"Ageing is not a policy problem to be solved…"

COMING OF AGE

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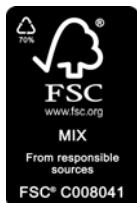John Holden
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Contents

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Executive summary

Much is written about the policy challenges faced by our ageing society. The population is getting older and more diverse, and the reality of what this will mean economically, socially and environmentally is beginning to impact on the public mind. As a society we tend to view ageing as a 'problem' which must be 'managed' – we frequently debate how to cope with the pressure on national health services of growing numbers of older people, the cost of sustaining them with pensions and social care, and the effect on families and housing needs.

The core message in this report is that ageing in itself is not a policy problem to be solved, but is in fact a unique experience for each individual, which varies according to personal characteristics, experience and outlook. Each individual's experience of ageing, including their health, well-being and financial security, will be determined by their life-course in its entirety, rather than by the events of their later life in isolation. Therefore, policy activities to support positive experiences of ageing must aim to build people's resilience throughout their lives, to prevent problems such as poor health or social isolation from arising.

Contrary to assumptions, many of the older people who participated in our research found that ageing was a positive experience, which had brought them greater confidence, peace and self-acceptance. The majority of our research participants felt positive about the opportunities that retirement gave them for undertaking new projects and leisure activities, and they were making a number of important social contributions including volunteering and caring for parents and grandchildren. However, they also commonly experienced age discrimination and age-based social stereotyping. A number of participants felt that negative social attitudes towards older people were exacerbated by policy narratives that disproportionately

emphasise the costs posed by an ageing population but do not adequately recognise the contributions that older people make, including financial contributions through taxation. Many participants also made comments that indicated their considerable disillusionment with politics and the policy-making process for this reason.

Our research has attempted to put older people at the centre of policy making and to compare and contrast policy approaches to ageing with the lived experience of growing old. To achieve this, Demos worked in partnership with staff at Brunel University, who set up two major studies that would give voice to older people through diary-keeping techniques. The findings from these studies form the basis of this report and they have been analysed and contextualised within a detailed review of existing public policy approaches to ageing.

The research

One study was conducted through the Mass Observation project, which is one of the longest-running longitudinal life-writing projects anywhere in the world. Three times a year, Mass Observation participants receive a 'directive', which is a set of open questions that invite them to write freely and discursively about their views and experiences. For this particular study, a directive was issued in winter 2009 to find out how participants responded to representations of ageing in political and media discourse. It was issued to 600 people and 193 written responses were returned. In conjunction with earlier directives about ageing in 1992 and 2006, it was possible to collate data on how ageing is understood in society, how views differ between generations, and how social expectations on ageing relate to self-understanding.

For the second study, eight volunteer reading groups were set up in collaboration with the Third Age Trust, involving 86 volunteers in their early 60s to 90s. The volunteers were arranged into reading groups throughout London, and met for monthly discussions. The aim was to create a space for complex and wide-ranging deliberation on the experience of ageing. To

achieve this, fictional representations by leading writers were used as a stimulus to reflection and discussion. During the course of a year, all groups read nine nominated novels published from 1944 to the present, a period that corresponded largely with the adult life experiences of participants. The novels were chosen to provide a range of contrasting vantage points on later life, and to provoke readers' assumptions and attitudes.

Through this approach we discovered how people feel about themselves, how they are treated and viewed, and how they react to policies that affect their everyday lives. Further detail relating to the sampling of participants, other details of the methodology and a list of the novels discussed are provided in annex 1. The literary quotations that are used in chapters 3–8 are taken from these novels.

Findings

In response to the findings that emerged from the two Brunel studies, we have considered five specific policy areas in detail.

Work and finances

Our research participants argued that working in later life should be a matter of choice, not compulsion. Some people's personal experiences highlighted the devastating impact that compulsory retirement can have on an individual's identity and self-esteem, therefore there was considerable support for abolishing the default retirement age. People were positive about working in later life as long as the demands of the job continued to be appropriate to the individual's capabilities.

Attitudes about personal finances varied considerably. Some people, who had both a private and state pension felt very well provided for and looked forward to the future with optimism, while others felt they had made poorly informed employment choices, with negative financial consequences for their retirement, or had unexpectedly found themselves in a worse than expected financial position due to changing personal circumstances such as divorce or illness.

Contrary to the dominant approach in ageing policy, older people do not necessarily believe universality to be the best system for delivering benefits. In fact, in the case of winter fuel payments, the provision of universal benefits for people from their early 60s, on the assumption that 'older people' are more vulnerable to cold weather, was felt to be unnecessary and patronising.

Housing and independence

The majority of older people in our study wished to remain independent and stay in their own homes for as long as possible. Participants almost universally expressed great fear at the prospect of moving into residential care. Several people emphasised that it was important to them that they should remain in contact with people of all age groups, and be part of interdependent social networks that made them feel needed.

Health and social care

There was great concern about the discriminatory treatment of older people. Some felt that there was widespread discrimination in the NHS, and that doctors dismissed health problems experienced by older people, regarding them as being part of the ageing process, rather than as a treatable condition. Discussions of mental health focused on the importance of preventative approaches to mental health support, including providing older people with opportunities to remain active and socially engaged. A number of research participants expressed fear of developing dementia in old age, while one man cautioned against even thinking about the risk of dementia, as this could cause unnecessary suffering. These responses highlighted the stigma that continues to surround dementia.

