



Independence and well-being of older people: baseline report

A social portrait of ageing
in the UK

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Background

1.1 In March 2005, the Government published *Opportunity Age*, our strategy for a successful ageing society. The strategy aims to promote a culture change; end the perception of older people as 'dependent'; and to ensure that longer life is healthy and fulfilling, with older people playing a full part in society. We set out how all parts of government, central and local, are organising themselves more effectively to deliver a wide range of initiatives – not only to improve financial security and extend working life, but also to combat discrimination, promote active ageing, and improve services to promote the well-being and independence of older people.

1.2 In *Opportunity Age*, we made a commitment to develop a set of indicators of older people's well-being and independence so that we could see what effect central and local government strategies on ageing were having on the lives of today's and tomorrow's older people. With the help of stakeholders across and beyond government, we have now agreed a baseline set of indicators.

1.3 The implications of an ageing society are wide reaching. As well as ensuring financial security, it is equally important to promote wider well-being and independence for older people, both before and after retirement. Older people continue to contribute to the economy, society and their local communities and to enjoy active lives. Income is not the only factor – and often not the main factor – in ensuring a happy and fulfilling later life. Housing, health, care, transport and social contacts all play a crucial part in enabling older people to live life to the full.

Establishing a set of indicators

1.4 The indicators of older people's independence and well-being that have been selected cover the five domains outlined in *Opportunity Age*:

- a) Independence in supportive communities
- b) Healthy active living
- c) Fairness in work and later life
- d) Material well-being
- e) Support and care

1.5 A single overall measure of well-being is also included, to provide a general picture of older people's quality of life. These indicators were published in brief in the White Paper, 'Security in retirement: towards a new pensions system' on 25 May 2006, and published in full on the Department for Work and Pensions (DWP) website in July 2006¹.

1.6 The indicators are not targets for the strategy, either for central or local government (although some of the indicators used may, separately, be targets for particular departments), but taken together, they can show where there is progress and where we need to do more. These are not new measures and utilise data that is already publicly available.

1.7 As well as providing a basis for tracking progress nationally, we believe the domains and the indicators will help in the development and evaluation of local strategies for improving older people's well-being and independence, by showing what the key questions are and the sorts of data that can be collected. The national statistics may not be available locally, nor necessarily always be appropriate for each local area, but they provide a framework for local partnerships to build on. They are not intended in any way to form a basis for inspection or performance assessment procedures. Over time, however, we would expect central government and local authority performance regimes to reflect relevant elements of this approach as it develops.

1.8 Because the indicators mainly focus on outcomes rather than outputs or processes, they may sometimes move as a result of influences outside direct government control. For example, subjective assessments of health status may be influenced by changes in knowledge or expectations about the availability of health treatments.

Consultation on the indicators

1.9 The list of indicators has been drawn up in consultation with several Government Departments, and with specialist external partners such as Help the Aged and the Audit Commission.

1.10 The domains into which the indicators are grouped, and the questions and outcomes for which the indicators provide a measure, were chosen on the basis of research done before and leading up to the publication of *Opportunity Age*. This included consultation with older people as to which areas are important to them and contribute to quality of life.

1.11 Responses to the original *Opportunity Age* consultation on the indicators have been taken into account in drawing up the list. The indicators were presented to the *Opportunity Age* Strategy Partnership Group, comprising relevant Government Departments and key external partners, whose comments have also been taken into account.

1.12 In general, the staged approach, focussing on a relatively small number of indicators which can be quickly monitored, has been welcomed. However, partners remain keen to see the further development of the indicators to fully reflect the subjective experience of older people themselves.

¹ www.dwp.gov.uk/opportunity_age/indicators/

Future work and development

1.13 There are particular areas where we currently lack good headline indicators and where further work to establish new measures is clearly required. One of these is access to information by older people, where we expect to be able to develop measures later this year. A second is age discrimination, where further work with the Department of Trade and Industry (DTI) or the Commission for Equality and Human Rights (CEHR) once established will be needed to consider ways of measuring and monitoring age discrimination. A third is material deprivation, an area in which DWP is currently undertaking research looking at how and whether we can use it for these sorts of indicators.

1.14 We will also want to review our indicators against any forthcoming changes to the PSA targets that form some of the indicators and changes to data. Changing measures always pose some problems in establishing trend data, and we will need to balance the need for continuity with the need for improvement.

1.15 Finally, officials propose to work with the Whitehall Well-being Group, led by the Department for the Environment, Food and Rural Affairs (DEFRA), to consider how to develop and enhance the set of indicators to capture as fully as possible well-being and independence as experienced by older people themselves.

1.16 We intend to publish progress reports biennially, starting in 2008. We will continue to actively engage with stakeholders, both inside and outside Government, in the ongoing development of the indicators.

Related work

1.17 There are a number of other frameworks that have been developed by organisations to be used in understanding the quality of life of older people. These include:

- Audit Commission: Quality of Life indicators.
- Department of Health: 'A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People'.
- UN/Madrid International Plan on Ageing.

1.18 The following frameworks also look at well-being, but are not necessarily specific to older people:

- Department for Communities and Local Government: Supporting People (under development).
- Sustainable Development Unit: Sustainable Development indicators.
- Department for Work and Pensions: Opportunity for All.
- Office for Disability Issues: Indicators of equality for disabled people (under development).

1.19 Each framework uses slightly different domains, and indicators within them, to try and understand well-being. Although it could be argued that, in theory, it would be better to have one set of universally agreed domains, in practice different aspects of well-being will be important for different client groups, in different contexts, thus highlighting the multi-faceted nature of well-being. We will work with other Government departments to ensure that the development of outcome frameworks is appropriately co-ordinated.

Introduction/overview

2.1 The focus of this document is to bring together baseline data for the previously published list of indicators of older² people's independence and well-being. The data provided refers to the baseline year which will be used for monitoring progress towards achieving the objectives of the *Opportunity Age* strategy. The year that has been chosen is 2004/05 as this is around the time that the strategy was launched and data on the majority of the indicators is available for this year.

2.2 The indicators will be used to monitor progress in improving the well-being and independence of older people. We will publish a progress report every two years identifying recent trends in the indicators and outlining developments in the delivery of the Government's strategy. Updated data will be provided in-between publications, which will be accessible on the DWP *Opportunity Age* website. We will continue to work to ensure that the indicators fully reflect the well-being of older people as they experience it.

2.3 Full details of the indicators, including data sources and related Government targets and strategies, can be found in the appendix.

² Throughout this document, the term 'older people' refers to those aged 50 or over.

Summary of 2004/05 (baseline) position

Overall well-being

3.1 According to the CASP-19 well-being questionnaire, the well-being of older people at the baseline year was similar to that for the rest of the population. However, there were differences within the over 50s group, with average well-being scores falling with age.

Independence in supportive communities

3.2 At the baseline year, the over 50s were more likely to live in non-decent homes and less likely to have some consumer durables that could support them to remain in their homes. Particular goods that older people were less likely to have were internet access and mobile phones, which are likely to be useful in enabling older people to access key services from their homes, helping them to retain their independence for longer.

3.3 The over 50s were more likely to report that fear of crime had an impact on their quality of life than those aged under 50. Although experience of crime fell with age, the impact of fear of crime on quality of life increased with age.

3.4 Over half of those aged 52³ or over met up with their children, family or friends every few months, and over a third spoke to them on the phone once or twice a week.

3.5 Among the various services, those aged 52 or over had the most difficulty accessing hospitals (using their usual method of transport) and found it easiest to get to the post office. Around six per cent did not have a car or use public transport regularly, although there were substantial differences within the age group, with older age groups considerably more likely to lack access to transport. The over 50s also took fewer trips than the rest of the population, and this pattern was driven by older people who were not in employment.

Healthy active living

3.6 Figures for 2002 (the latest available for healthy and disability-free life expectancy) showed that for both men and women, life expectancy at age 65 exceeded healthy life expectancy and disability-free life expectancy. Also, women spent a greater proportion of their life post 65 in poor health or with a disability than men.

³ The ELSA wave 2 sample covers those aged 52+, rather than 50+. This is because the sample has not yet been refreshed since the original sample two years ago, so there are no longer any people aged 50 or 51.

3.7 According to the data, there was little difference between the mental health of the under and over 50s. In contrast, the proportion with any longstanding or limiting longstanding illness increased strongly with age.

3.8 The proportion of people participating in adult learning fell strongly with age, with less than half of the over 50s, compared to more than three-quarters of those aged 16 to 49 participating in adult learning in the twelve months prior to the baseline year⁴.

3.9 Looking at leisure activities, volunteering increased with age up until the over 80s group, where it fell off sharply. However, participation in physical, cultural and leisure activities fell with age.

Fairness in work and later life

3.10 The employment rate of those aged 50 to state pension age remained below that for the rest of the population, while the over 50s were more likely to be economically inactive because they believed that no work was available compared to the under 50s. In common with the data on general adult learning, the proportion who had recently participated in work-related training decreased with age⁵.

3.11 Older people were more likely to have voted in the 2001 general election than the rest of the population.

Material well-being

3.12 Older people's median income was above that of the rest of the population at the baseline year, with lower proportions of the older population in relative and absolute low income compared to younger people. However, they were significantly more likely to be in persistent low income, i.e. to have been in relative low income in three of the last four years.

3.13 Mean total pension wealth for those aged 50 to state pension age was estimated to be around £170,000. However, the mean is affected by a small number of people with higher pension wealth, leaving median pension wealth somewhat lower, at £120,000. Older people also had significant quantities of housing wealth, reflecting the high incidence of home ownership in this group as well as strong growth in house prices in recent years, although figures rely on home owners' own estimates of the value of their homes.

3.14 Looking towards future pensions, around 43 per cent of those aged 16 to state pension age were contributing to a non-state pension.

Support and care

3.15 Survey data for 2002/03 from local authorities indicated a reasonable degree of satisfaction with home care services, with 57 per cent of users aged 65 or over either satisfied or very satisfied with the quality of service, with a further 31 per cent quite satisfied. The use of direct payments by people aged 65 or over receiving social services remained below that for the younger adult population.

⁴ Those in full-time education are excluded from this measure.

⁵ Only those below state pension age or in employment are covered by this measure.

3.16 Around 32 per cent of those aged 65 or over who are supported by councils with intensive home care or in a care home were receiving intensive care help at home. Around eight per cent of those aged 65+ received community services through a council which helped them to remain in their own homes. In 2004/05, 377,000 people aged 65 or over received equipment or minor adaptations to enable them to stay independent for longer.

3.17 In 2004/05, just over 65,000 carers in England received a carer's specific service. This constituted nine per cent of all service users receiving a service in the community in the year.

3.18 In 2004/05, care homes for older people were considered to have met around 72 per cent of the national minimum standards set by the Government. These standards apply to care homes which provide accommodation, together with nursing or personal care, for older people.

Over 80s

3.19 According to many of the indicators, the well-being of those aged 80 or over appeared to be considerably below the rest of the over 50s group. This would seem to confirm the findings of the Sure Start to Later Life report⁶ which showed that around 20 per cent of those aged 80 or over suffered from multiple exclusion compared with around seven per cent of those aged 50 or over as a whole⁷.

3.20 Although we are not necessarily trying to achieve equivalence between the health and lifestyles of younger people and those over 80, it is important that progress is made in improving the well-being of this particularly vulnerable group. This will involve a combination of policies aimed at providing early interventions and support to the current generation of over 80s, as well as working to ensure that the health, independence and well-being of younger people does not deteriorate to the same extent as they age.

3.21 In summary, compared to those aged 50 to 79, the over 80s were more likely to:

- have a lower overall well-being score
- live in non-decent homes
- live in fear of crime
- have difficulty accessing key services
- have a longstanding or limiting longstanding illness
- be in relative or persistent low income

3.22 less likely to:

- meet up with friends
- have access to transport
- participate in physical and leisure activities and volunteering
- take adult learning courses

⁶ Department for Communities and Local Government, 'A Sure Start to Later Life: Ending Inequalities for Older People', A Social Exclusion Unit Final Report.

⁷ Source: English Longitudinal Study of Ageing (ELSA) wave 1. Multiple exclusion defined as excluded on three or more or seven dimensions: social relations, cultural activities, civic participation, basic services, neighbourhood, financial products, and material consumption.

Measurement issues and the over 80s

3.23 The indicators for the over 80s age group are particularly affected by measurement error because of the relatively small size of this group. This will affect the extent to which changes in the well-being of the over 80s can be monitored over time. However, this group is expected to grow strongly in the medium to long-term which should potentially alleviate this problem going forward.

3.24 Another measurement issue relates to older people in communal establishments, such as old people's homes. Household surveys, as the term suggests, only cover those in private households and exclude those in communal establishments. As a greater proportion of the over 80s population is likely to be living in retirement homes due to their greater frailty, this means that the well-being of this section according to household survey may be being misreported. This is an issue if those in communal establishments show significant differences in their responses to particular questions.

3.25 The English Longitudinal Study of Ageing, while focusing on those in private households, does follow older people as they move from private households into communal establishments as it is longitudinal. Although it does provide some potential for analysing older people in communal establishments, sample sizes are likely to be small.

Other vulnerable groups

3.26 The over 80s are not the only group within the over 50s age group that may be susceptible to lower well-being. Older people from minority groups may face double discrimination: discrimination on the basis of age and discrimination on the grounds of race, religion, gender, disability or sexuality. As the indicators evolve, we will look to ensure that the measures encompass the experiences of particular sub-groups.

Overall well-being

Indicator 1 - Overall measure of well-being based on CASP-19 well-being questionnaire

4.1 In order to get a picture of overall well-being as it is perceived by older people themselves, an overarching measure of older people's well-being will be monitored. Older people's well-being can be measured using the CASP-19 well-being questionnaire, which is composed of 19 questions intended to ascertain older people's quality of life (further details of the method for calculating CASP-19 scores can be found in the appendices). Survey participants are assigned a score depending upon whether they agree with 19 statements associated with well-being, with higher scores indicating greater well-being.

Table 4.1

CASP-19 scores, England, 2004/05			
Age	Mean	ELSA	Median
52 - 64 ⁸	43		45
65 - 79	43		44
80+	39		39
52+	43		44

Source: English Longitudinal Study of Ageing, Wave 2

⁸ The ELSA wave 2 sample covers those aged 52+, rather than 50+. This is because the sample has not yet been refreshed since the original sample two years ago, so there are no longer any people aged 50 or 51.

