

Older people inside and outside the labour market: A review

Deborah Smeaton and Sandra Vegeris

Policy Studies Institute

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Executive summary

Background

The population of the UK, as elsewhere throughout the developed world, is ageing. Between 1971 and 2006, the population aged 65+ grew by 31 percentage points while the proportion aged 16 and under declined by 19 points. It is anticipated that one third of the nation will be over age 50 by 2020. Average life expectancy has increased over recent decades: from age 77 in 1981 to age 84 in 2008 for women and from age 71 to age 81 for men. This trend is expected to continue. In addition, fertility rates have fallen below replacement levels. As a result, demographic support ratios are falling; in 2006, there were 3.3 people of working age for every person of state pensionable age and this ratio is projected to fall to 2.9 by 2031.

In response to concerns that current systems will be unable to cope with an ageing population, the government has targeted key areas for reform, including: social and health care, education, benefits and pensions. Extending working lives has become a key policy objective. To this end, Employment Equality (Age) Regulations came into force in October 2006, outlawing age discrimination in the workplace. The age regulations do not, however, apply beyond the workplace to goods or service provision.

Aims

To enhance understanding of the current and future needs, aspirations and experiences of the expanding population of older people, the aim of the report is to undertake a review of older people both inside and outside the labour market at different life stages. For the purposes of the review older people are defined as those aged 50 and above, which includes the transition years leading to State Pension Age (SPA). The review draws on a range of academic, government policy and evaluation evidence, identifies gaps in knowledge and indicates key areas for future research. The findings will be fed into the research strategy of the Equality and Human Rights Commission and help provide strategic direction in relation to the age mandate.

A number of themes are addressed as part of the review, conceived broadly under the following headings:

- employment
- income – earnings, pensions and benefits
- education and training
- health
- community life and access to services

Within each of these themes, the review set out to investigate the opportunities and experiences of older people compared with younger age groups, to identify the incidence of discrimination based on age and to identify any inequalities of outcome whether related to employment, training, financial resources, health, community services or social inclusion. In addition to comparisons of younger and older people, differences or gaps in outcome are also explored within older age groups according to a range of factors including class, ethnic background, gender, disability, faith and sexual orientation. Of interest is the impact of ageing on other groups who are marginalised by society, in order to assess the extent to which various disadvantages are compounded by old age.

Methods

The review of policy and research is based upon three inter-related methods of research:

- a literature review
- stakeholder interviews
- secondary quantitative data analysis

Key findings

Employment

After the age of 50, labour market participation among men and women drops precipitously. In recognition that declining employment rates among older people are not sustainable in a context of population ageing, skills shortages and fear of a pensions crisis, the government has introduced a range of initiatives over the past 15 years. Measures include age discrimination legislation, increased SPAs, flexible working regulations, an Age Positive campaign, reform of pension access rules and a new emphasis on worker capacity designed to get unemployed older people with a disability or in poor health back into work more quickly. It is increasingly recognised that the key to extending working life is flexibility (Cabinet Office, 2000; Department for Work and Pensions, 2005) – in working arrangements, retirement age and access to pensions while still working. The right to request flexible working has been extended to some individuals with eldercare responsibilities; this is an important step given that it has been suggested that eldercare may become **the** work and family issue of the 21st century. The Age Positive campaign provides advice and guidance for employers and promotes examples of good practice, and the Finance Act has enabled individuals to draw down their pension while still employed without having to change employer or contract.

After a prolonged period of declining rates of employment among older people, particularly men, labour market participation has been growing more recently. It is too early to assess the collective impact of government initiatives, however, and it is not clear whether recent improvements in employment participation rates merely reflect a previously buoyant economy or sustainable structural and cultural change. Alongside rising employment participation levels, there has also been a modest increase in the use of flexible working among older men and women since 2000 and, among men only, an increase in the incidence of part-time working. There is evidence to suggest, however, that while many older workers would appreciate the opportunity to work flexible hours, more widespread is a desire for less stressful working conditions.

Job quality is an important issue for older workers. Changing jobs later in life, in search of greater flexibility or less stress, risks downward occupational mobility, poorer terms and conditions, and the segmentation of older workers into lower quality jobs. Evidence suggests that while employers are now more willing to **retain** older workers and will take steps to maintain their employment, the impetus to **recruit** older workers has not increased to the same extent. Opportunities for older workers therefore become concentrated in a narrower range of occupations.

Issues of job quality and discrimination in recruitment processes are more acute for older people with other disadvantages. Evidence is scant, but the few studies that have investigated ageing and disability, gender or ethnicity have demonstrated that the odds of unemployment or low-paid work can accumulate the more types of disadvantage are endured. Other analyses, of disability and ageing, suggest that the lowered odds of employment among the disabled are not unduly exacerbated at older ages. Studies of employment, ageing and faith or lesbian, gay, bisexual or transgender (LGBT) groups were not encountered. It is clear, however, that the employment gap (which, although improving, still persists) applies both between older and younger people and also within the older population. Employment prospects at older ages are largely determined by life-course experiences, employment histories and skill sets, which in turn may be related to class, health and levels of education. Patterns of internal migration among older people also bear upon their employment prospects, given the geographical spread of employment opportunities and variations at the local labour market level.

Preferences remain highly diverse, with many older people resentful of the expectation that they should work for longer. Others, typically working in more interesting jobs, are keen to remain in work beyond the SPA. Disadvantaged older people, from lower social classes and ethnic minority groups, are more likely to leave work prematurely for reasons of ill health or prolonged unemployment. Other low

income groups continue working beyond their perceived ideal due to financial imperatives. Either way, their decisions are characterised by highly constrained choices.

Income: earnings, pensions and benefits

Earnings, pensions and benefits were explored in order to identify the various sources of income at different stages of life, assess heterogeneity of income within older age groups and determine the extent to which older people are disadvantaged financially compared with younger generations.

Age-related earnings disparities have been identified. Older people are also at greater risk of poverty, with pension adequacy highly variable according to a range of factors including gender, age and ethnic background. Pension Credit (PC) and other benefits can supplement income and reduce hardship, but many pensioners who qualify do not take up benefits. It is estimated that around one third of those entitled to PC are not claiming and that 40 per cent entitled to Council Tax Benefit are not claiming.

The government has taken steps to reform pensions and state benefits in order to alleviate hardship among older people. The reforms serve to place responsibility for the cost of an ageing population on current rather than future working-age generations. This is perceived as necessary given that, today, there are around four workers for each pensioner yet by 2050, this will dwindle to around two workers for each pensioner. In response to widespread poverty among pension age men and women, the following measures have been implemented:

- Changes to the State Pension – with the earnings link to be restored, and the social contributions of women and carers to be recognised.
- Replacement of the Minimum Income Guarantee with the more generous PC, coupled with schemes to boost benefit take up among those entitled.
- A Fuel Poverty Strategy.
- The introduction of free bus passes and television licences for older people.

In terms of earnings, an age pay gap has been identified, associated to some extent, but not entirely, with older workers downshifting. The age pay gap is not as well recognised as the gender pay gap and there remains considerable scope for more research into this issue. Adequate pay later in life is critical as individuals become

increasingly concerned in making financial provisions for their retirement years. Large proportions of the older workforce continue working long beyond their perceived ideal retirement age due to financial concerns. As was observed in relation to employment prospects, however, earnings disparities within older age groups are far wider than between the young and old.

Once individuals retire, their financial circumstances can deteriorate dramatically. Almost one fifth of the pension age population live in poverty, surviving on pensions that afford very low standards of living and leaving many struggling to cope. The incidence of poverty increases as people age but the risk is most pronounced among women and ethnic minorities, reflecting lifetime employment, earnings and savings histories. More than twice as many retired women as men are dependent upon means-tested benefits. More than two fifths of Pakistani or Bangladeshi older people are surviving on very low incomes. There is less evidence relating to poverty in old age among LGBT, faith and disabled groups.

PC raises the income of less advantaged pensioners to levels determined by the Family Budget Unit as 'modest but adequate' but falls short of the budgetary levels required to run a car. As a means-tested benefit, PC can act as a disincentive to releasing equity from homes which have considerably increased in value over the past 10 years. Among the low-income workforce, the prospect of means-tested benefits during retirement may also act as a deterrent to saving behaviour.

Education and training

Adult education and training policy is largely phrased in terms of skills. The direction of current policy, as in the Leitch Review, is to improve the overall skills levels of the population and reduce the numbers of low skilled and poorly educated people. Within this framework, the scope for non-work focused learning among the older population has not been widened, leading to calls to ageproof skills and education policy.

Objectives set out in government policy documents are increasingly oriented towards life-long learning and the educational needs of adults pre SPA. In practice, however, budgetary constraints channel funded opportunities to the low skilled and the range of courses supported are limited. Labour market programmes for the unemployed have also been criticised for a lack of suitable training provision for many older people struggling to find work.

Life-long learning and training opportunities are recognised as essential for a number of reasons. Higher level qualifications protect older workers from premature retirement, highlighting the importance of education and training for lifetime

prospects. The need to broaden access to learning is also emphasised with reference to the health benefits for participants. These include: improved wellbeing and self-confidence plus enhanced mental health, financial acumen and community participation. At older ages, learning is also associated with prolonged independent living.

In terms of workplace training, a number of studies have demonstrated a decline in the incidence of training associated with ageing. The extent to which these patterns reflect discrimination by employers or an increased reluctance to participate in training at older ages is less clear. The 'training gap' between younger and older employees does appear to have closed since the year 2000, however.

More broadly, the incidence of learning in all guises among older people has been declining since the turn of the century. Declining trends are attributed to shifts in government funding priorities. The propensity to participate in learning at older ages differs, however, according to level of qualifications and ethnic background. Evidence relating to ageing and learning among different faith groups, the disabled and according to sexual orientation was not found.

Future developments in the learning patterns of older people both in and out of work remain uncertain with a number of government initiatives at early stages. These include a commitment to more adult apprenticeships, age discrimination legislation that applies to training in the workplace and a Department for Innovation, Universities & Skills consultation exercise in relation to informal adult learning launched early in 2008.

Health

Despite policy to the contrary, age discrimination against older people is evident throughout the health and social care systems. This includes exclusion from intervention treatments and medical research trials, over/under use of effective medications and delays to surgery treatments, all on the arbitrary basis of age. The health service is criticised for rationing services based on 'old age' and social services designed for the older female majority may not adequately take into account the support needs and preferences of older men. There is also a palpable gap in support between those who qualify for statutory services on the basis of financial criteria and those who do not qualify but cannot afford to buy in adequate support.

Health behaviours are linked to longevity. The most commonly reported types of longstanding illness are musculoskeletal, heart and circulatory diseases. But the propensity to live a longer healthy life is greatly reduced for certain sectors of society,

revealing deeply entrenched health inequalities. Low income, poor access to services and limited social contact contribute to poor health outcomes. It is too early to say how well focused efforts to reach marginalised older people (including those with mental health problems, the socially isolated and people from ethnic minority groups) are performing.

A significant supplement to statutory support services is the informal care that is provided on a voluntary basis. A large proportion of informal care is provided by older people. Although women are associated with family care-giving throughout life, more older men than older women are informal carers and this gap widens after age 74. This holds implications for carer respite services and support networks designed to enhance the quality of life for older carers.

Community life and access to services

Lifetime homes, alongside help from supported living schemes that offer low-level services, such as cleaning, gardening and DIY, are identified as key to prolonging independence and wellbeing in later life. However, research has revealed that the 'bit of help' services are not being equitably distributed, leaving ethnic minority and faith groups on the margins. Access to services outside the home is highly reliant on adequate transport. Concessionary fare schemes for public transport can help allay financial barriers but limited journey routes, mobility problems and rural distances can cause additional hardship for older people. Older women, in particular, face these difficulties, as they are less likely to have a driving licence.

Substantial numbers of older people remain active or renew activity in their communities, particularly after retirement. Only after age 74 is there a significant decline in community participation and social activities, mainly due to mobility and health problems. This underscores the need to maintain age-friendly public facilities. Furthermore, research has identified discriminatory practices that exclude older people from volunteering in a wide range of organisations. This is often attributed to short-sighted health and safety regulations that apply a strict maximum age threshold to policies. Older people from ethnic minority groups are also under-represented among organisational volunteers.

The drive to enable citizens to input into policy and service decisions is welcomed, yet a gap exists between the rhetoric and the practice. A bias in government practice towards holding consultations in formal business settings shows a disregard of people's preferred means of communication and does not accommodate the needs of people who are housebound or reside in institutional settings.

Although older people are less likely to be victims of personal crime than younger age groups, a disproportionate number view themselves as vulnerable; in particular, older women perceive they are at risk after dark. This therefore impinges on their lives outside the home. Neighbourhoods also matter. Older people living in deprived areas, including more people from ethnic minority and faith groups, are at higher risk of household crime. Of growing awareness is abuse (physical, psychological, financial, sexual) that older people experience in their own homes. Less is known about the incidence and nature of abuse occurring in institutional settings where more of the oldest old reside, the subpopulation most susceptible to this form of mistreatment. Advocacy services designed to promote awareness of information and rights among older people, effectively addressing issues of unfairness and neglect, are considered inadequate for certain groups of beneficiaries like older people with mental health issues and those belonging to ethnic minority communities.

It is not surprising that the recognised gaps between the prospects of the more and less economically and socially advantaged carry on into the later years of life. Yet changes associated with an older age (such as declines in physical and mental health, loss of friends and relatives, disability and loss of income) can narrow existing opportunities. Specific factors identified with social exclusion among older people are poor health, depression, living alone in rented accommodation, childlessness, low income and being over the age of 80. The loss of a spouse makes older women, in particular, more vulnerable because of the resulting negative impact on their income and access to services. More evidence is needed to help direct policies and programmes, such as service partnerships and intergenerational practices, towards the best solutions for improving the quality of life for every older person, regardless of circumstances.

Conclusion

Emerging from the review is a strong indication of the importance of a life-course perspective. In other words, if a range of outcomes as people age are to be understood and explained, an appreciation of their social background, including knowledge of their life events and opportunities, is required. Many of the disadvantages afflicting individuals at younger ages are carried through or have consequences in later life. Low educational attainment combined with older age leads to particularly significant barriers and circumscribed choices when searching for, or remaining in, work. Many older people with few qualifications, from lower social class backgrounds, retire early due to poor health and poor employment prospects. As a consequence, their retirement years can then be blighted by poverty, social exclusion and reduced quality of life, which will also be foreshortened.

A life-course perspective also emphasises the importance of adequate preparation for later life in terms of both financial and health resources. Class differences in the propensity and ability to save for the future have long-term consequences in terms of the risk of poverty. In addition, class, ethnic group and geographical disparities in a range of health outcomes are evident.

Some of the disadvantages endured by older people transcend class and reflect age discrimination. Such experiences can be exacerbated by gender, ethnicity, faith, disability or sexual orientation. Inequalities in health, employment, income, social inclusion and education have all been highlighted in the review, with disparities in both opportunity and outcome adversely affecting older people. Some of the problems encountered by older people, such as difficulties finding preferred employment, age pay gaps, reduced opportunities to train, treatment within the health sector and access to services reflect culturally entrenched discriminatory practices and attitudes. Government legislation has been introduced to combat discrimination in relation to employment and training, but this does not extend beyond the workplace to include discrimination in relation to goods or services.

While older people can encounter discrimination and fewer opportunities compared with younger generations, starker gaps are evident **within** older age groups according to a range of determinants; class and gender the most notable. Other factors associated with inequality of opportunity and outcome at older ages, whether related to employment, training, financial resources, health, access to services or social inclusion, include ethnic background, disability and the markedly under-researched areas of faith and sexual orientation.

1. Introduction

The Equality and Human Rights Commission was established under Part 1 of the Equality Act (2006). Launched in October 2007, the Commission brings together the work of the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission. In addition to the remit of these legacy commissions, the new Commission has also taken on responsibility for other equality areas, including age, sexual orientation and religion or belief. The new Commission functions as a statutory body to promote the values of the Human Rights Act and has enforcement powers.

The Policy Studies Institute (PSI) has been commissioned to undertake a review of older people inside and outside the labour market. The review will draw on a range of academic, government policy and evaluation evidence, identify gaps in knowledge and indicate key areas for future research.

1.1 Background

In October 2006, the Employment Equality (Age) Regulations¹ came into effect, outlawing age discrimination in the workplace. Although a significant step towards social justice for older workers, it is noted by many campaigning organisations that age equality continues to lag behind other equality strands such as gender and race. The age regulations do not apply beyond the workplace to goods or service provision thereby leaving considerable scope for age discriminatory practices to prevail unchecked. Age Concern and Help the Aged are campaigning to extend legislation to address age inequalities in all sectors of society – financial and health services, insurance and retail industries, and elsewhere. This will acknowledge the pervasiveness of ‘everyday age discrimination’ (Ward and Bytheway, 2008) in our lives.

1.2 Defining older people

Discrimination and unequal treatment on the basis of older age is self-defeating, because we all aim to grow old. Chronological age cannot be taken as a proxy for the diversity of later years characterised by differences in lifestyles (for example, work, study, volunteering, caring, convalescing) and circumstances (for example, living alone or with others, health status, income group). A focus on life transitions rather than the more arbitrary chronological age would be more informative. For example,

¹ The Employment Equality (Age) Regulations Act 2006, covering England, Scotland and Wales, and the Employment Equality (Age) Regulations (Northern Ireland) Act 2006, make it illegal to issue age-specific job adverts or to use age as a basis for employment decisions.

the retirement years have come to be conceptualised in terms of two phases, classified as the third and fourth ages. The third age is typically a period of withdrawal from paid work, although most older people still enjoy active lives in good health at this stage. The fourth age is marked by an increased risk of health difficulties associated with degenerative ageing and is also accompanied by declines in social participation. The third age is typically defined as the period between age 50 and retirement age while the latter characterises the retirement age years. Self-definitions of old age also differentiate between the young old and the old old (Coleman and O'Hanlon, 2004).

Yet, for the purposes of research analysis frameworks and statutory rules in policy and service provision, age is a convenient and **culturally accepted** shorthand for defining population sub-groups. Still there are vast inconsistencies depending on the purpose of the age construction. For example, labour market analysts have tended to use age 50+ to differentiate older workers from younger workers. This is partly driven by empirical trends, as employment participation rates for men and women show a marked decline after age 50 in most developed economies. Gerontologists, by contrast, associate old age with post-working life which is partly reliant on pension age thresholds set by the state.

Empirical divisions of sub-age groups within the older population add another dimension to the debate. One early observation from this review is that many empirical studies that compare different societal age groups create one grand age group to define the oldest old. Most often this is the 75+ age category. This practice hides variation among a span of some 25 years. Indeed the growth of the older population warrants changes to survey sample sizes and reportage on older age groups.

1.3 Age discrimination

Ageism is a sub-type of discrimination, whereby victims experience oppression purely on the grounds of age as a measure of competence (Thompson, 2005). Ageist practices occur at interpersonal, cultural and structural levels (for example, employment and retirement policies) (Nelson, 2005; Thompson, 2001; Hagestad and Uhlenberg, 2005), and are evidenced in all aspects of later life – for example, public spaces, consumer marketplace, expectations for personal appearance, sexuality, household decision-making and public services (Bytheway et al, 2007). It can also take subtle forms. For example, a 'compassionate ageism' or 'benevolent prejudice' can typecast older people as friendly and moral but, at the same time, less capable and more needy (Ray et al, 2006). Ironically, ageism demonstrates prejudice against our future selves (Nelson, 2005) and older people are regularly stereotyped by their

same-age peers (Improvement and Development Agency for local government, 2007a). Ageism permeates the fabric of our society. Writing about older people's perspectives on the topic, Ward and Bytheway (2008) observe that everyday age discrimination is a function of ageist practices that are 'normal'. Because of this:

... everyday age discrimination is rarely noticed. It is only noticed when it is experienced as something that is 'out of the ordinary' ... the slow accumulation of many, seemingly minor, humiliations explains the long process of exclusion and withdrawal from public places and intergenerational social relations.

(Ward and Bytheway, 2008: 96)

Compared with other areas of societal discrimination, such as sexism and racism, ageism has historically had a lower profile on the political agenda and it has been less widely investigated (Nelson, 2005; Ray et al, 2006). Research has revealed the extent of ageist attitudes towards older people in Britain within the general population (Ray et al, 2006) and as reported by older people (Bytheway et al, 2007). Seventy-three per cent of older people claim to have experienced age discrimination in their day-to-day lives and this is most common after age 55.

Compound discrimination

The Equality and Human Rights Commission is mandated to enforce age equality legislation and bring together the various strands of discrimination, including gender, disability, religion, race and sexual orientation. Although not all people identify with any one of these groups (or combinations of these groups), all have the potential to grow old. Therefore it is important to consider the impact of ageing on other groups that are marginalised by society and assess the extent to which various disadvantages are compounded by old age. This can highlight the interaction between the challenges faced by older people and other factors associated with discrimination and inequality of outcome. It was beyond the scope of this review to detail research and policy relating to ageing **along with** gender, disability, religion, race and sexual orientation within each section of the report. Typically, empirical research covers age and one or two of these characteristics, but not all. Therefore, one observation that can be stated at the outset of this review is that more research is needed that helps to distinguish the diversity of the older population in all aspects of everyday life.

1.4 Scope of the review

Although 'old age' is not synonymous with a specific chronological age, for the purposes of this review the focus will be on issues, evidence and policies pertinent to

individuals who are aged 50 and over. Given the remit of the Equality and Human Rights Commission to protect human rights, build community cohesion and 'ensure everyone has a fair chance to participate in society', a broad approach to ageing and older people has been taken. A number of themes will be addressed as part of the review, conceived broadly under the following headings:

- population trends
- employment
- income: earnings, pensions and benefits
- education and training
- health
- community life and access to services

Within these themes, the Commission is interested in equality of life chances, dignity, participation and affirmation. A focus on heterogeneity of outcomes for different groups therefore guides the review, with chapters exploring gaps in opportunity or outcome. The scope for coverage of each topic is inherently vast and, for pragmatic reasons, some limitations were necessary within the confines of the research remit. Therefore, as the aim is to provide an overview of the issues concerning people in later life, some of the themes covered provide breadth rather than depth.

Following the remit of the Commission, the review covers older people policy and evidence in relation to Scotland and Wales in addition to UK Government directives. The distinct policy agendas of the devolved nations are outlined in Appendix I.

1.5 Methods

The review of policy and research is designed to achieve a systematic overview of issues relating to older people both in and out of the labour market. To this end, the project is based upon three inter-related methods of research:

- a literature review
- stakeholder interviews (and re-analysis of interview data)
- secondary quantitative data analysis

The literature and policy review focuses on publications and new initiatives since 2000. Where relevant, reference will be made to international studies, but the overall remit is UK based.

In addition, telephone or face-to-face interviews were conducted with informants from the organisations listed below:

- Department for Work and Pensions (DWP) Extending Working Lives team
- DWP Older People and an Ageing Society team
- Welsh Assembly Government
- Older People and Age Team, Scottish Government
- Age Concern England *
- Better Government for Older People*
- Counsel & Care*
- Help the Aged England*
- Joseph Rowntree Foundation*
- NHS Scotland*
- Scottish Executive*
- Dementia Services Development Centre, University of Stirling*
- Age Alliance, Wales*
- National Assembly for Wales*
- Age Concern Northern Ireland*
- Department of Health and Social Security, Northern Ireland*
- Equality Northern Ireland*

An asterisk indicates interviews that were originally conducted as part of an older people research project conducted by PSI in 2007, that was commissioned by the Big Lottery Fund (Barnes et al, 2008).² These interviews with experts in the field helped to identify important policy developments, sources of research evidence and areas for future research attention. These individuals also provided copies of useful research documents.

Some quantitative data analysis was also undertaken using the third wave of the English Longitudinal Study of Ageing and the Labour Force Survey (2000–7). The aim was to bring up to date trends on a number of key indicators which reflect the EHRC remit to enforce age equality legislation in relation to employment and training and also to reflect Public Service Agreements for later life priorities (Department of Communities and Local Government, 2007). Charts and tables from these analyses appear throughout the report in relevant chapters.

1.6 Structure of the report

The remaining seven chapters in this report explore each of the broad themes in the review. Chapter 2 describes population trends leading to shifts in the dependency ratio. Chapter 3 focuses on issues inside the labour market, investigating gaps in

² The authors wish to acknowledge the Big Lottery Fund for permitting this research to be a part of the current study.

employment, extending working life and age discrimination in the workplace. The report then also considers older people's lives outside and beyond the labour market. In Chapter 4, income is investigated. Earnings are explored for those aged 50 to State Pension Age (SPA), including the age pay gap. The chapter then looks at income sources post-SPA, in particular pensions and benefits. Chapter 5 is devoted to education, training and learning with a different emphasis according to age grouping. Age discrimination in learning provision and opportunities is discussed. Chapter 6 outlines a range of health issues, indicating diversity of prospects and outcomes among the 50+ population. Chapter 7 explores living arrangements, use of services, concerns for safety and abuse, and issues within the active lifestyles agenda – community participation and social inclusion. Chapter 8 concludes the review.

2. Population trends

This chapter sets out as background a number of key demographic trends which have given rise to an ageing workforce in the UK. Figures are presented showing developments in life expectancy, fertility rates and international migration. The chapter begins with a brief description of some of the characteristics of older people, including their employment participation rates, ethnic composition, residence status, household composition and health status.

2.1 Characteristics of older people

Labour market participation levels start to decline once men and women reach the age of 50. In 2007, around 89 per cent of men aged between 35 and 50 were in paid employment; these levels fell slightly to 85 per cent of men aged 50–54 and fell further to 74 per cent and 57 per cent of men aged 55–59 and 60–64 respectively. Among women aged 40–49, 77 per cent were in employment, falling to 75 per cent of 50–54 year old women and 64 per cent of women aged 55–59. While employment rates do start to drop among men and women from the age of 50, age 55 is a more notable age threshold with participation rates falling more rapidly after this time.

The ethnic composition of different age groups is notably distinct – in 2001, 12 per cent of those under the age of 16 were from an ethnic minority or mixed background. The same classification accounted for eight per cent of the 16–64 year old population and just three per cent of those aged 65 and above (authors' calculations from 2001 Census data supplied by www.statistics.gov.uk).

The majority of men and women over the age of 65 live in private households (95 per cent) rather than care homes or other communal residencies (Del Bono et al, 2007). In 2005, among those aged 65–74, one fifth of men (19 per cent) and one third of women (33 per cent) lived alone (Age Concern England, 2007a). The equivalent figures for men and women aged 75 and above were 29 per cent and 60 per cent – raising the risks of loneliness and isolation for women in particular.

Health concerns and long-standing illnesses become prevalent among men and women aged 65 and above. In 2005, more than half the population of 65–74 year olds (60 per cent) reported a long-term illness. This increased to two thirds (64 per cent) of those aged 75 and above (Age Concern England, 2007a). There are currently 700,000 people with dementia in the UK and it is anticipated that this figure will have risen to over one million by 2025. Two thirds of people with dementia are women. The proportion of people with dementia doubles for every five-year age

group such that by the age of 95 one third of people are affected (Alzheimer's Society).³

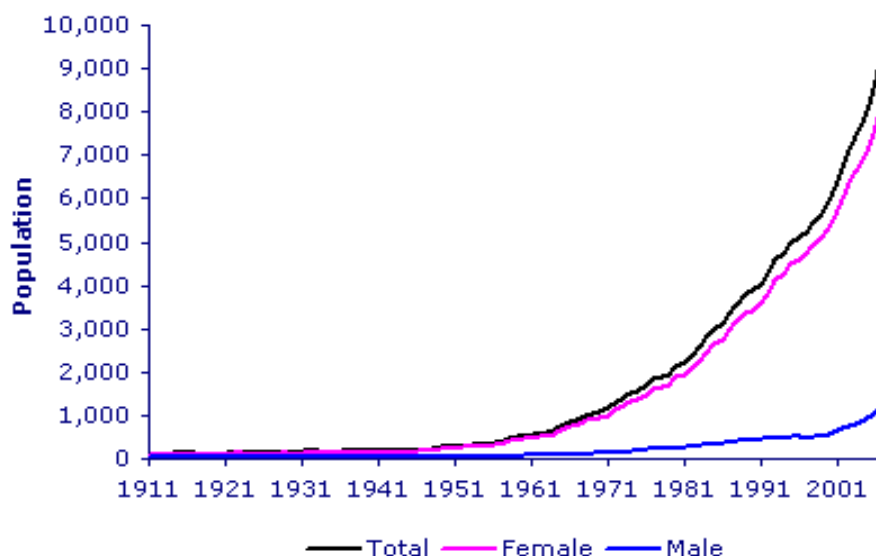
2.2 Demographic trends

Population trends indicate a shift in the age structure and associated dependency ratio; between 1971 and 2006, the population aged 65+ grew by 31 percentage points while the proportion aged 16 and under declined by 19 points (www.statistics.gov.uk/cci/nugget.asp?id=949). It is anticipated that one third of the nation will be over age 50 by 2020 (Dean, 2004).

