

Growing Older in the 21st Century

by Malcolm Dean





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Foreword

Professor Alan Walker
Director, ESRC Growing Older Programme

I am delighted to introduce this overview of the Economic and Social Research Council's (ESRC) Growing Older (GO) Programme. It is designed as an accessible guide to the massive amount of research material generated by the programme and is written by one of the UK's most experienced social affairs journalists. I think that Malcolm Dean has done a remarkable job of distilling the programme findings into such a clear summary, which deserves to be read widely.

As well as setting out to produce new research knowledge on the vital topic of quality of life in old age, the GO Programme has sought to try to contribute to the development of policies and practices in the field and, thereby, it is hoped, to the extension of quality life in old age. With encouragement from the ESRC the programme has spent a great deal of time trying to communicate with the policy and practice fields. The most important way of doing this has been the GO Findings series. Also there have been specially organised workshops with policymakers and practitioners. This publication provides the programme with another form of such communication and it is orientated specifically towards the policy community. I strongly endorse Malcolm Dean's comments concerning the rich seam of policy relevant research produced by the GO Programme and his call for action by policymakers.



Introduction

A new age has begun. Unlike earlier seismic population shifts – prompted by unpredictable events like famine, plague or war – the new shift can be anticipated. We already live in one of the oldest societies that has ever existed, but it is going to get even older. The 2001 census showed that for the first time there were more people over 60 (21 per cent of the population) than under 16 (20 per cent). By 2020 one third of the population will be over 50. Fewer births and longer lives mean the number of people aged 65 and over are expected to increase at ten times the overall rate of population growth in the next 40 years. The over 80s, who are the fastest rising segment of the population, are expected to treble in the next 25 years. Where in 1951 there were only 270 centenarians, there are already over 6,000 today with projections suggesting there could be 45,000 by 2030.

One of the greatest achievements of the 20th century must be the 25 years added to life expectancy. Yet, future social historians will be hit by a paradox. A society which was so successful in reducing the injuries of biological ageing was pathetically weak in addressing the injuries imposed by social ageing. Perversely in a society in which people were living longer and healthier than ever before, even more older workers were laid off in the century's last three decades. Only one out of three men was in work at the end of the 1990s when they reached the official retirement age. And this was only one of many fronts where older people faced prejudice, discrimination and social exclusion. The economic cost of the redundant over 80s is vast, ranging in estimates up to £31 billion.

It was against this background that the ESRC Growing Older (GO) Programme was so well timed. The profound changes which an ageing society posed was already recognised in Whitehall and beyond, but still not debated more widely in the UK. As the World Health Organisation asked succinctly, years have been added to life but will life be added to years? This alas was not the issue which attracted the British media. It was more concerned with the negative consequences of demographic trends. Alan Walker, director of the GO Programme, summed it up well at the programme's launch conference in March 2001.

He saw the vacuum in public debate being frequently filled "by a demography of despair, which portrays population ageing not as a triumph for civilisation, but something closer to an apocalypse". Perhaps it would help if the doom-mongers could be taken to parts of Africa or some of the former Soviet Union states, where sufferers could explain what it is like to live in societies with falling life expectancy.

The origins of the research programme reach back to 1995 when Ian Lang, the President of the Board of Trade, asked all the UK's scientific research councils to look at ways of maintaining active life in older age. The ESRC decided to develop a specific programme focussed on the theme. Alan Walker, Sheffield University's social policy professor specialising in ageing, was invited in late 1997 to draw up a proposal. The ESRC programme was approved in May 1998, with an allocation of £3.5 million. Some 204 research teams applied and 24 projects, involving 94 researchers, were finally selected in May 1999. The programme had two objectives: a broad based multi-disciplinary scrutiny of the different aspects of the quality of life of older people; and a specific aim of contributing to the development of policies and practice in the field and thereby extending the quality of life.

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Quality of life

The focus on quality of life was important. Who could be against improving the quality of life? It gave the research a positive, rather than a negative goal. It was a theme which both ends of the political spectrum could support: for caring liberals it means moves to produce a better life for older people; for neo liberals and conservatives at the other end, a way of encouraging people to work longer, to be healthier, and to reduce the costs of welfare. Fifteen years earlier it would have been difficult to find many papers on the quality of life. By the programme's launch, more than 1,000 papers a year were being published by medical journals alone. As David Milliband, then head of the Downing Street policy unit, told the launch conference: "The positive not negative tone of the Growing Older Programme literature is a welcome relief; senior citizens are not a problem but a joy, and improving their quality of life is a genuinely noble purpose. We need to get out of the burden mentality and the victim mentality".

The size of the programme allowed it to pursue width and depth. It has ranged from large surveys including one project that contacted over 8,000 people aged 75 and over in 23 general practices in Britain measuring variations in quality of life, to in-depth interviews and focus groups with particular categories of older people: widows, widowers, various ethnic groups, nursing home residents, rural and deprived inner city residents. It has explored six broad topics: inequalities; healthy and active ageing; family support networks; participation and activity in later life; technology, transport, and the built environment; and, for the academic community and policymakers, different ways of defining and measuring quality of life.

Most important of all for a government which has declared it wants to listen to users of public services are the wide range of older people's views the projects have tapped. The inter-ministerial group on older people has had a national programme of its own for 'listening to older people', but with the completion of the ESRC programme, it can now turn from its parish library to the equivalent of the British Library, with a vast source of older people's views that should be able to answer many of the questions ministers want to ask.