Participants said they would prefer to receive domiciliary care than to be admitted into residential care if they were unable to live on their own. Most objected to the unfairness of the current means-tested system which can lead to situations in which the prudent lose their assets in paying for care, while those

who did not save for their retirement may not need to contribute. Concern was expressed that those caring for their parents are themselves growing older and may be in need of care themselves. It was felt that carers currently receive inadequate support and are in need of greater respite.

Active ageing

Participants had mixed experiences of retirement: some approached it positively as a liberation from work; others were more anxious, concerned that stopping work might open up a void in their life. However, most saw retirement as a time to remain active and socially engaged. They expected that retirement would provide increased opportunities for leisure, self-development and new projects. Participants who had poorer health valued being able to take part in intellectual and social activities, as opposed to more physical activities.

Participants in the study thought it very important for older people to have opportunities for learning and cultural engagement, with adult learning opportunities and universal services such as libraries and museums playing a central role in improving their quality of life. They thought volunteering was an important means for older people to continue to contribute to society, while public spaces and facilities such as leisure centres provided valuable opportunities for intergenerational contact. They believed transport concessions such as the free bus pass were vital to help older people to remain mobile and socially active.

End of life

Participants did not express fear of death itself, but rather concern about the adequacy of care in the final phase of life and possible indignities they may suffer when dying. One group of participants thought that euthanasia should be accepted to enable people to exercise more control over the manner of their death.

Policy directions

The policy directions we have outlined are as much about finding a vision for an effective policy approach to ageing as they are about making specific recommendations for changes to policy or service provision. We identify four key principles for improving policy responses to ageing that cut across these policy directions:

· At the centre of our vision is the need for long-term strategies to support people to experience good health, social inclusion and financial resilience across the life-course.
· Older people are a highly heterogeneous group, therefore we need to move away from one-size-fits-all policy approaches and services to offer older people choice and flexibility in how they live.
· We need to challenge all forms of age discrimination, including patronising stereotypes about older people's dependency and vulnerability, and to find better ways to target state support towards those who actually need it.
· Older people are feeling increasingly alienated by policy rhetoric that presents older people as a social or financial burden. We cannot meet the challenges posed by an ageing society without the support of older people themselves. Therefore, we need a shift of mind-set to recognise the extremely valuable social roles that are already fulfilled by older people, and increase opportunities for older people to use their skills to make a positive contribution to society.

We discuss some of the key policy directions below.

Flexible jobs for older workers

To realise its ambitions of retaining an older workforce, the Government should work with employers to explore opportunities for developing more flexible career pathways for older workers that offer a greater choice of job roles, use older people's skill sets, support a phased approach to retirement, and combat institutional ageism.

Reducing complexity in the state pensions system and tackling pensioner poverty

To reduce complexity in the pensions system and provide a firm basis for people to save towards their retirement we support the Coalition Government's proposals to introduce a single-tier pension. In addition to this, we suggest that the Government should investigate giving people the option to capitalise and invest a portion of their *future* state pension entitlement in a personal pension scheme of their choosing earlier in their lives. This could have a dramatic effect on the rates of private pension take-up.

Better targeting of winter fuel payments

Most people in their early 60s do not feel old or 'vulnerable', therefore the current system of winter fuel payments does not reflect modern experiences of ageing. We believe that the Government should investigate better targeting of winter fuel payments, potentially raising eligibility to the age of 75 in line with disability-free life expectancy. To address inequalities, people receiving income-related or health-related benefits could automatically receive winter fuel payments once they reach state pension age.

A diversity of service provision to support 'active ageing'

Older people are a highly heterogeneous group, therefore a diversity of service provision is needed to provide attractive opportunities for people with differing interests. Some people will wish to participate in designated activities for older people, while others will want to make use of universal services. Ensuring that core services such as libraries and leisure centres are available and accessible to older people is therefore an essential part of supporting active ageing.

An intergenerational approach to local service delivery

Segregating service delivery according to set age groups can further exclude those who may already be socially isolated. To

give people of different generations the opportunity to share their skills and to give and receive informal support, local authorities and other local service providers should challenge assumptions that activities and services should be age-specific and investigate how they can deliver services more flexibly and inclusively.

Section 1
Demographics and the policy context

1   Changes in ageing

A number of well understood trends underpin the changing experience of ageing. In reviewing the best known of these, it is clear that ageing is an increasingly varied and personal experience, which is influenced by the individual's social context but is by no means uniform or predictable. The analysis in this chapter sets the scene for what follows, by identifying the key implications of ageing in UK society in a number of contexts.