Average life expectancy has increased over recent decades, from age 77 in 1981 to age 84 in 2008 for women and from age 71 to age 81 for men. Growth in life expectancy is continuing with one in five children born so far this century expected to survive into the next. Growth in the number of centenarians is shown in Figure 2.1 with trends projected to continue. These trends are not restricted to the UK; ageing populations affect economies around the world.

There are important differences between the constituent countries of the UK. Population increases throughout the UK have not extended to Scotland, where the population has been declining with a low birth rate combined with comparatively low levels of immigration (Loretto et al, 2005). The population of England is projected to increase by eight per cent by 2016, Northern Ireland by seven per cent and Wales by five per cent. The projected increase for Scotland, where fertility and life expectancy levels are assumed to remain lower than in the rest of the UK, is three per cent (Figure 2.2).

³ www.alzheimers.org.uk/site/scripts/documents_info.php?categoryID=200120&documentID=341

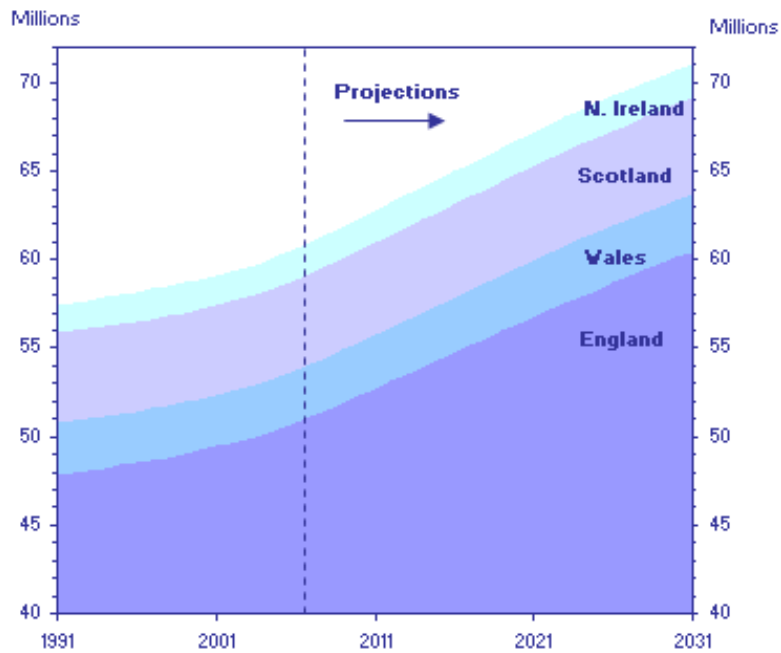
Figure 2.1 Population aged 100 and above, England and Wales, 1911–2001

Source: Office for National Statistics (ONS). See www.statistics.gov.uk/cci/nugget.asp?id=1875

Demographic transformations are driven partly by medical advancements and improved diets but also by shifts in fertility rates which have, in the UK, fallen below replacement levels. Figure 2.3 shows that UK fertility rates peaked at nearly three children per women in the 1960s baby-boom era. In 2001, the total fertility rate hit a record low of 1.63, but has increased each year since then, reaching 1.84 children per women in 2006.

As a result, demographic support ratios will fall. In 2006, there were 3.3 people of working age for every person of state pensionable age. This is projected to have fallen to 2.9 by 2031, taking into account the future changes to State Pension Age (SPA) (Office for National Statistics (ONS), www.statistics.gov.uk).

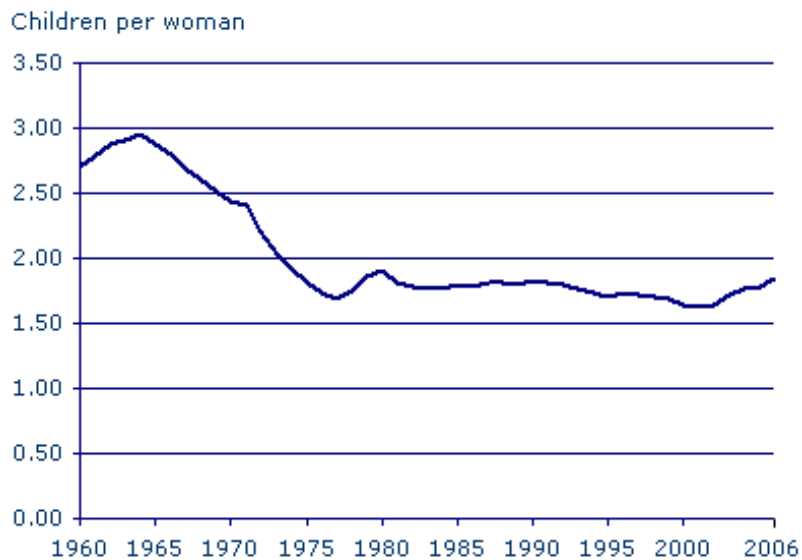
Figure 2.2 National population projections, UK, 1991–2031



Actual and projected UK population

Source: ONS. See www.statistics.gov.uk/CCI/nugget.asp?ID=1352&Pos=2&ColRank=2&Rank=448

Figure 2.3 UK fertility rates, 1960–2006



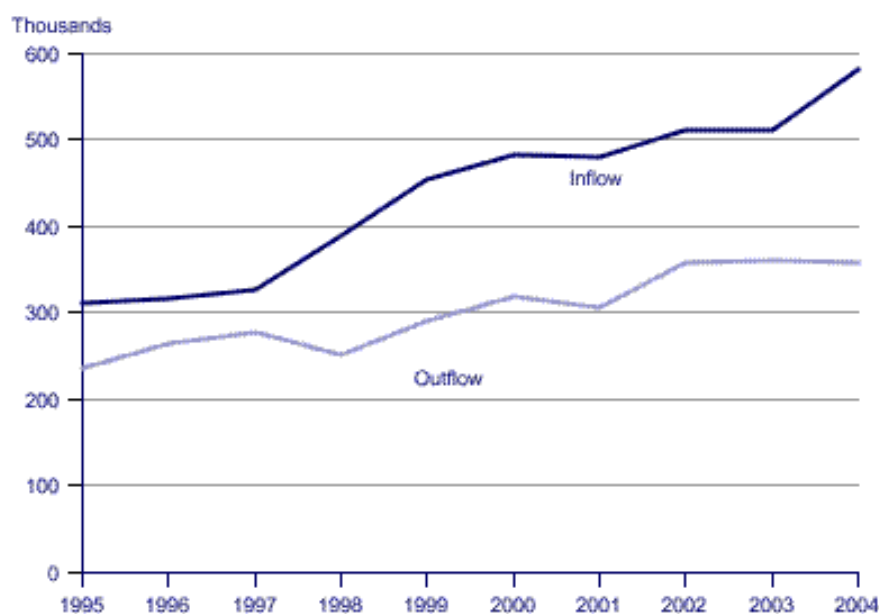
Total Fertility Rate, UK

Source: ONS. See www.statistics.gov.uk/cci/nugget.asp?ID=951

Population projections also take into account rates of migration. Recent expansion of the European Union has triggered significant increases in inward migration (Figure 2.4). Lack of knowledge of the actual numbers arriving in the UK have, however, led to concerns that local health, education and other service providers are ill prepared and inadequately financed to cope with expanding local populations. It is uncertain what proportion of recent migrants will remain in the UK and the extent therefore to which their needs will be met in older age. More than 20 per cent of those over SPA live in Wales, Cornwall and the south coast. In addition, older people are migrating in increasing numbers away from urban areas (including London, Manchester and Glasgow) with a flow in the opposite direction among younger people (Loretto et al, 2005). Among the constituent countries of the UK, Wales had the highest proportion of the population aged 60 or over in 2006 (ONS, 2008: Table 2.4) (see Winckler, 2009, for more details).

The effects of demographic ageing differ according to regions throughout Europe. As noted by Danson (2007), in-migration of older retired people is causing labour supply and service provision challenges for a number of regions including parts of France, Spain, Portugal, South West England and the East of England.

Figure 2.4 International migration net inflow, UK, 1995–2004



International migration in and out of the UK, 1995 to 2004

Source: ONS. See www.statistics.gov.uk/CCI/nugget.asp?ID=1311&Pos=1&ColRank=1&Rank=374

More than one million older people are claiming their State Pension from abroad and nearly 10 per cent of older British people live outside the UK (Sriskandarajah and Drew, 2006). Trends indicate these levels are likely to increase, with one in eight older people projected to have moved abroad by 2025 in search of improved wellbeing, superior quality of life and better health (Age Concern England, 2005). Factors which encourage migration among older people include financial considerations, location of family members and a desire to avoid health problems associated with cold climates. A number of studies have, however, raised the prospect of inadequate support, isolation, lack of access to State Pensions and the expense of social and health care as people age in various countries (Sriskandarajah and Drew, 2006; Social Policy on Ageing Information Network, 2005; Age Concern England, 2008; O'Reilly, 2000). Age Concern England (2008) has highlighted the need for more research into the implications of migration patterns to inform an international response and multi-lateral agreements. Better information provision is advised in the meantime to ensure that decisions to migrate are based on a full understanding of rights, potential problems and any long-term implications.

The trends towards lower fertility rates and ageing populations can be found throughout the developed world with widespread recognition of the need to extend working lives to tackle the varied fiscal implications of shifting dependency ratios (Organisation for Economic Co-operation and Development (OECD), 2006; Zaidi and Fuchs, 2006). In terms of employment patterns, comparative analysis of OECD countries reveals considerable international variation, but a common thread in terms of older workers includes superior outcomes for the better qualified, little evidence of a greater use of flexible working arrangements among the over 50s and a notable sharp decline in participation rates from the age of 60 (Loretto et al, 2007; OECD, 2006; Zaidi and Fuchs, 2006).

In response to concerns that current systems will be unable to cope with an ageing population, the Government has undertaken a number of reviews and assessments to establish key areas for reform with a particular focus being placed on social care, health care, employment, social inclusion and pensions. Implications arise for community planning, employment, training, health services, benefits and pensions as governments, individuals and financial institutions consider the optimal arrangements for the nature and timing of later life transitions.

2.3 Summary

The population of the UK, as elsewhere throughout the developed world, is ageing. Between 1971 and 2006, the population aged 65+ grew by 31 percentage points while the proportion aged 16 and under declined by 19 points. It is anticipated that

one third of the nation will be over age 50 by 2020. Average life expectancy has increased over recent decades: from age 77 in 1981 to age 84 in 2008 for women and from age 71 to age 81 for men. This trend is expected to continue. In addition, fertility rates have fallen below replacement levels. As a result, demographic support ratios will fall; in 2006, there were 3.3 people of working age for every person of state pensionable age and this is projected to fall to 2.9 by 2031. Among the constituent countries of the UK, Wales had the highest proportion of the population aged 60 or over in 2006.

3. Employment

One of the key labour market trends that characterised the late 20th century was the emergence of an early retirement culture leading to a steady decline in employment participation rates of people (men in particular) in their 50s and 60s. Yet, for the less privileged, worklessness has significant health risks in addition to immediate and long-term financial consequences. Professor Mansel Aylward, former Chief Medical Adviser to the government, has stated that:

Work is good for us. Not only is it the best way out of poverty, but it has positive health and social consequences. Being out of work may be considered one of the major public health challenges in Western society; it carries the same health risk as a heavy smoker.⁴

As noted by the recent review by Dame Carol Black of the health of Britain's working-age population (Black, 2008), employment is also a central determinant of identity, family wellbeing, social participation, self-esteem and meaning.

This chapter reviews the employment participation gap which affects many older workers and discusses trends. The push and pull factors which account for early retirement outcomes are outlined, as are recent government initiatives designed to reverse labour market exit trends. Push factors include ill health, redundancy, discrimination and complications associated with combining employment with caring roles. Pull factors are largely associated with advantaged circumstances and individuals **choosing** to leave work before retirement age to pursue other interests. Looking to the future, a range of strategic institutional approaches to extending working lives is outlined and discussed.

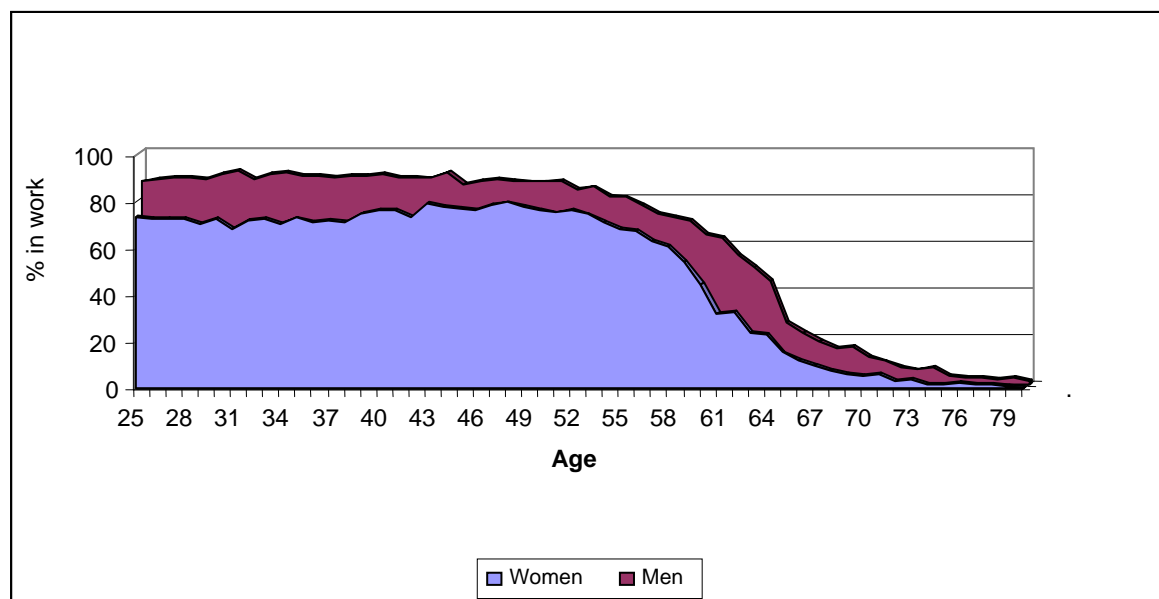
3.1 Employment trends

Most developed countries show a long-term decline in participation rates affecting older people from around the age of 50, with this trend most notable from the 1970s to around the mid 1990s (Organisation for Economic Co-operation and Development (OECD), 2006). In 1971 in the UK, 83 per cent of men aged 60–64 were in employment but, by 2000, fewer than half the men in this age range were employed (Loretto et al, 2007). Years in paid employment are being squeezed at both ends of the life course; entry to the labour market occurs later in life because of compulsory

⁴ See www.gov.uk/SocialSecurity/NewsReleases/WorkisGoodforYou.htm

schooling and further education while enforced or voluntary retirement is occurring at younger ages. Shorter working lives and shifts in the dependency ratio have raised the prospect of a 'pensions crisis' and skills shortages. As a result, prolonging the labour market participation of older workers has become a key labour market objective. Figure 3.1 shows the rapid decline in employment among men and women in 2007 which begins from around the age of 53.

Figure 3.1 Proportion employed or self-employed by age, 2007



Source: Labour Force Survey (LFS) 2007, Spring quarter.

3.2 Determinants of early retirement

A number of push and pull factors have been identified in the literature as leading to withdrawal from the labour market. The factors associated with early exit are multi-faceted but the most significant drivers relate to health, caring and, among the more advantaged, a desire to leave early to pursue other lifestyles and activities.

The demand side is a significant driver of employment participation rates among older workers (Stoney and Roberts, 2003). During the recessions of the 1970s and 1980s and the associated contraction of the manufacturing sector, older workers were increasingly evicted from employment. This was both because they were concentrated in 'sunset' industries, such as coal extraction and the manufacturing sector, and because they were among the first to be made redundant, with unions supporting early retirement solutions to workforce management problems (Stoney and Roberts, 2003; Taylor and Walker, 1998). Once unemployed, the over 50s remain unemployed for the longest periods of time. This is largely as a result of age discrimination in the recruitment behaviour of employers (Taylor and Walker, 1994;

Arrowsmith and McGoldrick, 2001), a lack of formal educational qualifications (Stoney and Roberts, 2003) and skill-biased technological change (Machin, 1996).

Older workers endure widespread discriminatory views which have been outlined in many studies (Taylor and Walker, 1998; Arrowsmith and McGoldrick, 1996, 2001; McNair and Flynn, 2005). The type and prevalence of discrimination varies according to the characteristics of employees, their jobs and the industry in which they work (Duncan and Loretto, 2003). Gender and age-typing of jobs is widespread (Weller, 2008) and stereotypical views lead to recruitment problems among the over 50s and a reduced incidence of training among those in work. Not all perceptions of older workers are negative, however. Employers widely view older staff as loyal, more reliable and harder working than younger employees (McNair and Flynn, 2005; Parry, 2008). These positive and negative perceptions of qualities as age related contribute to employers age-typing jobs.

Supply side factors are also implicated as more people have access to generous occupational pensions and have been able to leave work in relative financial comfort (Taylor and Urwin, 1999). These individuals tend to be better qualified from professional backgrounds, and early retirement was a preference (Lissenburgh and Smeaton, 2003). Humphrey et al (2003) found that nearly one quarter of older people who had retired early did so in order to free themselves from the burden of work commitments in favour of a more enjoyable lifestyle while still young and fit.

Several studies have found that health problems have the biggest negative effect on employment rates among older workers (Walker, 1985; Meghir and Whitehouse, 1995; Tanner, 1997; Lissenburgh and Smeaton, 2003; Humphrey et al, 2003; Disney et al, 2006; Berthoud, 2006). Around one third of the workforce is managing a chronic illness by age 50 (Munir et al, 2005) and, among older workers in particular, work-related musculoskeletal disorders (WRMSDs) are one of the most common cause of absence and long-term incapacity.

Recent analysis of the English Longitudinal Study of Ageing (ELSA) supports findings from earlier studies cited above. Older workers on middle incomes are the most likely to remain in work in the period leading to State Pension Age (SPA). Higher earners, often with defined benefit or valuable personal pensions, exercise choice to a greater extent than other groups and leave the labour market earlier than average. The poor also retire earlier than middle income older workers, but for reasons of ill health and disability (Banks et al, 2006; Banks and Tetlow, 2008).

As a result of these different sets of drivers, two nations in early retirement can be identified (Lissenburgh and Smeaton 2003; Arthur, 2003; McNair, 2004). The first group of people is better off and has chosen to leave employment in relative financial comfort to pursue other interests while they remain in good health. The second group of people, often from lower social classes, has been forced out of work due to redundancy, long-term unemployment associated with low skill sets or, more often, poor health. Characteristics associated with working beyond SPA include: not having an occupational pension or still paying off a mortgage, but also being in good health; having some educational qualifications, and living in relatively affluent areas (Smeaton and McKay, 2003).

A recent study by Blekesaune et al (2008) has examined the impact of earlier life-course events and experiences (including education, family formation, parental background and job characteristics) on employment in later life. Remaining in employment after the age of 50 was found to be associated with higher levels of education, delays in partnership formation, having children and longer years in employment.

Employment participation decisions are also influenced by caring responsibilities. Workers in their 50s or 60s may still have elderly parents or a partner with health problems and they may also have grandchildren to care for, hence their identification as the 'pivot generation' (Mooney et al, 2002). Around six million people in the UK provided unpaid care in 2001; 45 per cent of these were aged between 45 and 64 (Office for National Statistics (ONS), 2006⁵). By 2037, it is estimated by Carers UK that the number of carers could have increased to nine million⁶ with implications for their availability to work. Indeed, it is suggested that eldercare may become **the** work and family issue of the 21st century (Smith, 2004; Ghosheh et al, 2006). As women now typically delay childbirth, they often also have responsibilities for older dependent children while in their 50s and 60s.

Less research has been oriented towards compound discrimination. A study by Berthoud (2003) highlights the importance of taking account of multiple forms of disadvantage such as age, disability, ethnicity and low skills, demonstrating that the odds of unemployment accumulate as more types of disadvantage are endured. It remains unclear, therefore, how the experience of ageing among different social groups impacts upon employment opportunities, job quality and the experience of discrimination in recruitment, retention, promotion and training. Inevitably,

⁵ See www.statistics.gov.uk/CCI/nugget.asp?ID=1336&Pos=&ColRank=1&Rank=208

⁶ See www.carersuk.org/Aboutus/Whoarecarers/Tenfactsaboutcaring

experiences in older age are influenced by lifetime patterns of employment and health. For example, between the ages of 50 and 64, black, Indian, Pakistani and Bangladeshi men are all more likely to be unemployed than white men (Phillipson and Smith, 2005). The probability of being employed among disabled people depends to a significant extent on the level, type and duration of impairment or disability. Disability characteristics were more important determinants of employment than demographic characteristics such as age and there is no clear evidence to suggest that ‘disability is more or less disadvantaging among older people than among younger ones’ (Berthoud, 2006: 47). Further research is needed to establish whether there is a step-change in the experiences of lesbian, gay, bisexual or transgender (LGBT), ethnic minority and faith groups at older ages compared with their experiences when younger.

Responding to these various factors that can lead to premature labour market exit, government initiatives have targeted both the demand and supply side of the equation.

3.3 Government responses

In response to the employment gap and the various factors leading to participation disparities, the government has developed a multi-stranded approach to reverse trends and improve overall employment levels in line with the Lisbon Agenda.⁷ An 80 per cent overall employment rate target has been set, with women and older people above the age of 50 prioritised to achieve this goal. Key legislative developments and ongoing campaigns include:

- The Employment Equality (Age) Regulations (October 2006): this enshrines the right to equal treatment regardless of age and gives employees the right to request to work beyond the default retirement age.
- The Flexible Working Regulations extension (2007): the right to request flexible or reduced hours was extended to some individuals with eldercare responsibilities. The extension was restricted to carers of **dependent** adults and did not apply if the older parents were not living with the carer. The care of grandchildren was also not included.

⁷ This was established during the Summit of European leaders held in Lisbon in March 2000. A number of ambitions were outlined for the EU including the goal of becoming ‘the most dynamic and competitive knowledge-based economy in the world’.

- The Age Positive campaign: this promotes good practice to include provision of flexible working arrangements as people age.
- The Finance Act (2004): regulations associated with pension drawdown and continued employment have been amended (see Chapter 4).
- The Welfare Reform Act (2007): this places the emphasis on capacity (see Chapter 4).
- Adult education initiatives following the Leitch Review (see Chapter 5).
- New Adult Careers Guidance Service for adults in or out of work, providing information and guidance on careers, skills needs and appropriate training.
- Carol Black's review (Black, 2008): this emphasises the importance of occupational health services to prevent job loss and facilitate the re-engagement of the employment in poor health.

These measures are designed to encourage a change in behaviour among individuals, employers and institutions. It is increasingly recognised that the key to extending working life is flexibility (Cabinet Office, 2000; Department for Work and Pensions, 2005) – in working arrangements, retirement age and access to pensions while still working.

The SPA will rise to 65 for women by 2010 and to 68 for all by 2046.⁸ Age discrimination legislation, introduced in October 2006, gives employees the right to request to work beyond the default age of retirement and (to support longer working lives) legislates against discrimination with respect to recruitment, promotion and training. Mandatory retirement ages are likely to be abolished, but this will be reviewed in 2011.⁹ In Australia, the abolition of compulsory retirement ages in most occupations is linked to some increase in labour market participation rates among older people (De Vaus et al, 2008).

⁸ The SPA will increase in stages, to 66 between 2024 and 2026, and to 67 between 2034 and 2036, and to 68 between 2044 and 2046.

⁹ Evidence from a survey in 2005 (Metcalf and Meadows, 2006) found that only 37 per cent of employers used compulsory retirement ages (CRAs), although since the age discrimination legislation, some small- and medium-sized establishments have introduced CRAs.

Prior to the 2006 anti-discrimination legislation, an Age Positive campaign was designed to change the attitudes of employers towards older workers to promote age diversity. The perceived need for an age diversity agenda has become widespread and is actively promoted within the Age Positive programme. Given that by 2011, it is argued that only 20 per cent of the UK workforce will be white, able-bodied men aged under 45 (Business in the Community, 2004), employers must think more strategically about the needs and preferences of their actual and potential workforce. The requirements of ethnic minorities, women and older workers will therefore need to be recognised and accommodated if employers wish to maximise the pool from which to select the most suitable staff.

Pension rules have been changed to allow pension drawdown by employees while still employed, thereby supporting a more flexible approach to employment and allowing a slower, more gradual withdrawal from work over many years. Other incentives to encourage longer working lives include State Pension deferrals, introduced in April 2006, which increase the State Pension by around 10.4 per cent for every year that retirement is delayed. An alternative option is a one-off tax-free lump sum.¹⁰ Pensions are discussed further in Chapter 4.

Legislation has extended the right to request flexibility at work to all carers, but there is widespread support for extending the right further to allow all older workers opportunities to downshift as they approach retirement age (Age Concern England, 2008).

Health, Work and Wellbeing is a cross-government initiative launched in 2005 to improve the health and wellbeing of working-age people by means of a strong health infrastructure.¹¹ It brings together employers, unions and healthcare professionals in order to help people with health problems find work and remain in employment. In 2006, a Director for Health and Work was appointed and in 2007 a review was commissioned to ascertain the full range of health issues arising among adults below SPA. The findings identify a 'Fit for Work' occupational health service as vital for the achievement of a reduction in the numbers of adults absent from work for reasons of ill health. Carol Black's review (Black, 2008) sets out three guiding principles for change: an increased emphasis on illness prevention in the workplace; the importance of early interventions for those who become ill or disabled; and targeted support for the workless to expedite their return to employment in some capacity. The

¹⁰ See www.thepensionservice.gov.uk

¹¹ See www.workingforhealth.gov.uk

review also recommends replacing the traditional sick note from GPs with a 'fit note', which will indicate what people can do despite health problems.