More than one of the 24 projects emphasised the importance of not treating old age as an illness as it is still all too commonly regarded by many. Ministers, who have pledged to fight ageism, might like to take Cicero's essay on good ageing as their text, in which in 44 BC in *De Senectute*, he argued that old age offered opportunities for positive change and productive functioning and should not be mistaken for illness. Patricia Hewitt, Secretary of State for Trade, who published the Government's consultative document on ageism in July 2003, suggested ageism was not taken as seriously as racism in our society for two reasons: first because it is not rooted in hostility or ill-feeling; and secondly because as everyone faces growing older, most people become resigned to it. There is truth in both assertions, but what it ignores is the lessons learned from fighting racism. There are three forms of racism: overt and intentional; disguised but deliberate; unintentional but adverse. It is the last two categories that now frequently pose the biggest threats. The same pattern is being repeated with older people as this ESRC programme so graphically documents.

There is another parallel that can be drawn with racism. Older people in many policymaking circles are seen as a separate group requiring separate treatment. Clearly with some age-related disabilities this is sensible, but as even the National Health Service has recognised with its national service framework for older people, for much of the time older people need mainstream services. Indeed, the NSF's first standard is an end to age discrimination across the board, whether at the primary health care level, accident and emergency departments, or general hospital clinical services. The same principle needs to be applied to other public services. Older people need to be reintegrated into mainstream services.

The ESRC research projects on inequalities, deprived inner city wards, and older people within ethnic minorities point to three responses. First the need for the Social Exclusion Unit, which up to now has not done much on older people, to cast its net wider. For a government committed to extending social justice, the injuries still being imposed by social ageing needs fast and firm remedies. Second, ministers and their policymakers need to read all five inequality projects, but particularly Dr Thomas Scharf's study of three deprived wards in Liverpool, Manchester and the London Borough of Newham.

The depth to which older people are being socially excluded in these wards remains devastating. Remember, nationally, there are 88 of them. As Barbara Roche, the then Minister for Social Exclusion and Equality with responsibility for the Neighbourhood Renewal Unit who had read Scharf's work, noted in her Help the Aged lecture in 2003: "The National Strategy for Neighbourhood Renewal recognises the importance of ensuring that regeneration is genuinely inclusive. But it is only by ensuring that older people are locked into this process at a local level that they will have the right input into decision-making". That should be only the start of it.

The Prime Minister was much more ambitious in his foreword to the Cabinet Office's Performance and Innovation Unit report on *Winning the Generation Game* in April 2000: 'The Government wants to help everyone remain active in later life. This means not writing them off or excluding people from work, leisure or community participation, whether at the age of 50, 70 or 90'.

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The report was equally bold. It was unequivocal about the Government's goals: 'to ensure that older people enjoy active, independent and secure lives, fulfilling for both them and the community; to recognise the enormous contribution that older people make to society and to put their concerns at the heart of policymaking; to build a country where all are valued and where everyone, young and old, has the opportunity to play their full part'.



The third response to the ESRC programme – spelled out more fully later – is the need for an Equality Commission, which would have a dual role: monitoring public services to ensure discrimination against older people, among others, is not taking place; and secondly ensuring public services actively promote equality, as is already happening with respects to race relations. Ireland already has such a dual body as do Australia, Canada and New Zealand. The ESRC programme has met the challenge set by Mike Le Brun, former secretary to the inter-ministerial group for older people, who told the launch conference: "I appreciate a tension here with the healthy need for research that challenges the Government – but no policymaker will fear constructive government – even if the public response may be a vigorous defence of government policies".

The political context

Before giving more details of the main findings of the 24 projects, it is useful to place the programme into a political context. It began at the close of two grim decades for social policy. Up until the late 1970s, as was noted at the programme's launch, governments of both major parties funded increases in pensions and health services for older people not in response to demographic change, but in order to improve the quality of life and reduce the poverty and deprivation that a large proportion of older people were experiencing. Demography accounted for only one third of the rise in public spending. But the IMF-imposed squeeze on public spending in the later years of the 1974-79 Labour Government became more profound in the Thatcher/Major administrations that followed. Margaret Thatcher's first white paper in 1979 set the tone. Its opening sentence read: 'Public expenditure is at the heart of Britain's present economic difficulties.'

What followed, as the Wanless report in 2002 documented in health expenditure, was 25-years of under-investment in public services and social provision. Six years into a new Labour administration – including record public spending in the last four years – still leaves two million pensioners living below the poverty line. Nearly half (44 per cent) of older people live in houses that are not in decent repair or thermally efficient – the latter being a major contributor to the extra 23,000 to 50,000 deaths from cold in the previous five winters. The UK has the highest proportion of 'excess' winter deaths in the European Union. There are nearly four million pensioners living in the 88 most deprived local authority areas in England.

Even the more comfortably off now face a chillier future. Three years of falling stock markets and a decade of decline in the value of annuities have left the pensions industry in crisis. A country which already placed a greater responsibility on its citizens for looking after their retirement needs than any other western state, is now forcing millions more to face an insecure future as accelerating numbers of companies have abandoned final salary schemes for money purchase plans. Where once workers' retirement was seen as a tripartite responsibility of government, employers and employees, the first two parties of that triumvirate have been retreating for more than a decade.