Table 4.1 (continued)

CASP-19 scores, Great Britain, 2001⁹			
Age	Mean	BHPS	Median
16 - 49	41		42
50 - 64	40		41
65 - 79	40		41
80+	37		38
50+	40		41

Source: British Household Panel Survey, Wave 11

4.2 The average well-being score for the over 50s age group was similar to that for the under 50s (according to the BHPS). However, this masked differences within the over 50s age group (according to both the BHPS and ELSA), with the over 80s in particular having lower well-being scores compared to the rest of the population.

4.3 Looking at some of the individual questions, there are some questions where the differences between the over 50s and the under 50s were particularly acute. For example, according to the BHPS, only three per cent of those aged 16 to 49 stated that their age affected their activities often. However, this rose to eight per cent of those aged 50 to 64, 20 per cent of those aged 65 to 79 and 42 per cent of those aged 80 or over¹⁰. A similar pattern could be seen when looking at the answers to question 8 which asks about the impact of health on activity: while only five per cent of those aged 16 to 49 stated that their health affected their activities often, this rose to 16 per cent of those aged 50 to 64, 22 per cent of those aged 65 to 79 and 36 per cent of those aged 80 or over.

4.4 Data from ELSA will be used to monitor progress in increasing the well-being of older people as the CASP-19 questions are not included in the BHPS on a regular basis. Clearly changes in the overall score can be influenced by different factors. Particular areas, such as older people's income, will be analysed in greater detail within the appropriate domains.

⁹ Differences between ELSA and BHPS scores may reflect differences in geographic coverage (ELSA covers England while BHPS covers Great Britain); differences in sample sizes for the older population (ELSA has a sample size of approximately 12,000 for those aged 50+, while for the BHPS, the sample size for those aged 50+ is approximately 8,000); and different year coverage.

¹⁰ The equivalent results from ELSA: three per cent of those aged 52-64 state that their age affects their activities often, compared with 11 per cent of those aged 65-79 and 34 per cent of those aged 80+. These results are quite different from those obtained from the BHPS (for reasons previously stated). Although the ELSA data is likely to be more accurate due to its greater sample size, the BHPS data is useful in this instance for making comparisons with those of working age.

Independence in supportive communities

Key questions:

- Are older people exercising independence?
- Are older people able to participate as they wish in their local community?
- Are older people able to exercise choices that give them control over key aspects of their lives?

5.1 The indicators in this domain are intended to provide information on the degree to which older people are exercising their independence in terms of participating in their local community, and are able to make choices that give them control over their lives. Being able to remain independent is often cited as being of particular importance to older people¹¹.

Housing and home

Indicator 2 - The proportion of older households that are below the set standard of decency

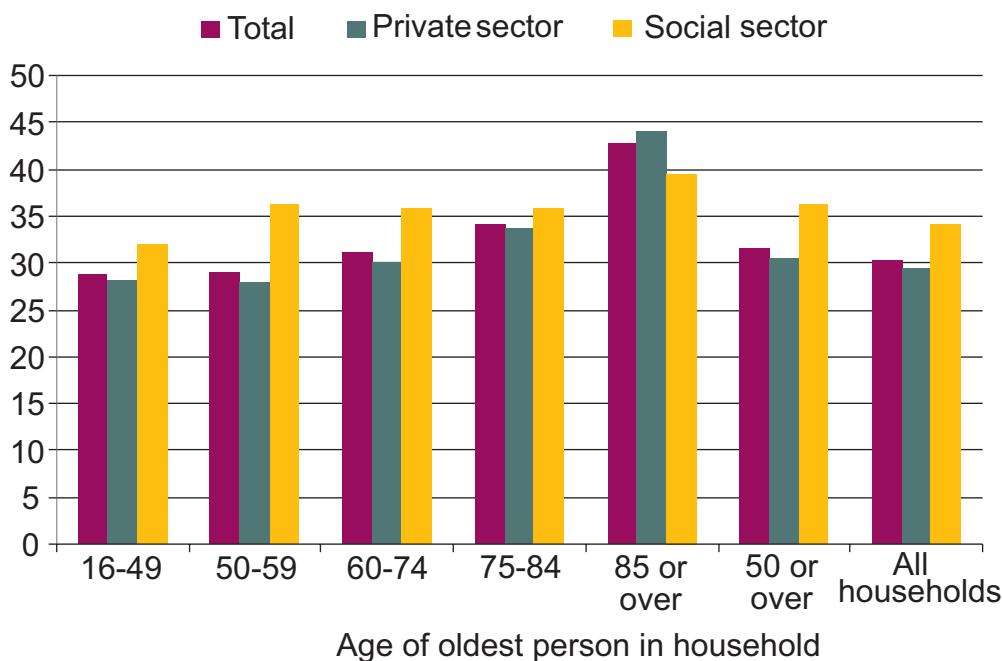
5.2 Housing quality is an important contributor to quality of life. It is generally the case that older people will want to continue living in their home for as long as possible. Living in a home that provides decent¹² conditions affects people's health directly and affects the likelihood that older people will be able to remain in that home in the long-term rather than entering residential care.

¹¹ Parry, J. *et al.*, 'Independent living in later life', Department for Work and Pensions, research report 216

¹² The definition of a decent home is one that meets the following criteria:

- it is above the current statutory minimum standard for housing;
- it is in a reasonable state of repair;
- it has reasonably modern facilities and services; and
- it provides a reasonable degree of thermal comfort.

Figure 5.1 – Percentage non-decent homes, England 2003



Source: English House Condition Survey, Department for Communities and Local Government

5.3 Figure 5.1 shows that non-decent homes were slightly more prevalent in the over 50s age group compared to the younger age groups. However, there were differences within the over 50s group: the proportion of non-decent homes rose from 29 per cent where the head of the household was aged 50 to 59, to 43 per cent for those aged 85 or over.

5.4 There were also some differences between the trends demonstrated by the private and social housing sectors. The private sector showed a steady rise in the proportion of non-decent homes by age. In contrast, the social sector showed an increase in the proportion in non-decent homes between the 16 to 49 and the 50 to 59 group, after which the proportion stayed broadly flat, before rising again for the over 80s group. However, overall a higher percentage of homes in the social sector were non-decent compared to the private sector for every age group except the over 85s group.

Fuel Poverty

5.5 The oldest age groups were more likely to suffer from fuel poverty¹³ than other age groups – more than 16 per cent of households where the oldest person is aged 85 or over were in fuel poverty compared with four per cent for households aged under 60¹⁴ – making it more likely that homes owned by the oldest age groups will fail to provide a reasonable degree of thermal comfort. Indeed, 33 per cent of households aged 85 or over failed the decent homes criterion on thermal comfort, compared with 27 per cent of those aged 75 to 84, 23 per cent of those aged 60 to 74 and 20 per cent of those aged under 60.

¹³ The UK Fuel Poverty Strategy defines this as where a household needs to spend more than 10 per cent of its income on all fuel use.

¹⁴ Full income definition based on combined samples 2002/3 - 2003/4 (April 2003 midpoint average), April 2003, English House Condition Survey

Indicator 3 - Ownership of consumer durables/labour saving devices

5.6 Having access to labour saving devices is likely to affect the length of time that older people are able to remain in their homes. For example, ownership of durables such as TV sets, fridges or washing machines has been found to be related to health among older people¹⁵. Durables such as washing machines or microwave ovens may lighten the load of housework and enable people to function independently for longer. Items such as fridges and fridge freezers might reduce the number of shopping trips needed. Telephones provide a means of maintaining contact with friends and family. Internet access can potentially provide a significant degree of support for older people to remain in their homes for longer, enabling them to order groceries on line, access key government support services and remain in touch with family and friends.

Table 5.1 – Households with selected consumer durables and central heating by household type, Great Britain, 2004/05

	Percentages				
	1 adult aged 16 - 59	2 adults aged 16 - 59	2 adults, 1 or both aged 60 or over	1 adult aged 60 or over	Total
Home computer	54	77	44	15	61
Access to internet at home	45	68	36	12	51
Microwave oven	86	92	89	81	90
Deep freezer/fridge freezer	92	97	99	92	97
Washing machine	90	98	98	82	95
Telephone (fixed or mobile)	97	100	100	99	99
fixed telephone*	78	94	99	96	92
mobile telephone*	80	91	73	39	79
Central heating	90	94	96	93	94

* Percentages for fixed and mobile telephones sum to greater than 100 because some households owned both.
Source: General Household Survey, Office for National Statistics

5.7 In general, younger households were more likely to own consumer durables than older households. This pattern is particularly marked for the more hi-tech durables such as mobile phones, computers and internet access, with 80 per cent of households with one adult aged 16 to 59 owning a mobile phone compared to 39 per cent of households with one adult aged 60 or over.

¹⁵ Janevic M, Gjonca E & Hyde M. (2003). Physical and social environment. In (eds) M Marmot, J Banks, R Blundell, C Lessof, J Nazroo. *Health, wealth and lifestyles of the older population in England: the 2002 English Longitudinal Study of Ageing*. Institute for Fiscal Studies: London.

5.8 The difference across the age groups for these particular durables is likely to partly reflect cohort effects. For example, the current generation of older people may not feel that they need to own a computer, whereas those who join the older population in twenty years time are more likely to have worked with computers for many years and are likely to retain one as they age. Therefore, over time we could expect ownership of particular durables to increase. In addition, as the older population grows in significance, companies may be more likely to market their products at the older age bracket, thus potentially increasing the ownership of hi-tech goods.

5.9 Differences may also reflect the lower incomes of the older age groups. The replacement of some durables can represent a significant expenditure which may be difficult for those on more persistently limited incomes. In this case, a change in the proportion of older people owning particular durables will be linked with income.

5.10 In its present form, this indicator is expected to increase over time due to cohort effects as younger generations with more gadgets enter the older people bracket (as discussed above). However, it could be expected that, with technological developments, different consumer durables will be added to the survey over time, which again, older generations may be less likely to own. This indicator is also likely to be affected in the near term by technological change. For example, such changes have led to large falls in the prices of home computers and mobile phones, making them more affordable.

Neighbourhood and security

Crime

Indicator 4 - The proportion of older people whose lives are greatly affected by fear of crime

Indicator 5 - Older people's experience of crime

5.11 Older people whose lives are greatly affected by fear of crime are less likely to participate in their local community, leading to isolation and a deterioration in their quality of life. The perceived risk of crime can have a large effect on an individual's lifestyle, as it can lead to individuals changing their behaviour and can limit their social activities.

5.12 Older people's experiences of crime will directly affect their well-being through the loss of material possessions and, in the case of physical assault, through deterioration in health.

5.13 Experience of crime will also influence older people's fear of crime. It would be expected that experience and fear of crime statistics will exhibit similar trends, although fear of crime will additionally be influenced by perceived crime levels which may differ from actual crime levels.

Figure 5.2 – Fear and experience of crime, England and Wales, 2004/05

Source: British Crime Survey, Home Office

5.14 The impact of fear of crime on quality of life increased with age, while experience of crime fell with age. Although older people were the most likely to report that their quality of life is greatly affected by fear of crime, they were considerably less likely than younger age groups to be victims of crime. Around four per cent of those aged 16 to 49 indicate that fear of crime has a substantial impact on their quality of life, compared with seven per cent of those aged 50 or over. However, six per cent of those aged 16 to 49 were victims of violence compared to around one per cent of those aged 50 or over, and four per cent of households where the household reference person (HRP) was aged 16 to 49 were victims of burglary compared to two per cent of households where the HRP was aged 50 or over. There are a number of factors that affect fear of crime other than experience of crime, including feelings of vulnerability, isolation or experiences of anti-social behaviour.

5.15 Whilst the risk of experiencing crime is lower for an older person than a younger person, the impact of experiencing crime can be profound for many older people as those that are most vulnerable can suffer the most severe consequences. A small scale Home Office study examined a group of older people living in small units of sheltered accommodation and suggested that older victims of burglary decline in health faster than non-victims of a similar age and the impact of burglary is typically great. Two years after the burglary, they were 2.4 times more likely to have died or to be in residential care than their non-burgled neighbours.¹⁶

¹⁶ Donaldson, R. (2003) Experiences of Burgled Older People. Findings 198. London, Home Office.

Social networks and involvement

Indicator 6 – Older people’s frequency of contact with family and friends

5.16 This indicator is intended to provide evidence of intergenerational contact and community interaction/isolation. The majority of older people frequently mention good social relationships as key to a good quality of life¹⁷. Where they exist, such social relationships can also contribute to better health for older people. Evidence suggests that being in contact with family and friends is associated with lower levels of loneliness¹⁸. Results from this indicator may to some extent reflect people’s preferences in terms of social contacts, however it is likely that such preferences will only change very slowly over time, and so the interpretation of short to medium-term trends should be unaffected.

Table 5.2 – Contact with children, family and friends, England, 2004/05

Frequency of contact:	Type of contact:	Percentages			
		Age:			52+
		52 - 64	65 - 79	80+	
Three or more times a week	Meet up	0	0	0	0
	Speak on the phone	7	7	12	8
	Write or email	1	0	0	1
Once or twice a week	Meet up	3	2	2	3
	Speak on the phone	32	36	34	34
	Write or email	2	2	2	2
Once or twice a month	Meet up	23	18	11	20
	Speak on the phone	36	33	28	34
	Write or email	6	6	3	6
Every few months	Meet up	50	55	62	53
	Speak on the phone	15	14	12	14
	Write or email	8	7	9	8

Continued

¹⁷ Bowling A, Sutton S R and Bannister D, 2003 Adding quality to quantity: Older people’s views on quality of life and its enhancement, London: ESRC.

¹⁸ Retirement, health and relationships of the older population in England: The 2004 English Longitudinal Study of Ageing (wave 2)

Table 5.2 (Continued)

Frequency of contact:	Type of contact:	Percentages			
		Age:			
		52 - 64	65 - 79	80+	52+
Once or twice a year	Meet up	14	13	13	14
	Speak on the phone	5	5	6	5
	Write or email	13	13	14	13
Less than once a year or never	Meet up	11	11	11	11
	Speak on the phone	4	5	8	5
	Write or email	70	73	73	71

Note: Percentages sum to approximately 100 for each type of contact by age (percentages may not sum to 100 exactly due to rounding).
Source: English Longitudinal Study of Ageing, Wave 2

5.17 The majority of those aged 52 or over met up with someone (family member or friend) every few months (53 per cent); around one-third spoke to someone on the phone once or twice a week, with another third speaking to someone once or twice a month; and very few stayed in contact by letter or email – more than 70 per cent sent letters or emails less than once a year or never.