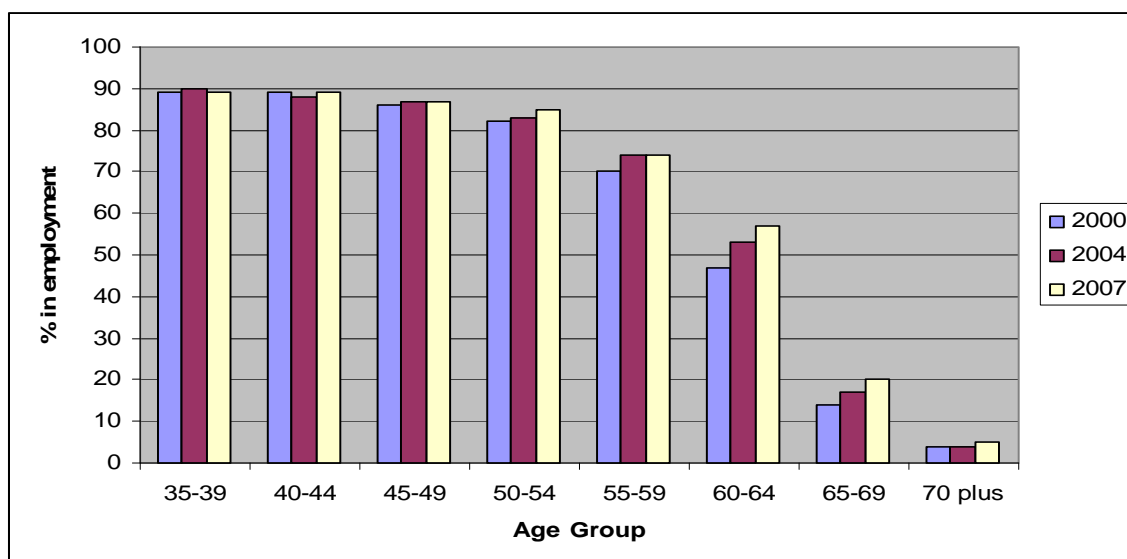
Given the range of initiatives tackling multiple barriers to full employment and choice among older people, evaluating their impact represents a challenge. There is evidence, however, that the recent expansion of employment in the 50+ bracket is continuing. Figures 3.2 and 3.3 show change in the rate of employment among men and women in various age bands between 2000 and 2007. Regardless of the cause of such trends, it is clear that employment rates among men aged 34–49 remained high, but fairly stagnant, between 2000 and 2007. By contrast, increased rates of employment were evident among men aged 50 to 70+. The highest rates of growth were experienced by men in the five-year period before and after the SPA of 65, reaching an increase of 10 and 7 percentage points respectively. The same trend is evident among women (Figure 3.3). Once again, the largest surge in rates of employment occurs in the five-year period before and after women's SPA of 60.

Recent analyses of the third wave of ELSA also find that employment at older ages has been increasing, with younger cohorts having higher rates of employment at each age than their predecessors (Banks and Tetlow, 2008). Employment expectations are also observed to have been changing – later cohorts have higher expectations of remaining in work, suggesting that the upward trend in participation rates is likely to continue.

It is too early to assess the collective impact of government initiatives, introduced over the last two years or so, on labour market participation among older people. Employment rates among those aged 50+ have increased since the turn of the century, but it is not clear whether improvements merely reflect a previously buoyant economy or a sustainable structural and cultural change. Bridges and Disney (2005) refute the idea that increases in the rate of employment among older people reflect policy reforms, asserting that growth is associated instead with an economic upturn. Their analysis is based on international comparisons, which suggest that country-level differences in GDP performance are strongly associated with employment participation rates of older workers. Therefore, they conclude, demand conditions are the key determinant of older worker participation rather than changes in retirement or pension policy (which might influence supply). Whiting (2005) similarly equates rising levels of participation with improved economic conditions and demand side factors. Under tight labour market conditions, groups such as older workers, who might otherwise be positioned at the bottom of 'job queues', are moved up as employers cast a wider recruitment net (White et al, 2004; Reskin and Roos, 1990). For Phillipson (2006), supply side factors are also important in accounting for longer

working lives – the declining value of private pensions and shifts away from defined benefit occupational pensions delay retirement due to concerns about the adequacy of pension entitlements. A study of older black, white and Asian women found widespread resentment at being compelled to work longer, but most nevertheless felt the need to continue working beyond the age of 60 for financial reasons (Dhaliwal et al, 2008).

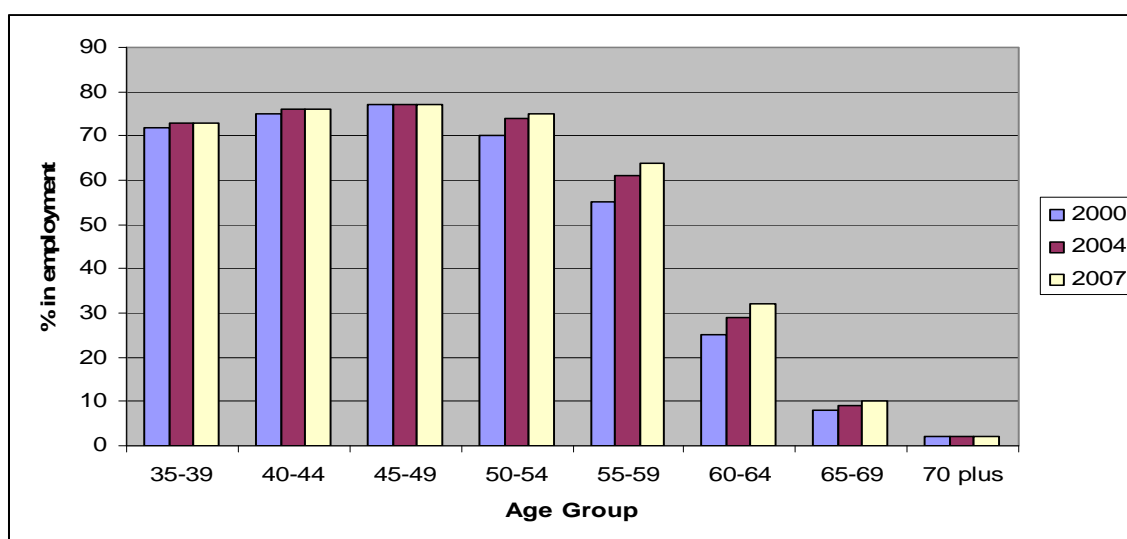
Figure 3.2 Proportion of men in paid work by age group, 2000–07



Notes: Data points are 2000 March-May and 2007 July-September. Paid work includes employment and self-employment.

Source: LFS Spring 2000, 2004 and 2007.

Figure 3.3 Proportion of women in paid work by age group, 2000–07



Notes: Data points are 2000 March-May and 2007 July-September. Paid work includes employment and self-employment.

Source: LFS Spring 2000, 2004 and 2007.

3.4 Looking to the future

In order to extend working lives and close the participation gaps between young and old, advantaged and disadvantaged, a number of measures have been recommended by academics, stakeholders and policy experts. These include:

- Improvements to life-long learning – this issue is discussed in Chapter 5.
- Improved guidance and advice in relation to careers, planning for retirement and financial decision-making (discussed in Chapter 4).
- Health interventions in the workplace to prevent the emergence or escalation of psychological or physical problems, which all too often lead to early retirement outcomes (discussed below).
- Extending flexible working opportunities (discussed below).

Requests to work beyond 65 can be refused, leaving employees with little scope for redress. Momentum is gathering, however, behind a campaign to abolish mandatory retirement ages. Heyday, an Age Concern network for people in the 'retirement zone', took a test case to the European Court of Justice (ECJ) on the grounds that compulsory retirement ages breach European legislation on age discrimination. In September 2008, the ECJ rejected Heyday's legal interpretation of the European Union (EU) Directive upon which the Age regulations are based¹² and, in October 2008, rejected a claim that the Spanish retirement age was illegal.¹³ The ECJ published its judgment in March 2009; this confirmed that Britain's national default retirement age falls within the scope of EU law. The ECJ also stated that there is a high burden of proof for justifying age discrimination. Following this decision, the High Court in London will look at the evidence and decide whether the national default retirement age can be justified. The UK Government currently plans to review compulsory retirement ages in 2011.

Health interventions

Despite a wide range of EU directives and guidelines, it has been reported that WRMSDs are increasing (Sapir and Koukoulaki, 2001) as are mental health problems such as stress, depression and anxiety, which are now the second most

¹² See www.heyday.org.uk/yoursay/campaigns/mra-update-2october08/

¹³ See www.personneltoday.com/articles/2007/10/23/42888/heyday-case-against-uk-mandatory-retirement-age-is-not-damaged-by-european-court-of-justice-ruling.html

common cause of sickness absence (National Institute of Adult and Continuing Education, 2007). Increasing numbers of Income Benefit (IB) claimants are women and white-collar workers – possibly reflecting long hours, work intensification and overweening supervisory or ICT (information and communication technology)-based control which can undermine autonomy and push up the pace of work (Hirsch, 2007). Poor job quality, stress and undue work pressure can precipitate early retirement (Higgs et al, 2003; Barnes et al, 2002). The way work is organised and managed is also critical for good mental health (Cox et al, 2004; Jones et al, 2006) but, as noted by Griffiths (2007), too few studies have examined the relationship between work design, health and **age**. It has been suggested that poor work design and inappropriate managerial styles may be stronger predictors of early retirement than physically demanding jobs (Griffiths, 2007; Kloimuller et al, 1997; Ferrie, 2004). On the other hand, Yeandle (2005) has identified a 20-year ‘illness gap’ – one third of men in their 50s in unskilled or manual jobs report a long-standing illness. Among men from professional and managerial backgrounds, this degree of ill health is not found until they reach their 70s.

The importance of reducing health-related work absence has been emphasised by Waddell and Burton (2006), who have highlighted the physical and mental benefits associated with work. Campbell et al (2007) similarly point to evidence for the long-term damaging effects of worklessness in terms of:

... higher mortality, poorer physical health and disability, poorer mental health and greater use of health care resources – and that this association cannot be completely accounted for by a simple health selection effect. In fact, re-employment is associated with an improvement in self-esteem and in physical and mental health that is comparable to the adverse effects of job loss.

(Campbell et al, 2007: 12)

Some health issues remain hidden. For example, there is minimal recognition of, and support offered to, some women who have difficulties coping with work alongside the menopause. A range of health and safety issues can arise for women at this time, yet awareness among employers is limited, largely because the issue remains taboo and therefore the problems and solutions are rarely discussed openly (Paul, 2003). There is a wealth of medical information and literature relating to the menopause, but research linking this life transition to working experiences is scarce.

The Finnish work ability studies have been influential in highlighting the importance of working environment, work organisation and work demands, all of which have both

physical and psychological implications that in turn either promote or obstruct sustainable working lives (Tuomi et al, 2001; Ilmarinen, 1999). The Finnish programme was developed during the 1980s in response to an ageing population. The Age and Employment Network (TAEN, 2008) has summarised workability as relating to health, work competence, skills or knowledge, values and attitudes, working conditions or management, personal circumstances, the nature of the work, the working environment and other factors. Work ability is also determined by family and the community to which an individual belongs.

In the UK, there is a notable lack of evidence on the availability of downshifting opportunities, job re-design, lateral job moves, use of in-house or consultant occupational therapists, or use of health checks – all of which have the potential to mitigate the impact or prevent the onset of ill health. However, current research by Smeaton et al (forthcoming) is seeking to explore the policies and practices of employers in relation to extending working life by means of case studies and secondary analysis of the Workplace Employment Relations Survey.

Flexible working

Regardless of when older people wish to retire, a preference for reduced hours or downscaling of responsibilities is fairly widely reported (Vickerstaff et al, 2004; McNair et al, 2004). However, flexible working is not, as yet, widely practised (Loretto et al, 2005) although it is growing in availability more generally (Smeaton et al, 2007). The use of flexible or part-time hours to facilitate a more gradual transition from full-time employment to retirement, often referred to as bridge jobs, is claimed to promote wellbeing, aid the retirement adaptation process, and improve life satisfaction (Kim and Feldman, 2000; Luoh and Herzog, 2002; Goldberg, 2002; Latulippe and Turner, 2000). These perspectives are refuted, however, by other studies which claim no such long-term benefits (De Vaus et al, 2008; Choi, 2001; Reitzes and Mutran, 2004).

In a review of the literature, Phillipson and Smith (2005) conclude that few detailed studies have been carried out on the extent of flexible working options available to older people. In particular, it is unclear whether high-quality flexible work opportunities are restricted to those occupational groups which tend to have better terms and conditions. The flexibility available to more routine occupational groups may be of poorer quality. Loretto et al (2005), analysing the 2004 Labour Force Survey, found little evidence of older workers using a range of flexible working practices with the exception of part-time working and, among men, self-employment. Few workers access high-quality flexible employment and the scope for flexible practices to delay retirement is therefore 'failing to fulfil its potential' (Phillipson, 2007:

194). The majority of older workers approaching SPA continue to be employed on full-time permanent contracts.

Vickerstaff (2003) suggests that changes in retirement behaviour will originate primarily from the demand side – that is, employer policies. Recent in-depth studies of employer policies on ageing include Vickerstaff (2003); McNair and Flynn (2005); McNair et al (2007) and Jefferys and Winkelmann-Gleed (2006). Few instances of strategic age management were encountered in these studies but there was evidence that employers were increasingly willing to consider provision of a range of flexible retirement options such as downshifting or redeployment. The case studies of McNair et al (2007) highlight considerable industrial variation, however, in the understanding of, and willingness to accommodate, flexibility. Employers in the construction and manufacturing sectors in particular remain reluctant to adapt working practices to evolving needs for reasons of cost and complexity. Protective practices (such as equal opportunities policies) are least prevalent in the manufacturing sector (McNair and Flynn, 2006).

Tables 3.1 and 3.2 show the proportion of men and women respectively who used flexible working arrangements or worked on a part-time basis in 2000 and 2007. The tables serve to highlight trends in flexible working and indicate differences according to sex and age. Flexible working arrangements under consideration include flexitime, annualised hours contracts, term-time working, job-sharing, nine-day fortnight, four-and-a-half-day week and zero-hours contracts. Very few men (typically one per cent or less) use any of the flexible options apart from annualised hours and flexitime, hence these are the only contractual arrangement shown separately in Table 3.1. Similarly, among women, only annualised hours, flexitime and term-time working are treated as distinct categories in Table 3.2. The full range of flexible working options, excluding part-time hours, falls under any flexible arrangements.

There is evidence of a modest increase in flexible working among men over the first seven years of the 21st century, particularly among those aged 55 and above. The proportion of men who used flexitime increased by two percentage points between 2000 and 2007. Similarly, aggregating all flexible working arrangements, a two point increase in their use can be observed among the 55+ age group. The largest increase among men, however, is the proportion working part-time among those aged 60–64 – up by five percentage points from 15 to 20 per cent.

Older women are notably more likely to use flexible arrangements and part-time hours than older men. Use of term-time working has been stable between 2000 and 2007; flexitime use has increased by two to three percentage points among women

aged 50+ and annualised hours use has increased to the same extent among women aged 55+. Aggregating the flexible working arrangements, the incidence of their use declines as women age – instead the use of part-time working increases. Within each age grouping above 50, there is evidence of slightly more widespread use of flexible working, increasing by three percentage points among 50–59 year olds and by five points among women post-SPA (aged 60–64) between 2000 and 2007. By contrast, the proportion of women aged 50–59 working part-time has decreased by five percentage points. Whether this reflects increased availability and use of alternative flexible arrangements is unclear. Evidence from Holmes et al (2007) suggests that flexitime opportunities, for example, are more popular than part-time hours, given that the latter engenders lower rates of pay and, among older people in particular, the possibility of lower pension entitlement upon retirement.

Table 3.1 Proportion of employed men using flexible working arrangements, 2000 and 2007

	Flexitime		Annualised hours		Any flexible arrangements		Part-time	
	2000	2007	2000	2007	2000	2007	2000	2007
Age group	Per cent							
45-49	9	11	4	4	18	18	4	5
50-54	9	10	4	5	18	19	6	6
55-59	8	10	4	4	17	19	9	11
60-64	6	8	2	3	14	16	15	20

Source: LFS Spring quarter 2000 and 2007, authors' analyses.

Table 3.2 Proportion of employed women using flexible working arrangements, 2000 and 2007

	Flexitime		Annualised hours		Term-time working		Any flexible arrangements		Part-time	
	2000	2007	2000	2007	2000	2007	2000	2007	2000	2007
Age group	Per cent									
45-49	12	15	5	5	12	11	31	32	44	43
50-54	10	13	5	5	10	10	27	30	47	42
55-59	9	11	3	5	9	10	24	27	52	47
60-64	7	10	2	5	7	7	19	24	61	80

Source: LFS Spring quarter 2000 and 2007, authors' analyses.

In terms of the longer-term outcomes associated with sudden, as opposed to gradual, transitions to retirement, De Vaus et al (2008) suggest that there are no

adverse consequences associated with a sudden transition. Instead, the main determinant of health and wellbeing up to three years after retirement is having control over the timing and manner of retirement.

Despite evidence, cited above, suggesting that older workers would like greater flexibility in their working hours in the lead-up to retirement, analyses of ELSA undertaken for this report indicate that for some groups there may be other more pressing concerns influencing employment patterns and decisions. Three groups of respondents were asked what changes they would like to make, or have made, to their current or previous jobs (Table 3.3).

Table 3.3 Preferences in the workplace, 2007

	Left last employer due to stress, ill health or fatigue. Would have remained if:	Have a health problem or disability. Would like to see the following changes at work:	Looking for a new job. Would remain if the job allowed:
Cell percentages			
Less physically demanding	20	29	7
Less stressful	30	18	20
Fewer hours	12	12	15
More flexible hours	14	9	8
Working from home	4	7	7
Workplace adaptation	4	9	2
Total (N)	123	141	289

Notes: multiple choices permitted.

Source: ELSA Wave 3, authors' analyses.

The first group of respondents (column one of Table 3.3) were asked why they had left their last job. If the reason related to ill health, disability or the job was too tiring or stressful, they were then asked whether they would have remained with their previous employer if their job had been changed in any of the following ways:

1. Less physically demanding
2. Less mentally demanding/stressful
3. Fewer hours/job sharing
4. More flexible hours
5. Working from home sometimes
6. Special equipment/workplace adaptation

A second group of employed respondents, with a work-limiting health problem, were asked what changes to their current job they would appreciate (column two of Table

3.3). A third group of respondents, who were looking for a new job, were asked what changes to their current job they would like to make (column three of Table 3.3).

The most widely cited change that would either keep older workers in their current job, or may have prevented a departure from their previous job, was a reduction in the levels of stress associated with their job. The only exception to this relates to the ill or disabled, among whom the majority would like to change their jobs to be less physically demanding. One fifth of men and women who left their last job due to sickness or stress stated they would have remained if their job had been adapted to be less physically demanding. The desire for fewer or more flexible hours was less common among all three groups, but working from home and workplace adaptations were the least widely demanded. The sample sizes are too small to enable further breakdown by age, gender, health status or occupational group. The findings do, however, point to the kind of changes that might promote job retention and prevent mental or physical ill health, premature retirement or downward occupational mobility among some older workers. While greater flexibility of working hours is favoured by many, the need to adjust either the expectations of managers or the intrinsic nature of the work is more prevalent among particular groups of older workers.

Job quality

As observed by Loretto et al (2007: 156), we need more research on the extent to which the flexible jobs made available by employers, often in the retail sector, are the types of jobs that older workers want. Maltby (2007) raises concerns about the suitability of many new service sector working environments, such as call centres, for older people. Industries with intensive work targets and overbearing monitoring systems can be highly stressful for older workers in particular. Roberts (2006), Lissenburgh and Smeaton (2003), Taylor and Walker (1994) and Walker (2006) also warn against the segmentation of older workers into low-quality jobs as they are diverted away from career occupations in their search for greater flexibility. Some people choose to move down the occupational hierarchy to lower-paying jobs to shed stress and responsibility. It is likely, however, that were more downshifting opportunities available within organisations, a reduction of hours or responsibility could be achieved without individuals having to surrender decent terms and conditions. These are precisely the same issues that have long affected women in the period after childbirth and which gave rise to widespread downward occupational mobility, although, in more recent years, this process has declined (Smeaton, 2006). Further research into opportunities for downshifting and the implications of job change for quality of work among older people is needed.

Hirsch et al (2000) found that occupational segregation is exacerbated by ageing. Occupations requiring computer use, high numerical aptitude or substantial on-the-job training are all less accessible to older workers. As a consequence of employer practices, occupational segregation is far greater among older new recruits than younger new recruits (Hirsch et al, 2000: 414). The study by Hirsch et al is based on evidence from the USA and there is no equivalent analysis of the UK labour market.

Even where older workers remain in their career jobs, the issue of working conditions and changing needs as we age has been recognised for some time. In 1980, an international labour standard was recommended by the International Labour Office, referred to as the Older Workers Recommendation. Standards were set out in relation to conditions of work, discrimination, working time, work organisation, wages and older workers' needs to meet family responsibilities (Ghosheh et al, 2006). Within this framework, it is recognised that job quality is multi-dimensional and that working conditions need to adapt to suit changes associated with ageing. For example, from around their late 40s, individuals are less able to cope with shift work for a variety of physiological reasons (Spurgeon, 2003; Jolivet and Lee, 2004).

On the other hand, many older workers are in jobs for which they are entirely physically and mentally capable. Indeed Dhaliwal et al (2008) found widespread perceived discrimination against older black, white and Asian women who encountered fewer promotion opportunities, limited access to training and were allocated less rewarding and challenging work. The need to adapt jobs and accommodate downshifting can therefore be overemphasised as many older people wish to continue developing throughout their careers.

Preferences

In government circles, there would appear to be a broad consensus that early retirement is no longer viable for individuals, employers or national economic performance and that extending working lives is a central goal. It is important not to lose sight, however, of the importance of choice and individual preference and to ensure instead that all older people regardless of background have the resources and information necessary to ensure some degree of control over their future.

Many older people would prefer to remain working. An Employers Forum on Age survey (2005) found that 39 per cent of those aged 60–69 had no desire to retire. Similarly, a survey of people aged 50 and above, carried out by McNair et al (2004), found that 25 per cent would like to continue working after retiring from their main job and a further 27 per cent agreed that they would probably wish to continue working. A more recent survey of university staff by Manfredi and Holliday (Newman, 2008)

found that over one quarter wanted to work beyond 65 – a figure they suggest is an underestimate due to the lack of knowledge among employees in the sector about their rights under the age discrimination law. Two key groups can be identified among those expressing the desire to retire after SPA – advantaged individuals with interesting jobs they enjoy and those who feel their financial circumstances dictate longer working lives (Mayhew, 2003).

On the other hand, research studies by Scales and Scase (2000), Phillipson (2002), Humphrey et al (2003) and Loretto et al (2005) all suggest that retirement is perceived as a period of life free from stress which older workers largely look forward to and feel is well deserved. Despite such preferences, many lower-skilled older workers cannot afford the luxury of simply choosing their ideal time to retire and need to continue working as long as possible for financial reasons. A gap between preference and expectation is therefore prevalent. Quoting a Eurobarometer survey of 2003, Esser (2005) reports that the average preferred age for retirement is 58, but this contrasts with an expected retirement age of 62. Workers in physical or heavy manual jobs tend to have lower expectations of working up to SPA (Phillipson and Smith, 2005). On the whole people would prefer to pay more in contributions than work longer and compulsory extensions to working life will prove unpopular as an early retirement culture persists throughout the EU (Esser, 2005).

Migration flows

Migration flows have implications for service provision and the availability of certain jobs for older people as they age. McNair et al (2007) find that older people are perceived as less geographically mobile. Staff employed in lower-skilled posts tend to be recruited from local labour markets while a national and international recruitment strategy is deployed for higher-skilled positions. As a consequence, older workers wishing to downshift become concentrated in local, low-skilled occupations. Given local labour market demand and the possibility of a reduced willingness to commute long distances, it is possible that older people are migrating away from locales with the highest density of available jobs. This remains unclear, however, and further research into the implications of population flows for employment among older people is warranted.

Barriers to employment among older people are compounded in London due to the profile of opportunities which arise in the London economy. Job growth in London is skewed towards professional and managerial occupations with higher qualification demands and IT competence (Creative Approaches to Workforce Ageing (CAWA), 2007). Given that older cohorts are less likely to have formal qualifications than their younger counterparts, this places them at a disadvantage when competing for jobs.

3.5 Summary

In recognition that the employment gap among older people is not sustainable in a context of population ageing, skills shortages and fear of a pensions crisis, the government has introduced a range of initiatives over the past 15 years. Measures include age discrimination legislation, increased SPAs, flexible working regulations, an Age Positive campaign, reform of pension access rules and, most recently, the introduction of an Adult Careers Guidance Service and a new emphasis on capacity designed to get unemployed older people with poorer health back into work.

After a prolonged period of declining rates of employment among older people, particularly men, labour market participation has been growing more recently. It is too early to assess the collective impact of government initiatives, however, and it is not clear whether improvements merely reflect a previously buoyant economy or sustainable structural and cultural change.

In order to ascertain whether an early retirement culture has now disappeared, observation of the employment patterns of individuals who are in a position to exercise choice, that is, the more wealthy and healthy, would be informative. To what extent are more advantaged older workers choosing to extend their working lives?

While opportunities for reduced hours and more flexible working arrangements are popular among older men and women, with use increasing as they age, of greater concern to many older workers are the levels of stress endured. Work intensification continues to grow – a problem which can precipitate ill health, job change or early retirement. There is a need for more research into the impact of job content, working conditions and managerial styles on the experience of work as we age.

Changing jobs later in life, in search of greater flexibility or less stress, risks downward occupational mobility, poorer terms and conditions, and the segmentation of older workers into lower-quality jobs. Evidence suggests that while employers are now more willing to retain older workers and will take steps to maintain their employment, the impetus to recruit older workers has not increased to the same extent.

Issues of job quality and discrimination in recruitment processes are more acute in relation to older people with other disadvantages. Evidence is limited but the few studies which have investigated ageing and disability, gender or ethnicity have demonstrated that the odds of unemployment or low-paid work can accumulate the more types of disadvantage endured. Analyses of disability and ageing by Berthoud (2006), on the other hand, suggest that the lowered odds of employment among the

more severely disabled are not unduly exacerbated at older ages. Studies of employment, ageing and faith or LGBT groups were not encountered. Further detailed studies of multiple or compound disadvantages are warranted.

It is clear that the employment gap (which, although improving, does persist) applies both between older and younger people and also within the older population. Employment prospects at older ages are largely determined by life-course experiences, employment histories and skill sets. Longer term solutions to age-related employment barriers must therefore target individuals at younger ages and take preventative measures in order to optimise the life chances of all social groups.

3.6 Gaps in research

- The new age discrimination legislation may give rise to unintended consequences. Employers can no longer force someone to retire before the age of 65 and an increase in the retention rates of older workers is expected to follow. It is less clear, however, what the impact on the recruitment of older workers will be. It therefore remains uncertain whether there is an increased likelihood of older people returning to the labour market as a result of the 2006 Age Regulations. Despite the fact that discrimination legislation applies also to recruitment practices, it can be difficult to prove and, within a more restrictive legal environment, employers may be deterred from recruiting older staff. This is an area which will require close monitoring and a review of the legislation is due in 2011. Research focused on individuals, employers and aggregate trends is needed to establish the full range of impacts to emerge from the legislative developments.
- Given the mixed picture which emerges from various studies which have investigated the issue of preference in relation to retirement timing, further research is warranted to explore the demographic and socio-economic characteristics associated with the time that people wish to retire, the opportunities available to them and the constraints they face.
- We know relatively little about the precursors to, experience of, and long-term outcomes associated with flexible working at older ages and further research in this area is warranted. Phillipson (2007) indicates a pressing need to examine the reasons for flexible working remaining so limited in scope – organisational factors are implicated, including line manager attitudes and behaviour. In addition, despite recent reforms, tax and pension rules and regulations may be restricting flexible retirement opportunities.