Yet it is not all doom and gloom. Compared to Labour's bold goal of eliminating child poverty within 20 years, pensioner poverty has come off a poor second best. But Labour has introduced a minimum income guarantee to older people, which this year rose above £100 a week, although between one fifth and one third of entitled pensioners are still not claiming it. A pension credit began in October 2003, for which half of pensioner households will be eligible, gaining an average of an extra £400 a year. The interministerial group on older people was set up in 1998 with the aim of improving the co-ordination of policies affecting older people. The Better Government for Older People (BGOP) brought together older people and their organisations with national and local government and service providers to discuss how services could be reshaped. One of the positive outcomes was the Cabinet Office's Performance and Innovation Unit's 116-page study on active ageing (*Winning the Generation Game*) that set out ways of ending discrimination at work and involving older people in more voluntary and community work. Active ageing fitted neatly into the bigger debate in which the Government is engaged in searching for more ways of reconnecting people – including older people – to their communities and reversing the retreat from civic society.

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There is more progress on combating ageism which infects all sectors of society from voluntary groups (where one in five still operate an age ceiling for volunteers), through employers (with the systemic way older workers were made redundant), to government (where age discrimination still operates in many public services, among them education, health, housing, training, and transport). A first step was made with the Government's 1998 white paper on the Learning Age. There is now a national service framework for older people in the NHS, designed to improve their treatment and stop discrimination that clinical services have operated in the past. Broader policies were set out in the Government's consultative document on ageism in July 2003. At the heart of this paper was the commitment, first announced in the pension reform package in December 2002, to abolish compulsory retirement and ban age discrimination in employment.

This was a response to the European Union directive requiring all EU Member States to have introduced a ban on age discrimination by December 2006. There was a widespread fear among campaigners for older people that with the CBI opposing the EU law, ministers would fudge the issue. To the delight of Age Concern and Help the Aged they didn't. Sensibly people will still be able to draw pensions at the current ages of 60 (for women) and 65 (for men). It would have been unfair to people working in boring, repetitive, or hard and physical work to have done otherwise. It would also have been regressive as their lower life expectancy would have meant that they lost a bigger than average slice of their retirement income. But workers who want to work beyond 65 are being given a new right. They can only be compulsorily retired if employers can show 'objective justification'.

These reforms make the messages that have emerged from the ESRC programme all the more relevant because the Government has still not said how it will ban age discrimination. The EU directive has added three new fields (religion, sexual orientation as well as age) to the existing three (race, gender, disability) where bans on discrimination already exist. The current three already have separate bodies to police the law. Ministers have signalled that they do not want six separate bodies pursuing discrimination. There is a growing consensus that a single commission, with specialist sub sections, would be the right approach, but there are further issues. There is currently a hierarchy of powers which ministers are not at the moment intending to address. The EU directive is restricted to discrimination in employment, which means that unlike discrimination on racial grounds, there will be no redress for older people discriminated in housing, education, health, transport or other public services.

There is a need for the new body to enjoy the further power that the Commission for Racial Equality enjoys under the 1999 Race (Amendment) Act. This requires all public bodies to positively promote equality, rather than just pursue the more negative search for discrimination.

One solution, which is gathering support, is the proposal in a report from the Parliamentary Joint Committee on Human Rights in May 2003, that calls for a dual Equality Commission, which would both fight discrimination across the board and promote human rights. The two roles are complementary as joint boards in Ireland, Australia, Canada and New Zealand have already demonstrated. The messages from the ESRC programme would back this move. Ministers only have to look at the evidence collected.



Evidence and messages

The ESRC messages on quality of life come in three broad categories: diversity; social exclusion; and the importance of support, both formal and informal, including care, transport, social support and life long learning. Philosophers as far back as the ancient Greeks of 2,000 years ago have debated what makes a good life, but within medical circles, where it has become dominant, it only emerged in the last 20 years. Some medical researchers have suggested the concept should be narrowed to the point of excluding life satisfaction and living standards, yet even within medical circles, as Christopher McKeivitt of King's College, London, noted in one of the GO Programme's newsletters, there are many different definitions with some medics suggesting the concept is subjective so cannot be measured.

What has driven the medical world's focus on quality of life, as McKeivitt suggests, includes three factors: more readiness to seek consumers' views on health care; the rise of evidence-based medicine requiring outcome indicators; and pressure to increase the efficiency of health care spending. The GO Programme demonstrates the advantages of broader definitions including several projects that asked older people to give their definitions.

McKeivitt's GO project compared professional with patient perspectives. He found the professionals held at least two models, one a colloquial everyday sense of 'happiness'; and second a scientific model that could be used for research to rationalise delivery of health care. His observational study of a stroke unit suggested quality of life was rarely used in practice. Instead professionals concentrated on objective measures of patients' disability, clinical status and recovery. Most stroke patients could define the concept which covered a broad band of needs: the ability to participate socially with friends and family; to work inside the home (cooking, cleaning) or outside in work; access to sufficient material resources; happiness.

Diversity

The message here is a simple one. Older people are even more diverse than younger groups. They suffer more inequality, bigger differences in quality of life, physical and mental ability. They should stop being seen as a homogeneous body, but rather recognised as a heterogeneous group with many different cultural, gender, class and race sub groups.

The more this is recognised, the easier it will be to ensure older people have access to mainstream public services rather than second rate older people's provision. Ageing does not conform to a uniform, chronological rate, as is demonstrated from the older people's responses to their ESRC programme interviews. For some, a key element of their quality of life was still a physically active life. For others, housebound and physically handicapped but still optimistic, family, friends and social support was still providing a good quality of life.

