



MAKING THE CASE

FOR THE SOCIAL SCIENCES

No.2 AGEING

Foreword

Ageing is one of the big social issues of today. As a result of improved diet, healthier living, better healthcare, less hazardous work, safer conditions and medical advances, most of us can now expect to live well into old age and longer. No longer is retirement a short period of deteriorating health prior to death. Today over 14 million people are over 60 and 1.3 million of them are 85 or older and the number is increasing.

A good old age is, however, not available to all and there are considerable social challenges. There are wide discrepancies in life expectation, income and health both geographically and across socio-economic groups. The gap in life expectancy between the most advantaged and disadvantaged groups in our society is seven years and that for healthy old age is 17. Women may on average still live longer than men, but they frequently do so in poor financial circumstances, experiencing disabling chronic illnesses and high levels of depression. Almost two thirds of women over 75 live alone and many have no close kin to support them. As more people from ethnic minorities become old, a new diversity of needs and culturally appropriate forms of support are emerging.

The economic and related social implications of the new demography remain largely unaddressed. With the rapid decline in final salary pension schemes and the upsurge in women retirees with poor pension provision, the current level of 2 million pensioners living in poverty will rise if evidence based policies are not implemented. Whilst some composite of increased contributions along with later and flexible retirement may address the basic pension issues; the rising public cost of care at home and in care homes (currently over £20 billion a year) is a major and pressing public policy issue. On Treasury estimates the rise in cost of support for older people, even at current levels, will increase by 2029 by a further 2.4% of GDP.

Social science research lies at the heart of developing appropriate policies for the ageing population. It has built up an evidential knowledge base which has influenced the provision of public and private support for older people.

We are delighted to present this short booklet to you as the fruit of collaboration between the Academy of Social Sciences, together with the British Society of Gerontology and Age UK, which are both active in raising the profile of ageing and its social consequences. We are grateful to the ESRC for support and the ESRC New Dynamics of Ageing programme for input. This is the second booklet in the Academy's *Making the Case for the Social Sciences* series, which offers a snapshot of social science research projects which have had an impact on public policy or social behaviour and so helped society to address the challenges being faced with some of the opportunities now available.



A handwritten signature in black ink that reads "C. Cooper".

Professor Cary Cooper
CBE AcSS
Chair of Council,
Academy of Social Sciences



A handwritten signature in black ink that reads "Judith Phillips".

Professor Judith Phillips
AcSS, President, British Society
of Gerontology



A handwritten signature in black ink that reads "m. Mitchell".

Michelle Mitchell
Charity Director, Age UK



Planning for the future

It is vital for any society to be aware of likely future costs. One of the things it needs to know is how much it may have to spend on the older section of the population, for example in health care, pensions and other care costs.

Professor Michael Murphy of the London School of Economics led a team of researchers to consider the needs and resources of older people over the next two decades in order to help the country plan properly for matters like long-term care and pension provision. They looked at a variety of questions such as: how long people will live and how healthily; whether, as family life changes, we will be able to call on the same level of informal help as at present; they also looked at what people can, or are willing to, save for their old age and how this will affect their options for care later on in life.

The team found that the number of people aged 85 and over in Britain in 2031 is now

expected to be one million more than was anticipated only 15 years ago, with substantial consequences for expenditure. They have also looked at why earlier forecasts were wrong so that more accurate figures can be provided in future. They also found that public expenditure in England on long-term care and disability benefits for people aged 65 and over is likely to rise, under a set of base case assumptions, from £15.8 billion in 2007 to £37.6 billion in 2032: an increase of 225%. Recently suggested reforms to long term care would lead to yet higher future costs.

As part of this project **Professor Emily Grundy** at the London School of Hygiene & Tropical Medicine investigated changes in the balance between institutional and family care for older people over the period 1971-2001 and how these may have been influenced by policy changes. To do this she analysed the Office for National Statistics Longitudinal Study.