- Further research into opportunities for downshifting and the implications of job change for quality of work among older people is needed. If the goal of longer working lives is to be achieved, alongside a reduction in ill health or caring-related premature retirement, more widespread access to a variety of flexible working arrangements is likely to be needed. It is necessary, therefore, to investigate the extent to which such changes would, in practice, lead to the 'ghettoisation' of older people into a secondary labour market of jobs with low pay, poor terms and conditions, and inadequate pension-saving opportunities.
- There is a need for more research into the impact of job design, target-setting cultures, performance-related pay, management styles and other workplace terms and conditions on the sustainability of working lives. Without an understanding of the workplace circumstances and preventative strategies that are conducive to longer working, employers and individuals will be ill-prepared for the impact of demographic change. The health implications and consequences of work design vary with age and few empirical studies have investigated these relationships in detail in the UK. Griffiths (2007) has similarly noted that the relationship between age and optimal work design or management style is an under-researched field of enquiry. Further, Phillipson (2007) has called for more research to explore quality of life in the workplace and the range of policies that might help extend working life, differentiating the needs and problems faced by workers in manual, routine and white-collar jobs.
- Modelling the impact of policy reforms is likely to be complicated by the fact that a multidimensional approach has been taken – pension and retirement age reforms, discrimination legislation, business case awareness campaigns and changing pension arrangements have all been implemented alongside demographic changes. Disentangling the various supply and demand side impacts will present a challenge. Nevertheless there is a need to understand the relationships. This is in order both to assess the effectiveness of particular approaches and to determine which institutional reforms will ensure a sustained impact on labour market engagement and engender scope for individuals to make unconstrained choices which suit their particular circumstances and aspirations.
- Compound discrimination is under-researched. A study by Berthoud (2006) highlights the importance of taking account of multiple forms of disadvantage such as age, disability, ethnicity and low skills, concluding that the odds of unemployment accumulate the more types of disadvantage endured. Of interest

is the impact of multiple disadvantage on other outcomes such as social exclusion and poverty.

4. Income: earnings, pensions and benefits

In this chapter, three aspects of income are explored: earnings, pensions and benefits. The chapter assesses gaps in their adequacy, income polarisation and the characteristics associated with hardship. Heterogeneity of income among older workers often continues into the retirement years. In order to tackle poverty in older ages, it is necessary therefore to take a life-course perspective to ensure that individuals have the opportunities, support, skills and training necessary to remain in decent employment, with prospects to save, throughout their lives. Life-long learning policies, pension provision, welfare to work programmes and a commitment to full employment are all therefore implicated in the anti-poverty agenda.

The chapter initially outlines government policy in relation to poverty, pensions and benefits. The incidence and distribution of poverty at older ages is subsequently discussed. A subsection investigating earnings among older employees examines the age pay gap. Pensions are explored from a number of perspectives, including the perception of a pensions crisis, adequacy of savings for the future, flexibility of pensions in terms of working and receiving a pension, the gender pensions gap and, finally, the extent to which older people understand pension entitlements and other financial products.

4.1 Government policy

Following on from Opportunity Age (Department for Work and Pensions (DWP), 2005), which set out the government's strategy on ageing, the Social Exclusion Unit's (SEU) A Sure Start to Later Life report (SEU, 2006) developed this agenda to ensure that later life is a time of opportunity, free from the blight of poverty, exclusion or isolation. The focus on eliminating childhood poverty as one of the cornerstones of New Labour policy has therefore been extended to include poverty in later life.

Discussed in detail in sections 4.3 and 4.4, measures taken to decrease the number of older people in poverty include:

- Changes to the basic State Pension.
- Pension Credit (PC).
- Schemes to boost benefit take-up among those entitled.

- A Fuel Poverty Strategy that includes a Winter Fuel Payment plus free installation of central heating and insulation to more vulnerable sections of the older population.
- Free bus passes and free television licences for older people plus other measures, such as free medical prescriptions.

An independent Pensions Commission was set up in December 2002 to review the prevailing pension system and recommend reforms.¹⁴ This led to the 2007 Pensions Act, which contains measures including:

- Establishing an easier and fairer system for women and carers to accumulate State Pensions, with their social contributions recognised on an equal basis as paid employment.
- Restoring the earnings links for the basic State Pension.
- Reducing the number of qualifying years required for a full basic State Pension.
- Increasing the State Pension Age (SPA) to render these changes affordable.

The 2007–08 Pensions Bill introduces further reforms. These measures are designed to alleviate poverty among pensioners in the future and encourage greater saving throughout the lifetime in preparation for the retirement years. The reforms serve to place responsibility for the cost of an ageing population on current rather than future working-age generations. This is necessary given that, today, there are around four workers for each pensioner yet by 2050, this will dwindle to around two workers for each pensioner. The pension system is now designed to balance responsibility for an adequate income during the retirement years between the individual, state and employer.

These anti-poverty developments and measures to undermine the polarisation of life chances are focused on income during the retirement years. The main policy initiatives targeting older people pre-retirement include age discrimination legislation (with employment recognised as the key means to prevent poverty) and steps to treat

¹⁴ The Commission, chaired by Lord Turner, published two reports: *Pensions: Challenges and Choices* (2005) and *A New Pensions Settlement for the 21st Century* (2006). Building on these reviews and a nationwide consultation process, the government set out proposals for reform in two White Papers: *Security in Retirement: Towards a New Pensions System* (2006) and *Personal Accounts: A New Way to Save* (2006).

the unemployed equally, in terms of assistance, regardless of age. Disparities in pay according to age have also been identified by researchers (discussed in section 4.3) but have not been acknowledged in terms of public policy. There is a government Public Service Agreement (PSA) on the gender pay gap but no equivalent for the age pay gap.

Some steps have also been taken to improve the prospects of older disabled groups. The Madrid International Plan of Action on Ageing 2002 specifically highlights the needs of older disabled people, committing governments to the ‘promotion of the full participation of older persons with disabilities’. Disabled older people face environmental, institutional and attitudinal barriers that exclude them from society.¹⁵

The government set out a strategy for transforming the prospects of disabled people in the report *Improving the Life Chances of Disabled People*, published in 2005 by the Cabinet Office. The report announced the establishment of a new Office for Disability Issues to be responsible for coordinating Government work on disability and ensuring that this fits with the wider equalities agenda. In terms of older people, however, a number of criticisms have been levied; the report focuses on those of working age only and is not concerned with disability that arises due to ageing. Lowe (2005) emphasises that these are contentious issues – ‘working age’ is ill defined and it is not clear when a disability can be identified as primarily age related. Despite progress in relation to disability issues, it is therefore not clear that the needs of older disabled people are being recognised or met. Older disabled people also endure discrimination by being denied access to the mobility component of the Disability Living Allowance (DLA) and the Independent Living Funds (Age Concern England, 2008; Lowe, 2005).

4.2 Poverty

The experience of poverty has a direct impact not only on wellbeing and health, but also on mortality. Recent findings from the analysis of English Longitudinal Study of Ageing (ELSA) indicate that among individuals over the age of 50, the poorest fifth are 10 times more likely to die than the richest fifth between the ages of 50 and 59 (Banks et al, 2006).

Research by the Prudential, reported in *The Observer* (2007), suggests that pensioners in the UK typically survive on less than £10,000 a year – which they claim is around £4,000 less than needed in order to live comfortably. Difficulties associated with low incomes are compounded, for around two million pensioners, by outstanding

¹⁵ See www.helpage.org.uk

debt. Around one fifth of the retired population has some form of unsecured borrowing (Age Concern England, 2008). Recent government figures suggest a decline in poverty rates among the pension age population, yet it is still estimated that 1.8 million pensioners (17 per cent) live in poverty (Palmer et al, 2006).¹⁶

The Households Below Average Income report (DWP, 2007a) indicates that between 1994/95 and 2005/06, there was no consistent change in the proportion of pensioners living below thresholds of median income on a Before Housing Costs basis. For income After Housing Costs, the proportions did, however, fall. The older the head of household, the greater the likelihood of low income. Pensioners living in a household headed by someone from an ethnic minority group had a greater risk of low income. Having a personal or occupational pension was not found to protect individuals from below average income status as around half of the low-income pensioner households had a personal or occupational pension income.

Women and ethnic minorities are particularly over-represented in poverty (DWP, 2006; Scharf, 2002). Older people who were more likely to have low levels of material resources were women; those living alone; people who were widowed, divorced or separated; those in poor health; those with lower education; and those living in deprived neighbourhoods (Burholt and Windle, 2007). The heightened exposure to poverty among some ethnic minorities in older age results in 42 per cent of retired people of Pakistani or Bangladeshi origin living on low incomes (DWP, 2007a).

Two thirds of pensioners living in poverty are women. Three key statistics reported in Mordaunt et al (2003) highlight the plight of older retired women: one quarter of single women pensioners lives in poverty; twice as many women as men are dependent upon means-tested benefits, and for every £1 received by a retired man, a woman receives 32p. Gender differences arise due to women's lifetime patterns of employment, because they have fewer years in work and are concentrated in jobs with lower pay and lower likelihood of employer-supported pensions saving.

Minority ethnic groups also face a range of distinct problems in older age, often derived from accumulated disadvantage over the lifetime. For example, they are more likely to have lived in poverty, in poor quality housing and have reduced access to pensions and benefits (DWP, 2006; Scharf, 2002). Katbamna et al (2004) identify further barriers facing older ethnic minority groups, such as language issues and limited knowledge of, and access to, information about services available. More

¹⁶ Data are for relative pensioner poverty after housing costs, based on HBAI figures.

research is needed on the diversity of experiences of different ethnic minority groups as they enter and progress through the third and fourth ages. A recent report for the Equality and Human Rights Commission by the Pensions Policy Institute (PPI) (Steventon and Sanchez, 2008) on pensions and ethnicity and disability provides further information.

Poverty is distributed unevenly geographically. Within London, for example, income and opportunities are highly polarised. Pockets of inner London are among the poorest areas in the country with 35 per cent of pensioners experiencing poverty (Creative Approaches to Workforce Ageing, 2007).

Fuel poverty has long been recognised as a problem for many older people struggling on modest pensions. Between 1.5 and two million households in England are in fuel poverty, defined as their members needing to spend more than 10 per cent of their income adequately to heat their home (Wilkinson et al, 2004). Help the Aged (2006) estimates that 40 per cent of older households spend 5–10 per cent of their income on fuel, which is double that of younger households. The issue has become particularly acute in recent years given above-inflation increases in the cost of gas. Age Concern is campaigning for the Winter Fuel Payment to be raised. Other initiatives include improvements to housing, free central heating installation and free insulation for vulnerable older people. Many older people continue to live without adequate heat in the winter months, with serious risks to their health. Help the Aged estimates that 20,000 older people die each winter as a direct consequence of the cold (Help the Aged, 2003).

Burholt and Windle (2007) recommend an integrated approach to housing quality, energy and fuel poverty objectives. In response to widespread problems with fuel costs, a Fuel Poverty Strategy has been outlined, committing the government to the eradication of fuel poverty among vulnerable and older households by 2010.¹⁷ Given rising energy prices, the government has acknowledged that its 2010 target of eradicating fuel poverty is unlikely to be met (Age Concern England, 2008: 10).

One complication in assigning poverty status to individuals is related to the unprecedented growth in house prices over the past decade or so. While living in valuable properties, many older people are asset rich, but income poor. Releasing equity from their homes is complicated, however, by the impact that taking such a

¹⁷ See www.dwp.gov.uk/mediacentre/pressreleases/2008/may/2008-102.asp for the latest government measures.

step would have on any means-tested benefits and a disinclination to erode the value of inheritance assets (Sodha, 2005; Terry and Gibson, 2006; Hill et al, 2007).

Other measures used to determine the levels of poverty endured by older people include deprivation indices. These indicate, among other items, possession of a range of consumer durables, having holidays or eating out. Surveys tend to ask whether individuals have these items and, if not, whether it is due to lack of affordability or lack of desire. Berthoud et al (2006) highlight the risk of using subjective measures, as older people tend to be worse off according to objective indices but better off according to subjective indices. These findings resonate with research by Godel and Thewlis (2007), exploring the experience of older people living in rural communities. Their findings suggested that older people typically state that they are managing and coping well, often despite adverse circumstances – yet the researchers were adamant that the older interviewees were not coping at all well. Although respondents aged over 75 have fewer material resources than others, according to Burholt et al (2007: 1), they tend to be satisfied with their financial situation and put on:

... a happy face in order to cope with the inescapable reality of everyday life.

Hill et al (2007) emphasise the importance of taking into account a wide range of resources, including social, health, neighbourhood and family, as well as economic, in later life when considering wellbeing and quality of life at older ages. Berthoud et al (2006: 4), however, conclude that:

... over-reliance on subjective judgements may understate the true extent of pensioner hardship.

Middleton et al (2007: 28) concur that:

... whichever measures of needs and resources are used, financial poverty remains the issue on which policy-makers need to focus – both for current and future generations of older people.

There remains a need to monitor developments in response to the range of government initiatives designed to protect older people in poverty on an ongoing basis. Recent falls in poverty among those aged 65 and over are unlikely to continue after 2007–8, even after the implementation of the proposals outlined in the Government's Pensions White Paper, according to a recent Institute for Fiscal

Studies report (Brewer et al, 2007). The report finds that that the proportion of those aged 65 and over living in poverty is set to remain at around one in five until 2018. This is despite the overall projected increase in State Pensions and higher anticipated employment rates at older ages.

4.3 Earnings

The gender pay gap is a very familiar concept, but less widely recognised is the age pay gap. Full-time workers in their 50s earn, on average, 13 per cent less an hour than full-time workers in their 40s (National Institute of Adult and Continuing Education, 2006). Among part-time workers, the gap between these age groups is even higher, at 42 per cent (Age Concern England, 2007). A recent report by the National Institute of Economic and Social Research on behalf of the Equality and Human Rights Commission (Metcalf, 2009) has examined age pay gaps in more detail.

Following the 2004 spending review, 102 PSA targets were set (Statistics Commission, 2006). PSA 9 relates to gender equality across a range of dimensions including equal pay. The public sector, including all 88 government departments, has widely implemented gender-based equal pay reviews (Greater London Authority, 2007: 39). There are no equivalent PSAs or other measures in relation to age.

It is claimed that employers' diversity policies, including moves to recruit older workers, are motivated not by ethical considerations but, instead, by a need to fill less popular jobs and to keep down wages (Lorbiecki and Jack, 2000). Issues of job quality must therefore be addressed in tandem with raw participation rates. For those who are pushed into the poor work economy or secondary labour market, perhaps for health reasons, an adequate minimum wage is therefore critical.

Age discrimination and the perception that older workers are expensive give rise to a number of earnings-related outcomes. As employers are less likely to take on employees in their 50s – discussed in Chapter 2 – the range of jobs open to this age group becomes skewed towards lower-paid work. In firms with steep 'wage tilts' (that is, a steep earnings-experience profile) and good pension arrangements, the chances of older workers being recruited diminish (Hutchens, 1993; Hirsch et al, 2000). Older displaced workers suffer notable earnings losses when resecuring employment (Farber, 1998): while earnings increase with experience in a particular job, moves to another employer risk carrying a wage penalty. According to Koeber and Wright (2001), the downward mobility and attendant fall in pay of older workers is attributable not to discrimination or skills deficiencies, but primarily to profit-margin imperatives – the displacement of older workers in industries where they command a

higher wage results in a reduction of labour costs for employers. Koeber and Wright's study, which is based on American data, finds the biggest pay gap arises among those displaced from the manufacturing sector.

Those displaced from unionised establishments or industries that offer pay premiums are particularly prone to a decline in earnings. Displaced workers, on average, earn 10 per cent less in their new jobs. Among older workers aged 50+, the equivalent loss of weekly earnings stands at 23 per cent (Gregg et al, 1999).

Even within the Human Resources (HR) profession (tasked with implementing anti-age discrimination policy), age-based inequality of pay is evident. One study found that HR department managers over the age of 50 earned an average of £57,795, nearly £2,000 less than those aged 45 to 49 (Willock and Fuller, 2006). Pay gaps are therefore not simply associated with moves from manufacturing to service sectors or moves to more flexible or lower grade work. The processes are more complex and warrant more detailed investigation.

Comparing full-time men and women, Makepeace et al (2004) have highlighted the extent to which the gender pay gap grows, with women becoming increasingly disadvantaged as they enter middle age. Other studies similarly observe that after the age of 50, women's income declines further, relative to men (Women and Equality Unit, 2006). The relationship between age and the gender pay gap is not however linear. Using Annual Survey of Hours and Earnings data, a report by the Low Pay Commission (2007) shows how the gender pay gap varied according to age group in 2006. The **median** gender pay gap among full-time employees was found to be very small until individuals reached 30–39, at which point women earned six per cent less than men. The gap peaked for employees aged 40–49 (at 17 per cent), then decreased to 15 per cent for 50–59 year olds and six per cent for the 60+ age group. The report did not, however, explore reasons for these age-related shifts in the gender pay gap. Further research in this direction would promote understanding of the complex interplay of age, gender and earnings (see also Metcalf, 2009).

4.4 Pensions

Levels of the basic State Pension have long been implicated in the experience of poverty among the oldest old, and older women in particular. From April 2008, the basic State Pension was raised to £90.70 for a single person and £145.05 for a couple. PC will rise to ensure a minimum income of £124.05 and £189.35 respectively.

Saving for the future

Of concern is the prospect of a pensions crisis, with an ageing population having made inadequate provision for the future. Occupational pension schemes have been widely reformed and many employers have replaced more generous defined benefit pensions with defined contribution pensions with eventual value tied to stock market performance. Around 40 per cent of the working-age population contribute to private pensions. Consequently, there is a need for more individuals actively to save a greater proportion of their earnings for their future.

Implications of the swing away from defined benefit pension schemes towards defined contribution schemes remain uncertain in terms of eventual pension value, the impact on retirement timing and adequacy of income in later life. Older workers with defined benefit pensions typically retire earlier than workers with defined contribution pensions (Banks et al, 2006). Shifts in the pension provisions of different cohorts of adults, combined with their distinct life experiences in terms of work, education and consumer patterns, suggest that the experience and impact of ageing among current and earlier 50+ cohorts are likely to be quite distinct from that of cohorts to follow.

A PPI evaluation of the pensions White Paper (PPI, 2006) suggested that the proposals will do little to close the wide income gap evident among older, retired people. The findings indicated that most people will have less than £135 a week from the reformed State Pensions and that the proposals will not significantly change the overall income distribution of older people and, further, will give more to people on higher incomes than those on lower incomes. From the study, it is clear that further research is needed to assess the range of implications of current proposals. In addition, full evaluations of alternative State Pension reform models are advised.

Adequacy of pensions and lower pay among ethnic minorities and other disadvantaged groups is also of concern. Ethnic minorities can face barriers in planning for retirement where language problems are encountered and the UK pension system is unfamiliar to many older immigrants. Pension value and entitlement among ethnic minorities is also influenced by their higher lifetime risk of unemployment, concentration in certain industrial sectors and higher propensity for self-employment (Barnes and Taylor, 2006). Similar issues arise for some disabled groups with intermittent employment histories, but research in this area is lacking. Gender gaps in pension provision and value have been more widely investigated and are discussed in the next sub-section.

Gender pensions gap

Gendered patterns of retirement welfare prevail with women in a much weaker position due to their intermittent lifetime working trajectories, part-time employment associated with prime responsibility for caring roles and fewer opportunities to join occupational pension schemes. This gives rise to lower lifetime earnings, compounded by lower pro-rata pay associated with the gender pay gap. Combined, women are less able to build up an adequate pensions pot (Ginn, 2003; Ginn and Arber, 1996, 1999). Around half of all women who start saving for their retirement discontinue once they have children (Inman, 2006). The gender pensions gap is prevalent throughout the developed world with a notable demarcation between affluent pensioners, who are typically men, and poor pensioners, predominantly women (Behrendt, 2000).

While there are differences between men and women in their lifetime employment histories, these actual differences account for only a small fraction of the income gap between the sexes during retirement (Bardasi and Jenkins, 2004). The gap is mainly caused by women being less likely to have private/occupational pensions, and if they do have these pensions receiving a lower income from them than men (about £40 per week for women on average compared with £80 per week for men) (Bardasi and Jenkins, 2004).

Flexibility of pensions

The need for greater flexibility in retirement timing, type and hours of work is widely recognised. Some flexible retirement practices were, until recently, prevented by HM Revenue & Customs pension rules. In April 2006, the rules associated with pension access while remaining with the same employer were changed. Prior to 2006, regulations permitted access to a pension only upon departure from the employing organisation with which the pension resided. This gave rise to the perverse situation of individuals leaving their jobs, collecting their pensions and then being re-employed by the same organisation on a contractual/consultancy basis, a practice which became fairly widespread (Bone and Mercer, 2001). Employers now have the option of allowing staff to draw their pension while remaining in employment. This is an attractive option if employees feel the need to downshift the hours they work but previously felt unable to afford the reduced income associated with reduced hours.

In the UK, there is no scope for early retirement in public pension schemes, but most private and occupational pensions do have such provision. As a consequence, polarised retirement pathways have been evident, with low-skilled workers with poor pension arrangements remaining in work for longer than their more wealthy counterparts with adequate pension provision who are able to choose early

retirement. From 2010, the threshold at which a non-state pension can be secured will rise from age 50 to 55. In practice, occupational schemes may raise thresholds further given looming deficits. British Airways, for example, increased the standard retirement age for cabin crew from 55 to 60 in 2006 and to 65 from 2011. Normal retirement age for pilots was raised from 55 to 60 and will be increased to 65 if countries such as France and the USA remove restrictions on older pilots flying in their airspace (www.hrmguide.co.uk/rewards/ba-pension.htm)

Understanding pensions and other financial products

A key finding to emerge from several recent studies is the poor understanding that many employees have of their pension rights and associated employment options (Vickerstaff et al, 2004; Barnes and Taylor, 2006; Phillipson and Smith, 2005; Mayhew, 2003). Evidence suggests that individuals do not have a clear idea of the prospective value of their pensions and do not take steps to plan for their retirement even when close to SPA. Confusion is fairly widespread (Salvage et al, 2005). Moreover, a review of several studies investigating women's knowledge and understanding of pensions by Ward (2007) suggests that women are not more likely to be ill-informed or mistaken than men but are less confident than men about their knowledge of pensions. The fairly widespread incidence of erroneous views and misunderstandings about pension entitlements and choice can lead to a poor basis for decision-making relating to the manner and timing of retirement.

Equity-release schemes are one example of a poorly understood financial product. Of the 3.5 million retired householders who own their properties outright, many are cash poor and receive PC despite their assets. Research into equity-release schemes for those on low incomes by Terry and Gibson (2006) suggests that equity release, in some instances, can be a good solution for those with homes that are in need of repair or adaptation or for those who need additional help in the home. The main obstacle to accessing such financial products is the widespread reluctance among older people to use equity-release schemes (Terry and Gibson, 2006; Hill et al, 2007). In addition to a pervasive distrust of financial providers and products, the complexity of schemes is also a deterrent, while the complex interaction with means-tested benefits can also cause problems. In addition, many older people are reluctant to incur debt at this stage of their lives and wish to leave their assets intact to their children.

Sodha (2005) has investigated the potential of housing wealth to mitigate income poverty in retirement. ELSA (2002/03), revealed that around 10 per cent of retired people were relatively housing rich (with housing equity in excess of £100,000) but income poor – defined as surviving on an income below Age Concern's Modest but

Adequate level of £157 per week¹⁸. Over the next 10 to 15 years, around 16 per cent of those aged between 50 and SPA were predicted to become housing-rich but income-poor pensioners.

Opportunities to unlock capital, which has increased in value dramatically over the past 10 years, are widening, but not all equity-release schemes are appropriate or of good value and examples of bad sales practice can be found (Age Concern England, 2008). Such schemes are likely to become more prevalent, however, with the perceived need to access equity likely to rise in the future associated in part with burgeoning consumer credit. Age Concern has voiced concern that equity-release schemes are being used at younger ages (at greater expense) and, increasingly, to service debt incurred earlier in life.

An important policy implication of the many studies which have investigated attitudes towards, and use of, financial products is the need for far more advice, guidance and support in order to promote understanding of, and access to, a wide range of financial options. The Government is committed to providing more comprehensive information and guidance by means of a National Advice Network Service as set out in Thoreson (2008), thereby promoting financial inclusion and informed choice. The Thoreson remit was to examine the feasibility of delivering a standardized, national approach to generic financial advice, now termed Money Guidance, with an emphasis on quality, affordability and targeting of the most vulnerable. The need for quality advice is evident at various life stages and the DWP has commissioned six action research projects to investigate advice needs throughout England, Scotland and Wales. Due for completion in March 2009, these are designed to identify and provide for the retirement-planning information and guidance needs of employed people aged 50+.

Accessing pensions and other financial products can be hampered by poor information provision. Discrimination can also prevent access to appropriate financial services. Increasing public acceptance of non-heterosexual lifestyles is enabling older people openly to express their sexuality. But older lesbian, gay, bisexual or transgender (LGBT) people tend to be marginalised by public and financial services such as pensions, social security, inheritance, housing and incapacity issues, and incorrect assumptions are often made about the diverse needs of the different groups (Dodds, 2003). Non-heterosexual ageing is under-studied (Heaphy et al, 2004) and existing research on older LGBT groups concentrates on those aged 50 to 69 years, and does not differentiate between women and men (Age Concern England, 2002).

¹⁸ This level was set for 2005. By 2008, the amount had increased to £180.

4.5 Benefits

This subsection explores benefits at different life stages. For individuals below SPA, recent welfare reform initiatives, which bear upon employment incentives and opportunities among the 50+, are explored. Subsequently, benefit take-up issues, which apply to individuals in the post-retirement period, are outlined.

Welfare reform

Central to New Labour's Welfare to Work strategy has been the establishment of nationwide Jobcentre Plus offices. These function as a gateway for all benefit claimants, whether for unemployment benefits, such as Job Seeker's Allowance (JSA), or for Incapacity Benefit (IB) or Income Support (IS). They deliver the various New Deals for the unemployed and help IB claimants by means of the Pathways to Work programme.

It has been recognised for some time that there is a need to re-evaluate the employment possibilities facing the long-term sick or disabled, among whom the 50+ age group predominate, especially given the rise from £600 million to £3,500 million in benefits paid to the sick and disabled between 1979 and 1997 (1995/6 prices) (Burchardt, 2000). More recently, IB cost the taxpayer £12.5 billion in 2007.¹⁹ However, the long-term growth trend in inactivity for health reasons is unlikely to reflect sharply declining standards of health among older people. Indeed, most commentaries on the changing demography of the workforce observe that not only are we living longer, but that we are also healthier.

IB is available as an alternative to earnings for those unable to work as a result of sickness or disability. It is currently being reformed and has, for some time, been:

... perceived to be subsidising unemployment and early retirement and, as a social insurance benefit, insufficiently targeted on the poor.
(Burchardt, 2000: 11)

The scale of incapacity benefits remains a challenge – of the 8.8 million people aged between 50 and SPA, 1.3 million were claiming IB (Beatty and Fothergill, 2007). A further 400,000 were either claiming unemployment benefits or were dependent partners of IB claimants. Around 40 per cent of claimants have mental health- and stress-related conditions – a figure that has been increasing over recent years (Beatty and Fothergill, 2007). A key policy objective is to get one million of these older men and women back into work (DWP, 2006a). To this end, the Welfare

¹⁹ See www.telegraph.co.uk/news/newstoppers/politics/labour/1569866/New-curbs-to-cut-incapacity-claims-'irrelevant'.html#continue

Reform Act (2007) introduced a number of measures, including a new Employment and Support Allowance (ESA) to replace IB and IS based on incapacity or disability. In addition, a new Personal Capability Assessment, alongside ESA, was introduced in October 2008 to assess an individual's entitlement and the possible support needed to get back into the workplace. The development of a national strategy for mental health and work will lead to the requirement for medical certificates to emphasise capacity rather than incapacity in the hope of reducing the number of IB claimants, among whom older people predominate. For the first time, new IB claimants will be required to have work-focused interviews and employment services.

Packages directed at the 50+ age groups have, to date, been voluntary. These include the New Deal for Disabled People, New Deal 50+ (which provide advice, guidance, training opportunities and job search help) and the Intensive Activity Period element of the New Deal 25+ for those aged over 50. It is increasingly recognised that this imbalance in the treatment of older and younger JSA and IB claimants is unjust and unjustifiable. The 2006 welfare reform Green Paper, *A New Deal for Welfare: empowering people to work* (DWP, 2006b) announced the intention to make participation in the IAP mandatory for the over-50s. The various New Deals including New Deal 50+ are to be replaced by a Flexible New Deal, which will not differentiate clients according to age groupings. The New Deal 50+ was criticised in the past for not providing help until six months after an initial claim by which time many had become disillusioned. The Flexible New Deal will offer some help after three months, followed by specific, tailored support after six months and full mandatory support after one year.