5.18 The frequency with which older people met up with someone decreased with age – 23 per cent of those aged 52 to 64 met up with someone once or twice a month compared with eleven per cent of those aged 80 or over. This is likely to reflect the lower mobility and reduced access to transport of those in the over 80s age group.

5.19 For each of the three age brackets within the 52 or over age group, around a third spoke to someone on the phone once or twice a week, and a higher proportion of the 80 or over age group spoke to someone three or more times a week than in the other two age groups, to some extent compensating for the lower frequency with which they met up with people. However, 14 per cent of those aged 80 or over spoke to someone once or twice a year at the most, compared with around ten per cent of those aged 50 to 79.

5.20 Therefore, it seems that the over 80s age group has more difficulty sustaining contact with other people than the other age groups. This may reflect the lower mobility of the oldest age group, which may find it harder to visit friends and relations as often as they may like. Because older people travel less, social networks tend to be closely linked to where they live. However, for some, getting older makes it harder to maintain contact with friends and relatives, particularly if they do not live nearby. At later ages, bereavement, poverty, reduced mobility and physical frailty can have a major impact on the quality and levels of contact.

Getting out and about (transport)

Indicator 7 – Older people’s access to goods and services using usual method of transport

Indicator 8 – Older people with access to motor vehicle/using public transport

Indicator 9 - The number of trips made by older people

5.21 Transport has a significant impact on older people’s well-being, affecting their ability to meet friends and family, remain in work, and remain independent generally. Transport can also have an impact on older people’s health, as it affects their ability to participate in their community and, therefore, whether they are more likely to suffer from loneliness and/or depression. It can also affect their ability to access key support services such as GPs and hospitals which directly affect health.

Table 5.3 – Percentage who find it difficult or very difficult to access services¹⁹, England, 2004/05

	Percentages			
	52 - 64	65 - 79	80+	52+
Hospital	9	14	31	14
Dentist	6	8	19	8
Shopping centre	5	7	23	8
Chiropodist	5	7	20	8
Optician	4	6	23	7
Supermarket	4	6	20	6
Bank or cash point	4	6	18	6
Post office	3	5	16	5
GP	3	5	17	5
Local shops	2	4	16	5

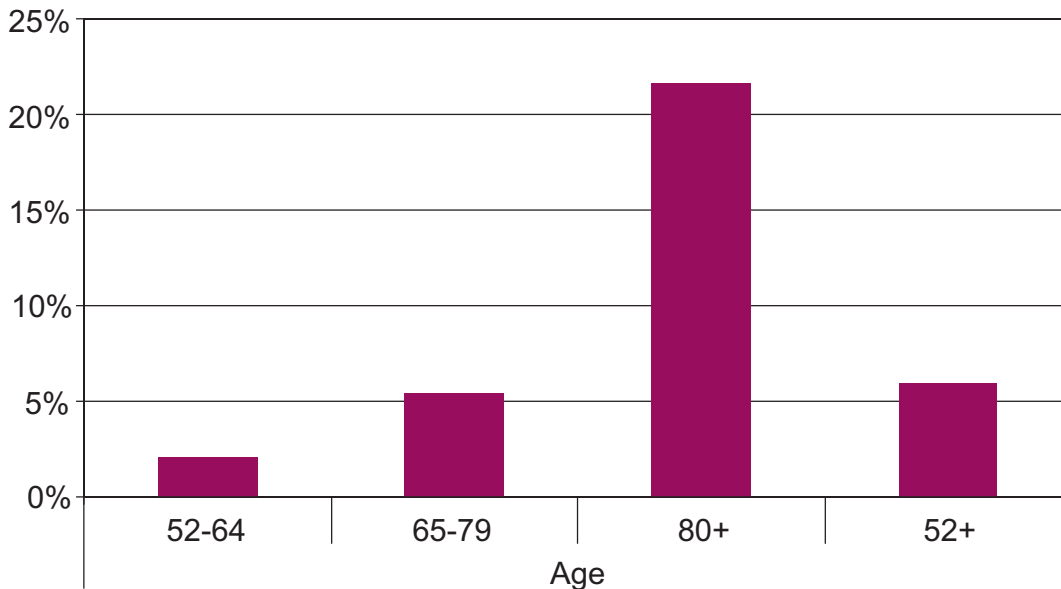
Source: English Longitudinal Study of Ageing, Wave 2

¹⁹ It should be noted that for some of the services, the non-response rate was relatively high. For example, almost a third of those aged 80 or over did not answer the question about access to hospitals.

5.22 The ease with which people were able to access services fell with age, although some services were more affected than others. It is noticeable that those aged 80 or over appeared to have considerably more difficulty in accessing services than the other age groups. This is likely to reflect the deterioration in health and mobility often experienced by the oldest age group, who are less likely to hold drivers' licenses, less likely to have access to a private vehicle and more likely to experience difficulty in physically accessing public transport.

5.23 People's ability to access services will also be affected by their proximity to the service in their local area. All age groups are more likely to have difficulty in accessing hospitals using their usual form of transport, while all age groups appear to have the least difficulty accessing local shops, followed by GPs.

Figure 5.3 – Those who have no car and who rarely/never use public transport, England, 2004/05



Source: English Longitudinal Study of Ageing, Wave 2

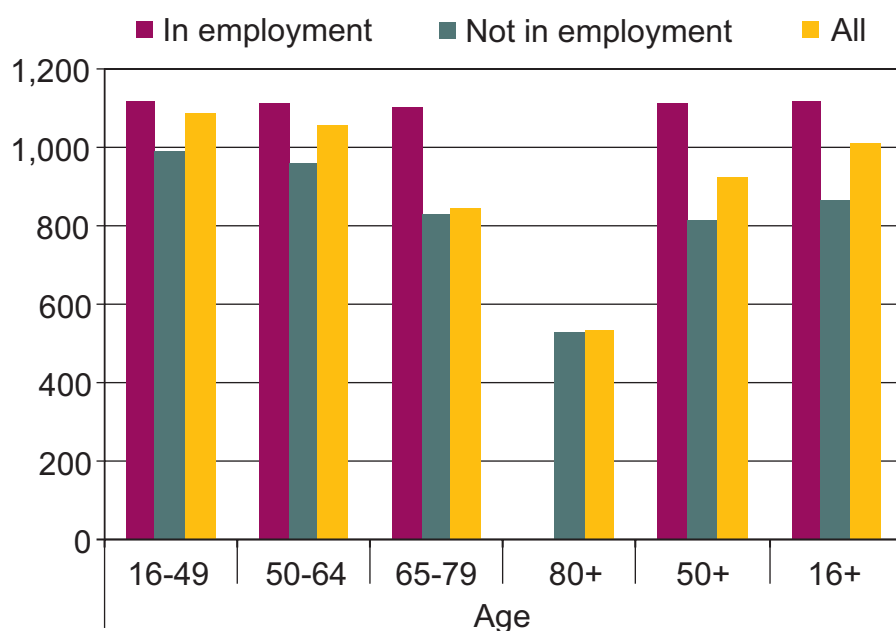
5.24 Access to transport facilities will have a significant effect on older people's ability to access local services, as well as affecting other aspects of their lives, for example, their ability to undertake leisure activities. Access to a car in particular is found to have a significant positive impact on older people's quality of life²⁰.

5.25 Clearly people's ability to access local services using their usual form of transport and the number of trips they make will be affected by whether they own a car or regularly use public transport. About two per cent of those aged 52 to 64 did not own a car or use public transport, compared with 22 per cent of those aged 80 or over. This would seem to tie in with the findings on access to services.

²⁰ The National Statistics Omnibus Survey in 2001 found that those older people who had access to either a car or a van were more likely than those without to describe their quality of life as good or very good.

5.26 Results from these indicators are likely to be affected by people's health, and so will be related to the number of those with a long-term limiting illness. They are also likely to be affected by people's ability to afford to maintain private transport.

Figure 5.4 – Number of trips per year, Great Britain, 2004



Source: National Travel Survey, Department for Transport

5.27 The number of trips made provides an indication of the extent to which people are getting out and about, which again will be affected by transport facilities and health.

5.28 Travelling habits are significantly affected by work patterns, and retiring from work has a considerable influence upon the travelling routines of older people. The number of trips made was greatest for the 16 to 49 age group, as would be expected given that commuting to work is likely to form a significant component of travel for this group. Indeed, when we look at the number of trips made by those in employment, the 16 to 49 group made around the same number of trips as the 50 to 64 age group. Trips made by those in employment who are aged 65 to 79 were somewhat lower, perhaps because they are more likely to work part time or near to where they live, and so undertake fewer trips.

5.29 Looking at those not in employment, the 16 to 49 and 50 to 64 age groups again made similar numbers of trips, but the number of trips decreased more strongly for those aged 65 to 79 and 80 or over. This is likely to reflect the deterioration in health and mobility experienced by the older age groups, as well as the lower rates of car ownership of these older groups. In turn, car ownership is likely to be affected both by health and by income. It may also reflect preferences for trips, for example, older people are less likely to take children to school.

Healthy active living

Key questions:

- Are people remaining in good health for longer?
- Is access to healthcare proportionate to older people's needs?
- Are older people taking steps to maintain their health and fitness?
- Are older people mentally and physically active?

6.1 This domain looks at older people's health and the extent to which they are staying mentally and physically active as a means of maintaining good health. Health is an important dimension of quality of life among people of all ages but takes on a particular resonance in later life. Activities such as exercise classes and dancing, promote not only health and independence, but also increase social interaction contributing to improved emotional well-being.

6.2 Health and well-being are complex notions, and the meaning attributed to questions concerning them is often subjective. What constitutes good health varies according to individual experiences, expectations and social context. Given this, there are a variety of approaches to measuring health and well being.

6.3 The health indicators all look at older people's self-reported health. The other indicators in this domain look at active living and are expected to affect quality of life through their assistance in staving off physical illness as well as loneliness and depression. This component of the domain is linked to independence, in that some of the measures included in both will indicate participation in the community and remaining healthy and active.

Living longer and healthier lives

Indicator 10 - Healthy and disability-free life expectancy at age 65

Indicator 11 - Life expectancy at age 65

6.4 Standard life expectancy (LE) measures, at different ages, how many years one is expected to live. There are also measures of healthy life expectancy and disability-free life expectancy that

provide estimates of the expected number of years of good health and freedom from disability:

- Healthy life expectancy (HLE) is based on self-assessed general health
- Disability-free life expectancy (DFLE) is based on self-assessed limiting longstanding illness.

6.5 HLE and DFLE are currently calculated by the Office for National Statistics (ONS) using self-reported survey data from the General Household Survey (GHS). The difference between LE and HLE at age 65 can be regarded as an estimate of the number of years a person can expect to live in poor health. Similarly, the difference between LE and DFLE can be regarded as an estimate of the number of years a person can expect to live with a disability. It should be noted that people's perceptions of what constitutes good health and disability will vary.

Table 6.1 – Life expectancy at age 65, England, 2002

	Life expectancy ²¹	Healthy life expectancy	Disability-free life expectancy
Male	16.3	12.1	9.3
Female	19.3	14.1	10.4
Source for life expectancy: Government Actuary's Department			
Source for healthy and disability-free life expectancy: Office for National Statistics			

6.6 The baseline data shows that, while women had a greater life expectancy than men, they also could expect to live longer in poor health or with a disability than men.

Freedom from injury and disease

Indicator 12 - The proportion of older people suffering from mental ill health

Indicator 13 - The proportion of older people reporting a longstanding illness

6.7 As discussed above, health has a profound impact on quality of life, significantly influencing how people live their lives. These indicators look at the self-reported mental and physical health of older people.

6.8 The 12-item General Health Questionnaire (GHQ-12) is a widely used and validated measure of psychological well-being, where respondents are grouped according to the number of symptoms reported. Having four or more symptoms is an established indicator of mental ill health.

²¹ Although later life expectancy data is available, data from 2002 is used for comparison with the healthy and disability-free life expectancy data.

6.9 The measure of long standing illness is derived using a similar survey question to that used in calculating DFLE. The lives of some older people are profoundly affected by disability. Older people form the majority of those registered as blind or partially sighted and of those with hearing impairments.

6.10 Both these measures rely on people's self-reported health, and as such will not be immune to upward trends over time if people become more aware of their health and wider health issues. However, this raised level of awareness is a part of what is experienced by older people and, as such, is likely to bear directly on perceived well-being.

Table 6.2 – GHQ12 Score by age and sex, England, 2004

	Percentages				
	16 - 49	50 and over	Age 50 - 64	65 - 79	80 and over
Men					
Score 0	68	68	69	68	53
Score 1-3	21	21	19	22	31
Score 4 or more	11	12	12	10	16
Women					
Score 0	60	63	63	65	58
Score 1-3	25	23	22	23	28
Score 4 or more	15	14	15	11	14
Source: Health Survey for England, Department of Health					

6.11 According to this data, mental ill health does not seem to be strongly correlated with age. For both men and women, the incidence of mental ill health for those aged 50 or over was about the same as for those aged 16 to 49. However, this masked differences within the over 50s age group.

6.12 For men, mental ill health among those aged 50 to 79 was not substantially different to that for those aged 16 to 49. However, the proportion suffering from mental ill health was higher in the over 80s age group. For women, the incidence of mental ill health among those aged 65 to 79 was below that for all the age groups, including those aged 80 or over.

6.13 The pattern of mental ill health also seems to differ between the sexes and appears to be more prevalent in women than in men. This seems to be consistent with the data on healthy life expectancy, which shows that women spend more years living in ill health than men.

Table 6.3 – Longstanding illness and limiting longstanding illness, England, 2004

	Percentages				
	16 - 49	50 and over	Age 50 - 64	65 - 79	80 and over
Men					
Longstanding illness	29	65	59	72	79
Limiting longstanding illness	13	38	32	43	55
Women					
Longstanding illness	34	65	59	70	74
Limiting longstanding illness	17	41	35	44	57
Source: Health Survey for England, Department of Health					

6.14 The proportions reporting a longstanding illness or limiting longstanding illness increased with age: over three-quarters of those aged 80 or over had a longstanding illness compared with around a third of those aged 16 to 49; and over half of those aged 80 or over suffered from a limiting longstanding illness. This increased prevalence of disability in old age potentially has significant implications for older people's quality of life.

6.15 In common with mental ill health, women were more likely to suffer from (limiting) longstanding illness than men. All in all, those aged 80 or over were more than twice as likely to suffer from a longstanding illness and more than three times as likely to suffer from a limiting longstanding illness as those aged 16 to 49.