Population ageing

'Older people' (defined as those who are aged above the state pension age) make up an increasingly large proportion of the UK population. In 2008, 11.8 million people were aged above the state pension age, which for the first time overtook the number of children aged 16 or under. By 2034, 23 per cent of the population will be aged 65 or over, with only 18 per cent aged 16 or less.[1] The 'oldest old' – those aged 85 and over – are the fastest growing age group in our society. In 1984 there were approximately 660,000 people in the UK in this age group, but by 2009 there were 1.4 million. By 2034, this number is expected to have more than doubled again, to 3.5 million. It is also predicted that those aged 100 or more will increase sevenfold between 2009 and 2034, to reach 87,900.[2]

The old age support ratio (OASR), which calculates the number of people of working age in comparison with those aged over the state pension age, will fall from 3.6 in 1971 to a projected ratio of 2.8 by 2034.[3] A number of important long-term trends have driven population ageing, including reductions in infant mortality, and increasing longevity, with lower mortality rates and lower fertility rates from the mid-1960s onwards.[4] Over the next two decades, changes to the OASR will also be driven by

the ageing of the massive post-war 'baby boomer' cohort (born between 1945 and 1965), who will progressively reach state pension age. Just between 2005 and 2015, the number of pensioners will increase by 1.6 million.[5] However, it is important to note that the OASR can lead us to make overly simplistic assumptions about who is financially dependent on whom. These metrics do not take into account potential inactivity among people of working age or the fact that some people choose to continue working beyond the state pension age.[6] These broad demographic changes also mask a number of other trends that are affecting the lives of older people.

Working in later life

Changes to the population demographic have contributed to changes in retirement prospects and income levels. Participation in the labour market throughout adult life is the main influence on people's level of income in later life and over recent years the employment prospects of older people as a group have improved.

Trends over the last 15 years show that overall both women and men are continuing to work later in life, with the employment rate for men and women aged 50–64 increasing between 1995 and 2010 (from 65 per cent to 72 per cent for men, and from 49 per cent to 58 per cent for women). Over the same period, the employment rate of those aged over 65 also increased, from 8 per cent to 12 per cent of men and from 3 per cent to 7 per cent of women.[7] Surveys have shown that public attitudes are more supportive of people who wish to continue working later in life, with fewer people in 2008 supporting the view that older workers should retire to make way for younger workers than in 2000.[8] Increasing numbers of people also expect to work until they are in their 70s (10 per cent of men in 2008 compared with only 5 per cent in 2004)[9] and the 2008 British Social Attitudes survey found that a third of employees would like to work past the age of 65.[10]

The scheduled increases to the state pension age for men and women are intended to increase the number of years that

people spend in employment and shorten retirement in order to reduce expenditure on state pensions and provide people with greater opportunities to save for their retirement.[11] It is clear from published data that the state pension age itself exerts a strong influence on the age at which people retire, perhaps by promoting particular age-related norms on when men and women are expected to retire.[12] Withdrawal from the labour market for men and women can be seen to cluster around their respective state pension ages (currently 65 for men and 60 for women). For men, withdrawal from work peaks between 64 and 66, while for women the peak is between 59 and 61.[13] However, women are on average more likely to work past the state pension age than men, perhaps because their state pension age has been significantly lower (the average age of withdrawal for men was 64.5 in 2009, while the average age for women was 62 years).[14]

A number of other factors also influence whether older people are likely to remain in employment, not least of which is the availability of jobs. While the long-term trend is that people are continuing to work later in life, with the percentage of workers who are above state pension age doubling between 2001 and 2010,[15] there has also been a recent spike in the numbers of people taking early retirement. This may have been influenced by rising levels of unemployment across all age groups. In the last quarter of 2010, the number of people who took retirement before the age of 65 increased by 49,000 to reach a total of 1.57 million, the highest figure since comparable records began in 1993.[16]

Recent analysis of labour market statistics has demonstrated the continuing trend that people aged between 50 and 64 are the most likely of all age groups to suffer from long-term unemployment lasting a year or more.[17] In October 2010, 43 per cent of those aged between 50 and 64 who were unemployed had been out of work for a year or more, compared with only 27 per cent of those aged 18–24 who are unemployed. Therefore, although the young have been hit hardest by unemployment overall in recent years, with one in five graduates currently unemployed, it is still older workers who are most likely to suffer from persistent unemployment.

The availability of part-time or flexible work may also be an important factor that influences whether or not older people are able to remain in the workforce up to and past state pension age. Switching to part-time work as part of the transition to retirement has been an increasingly popular choice in recent years. In April–June 2010, 59 per cent of men who worked past the state pension age, and 68 per cent of women, were working part-time.[18] The 2008 British Social Attitudes Survey found that while only a third of people questioned wished to work past the age of 65, the number expressing this wish nearly doubled to 61 per cent if flexible working arrangements (eg. part-time working) were available.[19] However, previous research has indicated that 'older workers desire a level of flexibility in working arrangements that employers, in practice, would not, realistically, be in a position to offer'.[20] Recent changes to the labour market, including public sector job losses, may reduce older people's opportunities for flexible or part-time work. Unemployment figures for late 2010 showed that, overall, the number of employees who were working part-time fell by 62,000 in the last quarter.[21] This trend may have a knock-on impact on the availability of part-time work for older workers.

The Institute for Fiscal Studies' analysis of the English Longitudinal Study of Ageing (ELSA) has identified a number of other factors that influence whether people continue working past the state pension age:[22]

· Individuals with a high level of education are 40 per cent more likely to be working beyond the state pension age than individuals with a low level of education.[23]
· Those who had a mortgage outstanding were more likely to be working than those who owned their home outright.
· Those with a defined benefit pension are twice as likely to retire early as those without a private pension.
· Those who had a long-standing illness were less likely to be in work.
· Those whose partner had a limiting long-standing illness were 24 per cent more likely to be in work.
· Men and women who had a partner who worked were more likely to be working than single people.