One early ESRC project was a study of 250 volunteers over 65 in the London Borough of Wandsworth, who were questioned by a team led by Graham Beaumont of the University of Surrey. This study challenged the view that decline in functioning was synonymous with ageing and broke away from concentrating on health and physical ability. It noted the work of earlier researchers who suggested old age was a natural stage of life and the meaning of quality of life changes across the lifespan. Indeed, it pointed to research that indicated functional capacity and health status were not prerequisites to a 'good' quality of life in old age, but were relative to individual expectations and adaptability. What it found was that the most frequently mentioned factors relevant to quality of life was family, health, home. To these were added emotional well-being, independence (freedom of choice), and mobility. It concluded that social environment (including home, safety, finance, services, leisure and transport) was the most important factor directly predicting individual quality of life.

A bigger study involving 999 over 65s randomly sampled and living at home in Britain was run by a team led by Ann Bowling of University College, London. It involved both open-ended survey responses and in-depth follow up interviews. It was prompted by the fact that in both the medical and social sciences, quality of life concepts were mostly based on expert opinion rather than lay people. It rightly emphasised that old age contained many opportunities for positive change and should not be confused with illness. It noted that the future compression of morbidity and disability into a shorter period of life could lead to more positive perspectives of healthy ageing as normal. What it found was that most men and women rated their quality of life as good in varying degrees, as opposed to just alright or bad. Quality of life deteriorated with older age, but almost three quarters of the group aged 65-69 rated their lives overall as 'so good it could not be better' or 'very good', compared to a third to a half of those in older groups. It concluded the main drivers of quality of life in older age were: people's standards of comparison; expectation; their sense of optimism; good health and physical functioning; engaging on a large number of social activities; feeling supported; and living in safe communities with good community facilities and services.

One important lesson for policymakers in the report by Ann Bowling and her colleagues is the importance of the combination of smaller less high profile services – a post office, street lighting, refuse collection, street cleaning, mobile libraries, local police officers as well as access to transport and voluntary groups – in creating a good quality of life for older people. One optimistic note was that just over a half said they had done most or all of the things they had wanted to do in life, over a third said they had done some things, and only ten per cent said they had done few or none of the things they had wanted to do.

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On another optimistic note, a study of 92 people aged 55 to 95 (46 widows and 46 widowers) noted three broad themes which women identified following bereavement: negative responses to losing companionships; practical challenges of solo living (home maintenance, finance, transport); and a third phase which many experienced of positive growth and reintegration that provided a new identity and a sense of achievement. The study team, led by Kate Bennett of the University of Liverpool, found men were as able as women in coming to terms with the loss of a partner. Social workers might wish to note that keeping busy for bereaved people served three important functions: active coping, providing a sense of meaning, and providing structure. The more years bereaved, the better the coping. Similarly, the better the coping, the less depression.

Just how numerous the sub groups can be within a single gender is brought out by a study of older men by Sara Arber and Kate Davidson of the University of Surrey. Their team found distinct class differences, but also significant differences between married men and divorced or never married men. Working class older men were less involved in voluntary, religious or sports organisations but more likely to belong to social clubs than middle class men. Clubs geared specifically for older people were rejected by all classes of older men. One reason for this was put down to the voluntary clubs being geared to lone older women, since most men predecease their partners.

It specifically called on voluntary organisations to make their clubs more congenial to older men, by offering beer or wine at lunch, and introducing a snooker table or computer club. It noted that divorced older men were a growing group, who were significantly disadvantaged in their social networks along with higher levels of smoking and drinking. Divorced and never married older men had a low involvement in all organisations. In-depth interviews revealed men attaching more importance to individual autonomy and independence and less on social engagement and intimacy that women sought. Even so, widowers were more involved with sports and social clubs than married men, suggesting leisure associations offer compensations following widowhood.

Not all older people are retired, unemployed, or inactive. About nine per cent of people over retirement age are still in work. With the pending abolition of compulsory retirement ages, how many will continue in work? A team from the University of Sheffield led by Peter Warr looked at the psychological well-being and life satisfaction of people aged between 50 to 75. Of its three groups (retired, unemployed, employed) the employed respondents reported the highest level of well-being. Significantly for the new policy, the highest level of well-being was among those still in work and over retirement age. But it was not quite this straightforward. Those who remained in work for reasons of financial need had poorer psychological health. And in terms of life satisfaction (based on self appraisals of a longer time span than immediate well-being) the highest ratings were scored by part-timers. The lowest scores were by unemployed people seeking work.

As the report notes, although the motivation to work at older ages and beyond normal retirement ages was often financial, there were also important non financial benefits: liking the work, friendships, avoiding boredom, and gaining the respect of others. Yet in spite of these incentives, many older people still did not want to continue in work.

The programme's biggest study, some 8,000 people aged 75 and over from 23 general practices in Britain, was undertaken as part of a Medical Research Council trial of the assessment and management of health of older people. It too expressed deep concern about the inequality of old age. Among the issues it looked at was housing, which provides another example of the diversity of older people's lives. Housing has been hit harder in the public expenditure squeezes of successive governments in the last 25 years than any other service. Fewer homes were built last year than in any years since 1924.