Access to treatment

Indicator 14 – Older people's access to treatment

6.16 This indicator looks at the proportion of those aged 65 or over having treatments such as hip and knee replacements, as a measure of access to treatment. This indicator is interpreted such that an increase in the proportion of people having such treatments would suggest an increase in the availability of treatments, rather than an increase in ill health. These treatments are particularly important for older people in maintaining and improving mobility and can have a dramatic effect on improving quality of life and their levels of independence. As such, the indicator supports wider government policies around maintaining older people's independence.

6.17 It should be noted that these data are particularly prone to definitional changes over time, making the interpretation of trends more challenging. In the long-term, the move towards an outcome-based performance framework across health and social care may offer the chance to provide a more suitable measure of access to treatments.

Table 6.4 – Hip and knee replacements, England, 2004/05

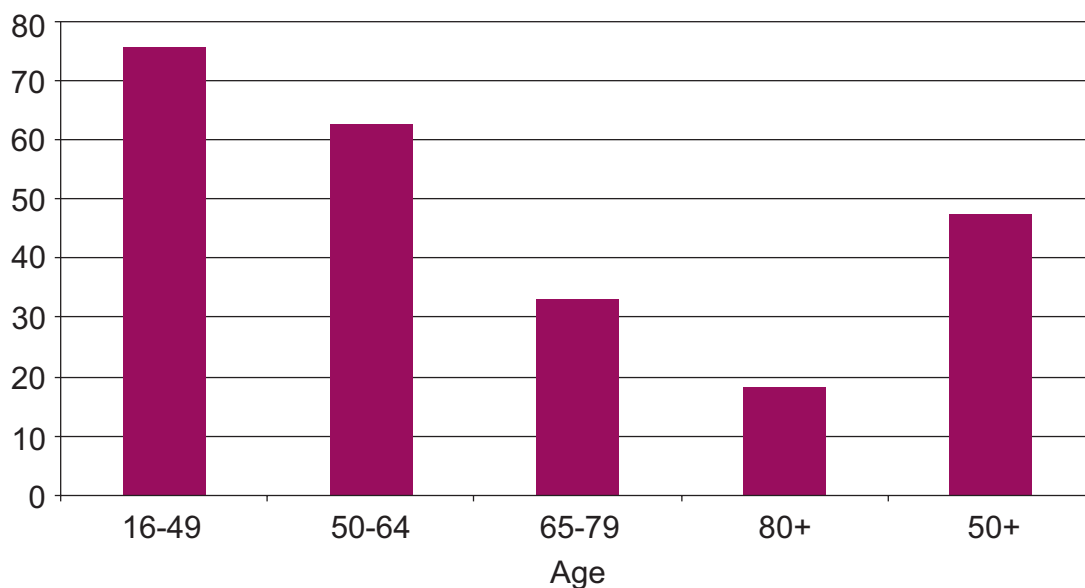
	Rate per 1,000 pop aged 65+
Hip Replacements	4.49
Knee Replacements	5.20
Source: Hospital Episodes Statistics, Department of Health	

6.18 While the size of the population over 65 is increasing, if we assume that demand for these treatments remains constant, an increase in the proportion of the over 65s undergoing such operations over time will give an indication of the availability of such treatments.

Keeping healthy and active

Indicator 15 - Older people in adult learning

6.19 This first indicator looks at older people's participation in courses, self-directed study, evening classes etc. Due to the breadth of courses covered by this indicator²², it is considered to be a means of keeping mentally active rather than an indicator of fairness in work and later life (an alternative measure of education/training is used in the Fairness in work and later life domain). Arguably it could also fall under the community participation component of the independence in supportive communities domain.

Figure 6.1 – Percentage undertaking learning in the last year, England, 2004/05

Source: Local Area Labour Force Survey, Office for National Statistics

²² A full listing of the type of courses covered by this indicator is contained in the appendices.

6.20 A greater proportion of those aged under 50 participated in adult learning compared to those aged 50 or over. There were significant differences within the over 50s age group, with over 60 per cent of those aged 50 to 64 participating in adult learning, compared with 18 per cent of those aged 80 or over.

6.21 Participation in learning can be influenced by a large number of factors, such as cost, access to transport or personal preference. Clearly a key determinant of participation in learning is the need for training for work. It may be expected that demand for work-related training could decrease with age as older people have greater work experience and are more likely to have had training opportunities earlier in their lives. However, older people may equally need retraining in the face of business and technological change and may also feel a stronger need to participate in learning as a way of keeping mentally and physically active or of remaining active in their community.

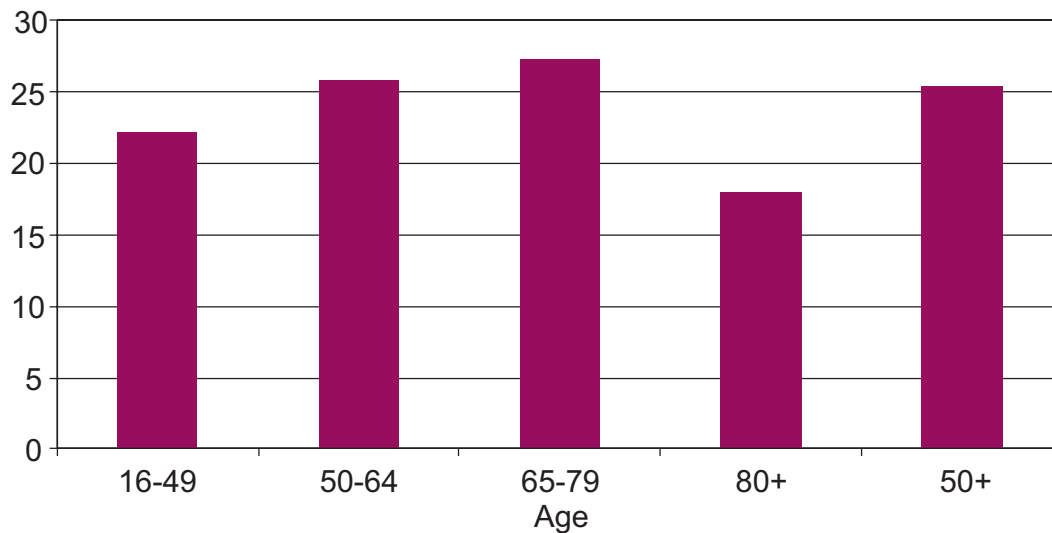
Indicator 16 – Older people’s attendance/participation in sports and/or leisure activities

6.22 This second indicator looks at the degree to which older people are staying healthy and active as a means of maintaining good health, as well as of community participation. As such, it looks at physical, leisure and volunteering activities. This indicator is likely to be influenced by older people’s health and access to transport²³. However, participation is also likely to be an important determinant of future health. An increase in participation by younger age groups may lead to a reduction in ill health in future years.

²³ The 2001 ONS Omnibus Survey found a positive correlation between access to transport and the frequency with which older people take part in social activities.

Volunteering

Figure 6.2 – Percentage who have volunteered in the last 12 months



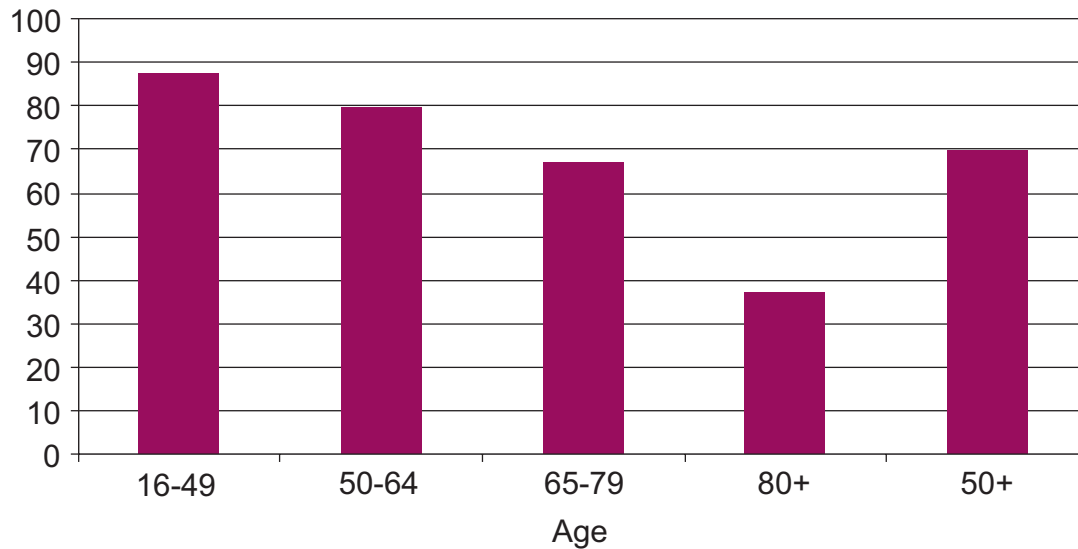
Source: Taking Part: The National Survey of Culture and Leisure²⁴, Department for Culture, Media and Sport

6.23 Participation in volunteering was most prevalent in the 65 to 79 age group, possibly a reflection of their greater leisure time in retirement. However, for those aged 80 or over, volunteering activities declined significantly, with only around 18 per cent undertaking volunteering. As usual for the over 80s group, this is likely to reflect declining health, mobility and access to transport.

²⁴ It should be noted that all data from this survey are from the first nine months of the survey – mid-July 2005 to mid-April 2006 – and are provisional. This is because the final weights will not be applied until the full year has been gathered; in the interim period, temporary weights have been applied. As the estimates are based on interviews achieved over a nine month period, given the timescale of the data and the nature of the activities, certain estimates may be influenced by this seasonality.

Physical activity

Figure 6.3 – Percentage who did at least one continuous walk, cycle ride or active sport in the past 4 weeks, England, 2004/05



Source: Taking Part: The National Survey of Culture and Leisure, Department for Culture, Media and Sport

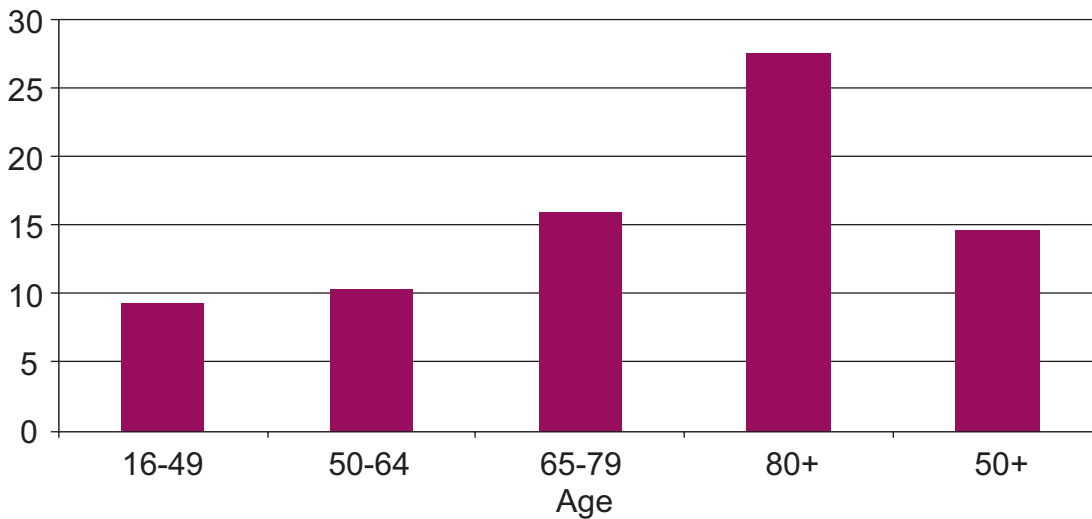
6.24 The proportion undertaking a long walk, cycle ride or active sport²⁵ declined with age. Walking appeared to be the most popular method of staying physically active for all age groups. Around 61 per cent of the over 50s group had taken a walk of at least 30 minutes in the last four weeks compared with 73 per cent of those aged 16 to 49. The difference between the age groups was greater when looking at active sport, with only 35 per cent of the over 50s participating in active sport compared with 64 per cent of the 16 to 49 age group.

6.25 The difference in overall activity between those aged 16 to 49 and 50 to 64 was relatively small, with 88 per cent of the 16 to 49 age group taking at least one continuous walk, cycle ride, or active sport in the last four weeks, compared with 80 per cent of those aged 50 to 64. However, only 67 per cent of those aged 65 to 79 had undertaken a similar level of activity, falling to 37 per cent of the over 80s group. Increasing ill health and falling mobility are likely to be the most significant factors affecting older people's ability to stay active.

²⁵ Active sport is defined as all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and well-being, forming social relationships, or obtaining results in competition at all levels (Council of Europe's European Sports Charter 1993).

Leisure activities

Figure 6.4 – Percentage who did not attend a museum, gallery, library, archive or arts event, did not participate in an arts activity nor volunteer in any activity in the last 12 months, England, 2005/06



Source: Taking Part: The National Survey of Culture and Leisure, Department for Culture, Media and Sport

6.26 For leisure activities, the proportions of those aged 50 to 64 participating was often very similar to the participation rates for those aged 16 to 49. However, participation rates declined markedly in the older age groups, particularly for those attending museums, galleries or art events. For example, the proportion attending at least one type of arts event in the past twelve months was 70 per cent for the 50 to 64 age group, but was only 39 per cent for the over 80s age group. Again, participation rates are likely to be influenced by people's health and mobility²⁶, as well as access to transport. Analysis based on ELSA wave 1 found that for both men and women and for any of the age groups, lower proportions of those who have fair or poor health, report engaging in any cultural activities than of those who report being in good health.

²⁶ Health, wealth and lifestyles of the older population in England: THE 2002 ENGLISH LONGITUDINAL STUDY OF AGEING

Fairness in work and later life

Key questions:

- Are older people able to find jobs if they want them?
- Are older people treated fairly in employment?
- Are older people involved equitably in decisions that affect their lives?
- Is there evidence of age discrimination in access to goods, services and employment?

7.1 This domain is concerned with whether older people are being treated fairly in terms of being able to attain employment if they wish, and in terms of their treatment while in employment. Outside of employment, it also covers whether older people are being involved in decisions that affect them and whether they are experiencing other forms of discrimination, for example, in the provision of insurance. However, there are not yet suitable measures of discrimination in the provision of goods and services.

7.2 At present, the indicators that are being used to look at discrimination in employment are not ideal as they are essentially proxies rather than direct measures, and so will pick up factors other than discrimination. More useful indicators would ask about older people's experience of age discrimination in the workplace (see appendix on ongoing work). A report commissioned by DWP in 2005²⁷ found that older people (aged 50 to 69) who were out of work had experienced various forms of age discrimination, with some reported age limits placed on job adverts or discrimination experienced during interviews.