One of the most significant barriers to older people's continuing participation in the labour force is ill health. People with a long-standing illness are over 50 per cent more likely to be retired than people without,[24] but people who had a limiting long-standing illness were less likely to describe themselves as retired; a significant proportion of these people reported themselves as permanently sick or disabled. Therefore, 'Increasing employment rates among those aged 50 and over will require addressing the barriers that currently prevent some individuals with health problems from working.'[25]

Wealth and well-being

Levels of wealth have a very important influence on both the living standards that people are able to experience in retirement, and on their life expectancy. Wealth and well-being are intimately linked, with the better off having higher ratings of life satisfaction, and lower incidences of depression and loneliness.[26] A significant number of pre-retirees and retirees have low levels of savings. One-third (35 per cent) of 55–64-year-olds have very low savings of £2,000 or less (compared with 25 per cent of those aged 65–74) and 40 per cent of those aged 55–64 are currently saving nothing each month.[27] Many from this generation will have benefited significantly from the housing boom between 1997 and 2007; 76 per cent of those who are in the 55–64 age group are home-owners.[28] However, the significant minority who are not home-owners have not benefited from this windfall, and many of them also lack any pension entitlements.[29] As a result, 'there is evidence that the poorest baby boomers have benefited relatively *less*… than has the cohort on average, reflecting widening inequality within the cohort'.[30]

Income inequality in retirement

Reducing the number of pensioners who were living in poverty was a significant goal of the previous Labour Government. Its policy approach for existing pensioners was to target state spending towards the poorest pensioners by providing a means-

tested minimum income guarantee, while it attempted to improve the income of future pensioners and reduce their reliance on state pension income by encouraging people to build up private pension entitlements. These policies have contributed to two significant trends.[31]

First, the average pensioner has become relatively more prosperous since the mid-1990s, with pensioner incomes rising faster than average earnings.[32] This has led to a reduction in the numbers of pensioners who are living in poverty in the UK: a reduction of one million between 1999/2000 and 2008/09 (from 2.8 million to 1.8 million; measured as those who fall below 60 per cent of equivalised contemporary median income after housing costs).[33]

Second, the long-term trend of growing income inequality among pensioners has continued.[34] One significant influence on this trend is the growing importance of income from private pensions over the last decade.[35] Pensioners who had income from private pensions are more likely to be in the top income quintile groups for the population as a whole, whereas those who do not have a private pension are more likely to be in the bottom income groups.[36] This trend towards the increasing importance of private pensions means that 'economic well-being in later life in the future will be more closely tied to work histories than in previous generations'.[37] Hence groups of people who are particularly disadvantaged in the labour market will continue to suffer comparative disadvantage in retirement, which could entrench inequality further.[38] Recent research suggests this inequality has a gender component too.

Over the last 15 years, women pensioners have been far more likely to be living in relative poverty than male pensioners. While the proportion of women pensioners living in relative poverty has reduced since 1994/95, it is still the case that over two-thirds of those in poverty are women.[39] This is partly a result of the higher proportion of female pensioners overall. Although the gender gap in pensioner income should reduce as women from the 1960s cohort had higher rates of participation in the labour market than their parents' generation, and are likely to

work for longer as a result of the increase in the female state pension age to 65, it will still be considerable.[40]

There are also important differences in the income of older people depending on their ethnicity. White pensioners are the most likely to be found in the two highest income quintiles (34 per cent), pensioners from Chinese ethnic groups were the second most likely at 31 per cent, followed by Indian pensioners of whom 30 per cent were in the top two income quintiles. Pensioners from Pakistani and Bangladeshi ethnic groups were the most likely to be represented in the bottom two pensioner income groups (69 per cent), with 40 per cent in the bottom income group.[41] Analysis by the ONS suggests that relatively low pension incomes of some ethnic minority groups may be a result of lower rates of pension scheme membership and lower rates of employment and earnings, among other things. The increasing importance of income from private pensions as a proportion of income may also amplify these income differences in retirement.[42]

The same factors of lower rates of employment, lower wages, lower participation in occupational pension schemes and lower rates of eligibility for a state pension also affect the incomes of disabled people in retirement. According to the calculations of the Pensions Policy Institute, around a quarter of disabled people are not accruing entitlements to the basic state pension each year, and a third of disabled people are not accruing rights to the second state pension. This situation is compounded if a partner or family members take time out of the labour market to provide care.[43]

Research conducted by the Department for Work and Pensions (DWP) in 2009 identified important attitudinal barriers to adequate levels of saving for retirement. In a representative survey of 1,654 adults aged 18–69, the majority of respondents had positive attitudes towards saving, but a significant minority were clearly prioritising the here and now over their retirement income: 30 per cent of respondents said they prioritised a good standard of living today over saving for retirement; 10 per cent said it was not worth saving for retirement

because they may not live that long; and 18 per cent agreed that retirement is so far off, it is not worth worrying about. Just over half (51 per cent) said they could not afford to save money for their retirement at the moment.[44]

Health and disability

The proportion of people with long-standing illnesses or disabilities increases with age.[45] Around 36 per cent of people aged between 65 and 74 and 47 per cent of those aged over 75 consider themselves to have a long-standing illness or disability that limits their activities (compared with 18 per cent of all age groups).[46] Although healthy life expectancy is increasing, national data suggest that it is not increasing as quickly as life expectancy; therefore the proportion of people's lives that is spent in poor health is also increasing.[47] This is particularly true of the over 85s. Currently, around 40 per cent of the oldest old are estimated to have a 'severe disability', and this proportion is expected to increase in the coming years.[48] Of particular concern is dementia. Currently, one in 14 people over 65 years of age and one in six people over 80 years of age has a form of dementia[49] and this number is projected to double to 1.4 million over the next 30 years.