Beatty and Fothergill (2007) have assessed the extent to which welfare reform measures are likely to be effective in getting the 50+ inactive and unemployed back into work. Despite identifying a large reserve of older men and women able and willing to re-engage with the world of work, they suggest that the geography of unemployment is likely to undermine efforts substantially to improve employment rates among the over 50s. Analyses show that the economically marginalised over 50s are concentrated in Northern England, Wales and Scotland – the areas which were hit hardest by industrial restructuring in the 1980s and 1990s and in which employment opportunities are at their lowest. In these old industrial heartlands, there is a dearth of jobs for older people to enter and competition for the jobs that do arise is strong. Under these circumstances, where older people do secure work, this may have a displacement effect on younger workers. Targeted regional economic policy is therefore more likely to improve the prospects of older workers throughout the UK than the more general welfare reforms currently on offer. As observed at the start of

Chapter 3, labour market participation at older ages remains an important goal for reasons of financial security, identity, mental health and self-esteem.

Benefit take-up

The previous section focused on working-age older people and the recent shake-up of the employment and incapacity benefits system in order to gauge the extent to which recent reforms might start to close the employment gap evident when comparing the opportunities, prospects and participation rates of younger and older age groups.

In this section, the focus turns to older age groups and to a different range of benefits, which are associated with low incomes and retirement age. Of concern are the circumstances of isolated, poor or socially excluded older people who are eligible for help, but who are either unaware of their entitlement or unable to access assistance.

Many pensioners do not take up benefits to which they are entitled. Age Concern, among others, is keen to ensure that advice, information and assistance becomes increasingly available at the local level to enable older people to claim benefits and pursue their rights. Help the Aged (2003) is also calling for reforms and initiatives to overcome pensioner poverty, including 'bridging the huge gulf between entitlement and claim rates of pensioner benefits'. It is estimated that around one third of those entitled to PC are not claiming and that 40 per cent entitled to Council Tax Benefit are not claiming (DWP, 2007b). In response to such concerns, the government has set up a stream of funding to support local schemes and initiatives designed to promote awareness of benefit eligibility among older populations and activate benefit take-up. In order to erode pensioner poverty and access the 'hard-to-reach', the Partnership Fund is supporting 172 community schemes and four national initiatives, which deliver services to older people. The scheme has been evaluated by National Centre for Social Research (2007) and found to be broadly effective, with customers helped in securing a range of benefits including: PC, Attendance Allowance, Carer's Allowance, Disability Living Allowance, Housing Benefit and Council Tax Benefit.

As part of the initiative to ensure that older people on low incomes receive their benefit entitlements in full, the awarding of benefits is being simplified. From October 2008, low income pensioners who claim one benefit will automatically receive all the benefits to which they are entitled including PC, Council Tax Benefit and help with

rent. As a consequence 50,000 pensioners (that is, the bottom third) are expected to be lifted out of poverty.²⁰

4.6 Summary

Three aspects of income were explored – earnings, pensions and benefits – in order to identify the various sources of income at different stages of life, assess heterogeneity of income within older age groups and determine the extent to which older people are disadvantaged financially compared with younger generations.

In terms of earnings, an age pay gap was identified, associated to some extent, but not exclusively, with older workers downshifting. The age pay gap is not as well recognised as the gender pay gap and there remains considerable scope for more research in this area. Adequate pay later in life is critical as individuals become increasingly concerned to make financial provisions for their retirement years. Large proportions of the older workforce continue working long beyond their perceived ideal retirement age due to financial imperatives. As was observed in relation to employment prospects, earnings disparities within older age groups are far wider than between the young and old.

Once individuals retire, their financial circumstances can deteriorate dramatically. Almost one fifth of the pension age population live in poverty, surviving on pensions that afford very low standards of living and leave many struggling to cope. The incidence of poverty increases as people age but the risk is most pronounced among women and ethnic minorities. There is less evidence relating to poverty in old age among LGBT, faith and disabled groups.

In response to widespread poverty among pension age men and women, the government has recently extended its commitment to eradicate child poverty to also include older members of the population. In order to achieve this objective, a number of measures have been implemented. These include:

- Changes to the State Pension – with the earnings link to be restored, and the social contributions of women and carers to be recognised.
- Replacement of the Minimum Income Guarantee with the more generous PC, coupled with schemes to boost benefit take-up among those entitled.
- A Fuel Poverty Strategy.

²⁰ Cited by Mike O'Brien MP in a speech delivered to the Age Concern conference February 2007.

- The introduction of free bus passes and television licences for older people, and other measures, such as free medical prescriptions.

The PC raises the income of less advantaged pensioners to levels determined by the Family Budget Unit as 'modest but adequate', but falls short of the budgetary levels required to run a car. As a means-tested benefit, PC can also act as a disincentive to releasing equity from homes, which have increased in value considerably over the past 10 years. Among the low income workforce, the prospect of means-tested benefits during retirement may also act as a deterrent to saving behaviour.

Given these changes to the benefits system, coupled with a widespread shift from defined benefit to defined contribution occupational pensions, the financial welfare and retirement timing of future cohorts remains unclear.

4.7 Gaps in research

- More research is required to explore the impact on earnings, conditions and job segregation of longer working lives and the possible associated need to change jobs later in life. Recent legislative change and moves towards longer working lives may give rise to flatter earnings profiles which better match productivity to income. As observed by Hirsch et al (2000), a better productivity-earnings match may increase the mobility of older workers.
- There remains considerable scope for further research into the types of, and reasons for, misunderstanding of available choices and financial provision in the latter stages of working life. In terms of information, guidance and support, how should it be delivered and which individuals, groups or institutions are the most trusted to deliver impartial and comprehensive advice? To what extent do employers provide opportunities to discuss, in full, the range of employment, retirement and pension options available to staff? These questions are particularly pertinent in 2009 given the number and range of changes that have been implemented over the past two years in relation to employment, pensions and flexible working opportunities. Ward (2007) observes that there is little research on attitudes towards, and knowledge of, annuities or the fact that women must save more to achieve the same annuity income as men, for example.
- There is a need for further research into the decision-making processes, source, type and depth of information older people are using when planning for their futures. Financial planning is highly complex and as the range of available schemes multiplies, the need for expert, impartial advice becomes acute.

Studies could deploy critical assessment techniques rather than simple descriptive methods in order to evaluate the extent to which individuals are making the best choices for their individual circumstances and needs. A Joseph Rowntree Foundation Task Group has been established in collaboration with the Local Government Association to investigate the type of housing options available to older people and to assess the best approach to helping low income older people in particular reach the right decisions.

- There is a need for more detailed analyses of employment prospects, opportunities and outcomes, not only at the level of regions, but also at the smaller levels of towns, wards and neighbourhoods. This is in order to better understand the geographical dispersion of employment opportunities and barriers and the impact that welfare reforms are likely to have at the neighbourhood level for older workers. Within such an analytical framework, a better understanding can also be generated of the impact that age-related migration patterns will have on the extending working lives agenda.

5. Education and training

This chapter examines the various types of learning undertaken by older people, whether work related or reflecting wider interests. The chapter outlines current government policy, describes the benefits of all types of learning and charts trends in learning at older ages. The chapter differentiates life stages by exploring both the incidence of learning and work-related training among older employees and the type and incidence of learning during the retirement years.

5.1 Government policy

The 2002 Madrid International Plan of Action on Ageing, sets out policies needed to promote security, health, wellbeing and active social participation as people enter their third and fourth ages. Policies and practices recommended for implementation include the promotion of life-long learning. Government learning policy in the UK acknowledges the broader benefits of learning, but in terms of strategic direction and financial support has increasingly focused instead on targeted skills acquisition to achieve full employment, enhanced productivity and future economic prosperity.

The Leitch Review (Leitch, 2006) was tasked to establish the skills needs of the UK population, to identify current weaknesses and set achievable goals to ensure future prosperity, productivity and social justice. A number of challenges were identified:

- an ageing population
- rapid technological change
- a highly competitive global economy

The review also identified three key statistics: more than a third of all adults in the UK do not have the equivalent of a basic school-leaving certificate; 6.8 million people have serious problems with numbers; and 5 million people are not functionally literate.

While emphasising the need to improve schools and educational attainment among school and college leavers, Leitch (2006: 6) also emphasised the need to target adults and the '70 per cent of the workforce who have already left compulsory education'. Leitch observed that not only will older people comprise an increasing proportion of the total workforce, but changes in the job market structure entail a significant increase in demand for higher-level skills. There has been, and will continue to be, a decreasing need for unskilled labour. As a consequence, it is necessary to improve the skills of older age groups to meet the needs of the economy.

In 2007, a Department for Innovation, Universities & Skills (DIUS) was created. The remit of DIUS includes raising and widening participation in Further and Higher Education and tackling the skills gap among adults. In terms of the learning needs of older people, the new department's mission includes a commitment to improving the skills of the population throughout their working lives. The emphasis is on addressing basic literacy and numeracy skills gaps. One of the Public Service Agreement (PSA) targets (PSA 13) is to increase the proportion of adults with functional literacy and numeracy skills and to increase the proportion of adults qualified to at least level 2 (equivalent to five GCSE passes).²¹

Despite the structures and interventions developed over the past few years to promote life-long learning, critics suggest that opportunities for older learners have become increasingly limited and are far from suitable for all. The Learning and Skills Council, formed in 2001, was given responsibility for all adult training and education in the non-university sector leading to a:

... blossoming of adult learning opportunities in many communities [by means of] different forms of learning ... over succeeding years the economic imperative became increasingly dominant at the expense of social and cultural priorities culminating in huge funding cuts and the loss of around 1.5 million adult learners in the last two years.
(Sabates, 2008: 7)

The ten-year Skills for Life strategy, initiated in 2001, included provision for free literacy, language and numeracy learning. According to Bathmaker and Appleby (2006), however, level 2 targets have had an adverse impact on the provision of other forms of learning thereby excluding many adults with more diverse learning needs.

The general message to emerge from recent analyses of older people, skills and learning is that current policy emphasis is skewed towards younger people with few suitable training grants for older people (Aldridge and Tuckett, 2006). In addition, the concentration of funding opportunities on Train to Gain or level 2 or 3 qualifications alone is too restrictive. The Adult Learning Grant, worth a maximum of £30 per week, is available to those on low incomes, but will only support attendance on courses of 12 or more hours per week that lead to a level 2 or 3 qualification. A more flexible

²¹ The DIUS 2007 Autumn Performance Report (DIUS, 2007a) claims that PSA 13 (tackling the adult skills gap) is on course to be met. The target specifies improvement of the basic skills level of 2.25 million adults between the launch of Skills for Life in 2001 and 2010 with an interim target of 1.5 million in 2007. The target also specifies a reduction of at least 40 per cent in the numbers of adults without an NVQ2 or equivalent by 2010.

approach to skills acquisition would be better suited to the needs and aspirations of many older people who do not always wish to pursue this sort of qualification (www.equal.ecotec.co.uk; Tuckett, 2007). An issue of age discrimination is also raised by the fact that free level 3 tuition is only available to those under the age of 25. One of the most emphatic critiques of current public education programmes is voiced by Ford (2005), who suggests that government strategy reflects a lack of understanding of the scale of the social and economic challenges posed by an ageing population. He reiterates the perception that, while important, skills training strategies which focus on level 2 qualifications are too restrictive. In order to unlock the potential of older people, occupational training opportunities must be:

... counterbalanced with courses that help older people to understand current social, demographic, economic and other developments ...
prepare for active retirement and improve the quality of life through non-vocational provision.
(Ford, 2005: 1).

Looking to the future, in the 2008 Budget, the Government announced the intention to trial Universal Skills Accounts – designed for all adults both in and out of work to take control of their lifetime career and skills development. The value of the accounts has not been announced and it is likely that their use will be restricted to level 2 or 3 accredited courses. An extra £60 million of resources have been pledged towards assisting adults to acquire skills. Adult apprenticeships are also expanding. The Government has expressed a commitment to reverse the decline in apprentice numbers, associated with industrial restructuring during the 1970s and 1980s. In 2002, 40,000 apprenticeships were completed; by 2007, this figure had increased to 100,000 (Department for Children, Skills and Families (DCSF), 2008). The DCSF plans for numbers to increase further to 400,000 and recognises the need to include provision for apprenticeships later in life – for adults wishing to change careers, for example. As a consequence, the age cap of 25 for apprenticeship funding has been removed (DCSF, 2008).

5.2 Benefits of learning

Different types of learning are associated with a range of benefits to individuals, their families, the wider community and national economic performance. While Government policy is oriented towards work-related learning and training, benefits also accrue from learning that does not need to be directed towards accreditation. The need to broaden access to learning is often emphasised with reference to the health benefits for participants, as demonstrated in a number of studies such as Khaw (1997), Kotulak (1997) and Feinstein et al (2003). A study for the Department

for Education and Employment (Dench and Regan, 2000) of 50- to 71-year-old learners showed that most participants felt that learning had improved their enjoyment of life and improved their self-confidence. The learning process can stimulate good mental health and help people to retain their independence for longer (Carlton and Soulsby, 1999). The broader social and psychological benefits associated with learning are also highlighted by the Centre for Research on the Wider Benefits of Learning (Schuller and Istance, 2002; Schuller and Preston, 2004) and the Social Exclusion Unit (SEU, 2006). These studies point to more community-oriented activity, mental and physical health benefits, and significant fiscal implications.

In addition to the health and self-esteem advantages, life-long learning is also promoted as the key means to keep the skills and qualifications of the working population up-to-date with technological, economic and organisational developments – particularly in a globalised economy characterised by rapid technological development. Previous research suggests that barriers to employment among the over 50s include perceptions among managers that older workers do not have requisite skills and formal qualifications (Hayward et al, 1997; Taylor and Urwin, 2001).

Access to affordable adult education can offer older men and women a second chance to gain qualifications and subsequently secure better jobs. In this way, the adage quote in Jackson (2007) ‘if at first you don’t succeed, you don’t succeed’ can be undermined.

An adequate skills and qualifications base can protect workers as they age. Those most at risk of premature labour market exit have low skills and few qualifications (Lissenburgh and Smeaton, 2003). By contrast, take up of training opportunities is associated with a greater likelihood of promotion, continued employment and movement towards flexible work arrangements or ‘bridge jobs’ as an alternative to early retirement (Lissenburgh and Smeaton, 2003; Aldridge and Tuckett, 2006). Work-related learning therefore promotes retention (see section 5.4).

Learning is also one of the central components of labour market programmes designed to facilitate the return to work upon job loss. Training is therefore also potentially associated with recruitment (see section 5.4).

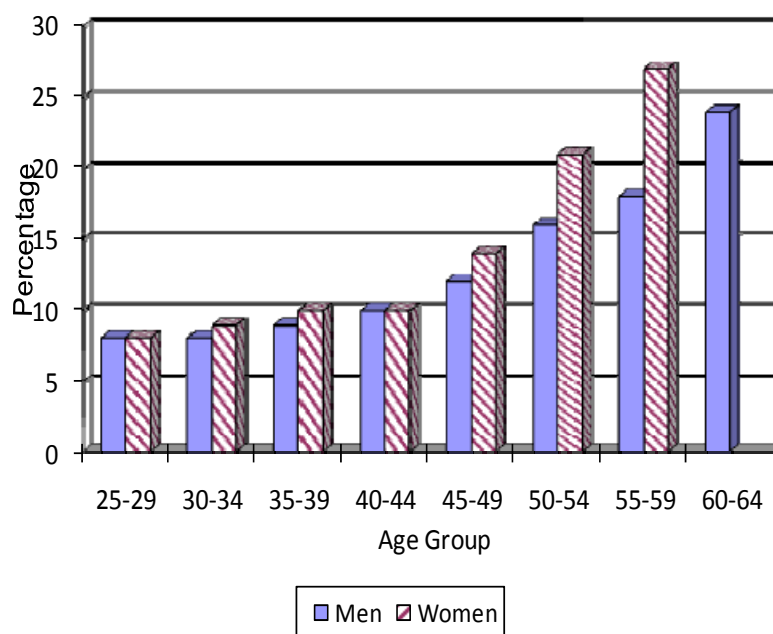
Finally, education also has an important role to play in improving both financial literacy and knowledge of consumer rights. An ability to make informed financial decisions is particularly important in relation to pensions, which have increasingly

shifted towards private provision. Individuals on low incomes also benefit from financial literacy in terms of understanding eligibility for tax and pension credits (Sabates, 2008). A lack of financial literacy is therefore associated with a risk of poverty.

5.3 Trends in learning

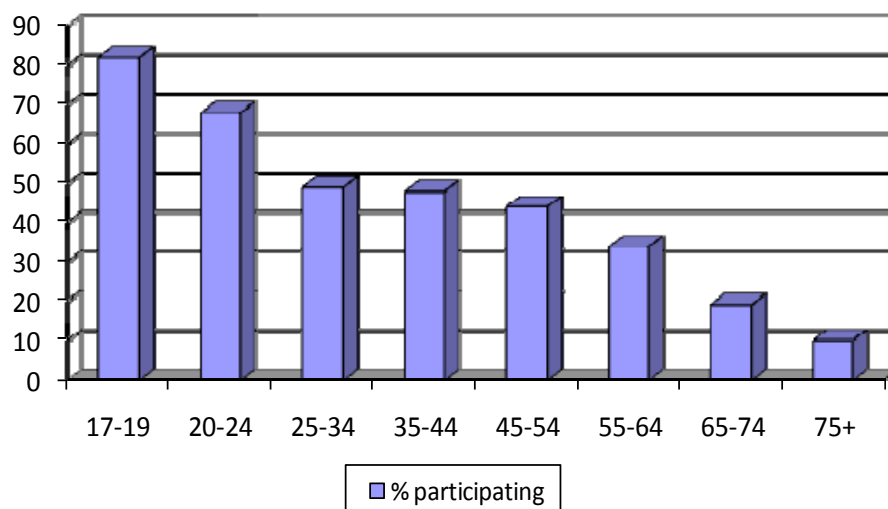
One of the factors associated with reduced employment and recruitment prospects among older people is their lower qualification levels, reflecting the poorer educational opportunities of older cohorts. Older women are particularly disadvantaged in terms of educational attainment; they are more likely to have left school at 15 or earlier and are less likely to hold educational qualifications. Figure 5.1 shows that older age groups are more likely than younger age groups to have no formal educational qualifications.

Figure 5.1 Proportion of men and women with no qualifications, UK, 2007



Source: Labour Force Survey (LFS), 2007 Spring quarter. Authors' analyses. Figures only available for 'working-age' adults.

In terms of adult education, the incidence of any learning declines, in a linear trend, with age (Figure 5.2). Barriers to any form of learning at older ages include transport problems and information shortfalls. According to Aldridge and Tuckett (2006), declines are partly attributable to the lower skill levels of older workers – the well-educated in their 60s are three times more likely to undertake training as employees in their 20s with no qualifications.

Figure 5.2 Current or recent participation in any learning by age, 2006

Source: Aldridge and Tuckett, 2006.

Ethnic differences in participation rates highlight the significance of attitudes and cultural determinants of learning behaviour. Aldridge and Tuckett (2006) reports that among adults aged 65+, 29 per cent have participated recently in some form of learning, a figure which drops to just four per cent of Bangladeshis and 15 per cent of Pakistanis who experience multiple economic barriers. By contrast, 47 per cent of Africans aged 65 and above had participated in learning, attributed to their cultural heritage 'where learning is taken very seriously' (Aldridge and Tuckett, 2006: 31).

The incidence of learning among older people has, more recently, declined over time. There are many and varied courses and activities of interest to older people, but the supply of government-funded provision, which supports older people pursuing learning activities, has decreased. The annual NIACE survey indicated that older people's participation in learning increased up until 2000 – but by 2005, the numbers of over-60s enrolling on FE courses had declined by 24 per cent (www.le.ac.uk/ad/research/seminarseries.html).

5.4 Work-related training

Lower take-up rates of work-related training are evident at older ages (Platman and Taylor, 2006; Chartered Institute for Personnel and Development, 2003). Reductions in levels of participation in vocational education or training as men and women age are attributed to circumscribed opportunities, resulting from employer perceptions that returns to investment are likely to be limited (Taylor and Urwin, 2001). Case studies indicate that while employers do not discriminate, neither do they actively encourage older people to participate in work-based training. A general view persists

that older people do not actually wish to pursue training courses later in life and, as a consequence, reduced participation rates reflect a collusion between employers and employees (McNair et al, 2007).

From the perspective of human capital theory, the perceived benefits of training are likely to be seen as greater among both employers and individuals in the context of extended working lives. It is possible, therefore, that an increase in the incidence of older vocational learning will become evident, particularly given that discrimination legislation applies to training.

Train to Gain, which was launched in 2006 to promote employee training, provides training support and funding for employers of low-skilled workers who allow paid time off for training purposes. However, the scheme has been criticised. In practice, the scheme is oriented towards the skills needed to secure entry level jobs which are not necessarily the most appropriate for older workers with decades of experience (Age Concern England, 2008).

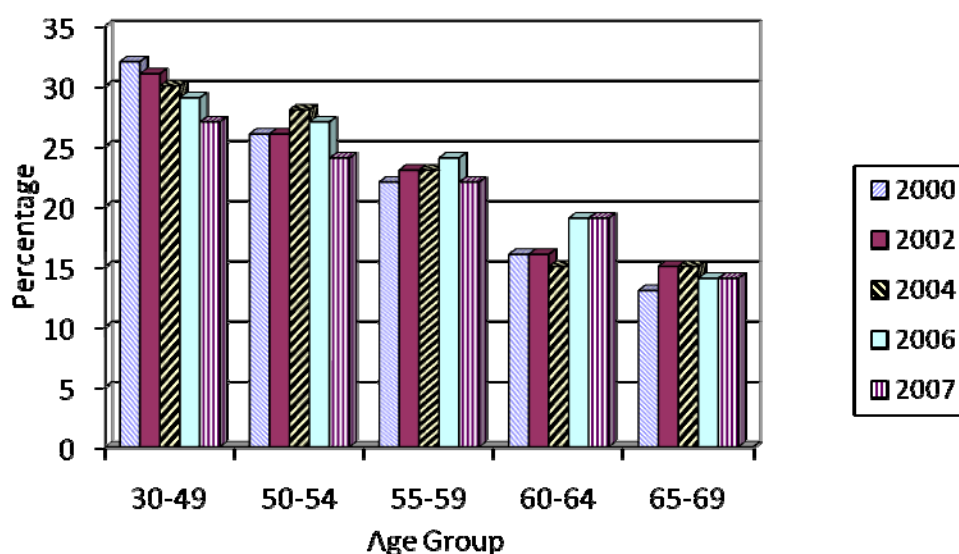
Many older adults wish to remain in work but for various reasons may desire a change in direction, wish to take on new roles or have the opportunity to downshift. In order to pursue such aspirations, opportunities to re-train or learn new skills are often a prerequisite alongside career development guidance and support. As a consequence a 'third age strategy requires much more than a basic skills agenda' (Hirsch, 2007: 109).

Figures 5.3 and 5.4 show the proportion of men and women undertaking any work-related training in the preceding three months. Comparing first the incidence of training among men and women, in each year and from each age group, women are more likely to have received work-related training. Among women over the age 45 this may reflect their lower qualification levels compared with men (see Figure 5.1), leading to efforts to enhance their skills sets.

Comparing age groups of men in Figure 5.3, it is immediately clear that the incidence of work-related training declines with age. Given the recent introduction of age discrimination legislation, which applies both to employment and training opportunities, it is of interest to examine whether any change in the incidence of training has arisen since 2006. In particular, it is useful to assess whether there has been any convergence between different age groups in training participation rates. Among men aged 30–59, the incidence of training between 2000 and 2007 declined, despite growth in the intervening years among men aged 50–59. Although no clear trends are apparent, an overall increase in the proportion of men aged 60–69 taking

work-related training is evident between 2000 and 2007, but no rise between 2006 and 2007 is discernible. Change is apparent, however, in relation to the relative probabilities of training among younger and older workers. In the year 2000, the difference between the proportion of men aged 30–49 and 60–64 taking work-related training was 16 per cent. This training gap dropped to 15 per cent in 2002 and 2004, to 10 per cent in 2006 and, compared with 2000, had halved by 2007 to eight per cent. The training gap would therefore appear to be narrowing.

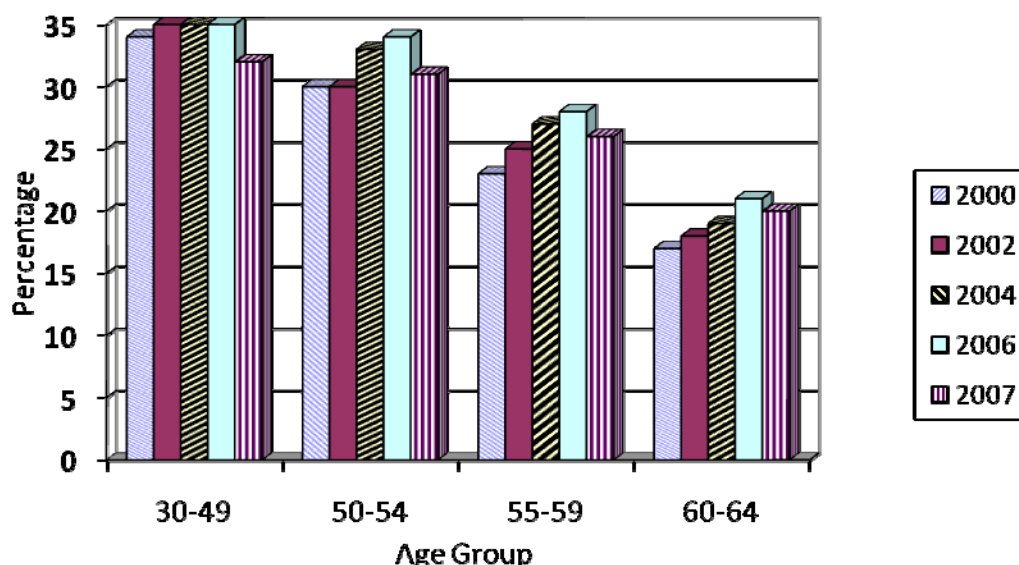
Figure 5.3 Proportion of men who have taken work-related education or training in the previous three months, 2000–07



Source: LFS, 2000-07. Authors' analyses.

Looking at the figures for women (Figure 5.4), the same downward trend is evident when comparing age groups. Fewer women aged 30–49 trained in 2007 compared with 2000. By contrast, the incidence of training among women aged 50–64 increased between 2000 and 2007, although trends are far from linear during the intervening years. Overall, the age convergence in training evident among men also applies to women. An 11 percentage point training gap, apparent in 2000, fell by one or two percentage points each year until 2007, at which point the gap had shrunk to six points.

Figure 5.4 Proportion of women who have taken work-related education or training in the previous three months, 2000–07



Source: LFS, 2000-07. Authors' analyses.

5.5 Training opportunities on welfare-to-work programmes

Work-focused and basic education, training and re-skilling is also critical for those who lose jobs in their 50s. A recent evaluation of a pilot extension of New Deal 25+ Intensive Activity Period (IAP)²² to the 50+ age group found a positive impact of IAP participation on employment outcomes among older adults (Dorsett and Smeaton, forthcoming). It is possible, however, that the impact of mandatory IAP could have been far greater if a wider range of training opportunities were made available. Results from the quantitative evaluation of the programme indicated that, in terms of previous occupational location, the main beneficiaries were customers previously employed in manual jobs (Dorsett and Smeaton, forthcoming). It is likely that the range of options was particularly suitable for their needs. The types of low-cost training available as part of IAP was reported, in the qualitative phase of the evaluation, as largely unsuitable for the needs of managers, professionals and other more skilled customers (Atkinson et al, 2006). The more specialist training required to meet the needs or aspirations of the better qualified would require much higher training budgets. Maltby (2007) reported that focus group participants in a study of older unemployed inhabitants of Birmingham and Solihull similarly objected that their skills gaps were not being met. Training offered to them by Jobcentre Plus was too

²² IAP provides job search assistance, training opportunities and work placements to people who have been claiming Job Seeker's Allowance for 18 out of 21 months.

generic, low level and took no account of their educational and employment history. A key message to emerge from Maltby's study was the need and desire for some form of apprenticeship scheme that would enable older people effectively to change or develop their careers mid-life.