Employment

Indicator 17 - Employment rate of older people

7.3 Employment is generally found to have a positive impact on well-being, since employment is associated with participation in society, and higher levels of income and happiness²⁸ (compared to unemployment). Levels of employment among older people also serve as a proxy for whether older people are able to find jobs if they want them and of whether they are treated fairly when in employment.

²⁷ Irving, P. *et al.*, 'Factors affecting the labour market participation of older workers: qualitative research', Department for Work and Pensions, research report 281

²⁸ Waddell, G. and Burton, K. 'Is Work Good for Your Health and Well-being?'

7.4 Employment also has a part to play in increasing healthy outcomes over the life course. Around 27 per cent of unemployed males and 25 per cent of unemployed females report ill health compared to 12 per cent and 13 per cent respectively for those in employment. Available evidence on the relationship between unemployment and health suggests that being unemployed is associated with ill health, higher mortality rates, unhealthy lifestyles, and lower levels of psychological well-being. Possible reasons for this include the impact of poverty and unemployment on diet, housing and mental well-being.

Table 7.1 – Employment rates, UK, 2005

Age	Employment rate
16 - 59/64	74.7
50 - 59/64	70.4
60/65+	9.8

Source: Labour Force Survey, Office for National Statistics

7.5 The employment rate for those aged 50 to state pension age remained somewhat below that for those aged 16 to state pension age at the baseline year. This difference reflects a number of factors, including health, caring responsibilities, redundancy, voluntary early retirement, access to transport and age discrimination. There may also be structural factors at work, as older workers tend to have lower qualifications than the younger population and a greater proportion will have work experience based in declining industries, such as mining and manufacturing.

7.6 The unemployment rate for those aged 50 or over was substantially below that for the rest of the population at the baseline: in spring 2005, the unemployment rate for those aged 16 to state pension age was 4.8 per cent compared with 2.8 per cent for those aged 50 or over. Therefore, the lower employment rates for those aged 50 or over reflect higher inactivity rather than higher unemployment, i.e. older people are more likely to not be available for work or not seeking work compared to the rest of the population²⁹.

7.7 Those who take early retirement, for whatever reason, are classed as inactive. Analysis of reasons for retirement before state pension age using ELSA suggested that being offered reasonable financial terms to retire early or own ill health were the most common reasons given for early retirement by men. For women, the most frequently given reason for early retirement was own ill health. However, for those aged 50 to 55, the second most frequently given reason for early retirement was wanting to change job (14 per cent) followed by wanting to enjoy life while still young (14 per cent). In contrast, those aged 55 to 59 cited being offered reasonable financial terms (16 per cent) and wanting to spend more time with partner or family (15 per cent) as the most likely reasons for early retirement.³⁰

²⁹ Labour Force Survey

³⁰ Phillipson, C. and Smith, A., 'Extending working life: A review of the research literature', Department for Work and Pensions, research report 299

Age discrimination

Indicator 18 – Older people’s beliefs about availability of work

7.8 This indicator should provide an indication of the degree to which older people believe they are being discriminated against in the labour market. If they are not participating in the labour market because they believe that no work is available, this may reflect expectations of discrimination. However, this measure is a proxy and would benefit from being replaced/supplemented with a more direct measure of discrimination in the future, e.g. reported cases of age discrimination.

Table 7.2 – Percentage who would like work, but are inactive because they believe no work is available³¹, Great Britain, 2005

Age	Percentage
16 - 49	1.3
50+	2.8

Source: Labour Force Survey, Office for National Statistics

7.9 The proportion of the over 50s who are not looking for work because they believe none is available was higher than for the 16 to 49 age group in the baseline year. It is possible that the difference in the perception of employment prospects between older and younger age groups reflects structural factors, such as the decline in manufacturing jobs, which will have a greater effect on the over 50s age group, as well as perceptions of age discrimination.

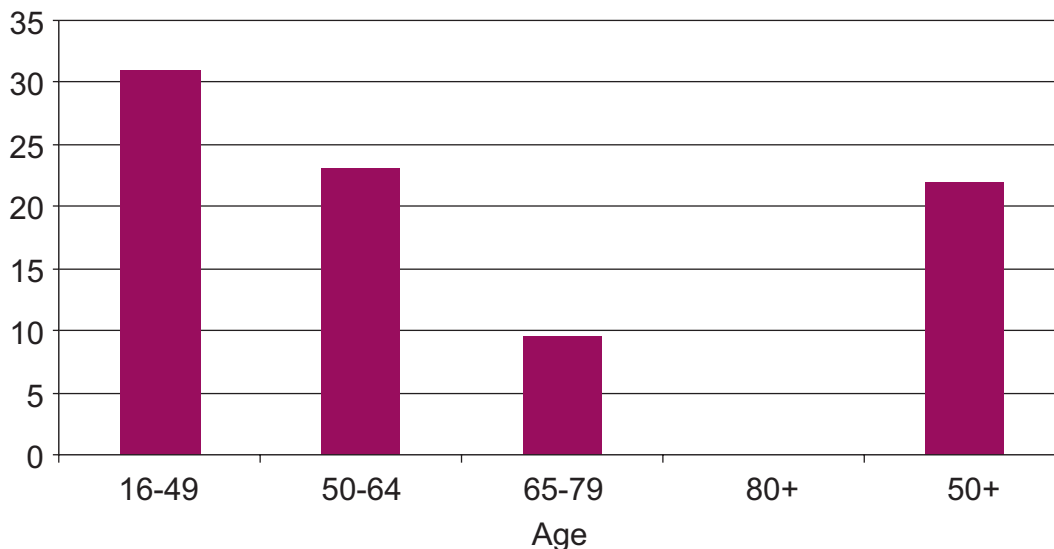
Learning at work

Indicator 19 - Older people in work-related education/training

7.10 Access to training and skill development is important in promoting the extension of working life. This indicator looks at the extent to which older people are undertaking work-related education or training as a means of retaining and developing their attachment to the labour market. Training courses can be used to develop or update a current skill set or to branch out into a new area.

³¹ Full definition: Those who are inactive, and would like work but believe none is available as a percentage of those who are inactive, but would like work.

Figure 7.1 – Percentage who have undertaken work-related training in the last 13 weeks, Great Britain, 2005



Source: Labour Force Survey, Office for National Statistics

7.11 The proportion undertaking work-related training declined strongly with age, with 31 per cent of those aged 16 to 49 taking training compared to 23 per cent of those aged 50 to 64 and ten per cent of those aged 65 to 79.

7.12 Take-up of work-related training is a complex issue and may be affected by a number of factors, including personal preference, access and cost. Research suggests that older workers have mixed attitudes towards training³².

7.13 Older people in employment are more likely to have access to pre-paid training courses and to have positive attitudes to training compared with those not in employment. Those with higher qualifications are more likely to participate in training than those with lower level qualifications. As people approach retirement, they may also be interested in changing career – e.g. by becoming self-employed – so that they have greater flexibility in employment.

7.14 However, older workers may not want to undertake training because they do not see the relevance of training, because of a lack of confidence, or because they are close to retirement and would not be able to use their new skills. Another possibility is that employers may exclude older workers from the provision of training programmes as they may feel that there is little point in training someone close to retirement. Although employers are less likely to offer training to older workers, many older workers do not take up the opportunity when offered.

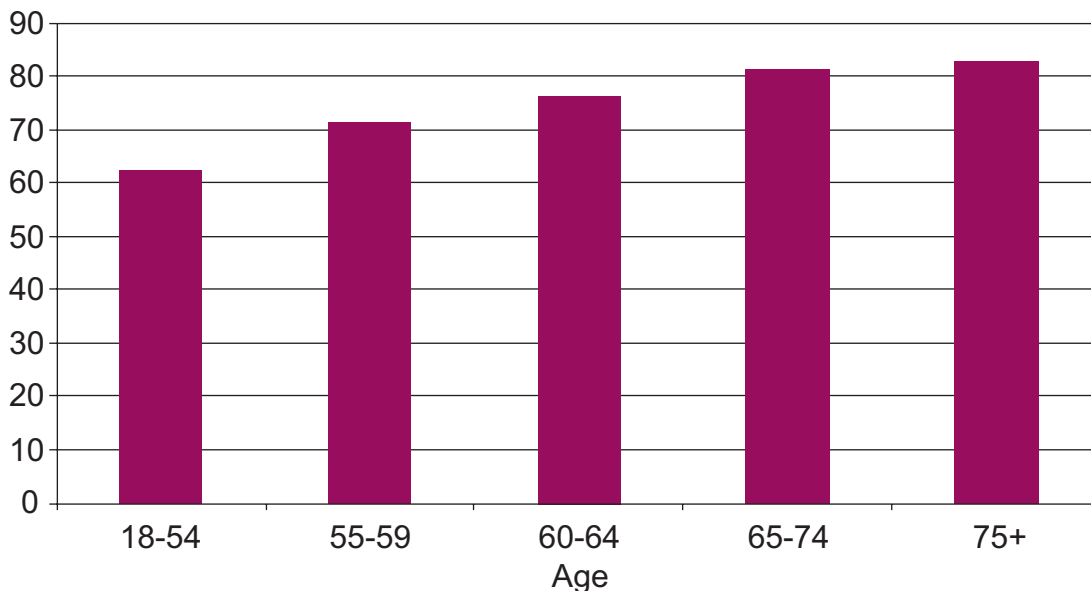
³² Phillipson, C. and Smith, A., 'Extending working life: A review of the research literature', Department for Work and Pensions, research report 299

Consultation and involvement

Indicator 20 – Older people exercising democratic rights

7.15 This should provide an indication of the extent to which older people are involved in decisions that affect them. Although it is generally the case that older people are more likely to participate in elections, it is important to monitor the trend over time compared with the rest of the population. Direct participation in local decision making may be an equally important measure of involvement. However, this may be best left to individual local authorities to monitor using their own measures.

Figure 7.2 – Percentage who voted in the 2001 general election, Great Britain



Source: British Social Attitudes Survey, National Centre for Social Research

7.16 The proportion who voted in the 2001 general election rose with age. If participation in voting reflects cohort effects, it is possible that as the younger population ages, the percentage of older age groups voting will fall.

Material well-being

Key questions:

- Do older people have sufficient resources in retirement to allow them to sustain key elements of their life?
- Are extremes of poverty and deprivation being tackled?
- Do older people have sufficient wealth to provide them with security in retirement?
- Are people planning ahead for retirement?

8.1 Material well-being is of critical importance in enabling older people to retain their independence in later life. The most obvious contributor to material well-being is income, which influences the ability of older people to access transport, and purchase key goods and services. Wealth is also important in providing financial security and flexibility. Also of importance, as a means of predicting likely income trends in the future, is the extent to which the working age population are making provision for their retirement as a means of predicting likely income trends in the future.

8.2 There are other measures that can be used to provide a broader assessment of material well-being, such as material deprivation measures. DWP published research on material deprivation indicators for pensioners in July 2006 which highlighted a number of issues in using these sorts of indicator for pensioners.³³ DWP will continue to look at how these indicators can be used to broaden understanding of older people's well-being.

Income and wealth

Indicator 21 - Median net income of older people

8.3 This indicator looks at trends in older people's income relative to the rest of the population. This is important for monitoring whether older people's incomes are keeping up with the rest of the population, thus enabling them to sustain key elements of their lifestyle over time. This indicator will be influenced by movements in the employment rate of older people, and will be linked with the other indicators looking at pensioner income.

³³ <http://www.dwp.gov.uk/mediacentre/pressreleases/2006/jul/pad-240706.asp>

Table 8.1 – Median income: £s per week equivalised³⁴, Great Britain, 2004/05

Age	Before Housing Costs	After Housing Costs
18 - 49	359	303
50 - 64	383	353
65 - 79	294	273
80 or over	283	257
50 or over	333	309

Source: Family Resources Survey, Department for Work and Pensions

8.4 After housing costs, the over 50s had a slightly higher median income than the rest of the population. However, this masked bigger differences within the over 50s age group. Those aged 50 to 64 actually had a median income 17 per cent higher than the median for those aged 18 to 49. In contrast, the median income of those aged 65 to 79 was ten per cent lower and for those aged 80 or over, median income was 15 per cent lower. The pattern was different on a before housing costs basis, with the median income of the over 50s group seven per cent lower than the rest of the population. This is because older people are more likely to be owner occupiers without a mortgage and, therefore, face lower housing costs.

Employment and income

8.5 Those aged 50 to 64 are more likely to be in employment than the older age groups and are more likely to have higher pay than younger people due to their greater work experience. Also, those in the 50 to 64 age group who have voluntarily retired early tend to have higher incomes than those who retire at state pension age or those who take involuntary early retirement (due to ill health or redundancy). The lower employment rates of the older age groups are likely to have a significant impact on their median income. The older age groups will also have a greater proportion of women, due to women's greater longevity, and female pensioners tend to have lower incomes than men. This is a result of a number of factors:

- a) women have historically had lower employment rates than men, partly because they are more likely to have taken on caring responsibilities and so are likely to have built up lower entitlements to state and private pensions;
- b) women in employment have had lower average earnings than men, and may either have built up lower pension funds or may not even have been eligible to be a member of an employers' pension scheme (a European Court of Justice ruling in May 1995 made it illegal for pension schemes to exclude part-time workers); and
- c) in the past married women were able to pay a reduced rate of National Insurance, which did not earn them an entitlement to the state pension in their own right.

³⁴ Household incomes have been 'equivalised', that is adjusted to reflect the number of people in a household, allowing the comparison of incomes for households with different sizes and compositions.