The six member team from four universities found the odds of a poor quality of life in old age increased by between 50 per cent and 70 per cent for people who live in rented housing compared to those who own their own homes. This huge difference is partly accounted for because people in the rented sector suffer worse health and adverse lifestyles such as smoking. The chances of being in the worst 20 per cent of quality of life increase with age among the over 75-year-olds for all problems except 'morale'. Women tend to have poorer quality of life than men. The difference between men and women is most pronounced for morale, with women holding up less well.

A seventh report which looked at inequalities in the quality of life in early old age (65 to 75) confirmed earlier findings that people under 70 had a pronounced higher quality of life than those over 70. Men had a slightly higher quality of life than women. Looking at the different motivations behind retirement it found those who felt they had a choice in their retirement (either to leave or to stay on) had a significantly higher quality of life than those who felt forced into their decision. The team tested the importance of health v wealth and found good health was more important than quality of life. Even more interesting, its evidence was drawn from a sample of 1,352 families who had been surveyed as children between 1937 and 1939 and concluded that quality of life in their older years was much less influenced by the past – such as the job of their fathers – than by the present, when two of the most important influences were having choices about working or not working, and having friends in whom one could confide.

This team, led by David Blane of Imperial College, London, developed a new measure of quality of life based on four needs – control, autonomy, self realisation, and pleasure – and a 19-item scale labelled CASP-19. It was partly prompted by the fact that other measures, using ill health and poverty, failed to pick up on new interests and experiences of older people with reasonable affluence, good health and freedom from responsibility.

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Social exclusion

The second category of reports also reflects the diversity of old people, but something more serious too: the depth of social exclusion, deprivation and poverty some older people in deprived communities are suffering. Remember four million pensioners live in the 88 most deprived wards of England. Thomas Scharf of the University of Keele and his team looked at three of the most deprived wards in Liverpool, Manchester and the London Borough of Newham. The main focus of the social exclusion debate has been on work and employment leaving unclear the position of those who have permanently withdrawn from the labour market. Much earlier research has found fluid rather than rigid boundaries. Scharf's study of older people found more rigid boundaries with older people, unlike younger people, mostly 'locked in' to their neighbourhoods for the vast majority of their time.

To its credit, the Labour Government set up 18 task forces after the Social Exclusion Unit's devastating report on deprived neighbourhoods. A succession of initiatives, policies and neighbourhood renewal schemes have followed but Scharf's research, conducted over three years up to the end of 2002, documents just how much more needs to be done if the Government's goal of expanding social justice is to be achieved. Seventy per cent of the older people in Scharf's study were experiencing some form of social exclusion with 40 per cent suffering multiple exclusions – not just poor, but socially isolated, cutting back on basic services, fearful of crime in the neighbourhood, and excluded from civic activities. Nearly half the people surveyed were poor – twice the national pensioner poverty rate. Almost half those in poverty had gone without buying clothes in the previous year, 15 per cent had occasionally gone without buying food, 14 per cent cutback on gas, electricity or telephone use. On a list of 26 items which 50 per cent of the people believe to be basic amenities of daily life, 45 per cent were found unable to afford two (the definition of poverty) and seven per cent unable to afford 11. Once again the older the person, the greater the deprivation. One fifth of the older people were identified as socially isolated – lacking contact with children, relatives, friends or neighbours – and 16 per cent suffering from severe or very severe loneliness (scoring nine or more on an 11 item scale). Similarly, on civic activities, although 68 per cent of the older people in the survey voted at the last general election and 66 per cent in the local elections that followed, some 24 per cent had not taken part in any of a list of 11 civic activities.

The crime picture – and fear of crime – in the neighbourhoods was equally depressing. Scharf's study reinforces the need for the police reassurance programme in high crime areas that the Home Office has begun to pilot, but it will need much more than the designated £6 million to succeed. The 2001 British Crime Survey (BCS) suggests old people's homes nationally have a below average burglary rate of 2.2 per cent. Scharf's survey, which admittedly asked about burglaries 'in the last year or two', rather than the BCS's 'the last year', recorded 21 per cent. Similarly, although the BCS found nationally only one per cent of older people had been a victim of violence, Scharf found 15 per cent in his survey had either experienced an assault or had something they were carrying stolen from them.

Even within a deprived area, the poor in that area suffer more than other residents. Some 48 per cent of respondents living below the poverty line had experienced one or more types of crime compared with 33 per cent of those above the poverty line. One early anti crime scheme by Labour did provide funds to make homes in more deprived areas more secure. Scharf's study suggests this needs to be done on a much wider scale. Two fifths of the survey worried about having their homes broken into, and only seven per cent said they would feel safe when out alone after dark. These findings will reinforce the soundings already being made in police policymaking circles, to give the leaders of police basic command units more discretion in developing local anti-crime strategies. Nationally, crime has been falling – both burglary and car crime by a third in the last eight years. Yet in high crime areas such as Scharf has surveyed, it is understandable the community fails to perceive this trend.



A further disturbing finding in Scharf's study is the disproportionate amount of social exclusion, poverty and crime suffered by ethnic communities within these three deprived areas. Of the four ethnic groups within the areas – Black Caribbean, Indian, Pakistani and Somali – all suffered more than the white community, but particularly the latter two groups. Over half of the Pakistani older people surveyed suffered from social exclusion and 80 per cent of Somali. A similar pattern was repeated with respect to fear of crime with Black Caribbean and Indian older people being twice as likely (52 per cent) to feel very or fairly safe when out after dark compared to Pakistani or Somali older people (28 per cent).