5.6 Learning during the retirement years

Formal educational engagement declines at older ages but such trends cannot, however, be interpreted in terms of a decline in learning per se. Research by Withnall and Thompson (2003) indicates that older people dip in and out of a variety of learning opportunities whether short courses, TV-, radio- or book-based home activities or continuous learning by means of quizzes, crosswords, voluntary work or exchanges of ideas with friends and family. Older people regard learning as an ongoing lifetime endeavour integral to their daily activities.

Many older people do participate in formal learning activities after State Pension Age and these are typically initiated between three and ten years after retirement (Withnall, 2000a). The most popular courses among adult learners are related to ICT (information and communication technology) (Tuckett, 2007). University programmes for older people (UPOP) have become increasingly prevalent throughout Europe. Their primary aim is to promote personal fulfilment, social integration and quality of life rather than to impart vocational- or job-related knowledge and skills. Throughout Europe, UPOP tend to be formal and designed by universities in traditional academic subjects (Alfageme, 2007). The UK has the less formal University of the Third Age (U3A) model, which is independent of the university sector and offers study groups, online learning and other methods run by and for older people on a voluntary basis 'for fun'.²³ In early 2008, The Third Age Trust embraced 670 local U3A groups with a total of 188,469 members.

Age Concern England (2008) notes that the current drive to improve the basic skills of the workforce has squeezed funding for non-vocational learning including the many courses favoured by people during their retirement years. DIUS launched a consultation in January 2008 on the future of informal adult learning. NIACE have described this as a:

... major and radical attempt to review how Government supports adult learning, including learning for older people.
(www.niace.org.uk)

²³ See www.u3a.org.uk

Recommended strategies for the future include less emphasis on formal classroom and publicly funded programmes; instead, more learner-led provision along the lines of U3A is advised. This would exert less pressure on public finances and is likely to be more responsive to the learning style preferences of older people, leading to a more diverse learning environment.

5.7 Summary

The direction of current policy is to improve the overall skills levels of the population and reduce the numbers of low skilled and poorly educated. Within this framework, the scope for non-work focused learning among the older population has not been widened, leading to calls to ageproof skills and education policy. Adult education and training policy is therefore largely couched in terms of skills and is informed by a perceived need to catch up, in terms of productivity, with Organisation for Economic Co-operation and Development competitors by means of a skills revolution (DIUS, 2007b).

Higher-level qualifications protect older workers from premature retirement, highlighting the importance of education and training for lifetime prospects. Objectives set out in government policy documents are increasingly oriented towards life-long learning and the educational needs of adults pre-SPA. In practice, however, budgetary constraints channel funded opportunities to the low skilled and the range of courses supported are limited. Labour market programmes for the unemployed have also been criticised for a lack of suitable training provision for many older people struggling to find work.

The need to broaden access to learning is often emphasised with reference to the health benefits for participants, including improved wellbeing and self-confidence, and enhanced mental health and financial acumen. At older ages, learning is associated with prolonged independent living.

The age gap in the incidence of workplace training among both men and women appears to be declining. The trends reflect both a decrease in training rates among younger workers aged 30–49 and an increase, since 2000, in the proportion of men and women aged 50+ participating in work-related education or training.

More broadly, the incidence of learning in all guises among older people has been declining since the turn of the century. The propensity to participate in learning at older ages differs however according to level of qualifications and ethnic background. Evidence relating to ageing and learning among different faith groups, the disabled and according to sexual orientation was not found.

Future developments in the learning patterns of older people both in and out of work remain uncertain. Government policies and initiatives include a commitment to more adult apprenticeships, the introduction of age discrimination legislation that applies to training in the workplace and a DIUS consultation exercise in relation to informal adult learning. However, all are in their early stages.

5.8 Gaps in research

- Further research is needed to establish in detail the impact of older people taking work-related training in terms of employability, job quality, earnings, career progress and employment longevity. Studies should be sensitive to a range of impacts or outcomes including protection from unemployment, greater ability to change jobs or (among those made redundant) ability to secure new jobs, improved earnings prospects, social mobility, longer working life, wellbeing or satisfaction, and greater confidence in planning for the future.
- There is a need to assess the impact of different types of training and education on the employment prospects of older people, differentiating those with lower and higher skilled backgrounds and whether learning is formal or informal, accredited or not.
- It has been suggested that achieving a first level 2 qualification will not generate the same benefits for an individual aged over 50 compared with someone in their 20s. The direction of government training policy is therefore described as inappropriate for individuals and businesses, with a need to ascertain the most suitable types and styles of training to ensure that people remain productive throughout their working lives (Aldridge and Tuckett, 2006).
- Cost benefit analyses could point to the potential returns from higher levels of government investment in training programmes for the older unemployed. In addition, a better audit of the skills needs of older people is recommended – this would indicate the needs as perceived by older people themselves and would reflect the direction older employed or unemployed people would like to take in the second stage of their working lives.
- More evidence is needed to understand the incidence of discrimination against, and the learning needs and benefits required by, older people who are disabled, from ethnic and faith minorities, and from lesbian, gay, bisexual or transgender groups.

6. Health

This chapter examines a range of health and care issues and explores the disparities that emerge as people age. It is important to note, however, that old age should not be perceived as a period of inevitable and inexorable decline. Hence the emphasis in much of the research literature is on quality of life as people age. Monitoring healthy life expectancy among the older population is one of the 2007 Later Life Public Service Agreements (PSAs).

A substantial proportion of older people have caring and medical needs, and equality of prospects and treatment remain important goals. In this chapter, key government policies on health and social care are reviewed. Physical and mental health trends are explored and inequalities of prospects, based largely on gender differences and socio-economic circumstances, are outlined. The chapter ends with an overview of issues related to informal care and carers.

6.1 Government policy

The inextricable link between health and ageing is reflected in the amount of health-related policy targeting older populations, with many services being provided by local authorities and Primary Care Trusts. Policy directives advocate greater independence, choice and control over services. The ageing of the population poses challenges for health care resources. Operational strategies in the health field include preventative care, the management of age-related illnesses in order to prolong independence, and frameworks to tackle health inequalities that have class, gender and geographical dimensions.

The *National Service Framework (NSF) for Older People* (Department of Health (DoH), 2001; 2006a) sets out the expected scope and direction of improvements in health and social care. Eight target areas were identified:

- age discrimination
- person-centred care
- intermediate care
- hospital care
- stroke
- falls
- mental health
- active ageing

The age discrimination standard states:

NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.

(DoH, 2001: 12)

Local authorities are developing programmes to encourage health and active ageing. For example, service performance targets are set for falls prevention, management of coronary heart disease and diabetes. Standards to overcome variations in health and social services are being monitored by the Healthcare Commission.

Prevention as a framework for care

The White Paper on primary and community care (DoH, 2006b) promotes a new direction for community services with priority given to preventative measures and individual choice for improving the wellbeing of older people. Preventative services are defined as those which stop or delay the need for more expensive or intensive provision and are advocated under an 'invest to save' logic. For example, the *Choosing Health* White Paper (DoH, 2004) proposed the provision of health trainers to offer personalised support and advice for older people. Keeping physically and mentally active is recognised as critical for long-term health, to prevent obesity, heart disease and cancer, and to promote good mental health. Qualitative research on older people with higher levels of frailty (mental and physical) in Scotland suggests that maintaining physical and mental activity and keeping social contacts is life enhancing and can counterbalance the disruptions caused by a move from home, loss of family or friends and decline in health (McKee et al, 2005).

Low-level services are considered key to the preventative approach and 'that little bit of help' is highly valued by older people (Adams, 2006; Dean, 2005). Although potentially resource intensive, the provision of low-level services (such as assistance with cooking, cleaning, shopping, household repairs and gardening) may prevent crises and emergencies, which would have far greater financial implications. Therefore, 'prevention' may prove to be cost-effective and more sustainable in the longer term (Clough et al, 2007). Assistive technologies can offer equipment that may increase the range of activities, independence and wellbeing of older people with physical, sensory and cognitive impairments (DoH, 2008). In 2006, the DoH launched the Transforming Community Equipment and Wheelchair Services programme, which includes carers and users in decisions about the delivery of community equipment and wheelchair services in England.

Person-centred care is to be achieved by means of a **Single Assessment Process**, which evaluates the multiple needs of older people, and may involve a variety of

agencies, professionals and service providers. The new approach brings together health and social services so that the totality of older people's needs can be assessed and met in tandem. One of the means for personalising services is a system of direct payments provided in lieu of social service provision for those who have been assessed as in need of social care services. Introduced in 2003, direct payments aim to provide greater flexibility and more choice over care delivery.

Regulatory weaknesses

Despite measures to monitor and prevent discrimination in the provision of health services, discriminatory practices are widely reported. The Commission for Social Care Inspection (CSCI), Audit Commission and the Healthcare Commission (2006) review of the National Service Framework for Older People found ageist attitudes evident in the treatment of older people. The inspectorates found low rates of consultation about older people's priorities and a lack of dignity and respect in the way older people are treated when in hospital.

Critics have observed that the ambitions of the primary and community care White Paper have not been put into practice due to financial instability, organisational change and staff turnover in the National Health Service (NHS), combined with social care budget restrictions. Age Concern England (2007) expresses doubts that preventative policy objectives are being adequately resourced with ongoing, unresolved tensions between funding preventative support and the obligation to respond to immediate need. Age Concern England (2008) also warns that increasing reliance on locally sourced care holds unrealistic expectations for budget-stretched local authorities. The Wanless Review (Wanless, 2006) questions the extent to which the goal of a system of preventative and home-based support is being put into practice. Wanless observed that local authority spending on home placements has been rising more steeply than spending on home care. By directing resources towards these more intensive needs:

... a substantial number of people with less but still significant needs are not being helped in many cases.

(Wanless, 2006: xxi)

The CSCI (2008) found that local authorities prioritise support to older people with more critical and substantial care needs, and mainly serve those who qualify for council support. This excludes older people who do not receive council-arranged support, but cannot afford to buy private services. Furthermore, people who can afford to purchase their own care do not benefit from information and advice about

their options. Inequalities in wealth and access to resources are therefore translated into inequalities of care and inequalities of longer-term health prospects.

Plans for delivering health and social care in later life are also criticised for ignoring gender differences in care needs as well as individual's service preferences. Research by Del Bono et al (2007) highlights differences between the sexes that hold implications for health policy. For example, women outnumber men in later life and more women than men spend their later years living alone. It follows that home care services may not adequately cater for the separate needs of men and women. Particularly if services are based on majority needs, then lone older men might be at a disadvantage.

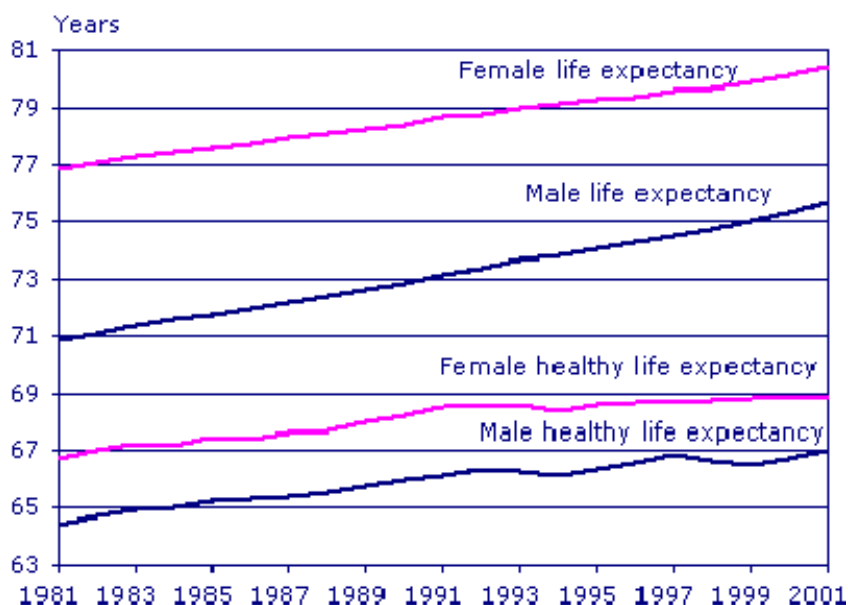
Finally, widespread tightening of eligibility criteria is leading to heavy rationing of social care.²⁴ In particular, age is used as a key criterion in medical care procedures. In a review of ageist practices in medical treatment covering 18 countries, including the UK, Safiliou (2007) identified several areas of ongoing discriminatory practices such as exclusion from intervention treatments and medical research trials, over/under use of effective medications and delays to surgery treatments, all on the arbitrary basis of age.

6.2 Health trends and disparities

Healthy ageing is a central component of the key social goals of independence and good quality of life (Healthy Aging Partnership, 2006). In Great Britain, health has improved in recent decades but has not kept pace with increased longevity; both men and women can expect to live longer, but can also expect to live longer in poor health (Figure 6.1). As a consequence of living longer, after age 65, women can expect to live longer in poor health and, after age 75, proportionately more women than men report poor health (Soule et al, 2005). These trends have significant implications for a wide range of social and health care services, pension adequacy and informal caring systems.

²⁴ Adult care services white paper (Independence, Health and Well-being) one year on (www.communitycare.co.uk/Articles/2007/01/18/102818/adult-care-services-white-paper-independence-health-and-well-being-one-year.html?key=NO%20SEARCH%20TERM%20SPECIFIED). Posted: 18 January 2007.

Figure 6.1 Life expectancy and healthy life expectancy at birth, Great Britain, 1981–2001



Source: www.statistics.gov.uk/StatBase/Product.asp?vlnk=12964

The Medical Research Council (MRC) has identified primary health issues related to ageing to include brain ageing (for example, Parkinson’s disease, Alzheimer’s disease and dementia), osteoporosis, cardiovascular disease, stroke, diabetes and cancer (MRC, 2005). The MRC calls for multidisciplinary approaches to research the precursors and treatments for these age-related disorders.

A higher proportion of older people in Wales (57 per cent) aged 65 and over report having a life-limiting condition than in Scotland (53 per cent) or England (49 per cent) (Del Bono et al, 2007). In general, the incidence of most health conditions increases with age in both sexes. The most commonly reported types of long-standing illness among both men and women are musculoskeletal, heart and circulatory diseases. Chronic health conditions (both limiting and non-limiting) are experienced by the majority of older people. As reported in the Health Survey for England (HSE), 71 per cent of people aged 65 and over reported having a long-standing illness (Craig and Mindell, 2007), while 10 per cent of those aged 65–79 and 25 per cent of those 80+ report a serious disability. Table 6.1 lists common chronic ailments in older age by gender and age group.

Cardiovascular disease (for example, angina, heart attack, stroke) was the most common chronic disease reported by men (37 per cent) and the incidence increased with age. For women, arthritis was the most common (47 per cent) and this also

increased with age. Between ages 65 and 69, one third of older people report they have a health condition that limits their activities in some way. By age 85+, this increases to over half. Overall, slightly more women (46 per cent) than men (42 per cent) report this.

Table 6.1 Prevalence of self-reported doctor-diagnosed chronic diseases by age, England, 2005

Self-reported chronic condition	Per cent					
	65–69	70–74	75–79	80–84	85+	Total
Any cardiovascular disease*						
Men	30	37	43	44	43	37
Women	23	24	35	38	45	31
Arthritis (including osteoarthritis, rheumatism)						
Men	29	33	33	36	34	32
Women	40	45	47	54	54	47
Diabetes						
Men	15	11	14	9	9	13
Women	11	11	10	8	7	10
Asthma						
Men	10	12	8	10	9	10
Women	11	11	13	16	7	12
Cancer/malignant tumour						
Men	7	9	12	13	11	10
Women	9	8	10	12	7	9
Chronic lung disease (for example bronchitis, emphysema)						
Men	7	10	8	13	13	9
Women	6	6	7	8	9	7
Emotional, nervous, psychiatric problems						
Men	5	4	3	2	2	4
Women	8	8	7	6	6	7

Notes: * Includes angina, heart attack, stroke, heart murmur, irregular heart rhythm or 'other heart trouble'.

Source: Craig and Mindell (2007), adapted from Table 3.1.

In terms of healthy lifestyles, cigarette smoking, alcohol consumption and levels of obesity are linked to longevity. Trends reported by Soule et al (2005) show that despite anti-smoking campaigns, the incidence of smoking has not decreased in recent years, although the incidence lessens after age 60, reflecting a healthy survivor effect. Of more concern is that a lower proportion of smokers aged 75 and over (48 per cent) wish to stop smoking altogether, compared with those aged 50–59 (65 per cent). This was the case for both men and women. Trends from the General Household Survey (GHS) show that within the adult population, older people are more likely to report frequent (five days in the past week) alcohol consumption: for example, 30 per cent of men aged 75+ compared with 20 per cent of men aged 25–44. Yet excessive drinking (eight or more units a day) decreased with age (Soule et al, 2005).

Rates of obesity increase with age. In the adult population, according to HSE statistics, both the mean body mass index and the incidence of obesity peak for both men and women between 55–64 years, then remain at the same level between 65–74 years, after which they decrease (NHS, 2006). Level of physical activity is linked to obesity. People with low rates of reported physical activity are twice as likely to be overweight compared with those reporting high rates (Craig and Mindell, 2008). Health is the main reason given for inactivity (NHS, 2006). As health deteriorates with age, it is understandable that levels of activity dwindle as people age. As reported by Craig and Mindell (2008), activity levels are consistently higher for men than women throughout life. For instance, 35 per cent of men aged 55–64 years reported a high level of activity²⁵ compared with 27 per cent among their female counterparts. By age 75+, this reduced to nine per cent among men and four per cent among women.

Mental health

An Age Concern and Mental Health Foundation inquiry into mental health and wellbeing in the older population (Lee, 2006, 2007) estimates that the number of older people in the UK with mental health conditions will increase by a third over the next 15 years to 4.3 million, or one in every 15 people.²⁶ Depression that requires an intervention will account for over half of these cases. Depression is more prevalent among older women than older men (Soule et al, 2005). People aged 85 and over

²⁵ Defined as 20 or more occasions of moderate or vigorous activity of at least 30 minutes duration in the last four weeks (at least five days per week on average).

²⁶ Mental health issues in the account included: symptoms of depression which are severe enough to warrant intervention; depression with a formal clinical diagnosis; dementia, schizophrenia, delirium, bipolar disorder, and alcohol and drug misuse. Some older people experience combinations of mental health conditions and these in combination with physical health problems.

are nearly twice as likely to have symptoms of depression and four times more likely to have dementia than those aged 65 and over. The incidence of mental health conditions is projected to rise disproportionately among older people from ethnic minority backgrounds and within the older prison population (Lee, 2007).

A policy and literature review, together with 900 interviews with older people, by Crown (2006) indicated key factors associated with good mental health and positive wellbeing in older age that include: staying active and maintaining a sense of purpose, regular contact with friends and family, and maintenance of good physical health. By contrast, poverty is a risk factor for poor mental health. Geographical location is also an issue. Health-related quality of life was found to be strongly related to neighbourhoods, with individuals living in deprived areas notably more likely to be suffering from low morale and reduced quality of life, particularly in urban areas.

The DoH published the National Dementia Strategy in February 2009. This initiative will address issues of public awareness, early diagnosis, intervention and quality of care, and while it is welcomed, McPherson (2007) warns that there is a need to promote greater awareness of all mental health problems of older age. Ageist attitudes in society allow people to assume that intellectual decay and dysfunction are natural side-effects of growing older.

Age discrimination, poverty, loneliness and poor physical health are implicated in the rise of mental health conditions. Homelessness and alcohol abuse among older people is also typically related to mental health problems. Benbow and Cohen (2006) argue that services must be flexible in order to detect, help and treat the multiple needs of older homeless people.

Health inequalities

In later life, health conditions and healthy lifestyles vary significantly by gender (as outlined above), socioeconomic status and ethnicity. Health inequalities are generally attributed to factors associated with life histories (for example, lifestyle choices, work health and safety, access to preventative services) and current opportunities (for example, income, access to services and social networks) (Pencheon and Flowers, 2006). The more disadvantaged and marginalised groups in society fare less favourably in health statistics and this carries on into later life. Risk factors for poor health, such as smoking, obesity, lack of physical exercise and hypertension, are more prevalent among deprived populations (Raleigh and Polato, 2005). Population longevity is not shared equally, with wide differences between those at the top and bottom of the income scale. There are also regional disparities, with some parts of the country having the same life expectancy as during the 1950s (DoH, 2004). For

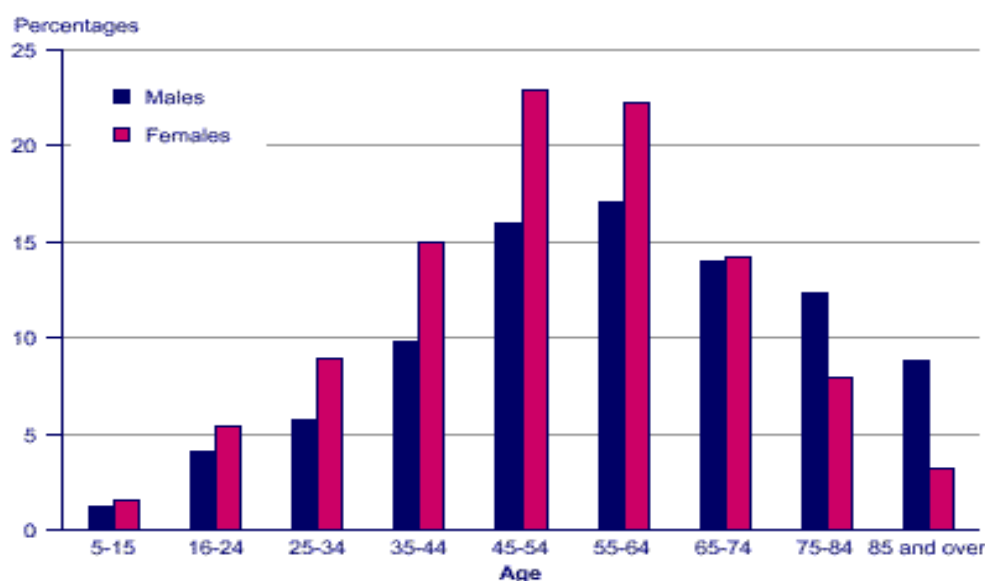
women, being overweight is negatively correlated with income (while the reverse is true for men) (Craig and Mindell, 2008). There is a higher prevalence of mental health problems among people living in areas of deprivation (Lee, 2006).

In assessing the incidence of 17 specific conditions (for example, pain, balance problems or respiratory diseases), Breeze et al (2006) found that better health among men and women aged under 75 was strongly associated with greater wealth. After the age of 75, the health and wealth correlation largely disappeared however. Tests of lower limb functioning and grip strength by Melzer et al (2006) also found higher rates of impairment among older individuals living in the poorest one fifth of households.

6.3 Informal care

Support for older people’s care needs is largely provided informally in the person’s home and often by family members. Many carers are older people themselves. According to 2001 Census data, while the majority of carers (45 per cent) are between the ages of 45 and 64, significant minorities are over age 65 and are male (see Figure 6.2). Older carers were also more likely to provide extended hours of care; those aged 65 and over were the most likely to provide care for 50 or more hours a week. The provision of informal care in later life is also associated with class. People (aged 55–69) from a working-class background are more likely to be caring for a spouse than those from a middle-class background and this is attributed to the higher incidence of disability among the lower class (Glaser and Grundy, 2002).

Figure 6.2 Provision of unpaid care by age, Great Britain, 2001



Source: www.statistics.gov.uk/CCI/nugget.asp?ID=1336&Pos=4&ColRank=2&Rank=400

Re-analysis of the GHS (2000–1) reveals that after age 64, a greater number of men than women provide co-resident care (usually for a spouse). Moreover, this difference widens by age 75+, as 61 per cent of men in this age category, compared with 46 per cent of women, provide care in the same household (Del Bono et al, 2007). Older men (75+) also provide more intensive care (50 or more hours per week) than their female counterparts.

Older carers may face isolation within their community. Failing health and low income can contribute to a lack of independence. A Help the Aged report estimated that among the two million carers over age 60, 90 per cent attend to someone who is also an older person. More than half of older carers have a long-standing health condition or disability and one-fifth experience financial difficulties (Milne et al, 2001).

Dramatic changes over the last half century in population longevity, drops in fertility and geographic dispersion of family and friendship networks (Tomassini et al, 2004) combined with increases in paid employment among women (Evandrou and Glaser, 2002) have prompted concerns about the availability of informal sources of support for older singles and couples. Older people approaching retirement age are likely to have multiple role commitments and combining paid employment with care-giving is not an option for a significant minority with caring responsibilities in mid-life; a care crisis has been predicted (Hochschild, 1997). As a consequence, care, which has traditionally been associated with an emotional investment or an intergenerational 'compact', has become increasingly commodified: in other words, a service that can be bought and sold (Smeaton, 2006). Quality and quantity of care is therefore likely to become increasingly associated with ability to pay. Informal care responsibilities can also have negative consequences on pension income in later life. Towards the final years in employment, informal carers tend to reduce their work hours; reduced earnings then translate into a lower pension (Evandrou and Glaser, 2003).

In 1999, the national strategy for carers was launched to support informal carers with access to information and support. However, the supply of statutory care is most often reserved for people who qualify for a registered nurse. Consequently, other, more common, types of care received by older people do not attract funding, giving rise to significant implications for the financial prospects and wellbeing of older people (Rankin and Regan, 2004). Inequalities in wealth and access to resources are therefore translated into inequalities of care and inequalities of longer-term health prospects. Age Concern identifies long-term care as characterised by 'chronic underfunding' and suggests that care markets will become a key priority, 'likely to rise to the top of the political agenda' (Age Concern England, 2007: 8). The extent to which long-term care should be publicly funded or subsidised, or paid in full by

individuals, remains hotly contested. Social care is means tested, with income and assets assessed. Older people who have spent their lives saving for retirement are therefore perceived as being penalised in having to sell their homes to pay for their care.

6.4 Summary

Despite policy to the contrary, age discrimination against older people is evident throughout the health and social care systems. This includes exclusion from intervention treatments and medical research trials, over/under use of effective medications and delays to surgery treatments, all on the arbitrary basis of age. The health service is criticised for rationing services based on old age and social services designed for the older female majority may not adequately take into account the needs of older men and their preferences for the means of help. There is also a palpable gap in support between those who qualify for statutory services on the basis of financial criteria and those who do not qualify, but cannot afford to buy in adequate support.

Health behaviours are linked to longevity, as smoking and non-optimal levels of alcohol consumption and physical activity, for example, are associated with limiting health conditions. The most commonly reported types of long-standing illness are musculoskeletal, heart and circulatory diseases. The propensity to live a longer healthy life is greatly reduced for certain sectors of society, revealing deeply entrenched health inequalities. The more disadvantaged and marginalised groups in society fare less favourably in health statistics and this carries on into later life. Low income, poor access to services and limited social contact contribute to these health outcomes. It is too early to say how well the focused efforts to reach older people who may be marginalised from mainstream services (including those with mental health problems, the socially isolated and people from ethnic minority groups) are performing.