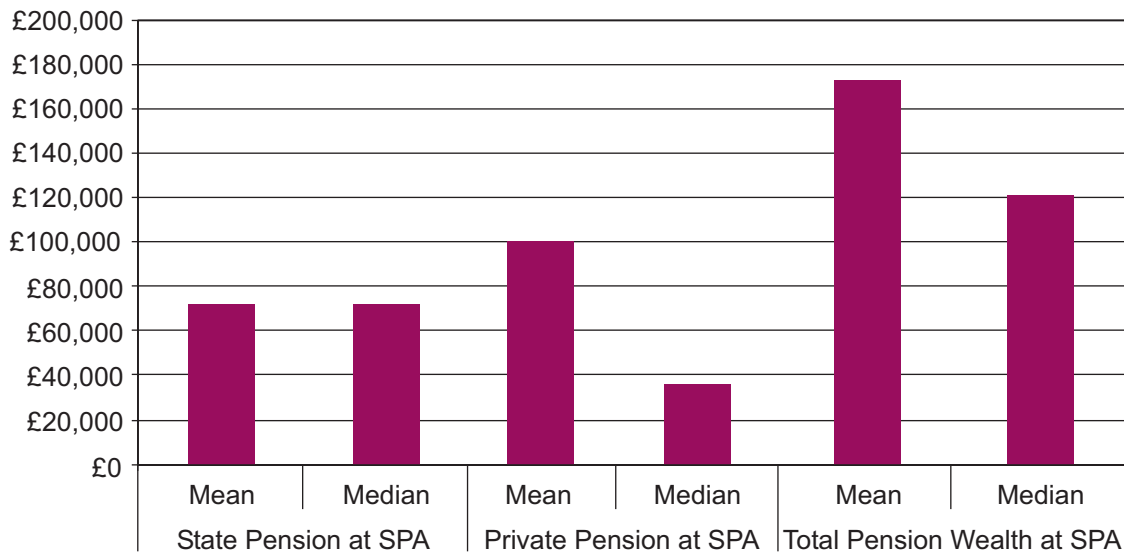
8.6 More generally, retirement incomes are determined by patterns of working and saving during working lives. Poor health earlier in life will result in earlier exit from the labour market and worse outcomes in retirement.

Indicator 22 - Wealth

8.7 This provides an indication of the extent to which people hold assets that they can access when necessary to provide additional income. Older people are more likely than other age groups to have built up a stock of wealth which can act as a safety net. There are some measurement issues affecting wealth data as people are, for example, required to estimate the value of their properties. Also, the estimates of pension wealth are model-based estimates. It should be noted that estimates of housing wealth will be affected by house price growth, which can be volatile.

8.8 The forthcoming Household Assets Survey should improve the availability of information on household wealth.³⁵

Figure 8.1 – Estimated pension wealth for those aged 50 to state pension age, England, 2002/03



Source: English Longitudinal Study of Ageing, Wave 1³⁶ University College London

³⁵ The Household Assets Survey (HAS) is a major new household-based survey beginning in July 2006. The survey will collect information on financial and non-financial assets of households and will gather detailed information on wealth components such as savings, pensions, investments, mortgages and debt.

³⁶ Data on pension wealth has not been updated for ELSA wave 2.

8.9 Although mean private pension wealth at state pension age was estimated to be above state pension wealth, this is distorted by the pensions of a few previously high earners with very high pension wealth, leaving the value of median private pension wealth at around half of median state pension wealth.

Table 8.2 – Mean and median non-pension wealth, England, 2004/05

						£s
Age groups	Financial Wealth ³⁷		Physical Wealth ³⁸		Housing Wealth ³⁹	
	Mean	Median	Mean	Median	Mean	Median
52 - 64	64,509	17,900	45,883	-	182,876	155,000
65 - 79	49,097	15,500	22,956	-	172,112	145,000
80+	34,811	8,000	6,005	-	117,705	100,000
52+	54,407	15,000	31,444	-	169,748	147,500

Source: English Longitudinal Study of Ageing, Wave 2

8.10 Average wealth peaks around state pension age (SPA), mainly because wealth is usually built up throughout working life, and is then drawn down during retirement. This is also partly a cohort effect: each new generation tends to retire with more wealth than the last, as economic growth will normally increase their earnings and ability to save while they are in work. Also, housing wealth will fall if pensioners move into smaller properties.

8.11 The level of older people's wealth depends on savings behaviour during their working lives: those with higher incomes and lower outgoings are most likely to put money into financial savings, mortgages and occupational or personal pensions.⁴⁰ Older people with high incomes tend to have high levels of wealth as well, but there are large variations within income groups.

8.12 The 2002 English Longitudinal Study of Ageing points to a strong relationship between self-reported health and the stock of wealth older people hold. Across all age groups, those reporting excellent or good health had two to three times the median wealth of those people who reported having only fair or poor health.

³⁷ Including savings accounts and stocks and shares

³⁸ Includes the value of second houses, and business assets the self-employed may own, less the value of any debts secured against these assets

³⁹ The value of someone's house, less any debts secured against it

⁴⁰ Rowlinson K, Whyley C & Warren T. (1999) *Wealth in Britain: A lifecycle perspective*. London: Policy Studies Institute/ Joseph Rowntree Foundation: York.

Low income

Indicator 23 - Relative low income

Indicator 24 - Absolute low income

Indicator 25 - Persistent low income

8.13 These three indicators measure the incidence of low income amongst older people at the baseline year. They use income thresholds of 50 per cent, 60 per cent and 70 per cent of household income to define low income, with the 60 per cent threshold used as the standard measure of low income. These indicators are likely to be influenced by factors such as benefit levels, benefit take-up and income from employment.

Table 8.3 – Percentage of people below thresholds of contemporary 2004/05 median income (relative low income), Great Britain

Age	Before Housing Costs			After Housing Costs		
	50%	60%	70%	50%	60%	70%
18 - 49	8	13	20	13	19	25
50 - 64	9	15	21	11	16	22
65 - 79	8	18	31	8	16	28
80+	12	25	37	9	20	35
50+	9	17	27	10	17	26

Source: Family Resources Survey (based on Households Below Average Income methodology), Department for Work and Pensions

8.14 The over 50s were less likely to live on relative low income (60 per cent of median income or less, after housing costs) than the rest of the population. Within the over 50s group, only those aged 80 or over were more likely to be on relative low income than those aged under 50.

Table 8.4 – Percentage of people in 2004/05 below thresholds of 1996/97 median income (absolute low income), held constant in real terms, Great Britain

Age	Before Housing Costs			After Housing Costs		
	50%	60%	70%	50%	60%	70%
18 - 49	6	9	14	10	14	18
50 - 64	7	11	15	8	11	15
65 - 79	5	11	20	4	8	15
80 +	6	15	27	5	10	19
50 +	6	11	18	7	10	16

Source: Family Resources Survey (based on Households Below Average Income methodology), Department for Work and Pensions

8.15 The nature of this indicator means that there are far fewer people at all age groups who were in absolute low income compared with those in relative low income. Those aged 50 or over as a whole, and all the over 50s sub-groups, were less likely to live in absolute low income than the rest of the population (after housing costs).

Table 8.5 – Percentage of people below thresholds of 2004/05 median income (relative low income) in at least three out of four years, from 2001 to 2004 (persistent low income), Great Britain

Age ⁴¹	Before Housing Costs		After Housing Costs	
	60%	70%	60%	70%
18 to state pension age	7	12	8	14
People over state pension age	16	33	14	29

Source: Households Below Average Income, Department for Work and Pensions

8.16 Those above state pension age were considerably more likely to be in persistent low income than younger people. This partly reflects the significantly lower employment rate experienced by this age group, which means that older people's options for increasing their income are more limited.

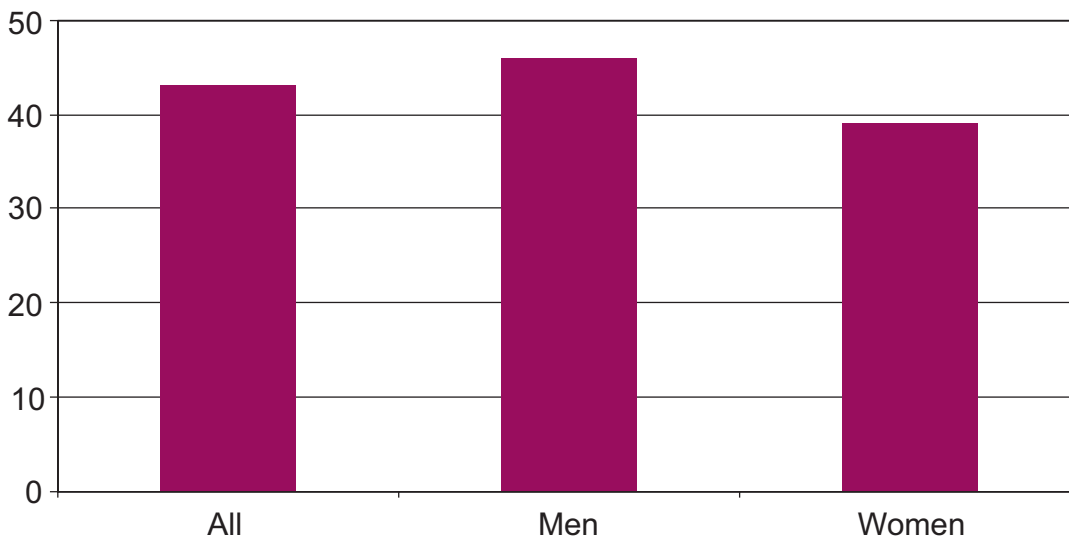
⁴¹ Further age breakdowns are not currently available.

Contributions to private pensions

Indicator 26 - Proportion of people below state pension age contributing to non-state pensions

8.17 This indicator actually looks at the proportion of people below state pension age who are contributing to a non-state pension. It is intended to measure the degree to which people are planning ahead to ensure sufficient income in later life.

Figure 8.2 – Percentage of those below state pension age contributing to non-state pensions, Great Britain, 2004/05



Source: Family Resources Survey, Department for Work and Pensions

8.18 Around 43 per cent of those aged 16 to state pension age were contributing to a non-state pension, with men more likely to be making contributions than women, suggesting that women are at greater risk of poverty in retirement than men.

8.19 This may reflect the greater incidence of part-time employment among women, as those in part-time employment are less likely to contribute to non-state pensions. The proportion contributing to non-state pensions will also be affected by the employment rate of those below state pension age, as well as the composition of employment. The proportion of those in employment who are self-employed is also likely to affect the contribution rate, as the self-employed are also less likely to contribute to non-state pensions.

Support and care

Key questions:

- Is there a supply of care and support responsive to what people need?
- Is support available in a variety of forms to meet diverse needs?

9.1 This domain is concerned primarily with those older people who have poorer health and are in receipt of various types of care. Older people are key users of health and social care services. In 2002/03, people aged 65 and over, comprising 16 per cent of the population, accounted for 47 per cent of total spending on hospital and community health services in England⁴².

9.2 The indicators are limited to those areas where data is currently available, and therefore focus mainly on the services provided or commissioned by local councils. Much of what is provided by the voluntary sector is excluded and little is known about the 30 per cent of care home residents who fund their own care service⁴³.

9.3 The indicators focus on the extent to which older people can influence the way in which social services are provided to them, how the services they receive are enabling them to remain independent, the provision of support services to older carers and ensuring that older people in care homes are receiving acceptable standards of care. In many cases, the indicators chosen are focused more on intermediate rather than final outcomes. For example, an increase in the number of older people in receipt of direct payments is used to assess the extent to which older people are able to choose the way in which they receive social services.

⁴² Office for National Statistics and Department for Work and Pensions, Focus on Older People, 2005

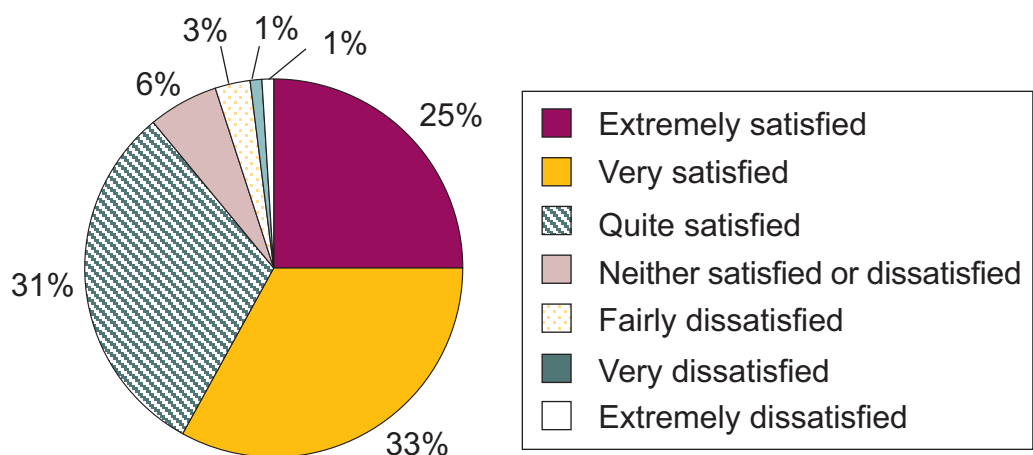
⁴³ Councils will be seeking information on the extent of social care services delivered by the voluntary sector where the providers receive some funding from the council in the autumn of 2006 as part of the first national survey of this sort. See: <http://www.ic.nhs.uk/TWG/sub/membersandpapers/09march2006/Paper%204%20-%20Collection%20of%20information%20on%20grant%20funded%20services.pdf/file>

Evidence of availability of care to match need

Indicator 27 - Satisfaction with home care

9.4 This indicator measures the extent to which older home care users are satisfied with the care they receive through social services. This only covers home care arranged by social services and not that available from voluntary services nor that which older people arrange for themselves.

Figure 9.1 – Satisfaction with help received from social services in own home, England, 2002/03



Source: Personal Social Services: Survey of home care users in England aged 65 or over, Department of Health.

9.5 The data show a high degree of satisfaction with care services received by older people. Around 57 per cent of older home care users were either very satisfied or extremely satisfied with the quality of care they received, with a further 31 per cent quite satisfied⁴⁴.

Indicator 28 - Proportion of older people receiving direct payments

⁴⁴ See a detailed investigation of the correlates of this expressed satisfaction reported by the Personal Social Services Research Unit at http://www.pssru.ac.uk/pdf/dp2104_3.pdf

9.6 This is intended to demonstrate the extent to which older people are choosing to exercise control over the care they receive. Evidence suggests that, even where older people suffer from ill health, they only feel that their independence has been compromised if their ability to exercise control and choice over their daily lives is lost⁴⁵. Future data will need to take account of developments in choice and control, including current piloting and development work on Individual Budgets⁴⁶.

Table 9.1 – People who received a direct payment during 2004/05, England

Age	Total	Per 100,000 of population age band
Aged 65+	7,400	92
18 – 64	17,000	55
All Ages	24,000	61

Source: Community Care Statistics: Referrals, Assessment and Packages of Care for Adults – RAP Table P2f.1, Department of Health

9.7 Those aged 65 or over were considerably less likely to be in receipt of direct payments than the rest of the population. Direct payments are the provision of cash in lieu of social care services, and these funds are controlled by the client. They were introduced for adults of working age in April 1997, through the Community Care (Direct Payments) Act 1996 and extended to older disabled people in 2000. With this control comes some financial and legal responsibilities which have put off some people, and particularly older people, from taking them up.