Scharf's study has already had a major media impact, including a special report from Help the Aged based on its findings (*Growing Older in Socially Deprived Areas*), feeding into the pressure group's *Stop Pensioner Poverty Now*, and being taken up by Barbara Roche, Minister for Social Exclusion, in the Help the Aged's annual lecture of 2003. Help the Aged has begun to help to improve the living conditions of older people in the Pakistani and Somali communities identified by Scharf, but there are another 85 deprived wards where more action is needed.

A survey of 200 older people by the National Institute for Social Work research unit at King's College, London, called on social scientists to include racism when measuring the quality of life. The leader of the team Jabeer Butt explained: "About half the people from minority ethnic groups said they had experienced racism – a figure which is likely to be an under estimate given the widespread reluctance to speak about the topic. Only those white people who were a hidden minority, such as Welsh or Irish, or who had a black partner, reported experiencing racism".

The study found an emerging trend for Black Caribbean and Asian older people to live in sheltered accommodation run by housing associations operated within ethnic communities. This allowed them to live independently while maintaining close contact with their children. Here is a trend which housing planners need to anticipate, given the steady rise of older ethnic people. The researchers also noted that Chinese and Asian older people, who maintained their national tradition of regarding ageing as a process of becoming wiser and more tolerant, had a lesson that should be passed on to white people, who still viewed growing older as a negative experience.

A third project in this category took up the call to challenge negative stereotyping along with the need to examine the opportunities of pursuing satisfying lives. The four member team from the University of York led by Mary Maynard and Haleh Afshar interviewed 150 women aged between 60 and 75 from African Caribbean, Asian, Polish and white communities. It was prompted by the increasing and changing numbers of ethnic elders. Ethnic communities, which had tended to have fewer older people, were not just getting older, but also the predominance of men within older groups was also changing. More older women were emerging. In policy terms it called for residential and other services to be more sensitive to multi cultural needs.

These included quiet spaces, prayer mats, plumbing requirements and an understanding of the need for many women from ethnic communities to have a devotional life. It also suggested that influential women, who mediate and offer support within their neighbourhoods and ethnic communities, should be included in the planning of services.

A fourth study aimed at giving older people from five different groups – Black Caribbean, Chinese, Irish, Somali and white British – an opportunity to define quality of life from their own perspective was conducted by a three member research team, Lorna Warren, Tony Maltby and Joe Cook, with Sheffield's Better Government for Older People programme.

Over half of the Pakistani older people surveyed suffered from social exclusion...

It was prompted by the fact that the term quality of life has no common currency among older people. Instead the older people were asked what was good and what was bad about their lives. The 100 women aged 50 to 94 were divided into 11 discussion groups, each meeting three times. The themes were growing older, using services, and having a say – although the women were free to raise specific subjects which they thought important. Ten older women were then recruited from the discussion groups and trained to interview individual members of the groups in more detail about their lives. This part of the study was based upon a life-story approach, with individuals telling their own 'story' orally.

The good parts of life was described as increased self acceptance and self confidence, the easing of domestic and childcare commitments, increased leisure and work opportunities. The importance of family was universal. The bad aspects of life were poor health, disability, isolation and loneliness.

The most important lesson for policymakers seeking to involve users was the sense of powerlessness of these older people. To quote the executive summary: 'Participants were keen to illustrate their needs in terms of service provision but few had direct experience of 'having a say' on policy issues. They felt undermined by stereotypes; doubted their ability to change their lives; had been brought up not to complain; or had spoken out but nothing had changed. Few had been involved in consultations. As potential service users, they felt perceptions of illness, disability, and age made them invisible, especially if in residential care. Ethnicity compounded this picture. For example, escaping civil war, Somali women were no longer empowered heads of households but dependent refugees. Unable to speak English, they could not mix with the wider community nor, increasingly, relate with their children.

This created difficulties for Chinese women also, where the expectation by service providers was that 'they look after their own'. Even members of longer-established migrant communities, older Black Caribbeans and Irish women spoke of a lack of understanding of their particular needs, as well as of racism and discrimination. Translation services were poor, information inadequate, and community and advocacy workers scarce.

Later on the report warns of the problems raised by the reliance on children to act as interpreters in encounters with formal service providers. One Chinese woman explained: "I have children who speak English, but they are not able to explain to me in Chinese in a way that I can understand". The good news was that not all these women remained silent. Three groups – Chinese Lai Yin, Irish Forum, and Sheffield 50plus – have emerged to campaign for the needs of older women.

A fifth and final study in this category of social exclusion looked at ethnic inequalities that had both predictable and unpredictable findings. It was conducted in two phases, the first using a sample of 73 respondents to the Fourth National Survey of Ethnic Minorities for in-depth interviews; the second a secondary analysis of the same survey. The ethnic groups were Caribbean, Indian, Pakistani and white British. Predictably the white group were ahead of the other groups in terms of income, material conditions, health, physical environment and formal social participation.

The order below this white quality of life was Indian and Caribbean groups with the Pakistani group suffering the lowest scores. But, less predictably, when the quality of life was assessed on less formal elements of the community – family contact and perceptions of the quality of local amenities – differences were reversed with the Pakistani group at the top.