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The findings suggested that policy changes influence the residential choices of older people. More specifically, the NHS and Community Care Act and other reforms in the 1990s led to fewer people going into institutions, and those who were admitted were in overall poorer health than people entering institutional care in previous decades. Targeting community services at those deemed most at risk of institutional admission – perhaps by increasing the amount of help provided for this group – may have enabled more people to remain in the community for longer, even if living alone or just with a spouse. Overall chances of living with relatives were lower in 1991-2001 than in previous decades suggesting other influences driving a continued trend towards increased residential independence among older people. Finally, despite the high mortality of residents in institutional care, it is noteworthy that 36% of women and 26% of men in institutional care in 2001 were still alive three years later; a finding relevant to both families and service providers planning financing of care.



Modelling costs of future social care funding

The sustainability of long-term care systems across much of the world is threatened by changes such as ageing populations, reduced availability of unpaid support from family and others and higher service costs. Not surprisingly, governments are very keen to identify arrangements for funding health and social care that ensure a fair, efficient and affordable distribution of support in the future.

Using a range of modelling methods (including macro and micro, static and dynamic simulation models), **Dr Jose-Luis Fernandez, Dr Julien Forder, Raphael Wittenberg** and colleagues at the London School of Economics and Political Science explored this area within the long running work of the Personal Social Services Research Unit. They looked at present and future costs and benefits associated with alternative scenarios for the future, each based on different assumptions about patterns of disability and need, unpaid support, service provision, unit costs and funding systems.

Given the expected future trends in the prevalence of disability and the ageing of the population, recent analysis predicts a 45% increase between 2010 and 2026 in the number of older people in England unable to carry out basic activities of daily living such as feeding, washing and using the toilet. Coupled with significant increases in costs of services, the results suggested that a doubling of public expenditure would be required over the same period to meet increased demand under the current means-tested funding arrangements.

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The analysis also estimated the average lifetime expected costs of care for people reaching 65 years of age. This is



approximately £32,000: £40,000 for females and £22,000 for males. These figures starkly illustrate the need for collective funding arrangements that 'insure' the population against the risk of catastrophic care costs.

These pioneering projections models for long-term care expenditure have informed several UK government and independent reviews, as well as the European Commission's 2006 public expenditure

projections and the OECD's 2005 study of long-term care. This work has fed into much policy work in this area and has, for example, enabled government to evaluate the different options before recommending changes.

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How ageist is Britain?

In the UK the number of people of 60 and over is set to increase by 50% in the next 25 years. In the workplace, forced retirement (due at least in part to ageism) has been estimated to cost an estimated £3.5 billion in lost economic output. Whilst age discrimination has been widely discussed in the media it was not clear exactly what was happening. **Professor Dominic Abrams AcSS**, a social psychologist at the University of Kent, and **Dr Bill Bytheway AcSS**, a gerontologist at the Open University, have respectively carried out research in conjunction with Age Concern and Help the Aged, now merged to become Age UK, to investigate this question and attempt to 'benchmark' ageism in society.

Bill Bytheway's Research on Age Discrimination (RoAD) team used the Help the Aged national network of Older People's Forums to engage with groups in all parts of the UK. They kept an 'open door' for older people to submit evidence of their experience of age discrimination and also recruited older people willing to keep one week diaries and then be interviewed

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about them by older people who were also experienced interviewers. From the evidence, the team produced twelve vignettes which were fed back to Forums for discussion.



They found extensive evidence of everyday age discrimination. Rather than one-off life-transforming experiences such as involuntary retirement, they uncovered many examples of how older people become excluded from contemporary life as a result of constantly repeated minor acts of prejudice, stereotyping and exclusion. An anti-discrimination toolkit was produced and the report was used by government in the Discrimination Law Review.

Dominic Abrams' team developed the first nationally representative surveys of ageism, starting from 2004. These demonstrated that whether people viewed someone as 'young' or 'old' depends strongly on their own age. Although most people didn't express overtly hostile ageist attitudes, more people reported being a target of ageism than any other form of discrimination.

Older people are often viewed in a patronisingly 'benevolent' way. While characterised as more moral, friendly and trustworthy, crucially older people are also viewed as less competent

than younger people. This has major implications on their treatment in terms of health, employment, and access to services. The first report, *How Ageist is Britain?* provided important evidence to the Equalities Review. The Department for Work and Pensions commissioned a report combining evidence from the team's national surveys for its strategy on *Building a Society for All Ages*. The research continued through the 2008 European Social Survey of over 50,000 people to establish benchmarks for comparing and measuring ageism across 30 European countries (EUR-AGE). The team continues to work with DWP to develop an age attitudes module to inform national policy by regular inclusion in the Office for National Statistics Opinions (Omnibus) survey.