However, as with income levels, aggregated figures on healthy life expectancy obscure inequalities. A number of different indicators of poverty have been shown to impact on health and life expectancy in later life. People aged over 50 who live in council housing, those who have a low income and those who have a history of manual work are all more likely to report long-term health problems.[50] The IFS's analysis of the ELSA study found that there was 'a clear social gradient in several health indicators and behavioural determinants of health'.[51] Poorer participants in the study were more likely to be overweight or obese, more likely to smoke, had lower levels of physical activity, were less likely to eat five portions of fruit and vegetables each day, and were more likely to experience health conditions like hypertension and diabetes. The study also observed a social gradient in some biological predictors of health and illness.[52]

These lifestyle factors have important implications for the likelihood that people will develop related health conditions. For example, scientific studies have linked lifestyle factors such as obesity, diet, levels of exercise, and smoking and alcohol use to incidences of some types of dementia[53] and people in deprived areas are more likely to get dementia at a younger age.[54]

These inequalities can also be observed when measuring life expectancy, with gains in life expectancy spread unevenly across the population. Although the gender gap in life expectancy is narrowing, female life expectancy at birth is still 4.1 years longer than that of males.[55] Recent research has also shown that life expectancy varies significantly between different areas of the UK; and according to social class and occupation.[56] Long-term trends show that the gap between the life expectancies of the rich and poor has been getting wider since the 1970s.[57]

Social relationships

It is increasingly well recognised in policy that, as with other age groups, the quality of older people's social relationships is crucial to their well-being. Recent trends indicate that more older people are childless, and more older people are living alone. In 2008, 30 per cent of women and 20 per cent of men aged 65–74 lived alone and almost two-thirds (63 per cent) of women and one-third (35 per cent) of men aged 75 and over lived alone.[58] These trends are expected to become more apparent as the baby boomers reach retirement, as those who were born in the 1960s were far more likely than previous generations to remain unmarried and also more likely to divorce or separate.[59] Divorce rates for this generation were also higher than for previous generations; 16 per cent of women who were born in 1964 had already divorced or separated from their husband by the time they were 33.[60] People from this generation were also more likely to remain childless; projections showed that more than a fifth (21 per cent) of women born in 1964 would have no children, in comparison with only 14 per cent of women in the previous generation born in 1931.[61] These demographic changes have raised concerns that more older people in the future will be

socially isolated and that the availability of informal care may decrease.

There is a strong body of evidence linking the strength and quality of older people's social relationships and community engagement to health, well-being and quality of life.[62] The 2008/09 ELSA survey found that older people who lived with a partner were less likely to show signs of depression than those who were single, while those who were separated or divorced were even more likely to show signs of depression than other people living alone. Those who were widowed were the most likely to show signs of depression, with a quarter of this group showing some symptom of depression, and widows in the younger age group of 50–64 showing an even greater prevalence of depression.[63] This study also found that the number of close relationships that people have and the frequency of their social contact is associated with their level of well-being. Among those aged 65–74, only 9.5 per cent of people who had at least ten close relationships showed signs of depression, compared with 29 per cent of people who had one or fewer close relationships.[64] Older people who had frequent contact with their friends and family scored better on life satisfaction and quality of life measures than those who experienced social contact less often.[65]

Another longitudinal study has demonstrated that the quality of older people's relationships also affects their resilience, defined as their ability to 'bounce back' from adversity and experience good outcomes. This study showed that above all other possible factors, it was older people's level of social support that affected their resilience, 'measured in terms of having people who can be trusted and who will offer help, comfort and appreciation, especially in a crisis'.[66] Importantly, it was the level of social support that older people had before and during (rather than after) the experience of adversity that determined whether or not somebody responded resiliently.

The increasing number of older people living alone clearly has implications for well-being in old age as this may increase the risk of social isolation and loneliness. A recent American study found that loneliness has strong links with life expectancy, with people with adequate social relationships having a 50 per cent

greater likelihood of survival than those whose social relationships were poor or inadequate. It found that the effect of social relationships in predicting mortality was comparable to giving up smoking, and exceeded the impact of factors such as obesity and lack of exercise.[67] A large study conducted in the UK in 2005 found that out of a broadly nationally representative sample of 999 respondents aged 65 or over, almost two-thirds were 'never' lonely (61 per cent), just under a third were sometimes lonely and 7 per cent were 'often' or 'always' lonely.[68] An earlier study found that this rate of severe loneliness in people aged over 65 has remained roughly constant over time, with reports of loneliness ranging from 5 per cent to 9 per cent since 1945.[69]