This reversal was put down to the investment that the migrant communities made in developing local places of worship, shops and clubs. Wards which the Index of Deprivation 2000 show to be the most deprived with the poorest access to services and highly populated by Pakistani people show the community rating their neighbourhood highly on local amenities. The research team, which was led by James Nazroo of University College, London, reported that ‘the overall mean score for the availability of local amenities was significantly higher for all three ethnic minority groups relative to the white group’. One lesson for policymakers is clearly to look wider than formal public services and see whether there are ways of promoting informal services.

Social support

The third group of projects cover a cross section of important support services – carers, residential care, transport and lifelong learning. It is important to remember the vast bulk of caring is provided by families and friends. Indeed, older people play a large role in providing care. Some two million older people are looking after a partner or family member. One third have not had a break since they started. Only one in ten who live with the person they care for get any home care – a situation that requires urgent reform. The other big group of carers have prematurely withdrawn from the labour market – some 2.8 million in their 50s or early 60s, at least one million of whom would prefer to be fully involved in work.

A study by Maria Evandrou and Karen Glaser of King’s College, London, looked at the multiple role commitments of mid-life carers. It found women were particularly disadvantaged, facing serious reductions to entitlements to second tier pensions and a serious risk of being socially excluded in terms of financial resources in later life. The researchers called for various employment schemes, which already support workers with child care commitments, to be extended to workers with commitments to caring for older people – such as parental leave, time-off for dependants, and long-term career breaks. They believed employers could be encouraged to adapt workplace practices to support carers, if an explicit carers’ dimension was introduced into the working tax credit that began in April 2003. This would be further helped if the Government reduced the work requirement from 30 to 16 hours a week, giving carers parity in treatment to parents and those with disability.

There are few people more in need of help than housebound older people. Yet a project headed by John Baldock of the University of Kent looking at 35 older people who had recently become housebound, found a significant minority refusing help and services. Their average age was 82. When asked about sources of quality in their lives, none mentioned services early on even though 15 had been assessed and ten were receiving home help or home care. Becoming housebound had led to an initial sharp fall in self esteem but over six months, two thirds of the project sample came close to restoring it.

The research team found contact with care services, even when relatively unwelcome, appeared to have positive effects on levels of esteem. The lesson they drew for social workers was that they should consider intervening early after a rise in dependency in almost any way that increases an older persons contacts with others.

There are few people more in need of help than housebound older people.

An even more dependent group, 52 frail older people living in long-term care homes, were interviewed about their perceptions of quality of life. The study by a team led by Susan Tester of the University of Stirling included 24 hour observations in four care homes, six focus groups, and individual interviews and once again demonstrated a wider definition than just medical conditions. The message to care home managers was to disregard their own assumptions and focus on the priorities held by their customers. Their priorities involved meaningful activity, non verbal as well as verbal communication, and maintaining and developing relationships.

One relatively easy activity more residential and nursing homes could promote is reminiscence exercises (talking or writing about the past). A study of 142 older people in care homes led by Kevin McKee of the Sheffield Institute for Studies in Ageing found the exercise was good for psychological health. Older people in the study who had participated in such activities had better psychological morale and more positive emotion than those who had not participated. Interviews with care staff or family carers to obtain a wider picture suggested one drawback was that reminiscence could highlight 'discontinuities' for older people (such as feeling the present was not a world to which they belonged). The study suggested that getting older people engaged with such feelings as well as reminiscences could be more beneficial than reminiscence work on its own.

A survey of 194 older people in Scotland and 109 in London found car ownership or access to transport were key elements in a good quality of life. Car manufacturers scored high marks for thinking seriously about the ageing of the population and how to make car driving easier and safer for older people. Train and bus operators were seen to regard older and disabled people as a 'nuisance' and a potential squeeze on profits with demands for free access. The team led by Mary Gilhooly of Paisley University found 28 potential barriers to the use of public transport with concerns about personal security at night at the top (65 per cent of the survey) along with difficulty with heavy loads (59 per cent), having to wait (51 per cent), possibility of cancellations (51 per cent) down to the risk of being in a crash (eight per cent) at the bottom. Social service providers should take note of the finding that older people were found to be exceedingly reluctant to ask family members for lifts, even to hospital or GP appointments.

Unless some kind of reciprocal relationship was involved, respondents were reluctant to ask friends for a lift. As the researchers conclude: 'Policymakers should not assume, therefore, that the transport needs of older adults will be met by friends and family'.

Being alone has long been seen as one of the major challenges of later life. Yet, as a four member team led by Christina Victor of St George's Medical School's Department of Public Health in London noted, the relationship of being alone, living alone, social isolation and loneliness is far from clear. The key study in this area, now 50 years old, found ten per cent of older people were lonely and 20 per cent isolated.

The new study involved a survey of 999 older people and interviews with 45 older people. It found that only a minority of older people were lonely (seven per cent) and a relatively small group (11 per cent to 17 per cent) isolated, from which they deducted there had been little change in the last 50 years. The researchers' message to policymakers was specific: 'We need to distinguish between those who have always been social isolates (or lonely) from those who recently became isolated (or lonely). We do need to distinguish 'acute' onset of loneliness from that with a more insidious pattern of onset. These are two distinct groups.'



Older people
said the learning
programmes
helped keep
their brains
active...