<http://www.open.ac.uk/hsc/research/research-projects/road/home.php>

<http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep599.pdf>

<http://www.eurage.com>



Employers and older workers

It has long been difficult for older workers to find employment, but there was no systemic research on the subject. In a first national survey, funded by the ESRC, **Professor Alan Walker AcSS** and his team at the University of Sheffield looked at employers' attitudes to older workers. This involved self-completion postal questionnaires from 400 large and medium-size companies and follow-up qualitative interviews with a sub-group of them. The analysis compared employer attitudes with their hiring preferences.

The team found that the main reason employers were reluctant to engage older workers was they thought they lacked appropriate skills relative to younger workers. Nearly three-quarters of employers regarded this as the main problem. This exposed a self-fulfilling process in employment that militates against older workers because they are the least likely to receive training.

The research also found widespread existence of familiar stereotypes, such as 'you can't teach an old dog new tricks', but some more positive attitudes about older workers also emerged, such as loyalty and reliability.

However, it was the prejudicial views that were uppermost when hiring or firing decisions were made. The research team also found that employers did not have specific employment policies for older workers or an ageing workforce.

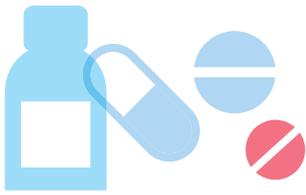
The project recommended that employers and government should take a more active stance, including making more training opportunities available to improve core skills and keep abreast with IT developments, as well as public education campaigns to raise awareness of workforce ageing and combat discriminatory attitudes.



This research led directly to changes in government policy, such as the removal of age barriers in public training schemes and campaigns aimed at overcoming discrimination, such as Age Positive. Alan Walker replicated this research

across eleven European countries, which resulted in a European Code of Good Practice in the employment of older workers and two good practice guides used extensively by employers, policy makers and NGOs. This work contributed significantly to the inclusion of age in the 2000 European Equal Treatment Directive, which was adopted by the UK Government in 2006 to try to remove the discrimination bias commonly found in employment practices.

Alan Walker is currently leading an international team of biogerontologists, health researchers, engineers and social scientists in the preparation of a definitive road map to guide European ageing research for the next 10-15 years and this project is called FUTURAGE (www.futurage.group.shef.ac.uk). He also directs the UK's first multi-disciplinary research programme on ageing supported by five Research Councils (www.newdynamics.group.shef.ac.uk).



Work related stress and the older worker

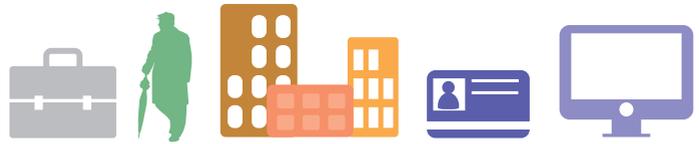
There are fewer workers in proportion to retired people, with clear implications for the pensions system, so it is important to keep older people in work longer and more healthily. However, work related stress is thought to be responsible for more lost working days than any other cause and it appeared it could be one factor affecting older workers' willingness and ability to remain in the labour force.

Professor Amanda Griffiths AcSS of the University of Nottingham led a team which carried out a wide-ranging survey of previous studies, looking especially at why reports of work related stress appeared to peak between 50 and 55 before declining prior to normal retirement age. The research highlighted the possibility that early retirement simply removed many stressed workers from the workplace or that people have moved onto less stressful jobs, so that those still in their original work are 'healthy survivors'. They found that stress related health problems in older people often had roots much earlier in life so that

working conditions at all stages needed to be considered. Quality of life in retirement was also affected by previous working life.

The team found several ways for employers to reduce stress for older workers and improve productivity and retention. One key item was to increase flexibility at work: for example, offer more choice about the type and level of work, reduce night shift working, permit better rest breaks, or allow reduced hours. Promoting physical exercise was also seen to be important as a means of maintaining capabilities.