However, the proportion of people rating themselves as 'sometimes' lonely (31 per cent) has significantly increased from the rates of 11–22 per cent found in earlier studies (in 1948, 1957, 1966 and 1994), with a corresponding reduction in the proportion of people who are 'never' lonely.[70] The 2005 study identified six risk factors for loneliness and two protective factors. The risk factors were marital status (with all groups at greater risk of loneliness than those who were married), time spent alone, greater loneliness over the past decade, a high score on the General Health Questionnaire (indicating poor mental health), worse than expected health in old age and poor self-rating of current health. The two protective factors were 'advanced age' and higher levels of educational qualifications.[71] The authors suggest that 'advanced age' may be a protective factor because those who are bereaved are able to adjust to their new situation over time. Most importantly, this analysis reveals that it is not 'old age' itself that puts people at greater risk of loneliness but individual social and health-related factors that may be preventable to varying degrees.

Implications for care

The greater proportion of people who are living alone in early old age also has important implications for the provision of social care in future decades.[72] A lack of availability of

co-residential family members, and particularly partners, has significant implications for older people's access to informal care. Previous studies have found that living alone in old age makes it more likely that people will need institutional care.[73] Significantly more older people currently receive informal support from family and friends, and particularly from their partners, than those who receive formal support. The ELSA study mentioned above found that a third of older people who have physical limitations receive informal help or care, compared with around one in 40 men and fewer than one in 20 women who received paid-for help or care.[74] The ELSA study also found that a significant amount of caring is provided by older people themselves: those aged 75 or over spent more hours caring than younger age groups, usually for a partner. Importantly, those who care for a partner tend to have a worse quality of life than other carers. This is presumed to be because of the much greater number of hours of care that they provide.[75]

In comparison, those who regularly look after their grandchildren have a higher quality of life than those who do not, particularly if it is for a relatively small proportion of their time.[76] The role of grandparents in caring for grandchildren has increased over time as a result of the increasing number of working mothers.[77] Grandparents now provide over 40 per cent of childcare for working parents and estimates suggest that this childcare contribution is worth around £3.9 billion.[78]

However, these trends are not consistent across all ethnic groups and there are major differences in the living arrangements of older people from different ethnic backgrounds. While less than 5 per cent of white grandparents live in a multi-generational household (and 7.5 per cent of black grandparents), over 30 per cent of Indian grandparents live in multi-generational households (and 25.4 per cent of Pakistani grandparents and 28.8 per cent of Bangladeshi grandparents).[79] Studies suggest that these differences partly reflect different cultural norms and are partly financially motivated; for families with lower incomes, living in a multi-generational household can 'facilitate the "pooling" of household income while reducing housing costs', while childcare provided by grandparents can support their

children to work.[80] Older people from some ethnic backgrounds may, therefore, be at lower risk of loneliness and social isolation. However, the proportion of older people from minority ethnic backgrounds who have high support needs and are in need of formal care is expected to increase in future years.[81] This will have significant implications for the provision of domiciliary and residential care, which will need to be able to cater for older people with increasingly diverse cultural and religious identities.[82]

2 Policy approaches to ageing

The policy category of 'older people' and the concept of 'retirement' as a discrete life stage mainly originated in the post-war settlement. In 1908, when men had a life expectancy of about 49 years, the Old Age Pensions Act first put in place pensions for people aged over 70, but this was means-tested so only poorer older people were eligible.[83] From 1925, poorer working men who had paid five years of contributions were eligible for a retirement pension from the age of 65, but it wasn't until the 1946 National Insurance Act that a universal social insurance system was put in place.[84] The same year, the National Health Service Act enshrined the duty to provide healthcare to people of all age groups. This was shortly followed by the 1948 National Assistance Act, which established local authorities' responsibility to provide housing and care for older people where this was needed. In the 1950s a new policy supported those with long-term health problems to remain in their homes rather than being institutionalised,[85] although it was not until the 1990s that policies were implemented to make local authorities responsible for offering domiciliary as well as residential care to those who met the eligibility criteria, and to provide better support to informal carers.[86]

Structural strains on the system

It is not just greater life expectancy that will pose significant policy challenges in coming decades, but also the steep increase in expenditure that will be required to meet the needs of the 'baby boomer' cohort as this generation ages. The Office for Budget Responsibility's June 2010 *Pre-Budget Forecast* estimated that this pace of demographic change will have an annual impact on state spending that will reach almost 4 per cent of GDP by 2049/50.[87]

For a start, the retirement of baby boomers will place a major strain on pension provision over coming years. State expenditure on pensions has already more than doubled between 1980 and 2010, rising from £32.9 billion to £69.5 billion, with an additional £30.5 billion spent annually on other pensioner benefits including winter fuel payments and free travel concessions.[88] When the first baby boomers turned 60 in 2005/06 and began to draw a state pension, government expenditure increased by £14 billion. As more baby boomers retire, it is projected that spending on pensioners will further increase by almost £4 billion by 2012.[89] Increases in projected life expectancy for people who reached state pension age in 2010 are estimated to cost the state an additional £6.5 billion in pension costs over these people's lives.[90]