One way of reducing loneliness – lifelong learning – went through several changes during the process of the ESRC programme. Initially, older people appeared to be excluded from the Government's vision with ministers clearly focused on people earning a living or raising a family rather than retired. But as the ESRC programme progressed, so did the nature of lifelong learning. It moved nearer to a philosophy of developing a learning culture that would encourage personal independence, creativity and innovation. A study led by Alexandra Withnall of Warwick Medical School found learning in later life was perceived to have a wide range of positive outcomes with the simple acquisition of new knowledge being the least important. The research identified two types of learning: formal in the sense of classes or courses organised through educational or other institutions; and informal under which older people saw themselves learning all the time as an integral part of their daily activities – reading, discussing the news, watching TV documentaries, voluntary work and social activities.

Older people said the learning programmes helped keep their brains active; stimulated their intellect; and gave them pleasure. Some believed that the therapeutic value of learning was a way of ensuring good health. The message was simple: the more learning the better.

A host of policy implications have been listed in the words above, but there is one last important message: study after study in the ESRC programme showed the oldest people were by far the poorest. This Government believes in targeting those most in need. A policy which began with the over 80s – raising their present miserable 25p extra a week to a sum that would lift them above the poverty line – and then moving down to the 75s would be extremely well targeted. As this overview was being written, Labour announced that it was setting up a team to plan some eye-catching new policies for a third term. Downing Street is believed to be attracted to making the first two years of life one priority.

Fair enough, given the research which suggests how important the early years are to cognitive development. But as a *quid pro quo* why not balance this with a generous package for the other end of life. As the Cabinet Office paper already quoted, declared: 'The Government's goals are... to recognise the enormous contribution that older people make to society, and put their concerns at the heart of policymaking'.

Older people in the UK are unlikely to ever have the pulling power that older people in the US enjoy. There are more legislative levers in the US; a longer tradition of 'interest group politics'; a single united lobby group rather than Britain's fragmented organisations; and a higher level of social provision to be defended, which automatically enrolls sharp-pointed, middle-income elbows. But the 'grey vote' is becoming more powerful in Britain too. Those over 65 already have four times the voting power of those under 25, resulting from twice as many people who are twice as likely to vote. These proportions will only continue to widen. By tackling this second major group in poverty, the Government would be helping itself as well as helping others. It would be a win/win idea for a third term.



Appendix I:

The ESRC Growing Older Programme

The Growing Older Programme consists of 24 research projects focussed on quality life in old age. They were commissioned together as part of a £3.5 million investment by the ESRC. The programme has two main objectives: (i) to pursue a broad-based multi-disciplinary programme designed to generate new knowledge on extending quality life; and (ii) to contribute to the development of policies and practices in the field and, therefore, to try to make a direct contribution to extending quality life. The programme was launched in 1999 and will end in 2004.

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Research projects

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An anthropological investigation of lay and professionals' meanings of quality of life

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Empowerment and disempowerment: a comparative study of African-Caribbean, Asian and White British women in their third age

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Environment and identity in later life: a cross-setting study

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Ethnic inequalities in quality of life at older ages: subjective and objective components

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Evaluating the impact of reminiscence on the quality of life of older people

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Exploring perceptions of quality of life of frail older people during and after their transition to institutional care

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Family work and quality of life: changing economic and social roles

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Grandparenthood: its meaning and its contribution to older people's lives

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Housebound older people: the links between identity, self esteem and the use of care services

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Inequalities in quality of life among people aged 75 years and over

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Influences on quality of life in early old age

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Loneliness, social isolation and living alone in later life

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Older men, their social worlds and healthy lifestyles

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Older people and lifelong learning: choices and expenses

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Older people's experience of paid employment

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Older people in deprived neighbourhoods: social exclusion and quality of life in old age

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Older widow(er)s: bereavement and gender effects on lifestyle and participation

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Older women's lives and voices: participation and policy in Sheffield

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Quality of life and real life cognitive functioning

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Quality of life and social support among people from different ethnic groups

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Quality of life of healthy older people: residential setting and social comparison processes

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Spiritual beliefs and existential meaning in later life: the experience of older bereaved spouses

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Transport and ageing: extending quality of life for older people via public and private transport

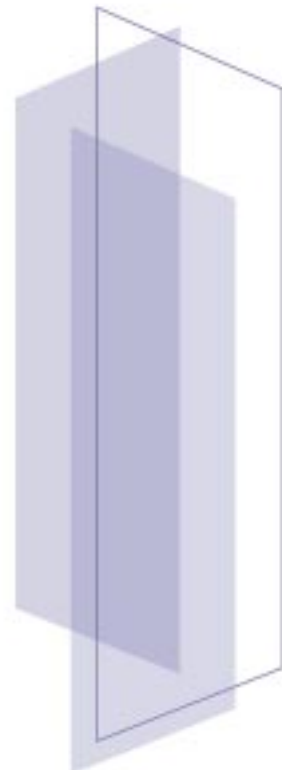
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Appendix II:

Future research on ageing

A new research programme on ageing will be launched in 2004. The research programme will be jointly funded by the Economic and Social Research Council (ESRC), Engineering and Physical Sciences Research Council (EPSRC), Biotechnology and Biological Sciences Research Council (BBSRC) and the Medical Research Council (MRC).

The cross-council research programme will develop issues highlighted by the councils' previous ageing programmes, including the ESRC Growing Older Programme. These include quality of life issues such as the role of Information, Communication and Technologies (ICTs) and the economic impact of ageing, and critical issues such as employment, housing and transport. In addition, the following new topics will be covered: globalisation and policies on ageing, financial planning and the future of pension provision, and the politics of old age. There will also be an opportunity for medical and biological research to be included in the programme.





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