The Age and Employment Network which commissioned the work with Help the Aged, now Age UK, publicised the research findings to leading policy and academic organisations as well as employers in the public and private sectors, labour market intermediaries and government bodies such as the Equality and Human Rights Commission, Department for Business Innovation and Skills and the Department for Work and Pensions.



Safeguarding older vulnerable adults

Worry about safety of your older relative in a care home is something that troubles many families when the media contains frequent stories about mistreatment or neglect in such settings. This has been acknowledged for over a decade by government which declared that there would be 'no hiding places' for bad work practices in care homes.

Professor Jill Manthorpe and colleagues at the Social Care Workforce Research Unit, King's College London, explored one way in which a new law tries to prevent unsuitable people from working with vulnerable people with high support needs, like dementia.

The researchers built up a picture of what happens when a barring and vetting scheme operates. They collected data from the files or records of people who had been referred to the new Protection of Vulnerable Adults List, and explored the decisions that led to these referrals and the decisions to bar some people from such work or volunteering. Detailed statistical analyses looked at the reasons why people had been referred and

which staff in particular. The team found that men were over-represented on the list and that staff working in care homes were more likely to be referred for physical or emotional abuse and home care staff for financial abuse. They recommended that the new scheme should consider work records and collect more data on alleged victims as well as providing managers operating the scheme with more training.

Further work involved interviewing the civil servants who made recommendations, and talking to vulnerable older people about their views of where the thresholds of barring should lie. This revealed wide-ranging views showing that these issues are essentially matters of judgement involving moral decisions.

The government has used this study in developing the Safeguarding Vulnerable Groups Act. In an area where emotions can run high, this research provided a bedrock of evidence.



Improving sheltered housing and care homes for older people

Nearly one million people live in sheltered housing and residential care homes, many of which are out of date. Much of this sort of housing needs refurbishment due to the small size of the rooms, lack of amenities and an inadequate level of care. Where there is less money for building new accommodation then remodelling the existing stock may be a solution.

Professor Anthea Tinker AcSS, a social gerontologist at King's College London and architect **Professor Julienne Hanson** of University College London led an interdisciplinary team, funded by the EPSRC, to examine a number of housing schemes across the country that had been remodelled.

They found that remodelling to provide better accommodation and more care gave most tenants a better quality of life. However, it was far from straightforward and numerous delays occurred while most schemes ran over budget. Costings showed that remodelling was not necessarily a

cheaper option than new build. In some cases, the overspend was very high, usually because, once a building was opened up, serious structural problems were detected requiring immediate remediation. Nevertheless, most housing providers agreed that remodelling was better value for money, quicker and more sustainable than designing a completely new building. One said:

“I think it was very satisfying that we changed what was fundamentally a sound building into a modern facility, without having to resort to demolition.”

Another commented:

“The character and the ambience of the original building has been retained, but was incorporated within a 21st century scheme.”



The team produced examples of good practice and lessons learned and the study informed the Government's National Strategy for Housing in an Ageing Society, which cautions about such solutions being 'complex and expensive'. It also helped to inform some of the behind the scenes thinking for the Ministerial Group on sheltered housing.

<http://www.kcl.ac.uk/content/1/c6/02/96/45/remodellingShelteredHousingSummaryweb181007.pdf>

<http://www.kcl.ac.uk/content/1/c6/02/96/45/remodellingadviceversion151007.pdf>



Helping pensioners in poverty

Research has shown that many pensioners find themselves living in poverty and unable even to feed themselves properly or keep warm. One reason is that they do not take up the state benefits to which they are entitled, including benefits that would help them meet the costs of ill-health or disability. However, although it is strongly believed that a large proportion of pensioners don't take up their entitlement, it is very difficult to know exactly how many.

To begin to understand this problem **Dr Suzanne Moffatt** and **Professor Martin White** at Newcastle University, funded by the Department of Health, carried out a pilot study using quantitative and qualitative methods to look at how a welfare rights advice service provided through GP surgeries helped people aged over state pension age. Half of those involved received a welfare benefit award as a result. The research found little to suggest that people's health was

affected by receiving the additional money but it did find that helping people to claim what they were entitled to improved their mental wellbeing considerably; it helped them to cope with both necessities and emergencies and so reduced stress relating to money worries.