The larger number of people living into their eighth, ninth and tenth decades will also generate increasing costs to the NHS and social care. Overall, older people have the highest usage of acute hospital services and it is estimated that they account for around 45 per cent of NHS spending.[91] As people age they are more likely to develop complex health problems and disabilities requiring care and support. Older people aged 85 and over are particularly likely to have high support needs 'associated with physical frailty, chronic conditions and/or multiple impairments (including dementia)', although some people in younger age groups also have high support needs.[92] Therefore, the rapidly increasing population of older people aged over 85 is likely to have significant implications for local authority social care services. Adult social care expenditure on older people by local authorities increased from £8.8 billion in 2007/08 to £9.1 billion in 2008/09[93] and as a proportion of GDP, it is estimated that the costs of long-term care will rise from 1.2 per cent in 2009/10 to 2.1 per cent by 2049/50.[94]

Within these health and social care costs, the rising costs of dementia are of particular concern to policy makers. The number of people with dementia is projected to double to 1.4 million over the next 30 years. Dementia currently costs the NHS and social care around £8.2 billion annually,[95] and it is estimated that the total amount that dementia costs the UK economy will increase

from £17 billion per year in 2009 to £50 billion per year by 2040.[96] However, as we will explore further on, such projections fail to recognise the potential reductions in the rate of dementia that could be achieved by improvements in public health and investment in improving treatment and early detection of dementia.

Negative policy narratives

An unfortunate consequence of the recent political focus on the costs of an ageing population is that this debate has fuelled political and media discourse representing ageing as a problem and older people as a burden. For some time now, the rapid increase in the number of people drawing a pension and the longer life expectancy of those already in retirement has been discussed in policy debate and the media in apocalyptic terms, with older people increasingly being represented as 'a burdensome responsibility'.[97] The World Bank's 1994 report *Averting the Old Age Crisis* is a key example of this rhetoric:

Rapid demographic transitions caused by rising life expectancy and declining fertility mean that the proportion of old people in the general population is growing rapidly. Meanwhile, formal systems, such as government-backed pensions, have proved both unsustainable and very difficult to reform... The result is a looming old age crisis that threatens not only the old but also their children and grandchildren, who must shoulder, directly or indirectly, much of the increasingly heavy burden of providing for the aged.[98]

Phrases such as 'pensions burden' and 'care burden' have become a media cliché, feeding into stereotypes of older people simply being passive and dependent. We will explore the impact of this on older people in chapter 3. Another consequence of the particular policy focus on the costs posed by the retirement of the baby boomer generation has been a heightened interest in narratives of intergenerational conflict, which present baby boomers as selfish and greedy.

A clash of the generations?

We are all familiar with a media narrative that describes ageing in terms of the burdens and problems that it causes for younger generations. This analysis, which paints inter-generational issues as a 'zero-sum game', has been supported by a wave of research and polemic, especially during and in the aftermath of the financial crisis. And the narrative of inter-generational conflict and competition is not without its heavyweight supporters – David Willetts' book *The Pinch* has given much intellectual gravitas to the argument:

The boomers, roughly those born between 1945 and 1965, have done and continue to do great things but now the bills are coming in; and it is the younger generation who will pay them. We have a good idea of what at least some of these future costs are – the cost of climate change, the cost of investing in the infrastructure our economy will need if we are to prosper, the cost of paying pensions when the big boomer cohort retires, on top of the cost of servicing the debt the government has built up. The charge is that the boomers have been guilty of a monumental failure to protect the interests of future generations.[99]

The charge is that baby boomers have robbed their children, and grandchildren, of resources through their rapacious greed for public services and public money. There may be some truth to the argument that baby boomers have demanded, and received, a disproportionate level of support and resources. But this argument ignores the very real risks and disadvantages that being part of such a large cohort has produced for baby boomers themselves. This is a very large generation that has been forced to compete with one another, as well as younger people, for fixed and finite resources. The rising demand on social care services, in combination with imminent public sector funding cuts, will put many older people at greater risk of receiving no care at all. What is more, baby boomers are also more likely than previous generations to enter retirement alone and without familial support networks.

A focus on inequality between the generations serves to obscure the problem of inequality *within* generations. Willetts may be right that baby boomers didn't sufficiently provide for

their children, but they have also failed to provide for each other, their parents and their peers.

There is little evidence to support the 'selfish generation' thesis that Willetts and others have promoted. In fact there is strong evidence that baby boomers often make considerable personal sacrifices in order to improve the welfare of their children and their grandchildren. For example, a third of working mothers rely on their parents for childcare while those grandparents who provide free childcare are most likely to report experiencing financial difficulties – often because they are using their time to support the working lives of their children and the welfare of their grandchildren.[100]

What is true of the sacrifices made in individual families is also borne out by the attitudes of older people to broader sociological and political trade-offs. Over 65s are less likely to support plans to cut education funding than young people – only 20 per cent those aged 65 and over would cut education spending compared with almost a third of 16–24-year-olds.[101]

Narratives focusing on intergenerational inequality are also often guilty of over-simplification of immensely complex and multi-faceted policy dilemmas. The 2010 book *Jilted Generation*, for example, complains that 'while the young are experiencing the highest unemployment rates in modern British history, our parents' generation are actually doing better than when the recession began'.[102] In the same breath as complaining that those aged over 60 were more likely to be in work than in previous years, the authors also argue that when baby boomers retire, 'Not only will there be more pensioners and a higher pension bill, there will also be fewer people – that's us – to help pay for it.'[103] This unwittingly points to considerable difficulty with the argument that whatever older generations get must come at the sacrifice of younger people – it is less than clear what baby boomers are supposed to do differently. This analysis cannot provide us with answers to the problem of reconciling the employment interests of older and younger people; it serves only to depict these issues as necessarily combative. In their decisions about work and retirement, older people are apparently damned if they do and damned if they don't by a narrative that paints

them as the problem and fails to engage with wider labour market changes that have arguably been the root cause of youth unemployment.