9.8 Individual budgets⁴⁷ as a concept are a more user-friendly version of direct payments, and also bring together different funding streams, increasing and widening their scope. The intention is to give people the advantages of choice and control without the necessity of taking on what many see as the administrative burden. Local pilots began in summer 2006.

Evidence of availability of different types of care

Indicator 29 - Proportion of older people being helped to live independently: Receiving any community-based service

Indicator 30 - Proportion of older people being helped to live independently: Being supported intensively to live at home

⁴⁵ Parry, J. *et al.*, 'Independent living in later life' Department for Work and Pensions, Research Report 216.

⁴⁶ Individual budgets are designed to provide individuals who currently receive services with greater choice and control over their support arrangements. Government is committed to piloting individual budgets with a view to rolling them out nationally should they prove successful.

⁴⁷ Information on individual budgets can be found at:
http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/SocialCareArticle/fs/en?CONTENT_ID=4125774&chk=/Ubh1q

9.9 These two indicators measure the extent to which older people are being helped to live independently. Both those receiving any amount of care, including 'low level' care and support, through social services and those receiving intensive community-based services stay in their homes rather than going into residential or nursing care. Being independent and being able to remain in their own homes is the clear preference for most older people and can have a positive influence on older people's quality of life.

Table 9.2 – Proportion of older people being helped to live independently, England, 2004/05

a. Receiving any community-based service	80 people per thousand population aged 65+
b. Receiving intensive home care	32.0% of those aged 65+
Sources:	
a. Community Care Statistics: Referrals Assessment and Packages of Care for Adults – RAP Table P2f.1, Department of Health	
b. NHS and Social Care Information Centre, Summary of the Public Service Agreement (PSA) target on Home Care 2004/05, Department of Health	

9.10 Close to a third of those aged 65 or over who are in receipt of intensive home care or are in residential care, were receiving intensive care at home rather than in residential care.

Provision of community equipment and minor home adaptations

Indicator 31 - Older people receiving home adaptations and/or equipment

9.11 This looks at the provision of specific services that support and enable people to remain in their homes and are an important component to promoting the independence of older people. These figures cover those who have received services after having a formal social care assessment. Increasingly, some items of equipment are provided through client self-assessment and/or at an initial contact assessment or phone call and, therefore, the indicator is likely to under-count provision.

Number of people aged 65+ in receipt of equipment or adaptations at some time during 2004/05 as a percentage of the population aged 65+, England:
5% (377,000)
Source: Community Care Statistics: Referrals Assessment and Packages of Care for Adults – RAP Table P2f.1, Department of Health

Carers

Indicator 32 - Care for carers

9.12 This indicator is intended to provide information on support available for carers. Support for older people to undertake care should help them to remain active, as well as providing a means of ensuring that their own health does not suffer as a result of their caring responsibilities.

9.13 The data is only available based on support services provided directly by local councils. A number of councils also fund voluntary groups to meet carers' needs directly without the need for social services to provide a formal assessment, but carers benefiting from these services are excluded from the data.

The number of carers receiving a specific carer's service as a percentage of all adult clients receiving community-based services, England, 2004/05:

9% (65,000)

Source: Commission for Social Care Inspection: Social Services Performance Assessment Framework Indicators [AO/C62]

9.14 The 2001 census indicates that around six million people (11 per cent of the population aged five years and over) provided unpaid care in the UK in April 2001. While 45 per cent of carers were aged between 45 and 64, a number of the very young and very old also provided care.

9.15 In the UK in 2001, there were over 1.5 million people aged 60+ providing unpaid care. There were also almost 350,000 carers aged 75 and over, and more than 8,000 aged 90 years old or more. Some 4,000 of these very aged carers reported providing 50 or more hours care each week.

Care home standards

Indicator 33 - Extent to which older people's care home providers meet minimum national standards

9.16 This measure looks at national minimum standards in homes providing nursing and residential care for older people⁴⁸ as reported from inspections carried out by the Commission for Social Care Inspection. The focus is on ensuring that the needs of vulnerable older people are being adequately met through the achievement of national minimum accommodation standards.

9.17 CSCI is currently consulting on a new approach to measuring home standards linked to the seven adult social care outcomes set out in the White Paper 'Our Health, Our Say, Our Care'. This new framework is intended to be introduced from April 2007.

⁴⁸ Details of the standards can be found via the Department of Health website at: <http://www.dh.gov.uk/assetRoot/04/13/54/03/04135403.pdf>

Average percentage of national minimum standards met by older people's nursing and residential care homes, England, 2004/ 2005:

72%

Source: Commission for Social Care Inspection, *The State of Social Care in England 2004-05*, page 108: para 8.82. Fuller details given in Appendix I, pp. 216-221

Next steps

9.18 This report has presented an appraisal of older people's well-being at the time that the *Opportunity Age* strategy was launched. The next stage will be to publish a full update of the strategy itself. Such a report will cover policy developments since the *Opportunity Age* first report, as well as reporting on recent trends in the indicators where possible.

APPENDIX 1

Areas where indicators will need to be developed

Independence in supportive communities

Information and choice

At present, there is no data source which satisfactorily measures older people's awareness of where or how to get information on such factors as benefit entitlements, financial management and health concessions, and other useful services. Therefore, in the near future, we intend to commission questions which will appear in the Office for National Statistics' *Omnibus Survey*.

Fairness in work and later life

Direct measure of age discrimination in the workplace

Although there are already indicators aimed at discerning age discrimination in the workplace, for example, those looking at employment and inactivity, these are not direct measures of discrimination. We will liaise with the DTI in developing a more suitable measure of age discrimination. The DTI have recently launched a new survey – the DTI fair treatment at work survey – which is likely to be of use in this regard.

Discrimination in the provision of goods and services

At present, more research needs to be conducted in this area before suitable indicators can be constructed. In many cases, it is difficult to differentiate between necessary and unnecessary discrimination in the provision of goods and services to older people. For example, older people tend to face higher insurance premiums than the rest of the population as they do generally present a higher insurance risk. However, it is difficult to identify whether the higher premiums are proportionate to the higher risk that older people represent.

Material well-being

Material deprivation

Material deprivation indicators attempt to gauge someone's material standard of living, through asking whether they 'don't have' and 'cannot afford' certain basic goods and services. Questions around material deprivation, which will be used in measuring child poverty, were in the Family Resources Survey for the first time in 2004/5. The DWP commissioned research on the use of material deprivation indicators for older people, which was published in July 2006. The research flags up a number of issues in using material deprivation indicators for older people. Older people are more likely than younger groups to say that they do not want certain items for a variety of reasons including possible stigma associated with saying they cannot afford something, changing expectations, and limited mobility. DWP will be carrying out further analysis of material deprivation data, looking at how and whether we can use it for these sorts of indicators.

Support and Care

We will continue working to ensure that the indicators reflect older people's diverse support and care needs. Many of the indicators within this domain are taken from the Commission for Social Care Inspection (CSCI) Performance Assessment Framework (PAF). A consultation has been launched on a proposed new framework that will enable social care services to be assessed on the seven outcomes in the White paper, 'Our health, our care, our say'⁴⁹:

1. Improved health and emotional well-being;
2. Improved quality of life;
3. Making a positive contribution;
4. Choice and control;
5. Freedom from discrimination;
6. Economic well-being;
7. Personal dignity.

The CSCI are working with the Department of Health, the Association of Directors of Social Services, and the Healthcare Commission to develop some joint performance measures for health and social care that focus on outcomes. The final version of the framework is planned to be ready by December 2006. The Department of Health also intends to build on these seven outcomes to develop outcomes that apply both to the NHS and social care. We will incorporate new indicators, as appropriate, when they become available.

⁴⁹ "Our health, our care, our say: a new direction for community services", para. 2.63

APPENDIX 2

Indicators of the independence and well-being of people in later life

1 Overall measure of well-being based on CASP-19 well-being questionnaire for older people

Definition:

CASP-19 questionnaire⁵⁰ on quality of life (respondents receive a score depending upon how often they have these feelings):

Here is a list of statements that people have used to describe their lives or overall measure of well-being, based on CASP-19 well-being questionnaire for older people – how they feel. How often, do you feel like this? Often, sometimes, not often, never:

1. My age prevents me from doing the things I would like to
2. I feel that what happens to me is out of my control
3. I feel free to plan for the future
4. I feel left out of things
5. I can do the things that I want to do
6. Family responsibilities prevent me from doing what I want to do
7. I feel that I can please myself what I do
8. My health stops me from doing things I want to do
9. Shortage of money stops me from doing the things I want to do
10. I look forward to each day
11. I feel that my life has meaning
12. I enjoy the things that I do
13. I enjoy being in the company of others
14. On balance, I look back on my life with a sense of happiness
15. I feel full of energy these days
16. I choose to do things that I have never done before
17. I feel satisfied with the way my life has turned out
18. I feel that life is full of opportunities
19. I feel that the future looks good for me

⁵⁰ For further information about CASP-19: Hyde, M., Wiggins, R. D., Higgs, P. & Blane, D. B. (2001) 'A measure of Quality of Life in Early Old Age: The Theory, Development and Properties of a Needs Satisfaction Model (CASP-19)'. ICSTM University College: London.

Data sources:	English Longitudinal Study of Ageing (self-completion questionnaire), British Household Panel Survey
Coverage:	ELSA: England, every two years since 2002, those aged 50+; BHPS: Great Britain, annually since 1991

Independence in supportive communities

2 The proportion of older households that are below the set standard of decency

Definition:	<p>The definition of a decent home is one that meets all of the following criteria:</p> <ul style="list-style-type: none"> • it is above the current statutory minimum standard for housing; • it is in a reasonable state of repair; • it has reasonably modern facilities and services; and • it provides a reasonable degree of thermal comfort.
Data source:	English House Condition Survey, Department for Communities and Local Government
Coverage:	England, every five years up to 2001; annually since 2003
Related targets and strategies:	<p>Department for Communities and Local Government PSA target: By 2010, bring all social housing into a decent condition with most of this improvement taking place in deprived areas, and for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition. Vulnerable households are those in receipt of at least one of the principal means-tested or disability-related benefits.</p> <p>Opportunity for All: This indicator is similar to Opportunity for All indicator 33. However, this indicator looks at older <i>households</i> while the Opportunity for All indicator looks at older <i>people</i> in non-decent homes.</p>

3 Ownership of consumer durables/labour saving devices by older households

Definition:	Percentage of households with the following: central heating; freezer or fridge freezer; washing machine; microwave oven; telephone; home computer; access to internet at home.
Data source:	General Household Survey, Office for National Statistics
Coverage:	Great Britain, annually since 1971

4 The proportion of older people whose lives are greatly affected by fear of crime

Definition:	Percentage who report that their lives are greatly affected by fear of crime. The respondents who are greatly affected by fear of crime constitute those responding 8, 9 or 10 on a scale of 1 to 10 of how much fear of crime affects quality of life, where 1 is no effect and 10 is total effect.
Data source:	British Crime Survey, Home Office
Coverage:	England and Wales; biennially 1982-2000, annually since 2001/02
Related targets and strategies:	Home Office Criminal Justice System PSA target: To reassure the public, reducing the fear of crime and anti-social behaviour, and building confidence in the Criminal Justice System without compromising fairness. Opportunity for All: This indicator is similar to Opportunity for All indicator 34. However, this indicator uses different age breakdowns.

5 Older people's experience of crime

Definition:	Percentage of those who were victims once or more of violence. Percentage of households who were victims once or more of burglary.
Data source:	British Crime Survey, Home Office
Coverage:	England and Wales; biennially 1982-2000, annually since 2001/02
	Home Office Criminal Justice System PSA target: Reduce crime by 15 per cent, and further in high crime areas, by 2007-08. Target contributing to the Criminal Justice System PSA.

6 Older people's frequency of contact with family and friends

Definition:	Of those who have children, immediate family (e.g. brothers, sisters, parents, cousins, grandchildren) or friends: Percentage who meet any of them (arranged or chance meetings), Percentage who speak to any of them on the phone, Percentage who write or email any of them: Three or more times a week; once or twice a week; once or twice a month; every few months; once or twice a year; less than once a year or never.
Data source:	English Longitudinal Study of Ageing
Coverage:	England, every two years since 2002, those aged 50+

7 Older people's access to goods and services using usual method of transport

Definition:	Percentage of those who find it either difficult or very difficult to access (using their usual mode of transport) bank or cash point, chiropodist, dentist, GP, hospital, local shops, optician, post office, shopping centre, supermarket.
Data source:	English Longitudinal Study of Ageing
Coverage:	England, every two years since 2002, those aged 50+

8 Older people with access to motor vehicle/using public transport

Definition:	Percentage of those who do not have use of a car or van and who use public transport rarely or never
Data source:	English Longitudinal Study of Ageing
Coverage:	England, every two years since 2002, those aged 50+
Related targets and strategies:	Department for Transport PSA target: By 2010, increase the use of public transport (bus and light rail) by more than 12 per cent in England compared with 2000 levels, with growth in every region.

9 The number of trips made by older people

Definition:	Total number of trips made in a year by older people compared to the rest of the population. A trip is defined as a one-way course of travel having a single main purpose. Outward and return halves of a return trip are treated as two separate trips. A trip cannot have two separate purposes, and if a single course of travel involves a mid-way change of purpose then it, too, is split into two trips (e.g. dropping children at school on the way to work would be two trips for the accompanying adult). However, trivial subsidiary purposes (e.g. a stop to buy a newspaper) are disregarded.
Data source:	National Travel Survey, Department for Transport
Coverage:	Great Britain, continuously since 1988

Healthy active living

10 Healthy life and disability-free expectancy at age 65

Definition:	Average number of years that a person aged 65–69 can expect to live in good or fairly good health, based on people's own assessment of their general health: Over the last 12 months would you say your health has on the whole been good, fairly good or not good? Average number of years that a person aged 65–69 can expect to live without a limiting longstanding illness, based on people's own assessment of their health: Do you have any longstanding illness, disability or infirmity? By longstanding I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time. If 'Yes':
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- a) What is the matter with you?
- b) Does this illness or disability (do any of these illnesses or disabilities) limit your activities in any way?