A significant supplement to statutory support services is the informal care that is provided on a voluntary basis. A large proportion of informal care is provided by older people, often to a co-resident spouse or partner. Although women are associated with family care-giving throughout life, a higher proportion of older men than older women are informal carers, and this gap widens after age 74. This holds implications for carer respite services and support networks designed to enhance the quality of life for older carers.

6.5 Gaps in research

- More research is needed on preventative interventions to determine which are most effective and for whom (Safilidou, 2007). For example, it is unclear which fall prevention strategies are most beneficial and cost effective and who is most likely to benefit from programmes of fall prevention. Another gap relates to preventative practices for frailer older people. In general, medical research that is relevant to the older end of the age spectrum is of increasing importance as people with health conditions continue to live longer (MRC, 2005).
- Greater understanding is required on how more marginalised older people (for example, people with mental health problems, the socially isolated and ethnic minority groups) become aware of and access mainstream statutory services.
- There is a lack of evidence on gender differences in how older men and women access and judge the quality of services they use (Del Bono et al, 2007). This research is needed to inform equity in the implementation of health and social care policies.
- The projected rise in mental health conditions associated with older age gives rise to the need to ensure quality of life is maintained. Research exploring the types and styles of care facilities (both private and institutional settings) is required, including analysis of examples of best practice. Under which residential settings do older people in poor mental health (and their family members) feel safe and 'at home', and is there a need for new visions for future care provision?
- In terms of developing visions for a better future, based perhaps on surveys of individual fears, hopes, aspirations and experiences, there is scope for considerably more innovative and multi-disciplinary research. This should explore a range of issues relating to standards of care, willingness to pay for care, the range of services required and the anticipated use of technology.
- In terms of low-level support, this area of need has traditionally been filled by the voluntary activities of friends, family and neighbours. Increasingly, however, the pressure to work undermines informal care-giving. Further research is needed to investigate the tensions, implications and solutions to the trends in employment participation and growing care needs among older members of the population.

- Separate evaluations assess the strengths and weaknesses of various social care policies, but more research is needed to identify the implications and impacts of a whole set of changes over the short and longer term. For instance, more evidence is needed to assess the process, quality, and outcomes connected with individually directed care schemes like self-assessment, individual budgets and the increasing use of remote services like telecare and the internet.

7. Community life and access to services

This chapter provides an overview of many important areas in everyday later life such as housing, transport and service use; participation in social activities like volunteering and civic engagement, and projects designed to stimulate interaction across the generations. It goes on to discuss crime and elder abuse as important emergent issues that impinge on the older population and the growing awareness of a need for advocacy services as a means for promoting rights and interests, especially for more vulnerable older adults. The chapter then turns to the other end of the spectrum of community involvement, that of social exclusion. It outlines common indicators of exclusion and highlights computer and information technology as one area in which members of the older population are at a particular disadvantage.

Unlike the previous chapters, this chapter does not begin with an overview of policy; rather, important policy developments are highlighted within the separate topic sections.

7.1 Housing

Research has shown that older people who are given the support to allow them to remain living in their own homes, rather than in residential care, exhibit superior levels of physical and psychological health (Askham et al, 1999). Evidence also suggests that both informal and formal support can help to maintain feelings of independence and control. Perceptions of independence are prone, however, to fluctuate with transitional life events like bereavement and time in hospital (Boaz et al, 1999; Parry et al, 2004).

According to 2001 Census statistics, close to half of those aged 65 and over live alone and these are twice as likely to be women as men. Communal living is most prevalent among the oldest old; 11 per cent of men and 21 per cent of women who are aged 85 and over reside in this kind of setting, though, during the 1990s, the proportion of older people living alone stabilised and the proportion living in institutions declined (Soule et al, 2005). This reflects a societal trend for remaining in private accommodation throughout life. The likelihood of needing institutional care is tied to certain socio-demographic characteristics. Analysing trends between 1991 and 2001 in England and Wales, Grundy and Jitlal (2007) found that the probability of institutionalisation was associated with having a long-term illness, living in rented accommodation, living alone, being unmarried and being female. Childless women over the age of 64 were 25 per cent more likely to be living in a care home in 2001, compared with their counterparts with offspring.

Declines in the availability of informal supports may have contributed to feelings of loneliness in the older population. Although feelings of severe loneliness have remained quite steady, there has been an increase in reports of feeling ‘sometimes lonely’ (Victor and Scharf, 2005). Being alone also curtails activity; in one study, one third of older people reported that they left their homes no more than twice a week on average (Sinclair et al, 2007).

Being confined to the home due to poor health has a significant toll on emotional wellbeing (Holland et al, 2005). Although both a greater volume and proportion of older women live alone, certain groups of older men are more vulnerable to feelings of loneliness. This applies to divorced and single, never married, men, who tend to have smaller and less active social support networks. The proportions in these more isolated groups are projected to rise, with implications for future social support services (Del Bono et al, 2007).

Quality of housing is a significant problem for older homeowners who are asset rich and cash poor, and this contributes to the decay of living premises (Terry and Gibson, 2006). Many older people require assistance in modifying their homes to enable independent living (Milne and Williams, 2000). Low-level services are key to the preventative approach to health and are highly valued by older beneficiaries (Adams, 2006; Dean, 2005; Raynes et al, 2006). They play an important role in reducing crisis interventions for older people, which are estimated to account for 47 per cent of the NHS budget (Office of the Deputy Prime Minister (ODPM), 2006; Clough et al, 2007). The Joseph Rowntree Foundation (JRF) Older People Inquiry (Raynes et al, 2006) into ‘that bit of help’ identified 13 practical support services considered of most value in promoting independence, including: DIY, help after a hospital stay, daily help (cleaning, meal preparation), gardening, transportation, and befriending schemes. Examples of each type of service were found, but there were fewer services available offering support for personal security and safety and fewer still delivered to ethnic minority and faith groups.

The strategy document *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society*, which was jointly produced by the (Department of) Communities and Local Government (DCLG), the Department of Health (DoH) and the Department for Work and Pensions (DWP) (DCLG, 2008), sets out a formal commitment to the concept of lifetime homes, reducing upheaval and enabling flexible and adaptable homes to accommodate life changes. In addition, the government has pledged to commit resources to initiatives that provide repairs and maintenance services like befriending, cleaning, DIY, gardening, pet care and transport to enable older people to stay in their own homes. Assistive technologies

are to be built into the fabric of all new buildings. In tandem with Lifetime Homes, the notion of 'lifetime neighbourhoods' is being championed, in which the living environments are designed to improve the chances of a good quality of life, regardless of age (Harding, 2007). Urban, rural and neighbourhood planning are all to be embraced within this lifetime perspective framework which refers to the built environment (street lighting, footpath maintenance, automatic doors), housing, transport and access to services (Royal Town Planning Institute, 2004). Accommodation and infrastructure that caters for our changing levels of physical and cognitive functioning throughout the life course will facilitate the achievement of good health, participation, inclusion and the active ageing agenda. Supported Living Schemes provide assisted technologies for people in their own homes. Within the Care & Repair agenda, local agencies provide housing adaptations, advice and information, and perform small jobs to help people stay in their own homes for longer.

However, while the direction of policy is towards extra care in the home, community care homes can still offer 'person-centred' care tailored to the individual's medical and social support needs (Innes et al, 2006).

7.2 Transportation

Public transport is of critical importance to older people; within the pension age population, an estimated 91 per cent of single people and 53 per cent of couples do not own a car (ODPM, 2006). Access to private transportation is significantly lower among older women. A number of schemes have been introduced to promote the accessibility and affordability of transport systems. It is recognised that dependable transport options, close at hand, are critical for older people to remain independent, safe and able to participate fully in community life. In Great Britain, all adults aged 60+ are entitled to free off-peak public travel. Concessionary fare schemes deal with only some of the barriers facing older people, however. Journey routes, mobility problems and rural distances can cause additional difficulties (Scottish Executive, 2005; Age Concern England, 2001; Gaffron et al, 2001; Hine and Mitchell, 2001; Buchanan, 2004). In the 2004 Annual London Survey, 25 per cent of people aged 65 and over viewed personal safety as their prime concern in relation to public transport. Poor lighting, isolated bus stops and stations and fear of harassment or anti-social behaviour all contributed to an aversion to public transport systems (Greater London Authority, 2005).

Community transport schemes are designed to provide a more flexible approach to transportation needs. For example 'Dial-a-Ride' or 'Ring-and-Ride' programmes provide door-to-door transport, but criteria for accessing these schemes can be restrictive and there are considerable geographical variations in such provision

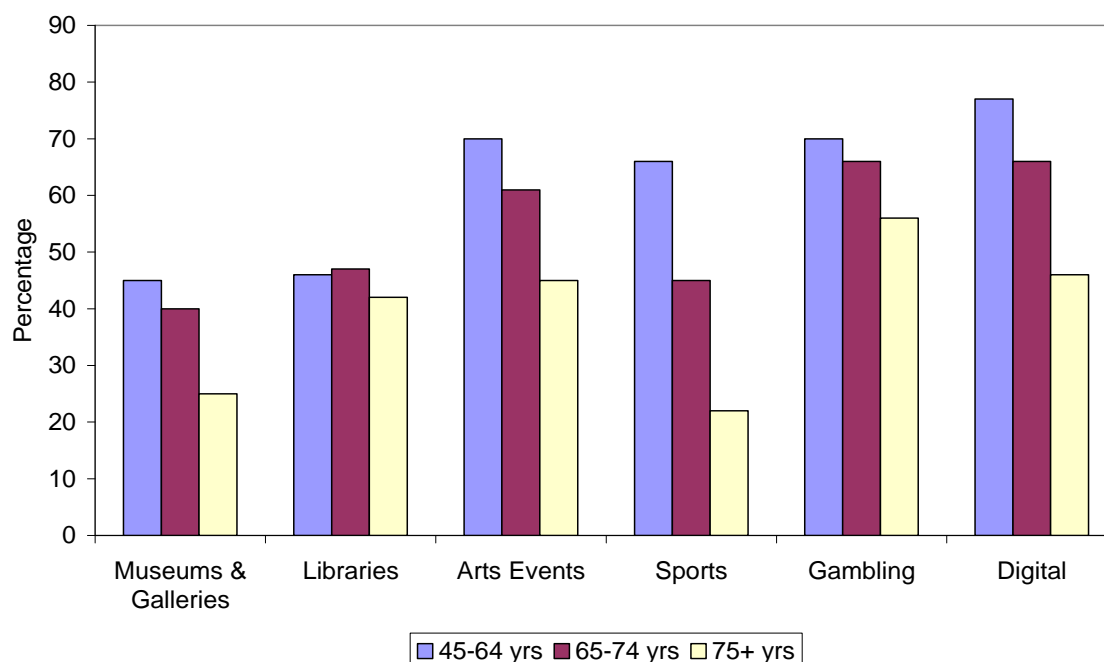
(Botham and Lumley, 2004). Most transport schemes depend on volunteers who either use their own cars or larger vehicles owned by charities. A survey of charity workers revealed that the costs of purchasing, running and maintaining transport facilities were a significant barrier to service provision (Botham and Lumley, 2004).

For many older people, adequate and affordable transportation is a lifeline to the community. A study of older people without private transport found that for important trips (for example, food, medical), alternative means of travel were found but discretionary trips (for example, social visits, leisure) were often forfeited (Davey, 2007). Attendance at arts and cultural events declines dramatically after the age of 60 (Fenn et al, 2004), primarily due to health problems and lack of transportation (DWP, 2005)

7.3 Public facilities

According to the Department for Culture, Media and Sport (DCMS)'s Taking Part survey, carried out in England in 2005–06, participation rates in arts opportunities, sport and leisure events consistently decrease with age (DCMS, 2007) (Figure 7.1). The survey looked at visits to museums, galleries, libraries and arts events, and participation in sport, gambling and digital media. The report compares the 45–64, 65–74 and 75+ age groups and showed that, for all activities, those aged 75 and over had the lowest participation rates. Though still lower, participation in libraries was most similar among the age groups, with 42 per cent of those aged 75 and over having visited a library in the past 12 months, five percentage points lower than those aged 45–74.

Quality of life in the community is also enhanced by public spaces that are accessible and welcoming. Research by Holland et al (2007) found that different age groups tended to use public spaces at different times of day and for different reasons. Older people were frequently absent from public places, especially after dark, due to inadequate security and transport. Older people expressed concerns about their personal safety at night and did not feel that the bars and clubs culture was suitable or of interest. Similarly, Jones et al (2007) found, from a study of local high streets, that public spaces often suffer from a domination of traffic, absence of greenery and a lack of seating and public toilets. These problems undermine the role of community spaces as a medium for social cohesion (Pain, 2005).

Figure 7.1 Leisure and sports participation rates by age, England, 2005–06

Notes: Participation in Museum & Galleries, Libraries and Arts Events are each defined as at least one visit to the venue in the past 12 months; participation in Sports is defined as at least one active sport in the past 12 months; participation in Gambling includes at least one type of gambling activity (for example, lottery, gaming, betting) in the past 12 months; Digital participation is defined as owning a digital television.

Source: Department for Culture, Media and Sport (2007), adapted from report tables.

Of interest, given moves to promote intergenerational reciprocity and social activity, Holland et al (2007) observed very little interaction between generations, with different age groups actively avoiding contact and living very separate public lives. While government policy is keen to regenerate neighbourhoods by means of carefully managed and sensitively designed public spaces, an investigation of city developments by Mean and Tims (2007) suggests that a more organic evolution of space may be preferable. They argue that, while a tightly managed process of development may yield 'cleaner, safer and greener' environments, this is no guarantee that such a space will be attractive for all social groups, many of whom may favour a less regulated approach and more free space in which to roam.

7.4 Active involvement

Research has established the benefits of social activity in old age to prolonging mental and physical health and enhancing quality of life (for examples, see Grundy et al, 2007; McKee et al, 2005; Walker and Hennessy, 2004). Poor health and disability can shape the nature of community participation in later life, but they do not prevent it (Davidson et al, 2005). Older people contribute life-acquired skills and knowledge to the community and can build their capacity through formal volunteering (that is,

unpaid help through local clubs or organisations), informal volunteering (that is, unpaid help to individuals who are not relatives) and civic participation (for example, participating in local governance, public meetings and rallies). Community work on a voluntary basis can also play a central role in mediating the processes of disengagement from the labour market and improving wellbeing in retirement (Barnes and Parry, 2004; Hirsch, 2003).

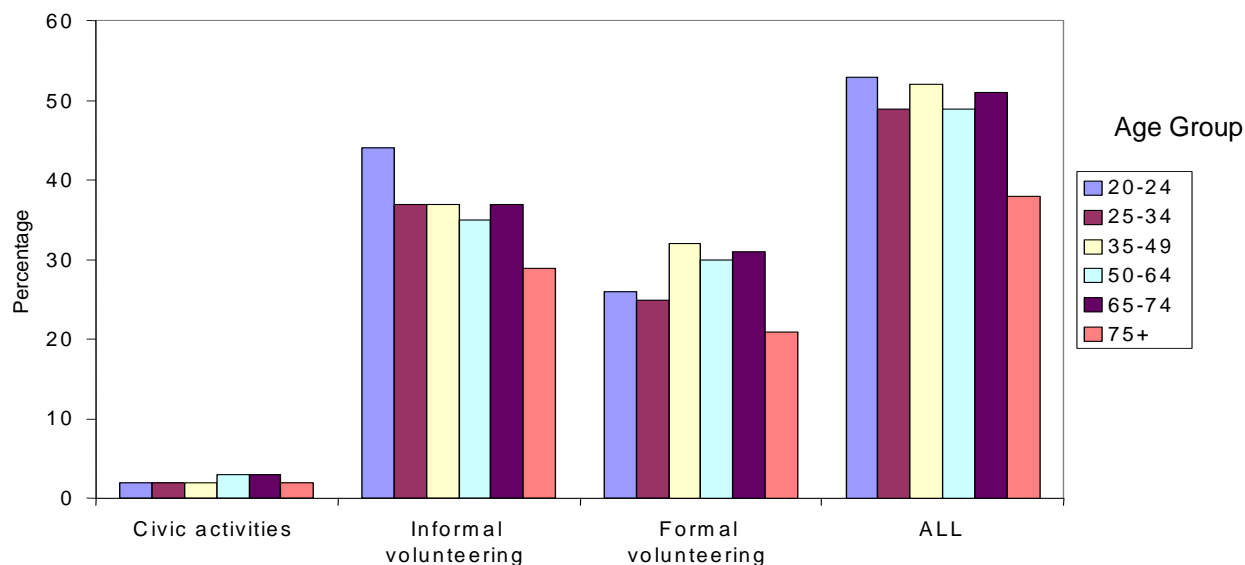
The 2005 Citizenship Survey (England and Wales) reveals that community participation tapers off as people age (Kitchen et al, 2006), but notable shifts do not occur until after age 75. Within the adult population (over age 19), rates of participation (defined as any volunteering or civic activity attended at least once a month in the year previous to the research) remain at about 50 per cent, and only decline to 38 per cent after age 75 (see Figure 7.2). Participation in civic activities, such as public consultations, was relatively low for all age groups and while lower among older adults, those aged 75 and over reported similar levels of these activities to those in the 20–34 year age range. Providing help to family outside the home shows a similar trend (not shown). Approximately 80 per cent of those aged 50–64 said they provide such help; this reduced to 70 per cent among the 65–74 year group and to 40 per cent among those aged 75 and over.²⁷ Providing care for grandchildren is a common form of family support (Clarke and Roberts, 2003). Results from the Childcare and Early Years Survey reveal that grandparents are relied on as the most common form of childcare, mentioned by half of parents polled (Bryson et al, 2006).

The Citizenship Survey does not include the substantial minority of older people who reside in institutional settings so little is known about the community activities of this sub-group within the older population.²⁸ This oversight concurs with other evidence arguing that older people with greater mental and physical frailty tend to be excluded from social interaction (McKee et al, 2005).

²⁷ A complementary trend was observed among women over 50 years who reported receiving more help from non-resident family members as they grew older, but this was not the case for men.

²⁸ Researchers have piloted a methodology with the view to including older people residing in institutional settings in future citizenship studies.

Figure 7.2 Rates of participation in community activities by age, England and Wales, 2005



Notes: Participation is defined as taking part in the activity at least once a month in the previous 12 months.

Source: Murphy et al (2005), Table 9.

Research conducted by the Institute for Volunteering Research (IVR) reports practices that discriminate on the grounds of age; 20 per cent of organisations surveyed had an upper age limit for volunteers that is usually set at 70, 75 or 80 years (IVR, 2002). Age limits were justified as standard practice for insurance and health and safety-related reasons. Organisations that enforce upper age limits were found across sectors. Other barriers to volunteering among the retirement age population include: low income, transportation issues and lack of building access for disabled people (Davis Smith and Gay, 2005). Older volunteers among ethnic minority groups were also found to be under-represented in organisations.

Involvement in governance

Public engagement in governance and public services, alongside democratic voting, constitute the core of the government's current 'active citizenship' and civil renewal agendas (Jochum et al, 2005). Recent national policy initiatives have provided a growing impetus for the citizen engagement agenda. The 2005 *Together We Can* cross-government strategy (Home Office, 2005a) and the 2006 local government White Paper *Strong and Prosperous Communities* (DCLG, 2006) provide a framework to ensure that a diverse range of people are consulted, included and engaged in the design and delivery of services. Local governments now have a statutory duty to engage the public in service monitoring and development. The 2007 Comprehensive Spending Review includes a Later Life Public Service Agreement

(PSA) that prioritises the older population. This includes the monitoring of key outcome measures on employment, income, healthy life expectancy, accommodation and independent living.²⁹

A prime rationale for seeking out and representing the needs and priorities of older people specifically is to improve the quality of later life. Increasing opportunities over the past decade for shaping policy, planning, research and service practice include: the Better Government for Older People Network, the UK-wide older people's forums supported by Age Concern and Help the Aged, community reciprocity and exchanges of services through time banks,³⁰ and the JRF Older People's Programme and INVOLVE, which promote public participation in the social sciences.

It is argued that the role of older people in community governance warrants separate attention due to sector growth, existing heterogeneity of needs and interests, and anticipated changes due to the ageing baby-boomer generation (Improvement and Development Agency for local government (IDeA), 2007a, b). Following on from recent civic engagement policy, research on older people's experiences of governance is increasingly moving outside the health service sector to include other service institutions (Barnes and Shaw, 2000). Yet local authorities tend to use more passive approaches to engagement like information newsletters and user surveys or established groups of older citizens, like Older People Forums, which tend to exclude those who are housebound or live in institutional care (Vegeris et al, 2007).

Qualitative case studies of the involvement of older people with local authorities in England and Scotland suggest that, to be responsive (and therefore more inclusive) to older people's interests and styles of communication, engagement practices would need to vary in format and location (Barnes, 2005; Vegeris et al, 2007). In retirement, individuals often assert their working lives through preferences in the voluntary activities they undertake, with some employment histories being more conducive to certain styles of communication (Baines et al, 2006). But a bias in government practice towards holding consultations through meetings and town hall events excludes older people who are housebound or reside in institutional settings (IDeA, 2007b).

Intergenerational practice

Intergenerational activities refer to the facilitated interaction of more than one demographic age group (for example, preschool, school age, young people/adults,

²⁹ It is recognised that national indicators included in other PSAs are also important in later life.

³⁰ For more information about time banks, refer to www.timebanking.org/

parents, older people) to work towards a common goal or participate in an activity that is of mutual benefit (Hatton-Yeo, 2006). In policy, intergenerational activities are viewed as a viable means for bringing local citizens together, addressing the government priority areas of active citizenship, community safety and building cooperative, inclusive, and sustainable communities (ODPM, 2005; Pain, 2005). Promotion of intergenerational relationships is rising on the policy agenda; the 2008 UK Older People's Day was organised around an intergenerational theme. The Centre for Intergenerational Practice at the Beth Johnson Foundation maintains a directory of intergenerational activities and hosts support networks across the UK. The Centre classifies intergenerational activities into seven themes: arts, community development, grandparents, health, history/ reminiscence, mentoring and school-based projects, sports and games. Reported benefits to participants and communities include: increased skills and individual capacity; improved physical and mental health and wellbeing; enhanced self-esteem; extended social networks; improved cultural understanding and social cohesion; reduction in perception and fear of crime, and improved rates of volunteering and active citizenship (Age Concern London, 2007; Hatton-Yeo, 2006; Granville, 2002; Pain, 2005).

At a societal level, intergenerational relationships might require deliberate and ongoing facilitation due to cultural, institutional and spatial segregation of the old and young (Hagestad and Uhlenberg, 2005). Research has identified contrasting generational perspectives on community life, as older and younger generations tend to give priority to different community issues (ODPM, 2005). Young people report concerns about road accidents, teenage pregnancy, education and safe public spaces, while older people tend to prioritise transport and other services, fear of crime and anti-social behaviour. In qualitative research on social activity in public spaces, Holland et al (2007) found very little interaction across generations, with different age groups actively avoiding contact and living very separate public lives. Regeneration projects face added challenges that are intrinsic to disadvantaged communities. High unemployment, poverty and selective migration that lead to higher than average concentrations of young and old populations (Dines et al, 2006; Granville, 2002; Hudson et al, 2007) can exacerbate intergenerational tensions. Furthermore, efforts to engage older and younger people in community renewal tend to treat the age groups separately, with distinct interests (Raynes, 2004).

Though much of the research endorses the benefits of intergenerational practices, there is the risk that the activities, if not managed properly, can have adverse outcomes or can actually reinforce existing stereotypes (Granville, 2002). There is also a lack of clarity about what is meant by intergenerational practice with regard to the age of participants and the role of the 'middle' generation (Springate et al, 2008).

More research is needed to ascertain how the different models of interaction, the dynamics of different settings and the focus of different activities can contribute to sustainable relationships (Pain, 2005; Raynes, 2004; Springate et al, 2008; Vegeris and Campbell-Barr, 2007).

7.5 Older people and community safety

Perceptions of crime and safety among the older population are not aligned with statistics on the risk of being victimised. Paradoxically, according to national crime survey statistics, although the risk of being a victim of any type of crime decreases with age, older people continue to feel insecure and vulnerable, particularly when outdoors after dark. According to the 2006 Scottish Crime and Victimization Survey, men and women aged over 60 were most likely to report anxiety about safety at night, with half (53 per cent) of older women feeling unsafe outdoors after dark (Brown and Bolling, 2007). Similarly, as reported by the British Crime Survey (2006/07) for England and Wales, older people (aged 65–74 years) were the most likely to perceive crime rates to be on the rise and also to have low confidence in the capabilities of the criminal justice system (Nicholas et al, 2007). Experiences of personal or household crime were significantly lower among older people, compared with the rest of the adult population, but worry about being the victim of crime was similar to the rest of the population. For example, for violent crimes, the average³¹ risk was 3.6 per cent and this dropped to 0.5 and 0.3 per cent respectively for men and women aged 75 and over (Jansson et al, 2007). People's perceptions of the seriousness of crime in society are heightened by direct experience of crime. Older people living in socially deprived areas are much more likely to be at risk (Scharf et al, 2003). Ethnic minorities were found to be the most vulnerable. Compared with older people from white or black Caribbean backgrounds, older Indian, Pakistani and Somali people were much more likely to have experienced a crime in the past year.

Research by Age Concern suggests that feelings of vulnerability may lead older people to act more cautiously and, as a consequence, help them to avoid situations where they might be at risk (Age Concern England, 2003). Help the Aged draws attention to activities such as bogus phone calls and door-to-door sales that target housebound older people. Feelings of vulnerability are aligned with increased physical and mental frailty, and feelings of isolation and loss of independence that are associated with these changes (Help the Aged, 2003). Suggested measures to reduce fear of crime include: better access to relevant information; more lighting in public places; enhanced home security systems; involvement in Neighbourhood Watch and consultations on public safety, and better visibility of Community Support

³¹ Men aged 16–24 are at the highest risk of experiencing violent crime, at 13.8 per cent.

Officers and Wardens (Age Concern England, 2003; Help the Aged, 2003). Media sensationalism is also blamed for exaggerating risks to the public.

The Home Office (2007) *National Community Safety Plan 2008-2011* sets out a strategic framework for reducing crime. The PSA concerning people aged 65 and over who are satisfied with their homes and their neighbourhood (PSA 17) includes reducing feelings of vulnerability and increasing feelings of community security in later life.

Older people within the criminal justice system

Receiving less attention is the issue of older people who are in the criminal justice system. This may be partly due to the fact that people over age 60 are a minority in the prison system. For example, according to recent census figures in Scotland, people aged 60 and over accounted for two per cent of the prison population while people aged 50–59 accounted for five per cent. This compares to 16 per cent of prisoners belonging to the 40–49 age group and 29 per cent belonging to the 30–39 year group (Scottish Government, 2007).

However, an inquiry led by HM Chief Inspector of Prisons (2004) found that people aged over 50 are the fastest-growing age group in the national prison system, reflecting general population trends on ageing and longer prison sentences for crimes compared with previous decades (Home Office, 2005b). The inquiry highlighted that prison services do not conform to the Disability Discrimination Act and the National Service Framework for Older People, violating the rights of older prisoners. Furthermore, health and social issues that are not treated in prison make it more difficult for older people to adapt to life after they are released from prison. For instance, research carried out by the Centre for Policy on Ageing and the Prison Reform Trust found that 80 per cent of older prisoners (age 60 and over) have a chronic illness, half suffer from a mental disorder and close to a third have no family ties or outside support system. Restore50plus and Age Concern's Forum for Older People in Prison are two of the agencies that campaign for the rights of older prisoners and offer support and befriending services to help resettlement after release.

7.6 Elder abuse

The campaigning organisation Action on Elder Abuse (AEA) (2006) defines abuse as:

A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.

This victimisation is subdivided into physical, psychological, financial and sexual forms of abuse and neglect. Based on calls to the AEA helpline, Help the Aged (2006) estimates that most abuse (78 per cent) is experienced by people over the age of 70 and people in their 80s are the most vulnerable. Two thirds of the reported cases occurred in a private residence and just under half (46 per cent) were perpetrated by a blood relation.