People who had received help also considered themselves much better able to participate in society and remain independent.

The average costs per case at the time were just £161 for those who received benefits and £63 for those who did not, whilst resulting in significant beneficial outcomes including significant input into the local economy. As a result, this research was used to argue successfully against cutting local welfare rights services and has become the basis for a larger project currently under consideration by the National Institute for Health Research.

<http://journals.cambridge.org/action/displayAbstract?aid=1920696>



Lifelong learning and the ageing society

Learning is often thought of as part of a person's early life, but a team led by **Professor John Benyon AcSS** at the University of Leicester looked at how learning in older age might also be beneficial.

Using evidence from a variety of sources they investigated what older people are learning and the effect it has on their lives. They found that learning activities promoted older people's mental and physical health and well-being. For example, increasing independence by learning to understand financial and legal matters, make more-informed consumer choices, develop new skills and interests, and understand social, political and technological changes. Other results were more specific: a project called First Taste ran classes in care homes in Derbyshire and found significant reductions in medication for the older people involved. In a study carried out in 2000, 80 per cent of learners aged 50 to 71 reported that their classes had a positive impact in ways such as increased self-confidence, enjoyment of life and an ability to cope with events. The rise in the membership of the University of



the Third Age is testimony to the wish many older people have to learn.

One of the Leicester group's findings however, is that the educational needs of older people are often not being met, with a reduction in provision of opportunities in recent years, and only a small (and falling) proportion of older adults participating in such activities.

The work fed into policy development at both the DWP and BIS government departments as well as Leicester City Council. As a result of demonstrating the importance of education in later life, further work by the Leicester group has been funded to examine the benefits and barriers in greater detail.



Older people in deprived areas

Professor Thomas Scharf AcSS of Keele University led a team exploring for the first time the experiences of older people living in some of England's most disadvantaged urban communities to discover how far they were prone to different forms of social exclusion, and the impact of such exclusion on their quality of life and health. They collected a range of data in disadvantaged neighbourhoods in London, Liverpool and Manchester: using group discussions with older people, a large survey of people aged 60 and over, and in-depth interviews.

They found that many people's quality of life was reduced by their susceptibility to multiple forms of social exclusion. Poverty, social isolation, loneliness and the experience of crime were particular concerns. However, they also found that older people have a strong commitment to their neighbourhoods.

The unique nature of the data, in particular the often powerful accounts of older people's daily experiences of exclusion, has helped to shape public perceptions of the ageing of

some of Britain's most disadvantaged citizens. Help the Aged (now Age UK) used the early research to help them improve the lot of older citizens, and the government asked the team to look at how its policies affected such people. This led to pilot projects addressing older people's social exclusion and to local government attempts to improve matters. For example, the research was used by Manchester City Council to develop the city's first ageing strategy and a later, innovative strategy aimed at making Manchester a 'great place to grow older'. Now older people in the most disadvantaged neighbourhoods have more opportunity to help the policy making process. Further work has also been commissioned under the interdisciplinary New Dynamics of Ageing programme.

The research highlighted the value of preventative policy and practice interventions across the life course, not just in old age. These principles were emphasised in the Social Exclusion Unit's landmark 2006 report, *A Sure Start to Later Life*.



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Early intervention at key transition points in life such as bereavement or when chronic health problems begin, can yield potential savings for the public purse, whilst also preventing the onset of exclusion in later life.

<http://www.keele.ac.uk/csg>

<http://www.newdynamics.group.shef.ac.uk/>



Dementia Care Mapping: Improving the quality of dementia care for people living in care homes and at home

Dementia Care Mapping (DCM) is an observational assessment and practice tool originally developed by **Professor Tom Kitwood**, founder of the Bradford Dementia Group, University of Bradford. It is based on a paradigm in which the person comes first. It takes into account a richer range of evidence than the medical model and resolves some of its anomalies. It provides the rationale for an approach to care that looks far more to human than medical and pharmaceutical solutions. Over the past decade the original radical philosophy of person centred care has been maintained, but a considerable body of research, training and evaluation has refined the way DCM trained staff enter into the world of the person with dementia, through tutored listening, observation and interaction with family carers. Many thousands of staff in care homes and hospitals in the UK and around the world use the training, manuals, philosophy and assessment process as the basis for their dementia work.