Data source:	Office for National Statistics
Coverage:	England, annually since 1971 (gaps in 1996, 1998, 2000)
Related targets and strategies:	<p>Department of Health PSA target: Substantially reduce mortality rates by 2010:</p> <ul style="list-style-type: none"> • from heart disease and stroke and related diseases by at least 40 per cent in people under 75, with at least a 40 per cent reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole; • from cancer by at least 20 per cent in people under 75, with a reduction in the inequalities gap of at least six per cent between the fifth of areas with the worst health and deprivation indicators and the population as a whole; and from suicide and undetermined injury by at least 20 per cent. <p>Opportunity for All: This indicator is the same as part of Opportunity for All indicator 31.</p> <p>Sustainable Development: This indicator is the same as sustainable development indicator 50.</p>

11 Life expectancy at age 65

Definition:	Estimate of the number of additional years a person who has reached 65 can expect to live, if she or he experiences the average age-specific mortality rates in that time period for the remainder of their life.
Data source:	Government Actuary's Department
Coverage:	England
Related targets and strategies:	<p>Department of Health PSA target: Substantially reduce mortality rates by 2010:</p> <ul style="list-style-type: none"> • from heart disease and stroke and related diseases by at least 40 per cent in people under 75, with at least a 40 per cent reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole; • from cancer by at least 20 per cent in people under 75, with a reduction in the inequalities gap of at least six per cent between the fifth of areas with the worst health and deprivation indicators and the population as a whole; and from suicide and undetermined injury by at least 20 per cent.

12 The number of older people suffering from mental ill health

Definition:	GH12 questionnaire: At least four of the 12 symptoms more than usual or much more than usual. Have you recently, <ol style="list-style-type: none"> 1. Been able to concentrate on what you're doing? 2. Lost much sleep over worry? 3. Felt you were playing a useful part in things? 4. Felt capable of making decisions about things? 5. Felt constantly under strain? 6. Felt you couldn't overcome your difficulties? 7. Been able to enjoy your normal day-to-day activities? 8. Been able to face up to your problems? 9. Been feeling unhappy and depressed? 10. Been losing confidence in yourself? 11. Been thinking of yourself as a worthless person? 12. Been feeling reasonably happy all things considered?
Data source:	Health Survey for England, Department of Health
Coverage:	England

13 The proportion of older people reporting a longstanding illness

Definition:	Older people's responses to the questions: Do you have any longstanding illness, disability or infirmity? By longstanding I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time? Does this illness or disability limit your activities in any way?
Data source:	Health Survey for England, Department of Health
Coverage:	England
Related targets and strategies:	Department of Health PSA target: To improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by five per cent by 2008, through improved care in primary care and community settings for people with long-term conditions.

14 Older people's access to treatment

Definition:	Rates per 1,000 of hip and knee replacement for population over 65
Data source:	Information Centre for Health and Social Care: Hospital Episode Statistics, Department of Health
Coverage:	England
Related targets and strategies:	Department of Health PSA target: Objective III: Improve access to services. To ensure that by 2008 no-one waits more than 18 weeks from GP referral to hospital treatment.

15 Older people in adult learning

Definition:	Answers yes to any of the following questions: <ol style="list-style-type: none"> 1. Whether has been on a taught course which has led (would have led) to qualifications 2. Whether has been on a taught course, designed to help develop skills for a job 3. Whether attended any courses/had tuition in driving, playing a musical instrument, an art or craft, sport or practical skill 4. Whether attended evening classes 5. Whether carried out any work on own using materials provided by employer, college, commercial organisation or other training provider 6. Whether has been on any other taught courses or received tuition in anything 7. Whether studied for qualifications without taking part in a taught course 8. Whether received supervised training while actually doing a job 9. Whether spent any time keeping up to date with developments in the type of work you do without taking a course (i.e. reading books, journals) 10. Whether improved knowledge/taught yourself a skill or studied for a qualification without taking part in a taught course
Data source:	Local Area Labour Force Survey (LLFS), Office for National Statistics
Coverage:	England, annually since 2000

Related targets and strategies:**Department for Education and Skills PSA target:**

Objective IV: Tackle the adult skills gap. Increase the number of adults with the skills required for employability and progression to higher levels of training through:

- improving the basic skill levels of 2.25 million adults between the launch of Skills for Life in 2001 and 2010, with a milestone of 1.5 million in 2007;
- and reducing by at least 40 per cent the number of adults in the workforce who lack NVQ 2 or equivalent qualifications by 2010. Working towards this, one million adults in the workforce to achieve level 2 between 2003 and 2006.

16 Older people's attendance/participation in sports and/or leisure activities

Definition:

Numbers attending museum/gallery/library/archive/arts in last 12 months.

Numbers volunteering in last 12 months.

Numbers participating in active/moderate intensity sport in last four weeks.

Data source:

Taking Part: The National Survey of Culture and Leisure, Department for Communities and Local Government

Coverage:

England, started mid-July 2005

Related targets and strategies:**Department for Culture, Media and Sport PSA target:**

Objective II: Increase and broaden the impact of culture and sport, to enrich individual lives, strengthen communities and improve the places where people live, now and for future generations.

3. By 2008, increase the take-up of cultural and sporting opportunities by adults and young people aged 16 and above from priority groups by:

- increasing the number who participate in active sports at least twelve times a year, by three per cent, and increasing the number who engage in at least 30 minutes of moderate intensity level sport at least three times a week, by three per cent;
- increasing the number who participate in an arts activity at least twice a year by two per cent, and increasing the number who attend arts events at least twice a year by three per cent;
- increasing the number accessing museums' and galleries' collections by two per cent;
- and increasing the number visiting designated historic environment sites by three per cent.

Fairness in work and later life

17 Employment rate of older people

Definition:	Those in employment as a percentage of the population
Data source:	Labour force survey (LFS), Office for National Statistics
Coverage:	UK/GB, quarterly since 1992
Related targets and strategies:	<p>Department for Work and Pensions PSA target: As part of Spending Review 2004: As part of the wider objective of full employment in every region, over the three years to spring 2008, and taking account of the economic cycle, increase the employment rates of disadvantaged groups (lone parents, ethnic minorities, people aged 50 and over, those with the lowest qualifications and those living in the local authority wards with the poorest initial labour market position) –and significantly reduce the difference between the employment rates of the disadvantaged groups and the overall rate.</p> <p>Opportunity for All: This is part of Opportunity for All indicator 19.</p>

18 Older people's beliefs about availability of work

Definition:	<p>Those who are inactive and would like work but believe that there is no work available, as a percentage of those who are inactive but would like work.</p> <p>Economic inactivity refers to those who are neither employed nor ILO unemployed.</p>
Data source:	Labour Force Survey (LFS), Office for National Statistics
Coverage:	UK/GB, quarterly since 1992

19 Older people in work-related education/training

Definition:	In the three months since beginning [date] have you taken part in any education or any training connected with your job, or a job that you might be able to do in the future (including courses that you have told me about already)?
Data source:	Labour Force Survey (LFS), Office for National Statistics
Coverage:	UK/GB, quarterly since 1992
Related targets and strategies:	<p>Department for Education and Skills PSA target: Objective IV: Tackle the adult skills gap. Increase the number of adults with the skills required for employability and progression</p>

to higher levels of training through:

- improving the basic skill levels of 2.25 million adults between the launch of Skills for Life in 2001 and 2010, with a milestone of 1.5 million in 2007;
- and reducing by at least 40 per cent the number of adults in the workforce who lack NVQ 2 or equivalent qualifications by 2010. Working towards this, one million adults in the workforce to achieve level 2 between 2003 and 2006.

20 Older people exercising democratic rights

Definition:	Percentage voting in general elections
Data source:	British Social Attitudes, National Centre for Social Research
Coverage:	Great Britain, since 1983

Material well-being

21 Median net income of older people

Definition:	Median weekly net income (Before and After Housing Costs)
Data source:	Family Resources Survey, Department for Work and Pensions
Coverage:	Great Britain, 1994/5 (earlier FES based data goes back to 1979)
Related targets and strategies:	Department for Work and Pensions PSA target: By 2006, to pay Pension Credit to at least three million pensioner households.

22 Wealth

Definition:	Financial wealth = savings, stocks, shares Physical wealth = second homes, business assets minus debts Housing wealth = value of primary residence minus secured debt Estimated pension wealth = Value of accrued pension rights (state, occupational, personal)
Data source:	English Longitudinal Study of Ageing
Coverage:	England, every two years since 2002, those aged 50+

23 Relative low income

Definition:	<p>Low-income thresholds are 50, 60 and 70 per cent of median household income (before and after housing costs).</p> <p>Relative low income tracks the proportion of older people below thresholds of contemporary median income</p>
Data source:	Family Resources Survey based on Households Below Average Income methodology, Department for Work and Pensions
Coverage:	Great Britain, 1994/5 (earlier FES based data – based on IFS analysis – goes back to 1960s)
Related targets and strategies:	<p>Department for Work and Pensions PSA target: By 2006, to pay Pension Credit to at least three million pensioner households.</p> <p>Opportunity for All: This indicator is similar to part of Opportunity for All indicator 28. However, it uses different age breakdowns.</p> <p>Sustainable Development: This indicator is similar to Sustainable Development indicator 45. However, it uses different age breakdowns.</p>

24 Absolute low income

Definition:	<p>Low-income thresholds are 50, 60 and 70 per cent of median household income (before and after housing costs).</p> <p>Absolute low income tracks the proportion of older people below thresholds of 1996/97 median income fixed in real terms.</p>
Data source:	Family Resources Survey based on Households Below Average Income methodology, Department for Work and Pensions
Coverage:	Great Britain, 1994/5 (earlier FES based data – based on IFS analysis – goes back to 1979)
Related targets and strategies:	<p>Department for Work and Pensions PSA target: By 2006, to pay Pension Credit to at least three million pensioner households.</p> <p>Opportunity for All: This indicator is similar to part of Opportunity for All indicator 28. However, it uses different age breakdowns.</p>

25 Persistent low income

Definition:	Persistent low-income thresholds are 60 and 70 per cent of median household income (before and after housing costs). Persistent low income tracks the proportion of older people in relative low income in three out of four consecutive years.
Data source:	Households Below Average Income: British Household Panel Survey, Department for Work and Pensions (New data published in Low-Income Dynamics)
Coverage:	Great Britain, 1991-94
Related targets and strategies:	Department for Work and Pensions PSA target: By 2006, to pay Pension Credit to at least three million pensioner households. Opportunity for All: This indicator is the same as part of Opportunity for All indicator 28.

26 Proportion of people below state pension age contributing to non-state pensions

Definition:	Includes people in an employees' occupational scheme and/or personal pension scheme.
Data source:	Family Resources Survey, Department for Work and Pensions
Coverage:	Great Britain, annually since 1991
Related targets and strategies:	Opportunity for All: This indicator is the same as Opportunity for All indicator 29.

Support and care

27 Satisfaction with home care

Definition:	Overall, how satisfied are you with the help from Social Services that you receive in your own home? Proportion who are very or extremely satisfied.
Data source:	Information Centre – Personal social services Survey of home care users in England aged 65 or over, Department of Health
Coverage:	England, every three years since 2002/03, those aged 65+
Related targets and strategies:	Department of Health PSA target: Objective IV: Improve the patient and user experience. Secure sustained national improvements in NHS patient experience by 2008, as measured by independently validated surveys, ensuring that individuals are fully involved in decisions about their healthcare, including choice of provider.

28 Proportion of older people receiving direct payments

Definition:	People receiving direct payments per 100,000 population aged 65+
Data source:	Information Centre for Health and Social Care:-Referrals, Assessments and Packages of Care (RAP), RAP Table P2f.1, Department of Health
Coverage:	England
Related targets and strategies:	Commission for Social Care Inspection, Performance Assessment Framework (PAF): This indicator is the same as PAF indicator AoC51.

29 Proportion of older people being helped to live independently: Receiving any community-based service

Definition:	The number of people receiving any community-based service per thousand head of population aged 65 and over at end of the year (March).
Data source:	Community Care Statistics: Referrals Assessment and Packages of Care for Adults – RAP Table P2f.1, Department of Health
Coverage:	England, annually since 1998/99
Related targets and strategies:	<p>Department of Health PSA target: Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by increasing the proportion of older people being supported to live in their own home by one per cent annually in 2007 and 2008.</p> <p>Opportunity for All: This indicator is the same as part of Opportunity for All indicator 32.</p> <p>Commission for Social Care Inspection, Performance Assessment Framework (PAF): This indicator is the same as PAF indicator AoC32.</p>

30 Proportion of older people being helped to live independently: Being supported intensively to live at home

Definition:	The number of households receiving more than ten hours of contact and six or more visits during the survey week as percentage of older people in residential and nursing care and households receiving intensive care help (more than ten hours of contact and six or more visits during the survey week)
Data source:	NHS and Social Care Information Centre, Summary of the Public Service Agreement (PSA) target on Home Care 2004/05, Department of Health
Coverage:	England, annually since 1998/99
Related targets and strategies:	<p>Department of Health PSA target: Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by: increasing by 2008, the proportion of those supported intensively to live at home to 34 per cent of the total of those being supported at home or in residential care.</p> <p>Opportunity for All: This indicator is similar to part of Opportunity for All indicator 32. However, the denominator is those receiving home care help or in residential care, while the Opportunity for All denominator is the population aged 65+.</p> <p>Commission for Social Care Inspection, Performance Assessment Framework (PAF): This indicator is the same as PAF indicator AoB11.</p>

31 Older people receiving home adaptations and/or equipment

Definition:	Number receiving home adaptations and/or equipment
Data source:	Information Centre for Health and Social Care: Community Care Statistics: Referrals, Assessments and Packages of Care – RAP Table P2f.1, Department of Health
Coverage:	England, annually since 1999/2000
Related targets and strategies:	Commission for Social Care Inspection, Performance Assessment Framework (PAF): This indicator is the same as PAF indicator AoD54.

32 Care for carers

Definition:	Number of carers receiving a specific carer's service as a percentage of clients receiving community based services
Data source:	Information Centre for Health and Social Care: Community Care Statistics: Referrals, Assessments and Packages of Care (RAP), Department of Health
Coverage:	England, annually since 2004/05
Related targets and strategies:	Commission for Social Care Inspection, Performance Assessment Framework (PAF): This indicator is the same as PAF indicator AoC62.

33 Extent to which older people's care home providers meet minimum national standards

Definition:	Average percentage of national minimum standards met by older peoples' nursing and residential care homes. The national minimum standards are core standards which apply to all care homes providing accommodation and nursing or personal care for older people. The standards apply to homes for which registration as care homes is required. ⁵¹
Data source:	Commission for Social Care Inspection Note: this is not part of the Commission for Social Care Inspection PAF indicator set
Coverage:	England