A recent UK-wide survey by the National Centre for Social Research and Comic Relief has taken account of the various forms of abuse that older people living in their own homes are subjected to (O’Keeffe et al, 2007). This research updated statistics on elder abuse dating back over a decade (Ogg and Bennett, 1992). The Comic Relief study identified the prevalence of different categories of abuse, reported according to the frequency of occurrence:

- **Neglect** – such as failure to provide help with personal care or day-to-day activities.
- **Financial abuse** – such as theft or misuse of power of attorney.
- **Interpersonal forms of abuse** – such as psychological, physical or sexual abuse.

Close to three per cent of older people (aged 66 and over) reported that they had experienced some type of abuse within the past year. However, it is difficult to establish the full extent of the problem as it is likely to be under-reported; there is a lack of awareness, and definitions of what constitutes abuse can vary widely. The survey highlighted the extent of ignorance about elder abuse – one third of people had not heard of elder abuse and most mistakenly believed it occurred primarily in care homes. Although elder abuse most often occurs in private homes, it continues unrecognised in institutional settings. The Help the Aged survey did not cover older people in institutional settings, but the research piloted a methodology for use in future research on instances of abuse in care homes (O’Keeffe et al, 2007).

Growing policy attention on elder abuse has stimulated research into the incidence, type and location of abuse; however, there is less evidence reporting on victims’ perspectives. Qualitative research with older women who had experienced abuse reported that vulnerable people need both emotional support and practical advice about accommodation, benefits and budgeting to enable them to leave an abusive

relationship, and found that these services are not readily available (Pritchard, 2000). Follow-up research found that, although they experienced similar kinds of abuse, older male victims receive even fewer support services (Pritchard, 2002), professional agencies did not treat their cases seriously and adult abuse procedures were not routinely implemented. Little is known about the specific needs of older abuse victims from ethnic minority communities. Research conducted by Age Concern Scotland suggests that services for BME older people experiencing abuse are patchy and unmapped (Bowes et al, 2008).

The tasks of identifying who constitutes a 'vulnerable person' and defining which acts may be classified as abusive have been undertaken by the DoH (2000). In 2005, the DoH and the Commission for Social Care Inspection issued *Safeguarding Adults*, a national framework of standards for good practice and outcomes in adult protection work. The Independent Safeguarding Authority will implement a scheme under the Safeguarding Vulnerable Groups Act 2006 to oversee the protection of adults in vulnerable situations and institute more stringent measures for barring and vetting people who are unsuitable to work with them.

7.7 Advocacy

As Dunning (2005) points out, services that provide information, advice or advocacy can promote independence, inclusion, empowerment and citizenship in later life, but it is advocacy that is generally recognised to have the biggest influence. The umbrella organisation Older People's Advocacy Alliance defines advocacy as:

... a one-to-one partnership between a trained, independent advocate and an older person who needs support in order to secure or exercise their rights, choices and interests.

Information, advice and advocacy services are most valued during key transition periods when people are most vulnerable and when unfamiliar decisions need to be made (Age Concern England, 2006a; Dunning, 2005). Events such as bereavement, the onset of ill health, moving house, moving out of hospital or moving into residential care have been highlighted as common later life events that people may not have adequately prepared for (Hill et al, 2007; Parry et al, 2004).

Older people are increasingly aware of their rights as consumers (IDeA, 2007a) and of their role in governance. Independent advocacy services can enhance their involvement in personal and community decision-making, particularly for more vulnerable people. Qualitative research exploring service gaps and issues found that obstacles barring older people from information, advice and advocacy relate to a lack

of awareness of, and poor access to, existing information sources, and a need for practical assistance for older people to act on the advice (Quinn et al, 2003). The study highlighted how these services need to accommodate different user preferences for accessing information and how continuity of contact can facilitate a seamless process. In a DoH review of advocacy practice, it was concluded that more work needs to be done in identifying advocacy approaches for ethnic minority groups and for older people with mental health issues (Robinson, 2006).

7.8 Social inclusion/exclusion

The government defines social exclusion as:

... what can happen when people or areas have a combination of linked problems, such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime and family breakdown.
(Cabinet Office, 2008)

Those at risk of social exclusion are most likely to experience a lower quality of life and wellbeing. UK social trends are monitored annually to gauge changes in income, housing, health, crime, employment and social cohesion (Palmer et al, 2006). It is a combination of problems in these areas that signals a risk of social exclusion.

Scharf et al (2003) identify five domains in which older people might be excluded from participating in society (that go beyond the mainstream notions that focus on financial hardship and labour market participation): material resources, social relations, civic activities, basic services and neighbourhoods. Applying these dimensions in a survey of 600 people aged 60 and over, Scharf et al found that being excluded on more than one of the five dimensions was significantly linked to age and ethnicity. People aged 75 and over were more likely to be excluded for multiple reasons than those aged 60–74 years. Respondents of Somali and Pakistani origin were much more likely to experience exclusion than Indian and Black Caribbean older people.

The picture on gender differences in later life is more difficult to discern because many data sources on measures of social exclusion disaggregate by age or gender, but not age **and** gender together. In an exploration of various data sources, Del Bono et al (2007) have found that differences exist between the sexes in certain aspects of later life (defined as age 65 and over): while older women live longer, they also tend to have poorer health and mobility after age 80. Older women are at an economic disadvantage with fewer assets and lower incomes than older men. Social participation among older women is also more restricted as substantially fewer

women in the age group have a driving licence. The loss of a spouse makes older women in particular more vulnerable because of the resulting negative impact on their income and access to services. In comparison, older men tend to be more disadvantaged in measures of social contact, particularly those who live alone. Older women tend to have more extensive and supportive friendship networks than older men.

The key drivers of social exclusion (and the reverse for inclusion) are related to ageing and associated declines in physical and mental health, loss of friends and relatives, disability and poverty (Victor et al, 2004). Social exclusion is also cumulative, with disadvantage traced to intergenerational transfer of circumstances (Blanden and Gibbons, 2006) and contexts. Poor access to transportation and high rates of crime and antisocial behaviour in some deprived areas can curtail a wide range of opportunities for older people (Phillipson and Scharf, 2004) and can lead to feelings of loneliness and isolation (Victor et al, 2004). Of increasing concern is financial exclusion, with Post Office and local bank closures, particularly in rural areas, disproportionately affecting older people (Help the Aged, 2006).

The English Longitudinal Study of Ageing (ELSA) is providing rich and ongoing evidence to help tackle social exclusion, although it is restricted to England. Social exclusion is measured on seven dimensions: social relationships (for example, contacts with family/friends); cultural activities (for example, museums, theatre); financial products (for example, insurance, bank account); material consumption (for example, affording household utilities, a holiday); service access (for example, groceries, health services); civic activities (for example, volunteering, consultations), and neighbourhood exclusion (perceptions of safety). ELSA findings indicate that half (51 per cent) of the older population are not adversely affected on any of the dimensions, about a third (29 per cent) are excluded on one dimension, and the remaining 20 per cent are excluded on two or more measures (Social Exclusion Unit (SEU), 2006). Of greatest concern are those experiencing multiple exclusion. This is typically associated with being over 80, in poor health, suffering from depression, living alone in rented accommodation, being childless, surviving on low income and having no access to a telephone (Walker et al, 2006). In addition, events such as bereavement, a hospital stay or a fall can trigger cycles of vulnerability, isolation and exclusion. But most research on older people's experiences of social isolation and exclusion, because it is cross-sectional in design, lacks insight into the unfolding story over the life course and the influence of previous life events (Victor and Scharf, 2005).

The Cabinet Office Social Exclusion Task Force co-ordinates a cross-government strategy to tackle problems of social exclusion. *A Sure Start to Later Life: Ending Inequalities for Older People* (Social Exclusion Unit, 2006) identifies actions to tackle exclusion and isolation. These include addressing living standards, physical and mental health, housing issues, community inclusion and ageism. The report sets out a number of pilot schemes designed to provide opportunities for, and information about, life-long learning, volunteering, preventative health care, independent living and leisure activities – all of which can function, in part, to promote community participation and inclusion among older people. Pilot programmes included *LinkAge Plus* and *Partnerships for Older People Projects* (POPPs), an England-wide initiative that provides grants for local authorities, in partnership with the NHS and the voluntary and community sector, to design effective and sustainable support arrangements for older people. These initiatives are currently undergoing evaluation. Interim findings from the evaluation of POPPs show promise that there will be real benefits to older people's health and wellbeing, as well as cost savings to statutory services. However, many of the projects are still in development (University of Hertfordshire, 2007).

Digital inclusion

Lack of information and communication technology (ICT) knowledge and limited access to the internet make older people particularly vulnerable to some types of social exclusion, including community and government information, and services such as online shopping (Richards et al, 2006). A report by the SEU, *Inclusion through Innovation: Tackling Social Exclusion through New Technologies* (SEU, 2005), sets out how mainstream public services (including education, training, health, employment, benefits and housing) can be made more accessible through innovative technologies like the internet. The Silver Surfers group, administered by older people, is encouraging wider use of the internet, while the Alliance for Digital Inclusion and the digital inclusion charity Citizens Online promote the use and recognition of ICT as a key means to social inclusion.

However, according to ELSA statistics (Banks et al, 2006), home computer ownership declines with age and the chances of owning the technology are severely reduced by low income. Among the richest fifth in the 50–59 age group, 90 per cent have a computer, compared with 48 per cent of the poorest. This reduces to 41 per cent and eight per cent respectively among those aged 75 and over. Men in all sub-age groups are consistently more likely than women to have computer access. Age Concern estimates that 14 million in the 50+ age group are 'digitally excluded' and more than half of those over 50 do not have access to a computer at home or elsewhere (Aldridge, 2006). A number of obstacles facing disabled and older groups

relate to the costs of the technology, training and support, and the availability of assistive devices (Pilling et al, 2004). Qualitative research by Sourbati (2004) examining internet use among older people living in sheltered accommodation found that tenants were averse to the idea of online health and social care services, which they perceived as limiting their social contacts and increasing their risk of isolation. The majority had not used computers in their working lives and, as a consequence, lacked basic computing skills and confidence in their ability to learn the technology.

7.9 Summary

This chapter has covered a broad spectrum of issues relating to daily life in the later years: housing, use of services, community participation activities such as volunteering and civic engagement, and issues of safety in the community, including perceptions of crime, experiences of abuse and the role of advocacy services. A final section overviewed research and policy on social exclusion.

Lifetime homes, alongside help from supported living schemes that offer low-level services such as cleaning, gardening, DIY and pet care, are identified as key to prolonging independence and wellbeing in later life. Yet, research has revealed that the 'bit of help' services are not being equitably distributed, leaving ethnic minority and faith groups on the margins once again. Access to services outside the home is highly reliant on adequate transport. Concessionary fare schemes for public transport can help allay financial barriers, but limited journey routes, mobility problems and rural distances can cause additional hardship for older people. Older women, in particular, face these difficulties, as they are less likely than men to have a driving licence.

Substantial numbers of older people remain active or renew activity in their communities, particularly after retirement. For example, rates of community volunteering remain constant through adult life and on past State Pension Age. Only after age 74 is there a significant decline in community participation and social activities, mainly due to mobility and health problems. This underscores the need to maintain age-friendly public facilities. Furthermore, research has identified discriminatory practices that exclude older people from volunteering in a wide range of organisations. This is often attributed to short-sighted health and safety regulations. Older people from ethnic minority groups are also under-represented among organisational volunteers.

The drive to enable citizens to input into policy and service decisions is welcome, yet a gap exists between the rhetoric and the practice. A bias in government practice towards holding consultations in formal business settings shows a disregard to

people's preferred means of communication and does not accommodate the needs of people who are housebound or reside in institutional settings.

Although older people are less likely to be victims of personal crime, a disproportionate number view themselves as vulnerable; in particular, older women perceive they are at risk after dark and this therefore impinges on their lives outside the home. Neighbourhoods also matter. Older people living in deprived areas, including a higher proportion of people from ethnic minority and faith groups, are at increased risk of household crime. Of growing awareness is abuse (physical, psychological, financial, sexual) that older people experience in their own homes. Less is known about the incidence and nature of abuse occurring in institutional settings where more of the oldest old reside, the subpopulation most susceptible to this form of mistreatment. Advocacy services designed to promote awareness of information and rights among older people, effectively addressing issues of unfairness and neglect, are considered inadequate for certain groups of beneficiaries like older people with mental health issues and those belonging to ethnic minority communities.

It is not surprising that the recognised gaps between the prospects of the more and less economically and socially advantaged carry on into the later years of life. Yet changes associated with an older age, such as deteriorating physical and mental health, loss of friends and relatives, disability and loss of income can narrow existing opportunities. Specific factors identified with social exclusion among older people are poor health, depression, living alone in rented accommodation, childlessness, low income and being over age 80. The loss of a spouse makes older women, in particular, more vulnerable because of the resulting negative impact on their income and access to services. More evidence is needed to help direct policies and programmes, such as service partnerships and intergenerational practices, towards the best solutions for improving the quality of life for every older person, regardless of circumstances.

7.10 Gaps in research

- The long-term consequences of implementing the agendas on lifetime homes and low-level support for independent living are unknown. Scientific research is needed to monitor the impacts on health, quality of life and longevity. How do these services help to smooth periods of transition and at what point are they not sufficient for maintaining a desirable lifestyle? There is also a gap in understanding the diversity of preferences for 'bit of help' services and how these meet the needs of different cultural and faith groups.

- There is a need for a systematic review or meta-analysis on the impacts of the various national and community schemes and initiatives designed to enhance quality of life in later life (for example, regeneration, concessionary transport, intergenerational projects). A wider evidence base can help to identify links between practices and outcomes, regional and group differences.
- Evidence links community engagement and social interaction to good health and longevity, but little is known about what and how much activity will be of benefit. More multidisciplinary and longitudinal research can help to identify these links. More information is also needed on what opportunities for participation can best meet the needs and preferences of a diverse and changing older population. Development work with people prone to isolation, living alone or in residential settings would be particularly relevant.
- Volunteering in post-retirement is often viewed as a continuation of a worker identity in the later years of life (Hirsch, 2003). Shifts in working patterns later in life may impact on the older volunteer economy – the amounts and types of volunteer work older people are willing and able to undertake. More research is needed to understand and anticipate these changes. More research is also needed to understand low rates of mainstream volunteering among ethnic minority groups (Davis, Smith and Gay, 2005).
- Policy pressures to advance and nurture community participation in local decision-making need to be met with research into developing effective methods for involving and representing the diverse needs and interests of a heterogeneous older population.
- Current research on the impacts of intergenerational practices is confined to individual projects. There has not been a systematic investigation to assess what practices are linked to which outcomes and whether measured impacts are sustained. This is another area that calls for multidisciplinary research – particularly among gerontologists and specialists on young people and children. This would be particularly important for policy on social cohesion and improving perceptions of safety and crime.
- If intergenerational practices are viewed as one strategy for restoring trust and addressing ageism among the different age groups, then more research is required to understand how cultural, institutional and spatial structures (Hagestad and Uhlenberg, 2005) restrict and deter intergenerational relationships.

- Research on elder abuse concentrates on measures of prevalence and the classification of types. More research needs to address treatments for victims. There is also little known about the experiences of abuse among older people who reside in community care and among older people from ethnic minorities.
- Little is known about the availability and use of advocacy services. More research is needed to investigate any long-term impacts of these services on feelings of independence and confidence in day-to-day decision-making. There are also research gaps related to understanding advocacy approaches for older people with mental health issues and those from ethnic minority communities (Robinson, 2006).
- Longitudinal and qualitative depth research is needed to understand individual trajectories and life histories of older people who are socially excluded (Walker, 2005). This research would complement the ELSA study and would help to understand which life events (and combinations of these) are associated with the different forms of social exclusion as well as the role of rational choice.

8. Conclusions

To some extent, summarising this report is no straightforward matter. The target group, older people, is highly disparate in terms of age and life-stage contrasts. It includes: those who are working (including those doing so post-State Pension Age), carers of grandchildren and carers of a spouse, those active in the community and those who are confined to home. Later life activities and lifestyles are also fluid and subjective, shifting according to life events and changes in health. The review encapsulates a great diversity of themes and lived experiences. In addition, a wide variety of social groupings were identified as having distinct experiences, prospects and outcomes at older ages. Differences according to gender and ethnicity are more widely researched, though not exhaustively. Explorations of different faiths, disabilities and sexual identities are under-researched. Overlaying these age and social group distinctions, older people are also highly heterogeneous in terms of class background, aspirations, abilities and lifestyles. Many differences are related to age and life-stage, but others are specific to the individual. The extent to which research findings discussed in this review will still apply in 20 years is therefore a moot point and exploring this uncertainty is a key direction for future research.

Emerging from the review is a strong indication of the importance of a life-course perspective. Many of the disadvantages afflicting individuals at younger ages are carried through, or have consequences at, later ages. Low educational attainment combined with older age leads to particularly significant barriers and circumscribed choices when searching for, or remaining in, work. Many older people with few qualifications, from lower social class backgrounds, retire early due to poor health and poor employment prospects. As a consequence, their retirement years can then be blighted by poverty, social exclusion and reduced quality of life, which will also be foreshortened. Early interventions to interrupt these adverse trajectories are therefore critical. Adequate education at young ages is of paramount importance, but life-long learning opportunities can provide a second chance for skill development later in life. Life-long learning also enables individuals to update their skills in order to adapt to changes in demand in the context of rapid technological and global economic change. Once out of work, the importance of speedy interventions to prevent the slide into long-term unemployment or inactivity is widely recognised.

A life-course perspective also emphasises the importance of adequate preparation for later life in terms of both financial and health resources. Class and gender differences in the propensity and ability to save for the future must be resolved, and a range of government initiatives has been introduced to this end. In addition, interventions and educational programmes are needed to overcome the class, ethnic

group and geographical disparities in a range of health outcomes including obesity, cancer and heart disease. With preparation and support, individuals can enter their retirement years without anxiety and with a sense of opportunity for something new, including the scope to continue working and learning should they wish. Above all, the ability, information and resources to make genuine choices are key objectives towards which policy should strive.

Gaps in health, employment, income, access to a range of services, social inclusion and education have all been highlighted in this review, with disparities in both opportunity and outcome adversely affecting older people. Some of the problems encountered, such as difficulties finding preferred employment, age pay gaps, reduced opportunities to train, elder abuse, treatment within the health and prison sector, and access to services reflect discriminatory practices and attitudes. Government legislation has been introduced to combat discrimination in relation to employment and training, but this does not extend beyond the workplace to include discrimination in relation to goods or services.

While older people can encounter discrimination and fewer opportunities compared with younger generations, starker gaps are evident however **within** older age groups according to a range of determinants; class the most notable among them. Other factors associated with inequality of opportunity and outcome at older ages (whether related to employment, training, financial resources, health, access to services or social inclusion) include ethnic background, gender and the markedly under-researched topics of disability, religion or belief, and sexual orientation.

Within each of the chapters, a wide range of gaps in knowledge has been identified. Many gaps relate to the need for more detailed information about the experiences of growing old in various aspects of life. Other gaps can be filled by extending current agendas of research to include a focus on marginalised members of the community. Many studies of ageing differentiate men and women, for example, but far fewer break down their findings to demonstrate inequalities or diversity of need and experience among disabled people, or according to religion or belief, ethnicity or sexual orientation. Recent wide-ranging government programmes of reform and legislative development relating to older people both in and out of the labour market also give rise to the need for further research in order to evaluate the impact of the broad agenda for change.

Appendix I UK policy context

Since 1997, the UK Government has been committed to decentralising its locus of power. This has resulted in the creation of the Scottish Executive and the Northern Ireland and Welsh Assemblies³² and the devolution of health and social care duties. Aspects of older people policy have therefore developed separately in the three devolved nations, with distinct policy agendas in each.

Scotland

- The Scottish Parliament delivers most services that affect older people including health, transport, policing and social work, but employment, pensions, benefits and taxation are centrally delivered by the UK Government.
- In March 2007, the Scottish Executive published *All Our Futures: Planning for a Scotland with an Ageing Population*, which sets out a framework for older people over the next 20 years. The document outlines key actions to ensure that the country benefits from the talents and experience of current and future older generations. The strategy identifies six priority areas including life-long learning, improved housing and transport, and improved care, support and protection. It places responsibility on all sectors – Scottish and UK governments, local and educational authorities, private and voluntary groups – to carry the agenda forward.
- A National Forum on Ageing and a new Scottish Centre for Intergenerational Practice has been established to forge effective and meaningful links between generations.
- The Older People and Age Team within the Scottish Government takes the lead on older people's issues in Scotland. Recent initiatives to help improve the lives of older people include free transport, tackling fuel poverty, control and choice over community care, and measures to eradicate anti-social behaviour.
- Scotland operates a separate health framework – the Health in Later Life Programme – which functions to promote services and policies that can ensure that the population of Scotland has an equitable chance of attaining a healthy old age. The Scottish Government's Mental Health and Well-being in Later Life Programme (2007-08) funds projects that will tackle health inequalities and

³² The Northern Ireland Assembly was suspended in autumn 2002 and reinstated in spring 2007.

promotes mental health in a partnership approach that includes active involvement of older people. The Scottish Government's *Delivering for Mental Health* (Scottish Executive, 2006) promotes a preventative approach to mental health ageing that starts well before later life based on lifestyles. It identifies peer support and suicide prevention as key.

Wales

- The direction of future service provision for older people have been set out in a number of key documents published by the Welsh Assembly Government: The Strategy for Older People in Wales (2003), *Designed for Life* (2005) and National Service Framework for Older People in Wales (2006). The older people strategy in Wales is based on the European human rights directive on older people.
- The 10-year Older People strategy is being reviewed to inform the second five years of its operation, which may lead to a change in direction, while a strategy for social services planning and delivery over the next 10 years was set out in the Welsh Assembly's consultation paper *Fulfilled Lives, Supportive Communities* (2006b). Policy documents emphasise the need for prevention, the importance of improving engagement with older people, and the need to better integrate health and social services.
- Demographic ageing is particularly marked in Wales, where economic restructuring has created particular challenges. Among the older Welsh population, poor housing, restricted employment opportunities, poverty and inadequate transport are widespread (Welsh Assembly Government Advisory Group, 2002).
- Prompted by recognition of such problems and a lack of representation of older people in Wales, a Commissioner for Older People (Wales) Bill was passed in 2006. The Bill demonstrates a commitment by the Welsh Assembly to ensuring the needs and interests of older people are fully met across all services devolved to Wales. In 2008, Ruth Marks was appointed the first Older People's Commissioner in Wales for a four year term. She is to champion and safeguard the interests of older people (60 and older) in Wales. She will also ensure that older people have input into public decision-making.

Northern Ireland

- Ageing in an inclusive society (Office of the First Minister and Deputy First Minister (OFDFM), 2005) promotes and supports the inclusion of older people in

the country drawing together the 11 government departments jointly to meet six key objectives relating to the well-being of older people: financial resources, service delivery, equality of opportunity and community environment.

- An Action Plan for 2006/08 (OFMDFM, 2006) has been introduced.
- Other agendas to promote the well-being of older people in Northern Ireland include the commissioning in 2006 of the Minister of State as the Champion for Older People and Section 75 of the Northern Ireland Act, which mandates that the age of individuals be considered when designing policies and services.
- Furthermore, to enhance quality of later life, key players in the non-statutory sector have linked to form the Changing Ageing Partnership (CAP). Formed in 2005, CAP consists of Age Concern Northern Ireland, Help the Aged, Queen's University Belfast and the Workers' Educational Association. Together, these bodies will monitor and promote older people's interests in connection with policy and equality, research evidence, capacity building, advocacy, and skills and training.

Appendix II Research centres/institutes with a focus on the older population

- AgeNet www.agenet.com/
- Age Partnership Group (APG)
www.agepartnership.co.uk/landing/206/?cpc_term=age%20partnership%20group
- Beth Johnson Foundation www.bjf.org.uk/
- British Association for Service to the Elderly www.base.org.uk/
- British Geriatrics Society www.bgs.org.uk/
- British Society for Research on Ageing www.bsra.org.uk/
- British Society of Gerontology www.britishgerontology.org/
- Cambridge Interdisciplinary Research Centre on Ageing www.circa.cam.ac.uk/
- Centre for Ageing and Public Health, London School of Hygiene and Tropical Medicine www.lshtm.ac.uk/ncdeu/centreforageing/
- Centre for Economic Research on Ageing www.ifs.org.uk/cera/
- Centre for Intergenerational Practice, Beth Johnson Foundation
www.centreforip.org.uk/
- Centre for Policy on Ageing www.cpa.org.uk/index.html
- Centre for Research into the Older Workforce at National Institute of Adult Continuing Education www.niace.org.uk/crow/about.htm
- Centre for Research on Ageing and Gender, University of Surrey
www.crag.surrey.ac.uk/
- Centre for Social Gerontology, Keele University
www.keele.ac.uk/research/lcs/csg/index.htm
- Centres in Lifelong Health and Wellbeing, Medical Research Council (2007/08)
www.mrc.ac.uk/consumption/groups/public/documents/content/mrc003630.pdf
- Clore Duffield Foundation www.cloreduffield.org.uk/
- Institute for Ageing and Health, University of Newcastle www.ncl.ac.uk/iah/
- International Longevity Centre, UK www.ilcuk.org.uk/

- i~Work, University of Warwick www2.warwick.ac.uk/fac/soc/ier/iwork
- Keele Centre for Social Gerontology
www.keele.ac.uk/research/lcs/csg/index.htm
- King's College Institute of Gerontology, London (formerly ACIOG)
www.kcl.ac.uk/schools/sspp/geront/
- National Institute of Adult Continuing Education www.niace.org.uk/
- Older People and Ageing Research and Development Network (Wales)
www.opanwales.org.uk/
- Older Women's Network, Europe www.own-europe.org/
- Oxford Institute of Ageing, Oxford University www.ageing.ox.ac.uk/
- Policy Research Institute on Ageing and Ethnicity www.priae.org/
- Research Institute for Life Course Studies, Keele University
www.keele.ac.uk/gradschool/prospectus/rilifecoursestudies.htm
- Sage Research Group, London School of Economics and Political Science
www.sagepub.com/journalsProdEditBoards.nav?prodId=Journal200751
- Sheffield Institute for Studies on Ageing www.shef.ac.uk/sisa/
- The Institute of Employment Rights www.ier.org.uk/
- UK Age Research Forum www.ukarf.org.uk/1.html
- Working Lives Research Institute www.workinglives.org/

Appendix III Ongoing research programmes

Ageing Across the Lifecourse (The Policy Press series)

English Longitudinal Survey of Ageing, Institute for Fiscal Studies, National Centre for Social Research

European Research Area in Ageing European Commission, Sixth Framework Programme

New Dynamics of Ageing, University of Sheffield (cross Research Council programme)

New Perspectives on Ageing and Later Life (research monograph series)

Globalization of Ageing Research Programme, The James Martin 21st Century School, Oxford University

Survey of Health, Ageing and Retirement in Europe

The Foresight Programme 2000

Workforce Ageing in the New Economy

Selected current individual studies

Gender Equity in Health Service Delivery (Lesley Doyal, University of Bristol)

Inequalities in Health in an Ageing Population: Patterns, causes and consequences (James Nazroo, University of Manchester – ESRC funded)

Maintaining Dignity in Later Life: A longitudinal qualitative study of older people's experiences of supportive care (Liz Lloyd, University of Bristol – Economic & Social Research Council [ESRC] funded)

Well-being in Later Life: Maximising the opportunities of our ageing society (Audit Commission)

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This report reviews the research literature on people aged 50 and over from an equalities perspective. Drawing on academic, government policy and evaluation evidence, and placing the findings within the overall demographic and policy context, the report focuses on five broad themes: employment; income: earnings, pensions and benefits; education; health, and community life and access to services. Gaps in knowledge and key areas for future research are also identified.