Dementia Care Mapping has also been used successfully in settings where people continue

to live in their own homes and in supported living units. **Dr Claire Surr, Mr Paul Edwards and Dr Elaine Argyle**, from the Bradford Dementia Group conducted a study to examine the acceptability and feasibility of using DCM outside of formal care settings.

The DCM tool and process was modified and named DCM-SL. Experienced staff from Lincolnshire County Council (mappers) were trained to use DCM-SL. The mappers observed 12 home support workers providing support to 30 people with dementia. People with dementia or a family member were interviewed about their experiences and also completed acceptability questionnaires. Focus groups were subsequently conducted with the mappers and home support workers. The research demonstrated that people with dementia and their families found it acceptable for observations to be conducted in their home. Home Support Workers felt that it was a beneficial process that gave them confidence and helped to develop the essential skills and knowledge.



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Lincolnshire County Council continues to use DCM-SL as a staff development tool and to enhance service delivery to older people. The impact of this study has been to create and test new techniques to monitor and improve dementia care quality in home based settings. The research team are working with the Department of Health National Dementia Strategy Implementation Team to establish how to introduce the new DCM-SL on a national basis and will be exploring implications for regulation and inspection of this work with the Care Quality Commission.

Details about Dementia Care Mapping, DCM-SL, the applications they are built upon and the research which underpins them can be found at: <http://www.brad.ac.uk/health/dementia/DementiaCareMapping/>





The importance of getting outside

Older people can remain independent for much longer when they can live at home, avoiding the high costs of residential care, which are currently around £500-£700 per week. Keeping physically and socially active both in and around one's home, particularly on a daily basis, reduces care costs and Health Service demands; a recent Social Return on Investment study calculated that every £1 spent on enablement for older people resulted in a social return of £28. **Catharine Ward Thompson** and the interdisciplinary I'DGO (Inclusive Design for Getting Outdoors) consortium, explored what part the ability to get out into one's local neighbourhood plays in this and what barriers there are to achieving this day-to-day.

The researchers asked nearly 800 people aged 65+ about their wellbeing and quality of life, how often and why they went outdoors and what features of their local neighbourhood helped or hindered their activity. They also looked closely at 200 residential neighbourhoods to identify

barriers and benefits to getting around as a pedestrian.

They found that people went outdoors very frequently – usually on foot – to socialise, exercise, get fresh air and experience nature. If they lived in an environment that made it easy and enjoyable for them to do so, they were more likely to be physically active, healthy and satisfied with life. For example, the research found that those who lived within 10 minutes' walk of an open space were twice as likely to achieve the recommended levels of healthy walking as those whose space was not local. Problems older people faced included inadequate paths, benches and toilets, car-free spaces, attractive trees and waterscapes. These shortfalls in the surroundings, as well as fears about crime and danger from traffic, often worsened existing personal limitations and social circumstances.

I'DGO produced guidance on how to design streets, parks and public open spaces with older people in mind, which was used by Help the Aged (now Age UK) and the



World Health Organisation's international guide to creating *Global Age-Friendly Cities*, national governments, the Commission for Architecture and the Built Environment and the cross-departmental *UK National Strategy*

for Housing in an Ageing Society: Lifetime Homes, Lifetime Neighbourhoods.

For further information, please visit www.idgo.ac.uk

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Age UK's founding mission is to improve the lives of older people by developing products, providing services and campaigning. It is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798, registered address 207–221 Pentonville Road, London N1 9UZ).

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The British Society of Gerontology was established in 1971 to provide a multidisciplinary forum for researchers and other interested members in the field of ageing. The Society was elected as a member of the International Association of Gerontology and Geriatrics in 1987 and is affiliated to many other organisations in the UK and abroad. It aims to promote the understanding of human ageing and later life through research and communication. It seeks to foster the application of this knowledge to the improvement of the quality of life in later life.

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