued service outcomes for older people and ensuring, through networks and partnerships, that the programme becomes recognised as a resource for the community.

COMMENT

Educational provision for older people has acquired something of the dimensions of a popular movement in the United Kingdom. The issue of rights, the development of an active self-help movement and the emergence of a literature drawing on experience and observation in a variety of settings indicates that older people's education is now well established. In the UK and the USA there are now scores of initiatives, both short and long term, which testify to the popularity and success of policies which are sensitive to older people's learning. All this might properly be described as 'first generation' work.

What these three articles point to is the need for debate surrounding the issues of the 'second generation', issues concerning curriculum, development and policy analysis. Brian Groombridge's article provides no conclusions. He advances the questions which are now just beginning

to be asked by providers. Curriculum appears as an issue in the two American articles. Not only the published curriculum, which in itself is often delimited by ageist misconceptions, as Brian Groombridge argues, but the hidden curriculum. The hidden curriculum of institutional and cultural barriers confines older learners either to the margins of younger people's learning, as Ivan Moyer and Dan Lago argue, or it sets limits on the personal development and learning trajectories of older people. The Massachusetts programme suggests that there may be ways of opening up the curriculum to innovation and inbuilt change.

While some providers, as all these articles demonstrate, are well versed in the first generation issues of rights and entitlement, they also confirm that second generation work is only in its earliest stages. There are now well attested examples of the success of fee-waived and institutionally encouraged provision in the UK and in the US. Now required are debate and evaluation of what is provided, by whom and with what outcomes over time? Sadly this is the least propitious moment to be initiating such reflection. The current education debate in the UK is almost wholly focussed on schools. Adult education is non-mandatory, and if the ability of local government to act as the funder and sponsor of initiatives and longer term sources of support and evaluation is curtailed or, at best, fixed at present levels, then opportunities for more self-critical and open processes in the development of older people's learning will virtually disappear.

Department of Health and Social Welfare,
The Open University

Social Work and Social Services   David Challis

D. Arber, 'Aids to awareness and communication'. *Computer Applications in Social Work and Allied Professions*, **3**, 3 (1987), 6–11.

In the last few years there has been a great deal of interest in techniques of reality orientation and the principles of this approach have been used to a greater or lesser extent in a number of hospital wards and residential homes. Woods and Britton describe three major types of reality orientation (RO).[1] Informal or 24 hour RO involves staff presenting current information to patients/clients in each interaction, commenting on what is going on and reminding them of the time, place and people about them. A second type, often described as classroom