The good news is that – despite the deluge of comment and analysis blaming baby boomers for the welfare and workplace squeeze – intergenerational generosity cuts both ways. At a recent young people's convention run by Demos, we asked people aged between 16 and 18 to make trade-offs and recommendations for reducing the government deficit. The results showed an overwhelming level of support among younger people for older people's universal benefits. When asked to make specific trade-offs between areas of spending, young people voted to prioritise universal benefits for poor older people over those for children in low-income families. Polling for this research also found that only 11 per cent of young people would choose to reduce the budget deficit by cutting spending on pensions.[104] Research consistently suggests that the intergenerational contract is alive and well and that there is neither a slackening of young people's commitment to provide for older generations nor a desire among older people to restrict services and choices for the young in order to pay for their own needs.

Policy aims and responses

Despite the inadequacy of the 'selfish generation' critique and the associated conflict-based approaches to resolving resource and service squeezes, this analysis has nonetheless informed policy interventions from both the previous and present administrations. A number of new initiatives have emerged over the past decade – some of which are explicitly aimed at reducing the 'burden' of older people on the state. Many of these interventions have proved positive for older people – promoting economic activity, self-sufficiency and independence. But nonetheless, the fundamental mind-set governing policy approaches to older people as a 'costly problem' has continued to guide decision making, underpinning the narrative of government action. The interventions and policy initiatives laid out below are a mixed bag; some have achieved great success,

but many of them are built on a deficit-focused, conflict-based perspective. In the long term, a holistic approach that builds on the considerable inter-generational goodwill and sense of mutual responsibility that exists is needed in order to resolve problems of resource at both ends of the life cycle.

Below we lay out in summary how some of these challenges have been translated into new demands and fresh strains on public services – and how the Government has sought to meet them.

Working in later life

To address the challenge of funding a rapidly increasing number of state and public sector pensions, a significant focus of government policy has been to encourage and support more people to stay in work for longer. To promote this aim, the 2006 Employment Equality (Age) Regulations outlawed unjustifiable age discrimination in the workplace, including in recruitment, training, promotion and dismissal. This legislation made it illegal for employers to enforce retirement ages below the age of 65. At the same time, legislative changes were also introduced to make it possible for people to be paid an occupational pension while still working for the same employer.[105] However, the 2006 legislation also put in place a default retirement age of 65, which employers could enforce if they wished. The Coalition's programme for government made a commitment to phase out the default retirement age to protect older workers from forced retirement,[106] subject to consultation, and in January 2011 it confirmed that the default retirement age will be phased out over a six-month period from April 2011.[107]

Successive pieces of legislation have been passed to raise the state pension age to a more sustainable level in relation to increasing life expectancies – leading to the present Coalition Government's proposal to raise the state pension age for men to 66 by 2020, with women's state pension age reaching 65 by November 2018.[108] To support this change and help ensure that it is not too burdensome, the Coalition Government has made a commitment to investigate how the extension of flexible working

opportunities for older people can be supported in legislation.[109] The ELSA 2008/09 survey found that around 10 per cent of respondents chose to move from full-time work to part-time work as they approached retirement.[110] Flexible working opportunities could be particularly important to older people who are also carers; a recent survey by the NHS found that flexibility in working hours would be the most important thing for carers who wanted to work (68 per cent), while 34 per cent felt that working from home would help them.[111]

The fact that increases in life expectancy have not been shared equally across the population is a particularly pertinent social justice issue in relation to increases in the state pension age, which remains to be addressed. As a result of increases to the state pension age, groups with a lower life expectancy (including those from low-income backgrounds, those with manual occupations and those who live in deprived areas) will be required to work longer before they receive a state pension, but are less likely to experience the benefits of longer retirement.[112] Poor health will also be a significant barrier to some people's ability to continue to participate in the workforce at older ages; the ELSA study found that people with a long-standing illness are over 50 per cent more likely to be retired than people without.[113] An increasingly important policy focus will therefore be both the prevention of poor health, and the identification of measures to support people with poor health and disabilities to remain in the workforce.

Preventing poor health

Preventative intervention – to support healthy older people to reduce risks of ill-health and to prevent further complications in those who have faced health problems – has become increasingly important to our approach to ageing policy. There are a number of reasons for this emerging policy emphasis.

First, proposals to increase the state pension age have put a spotlight on the social justice issue of inequalities in health and life expectancy. The independent review of health inequalities conducted by Michael Marmot for the Labour Government in

2010 argued that there would be economic as well as social benefits to tackling health inequalities:

If society wishes to have a healthy population, working until 68 years, it is essential to take action to both raise the general level of health and flatten the social gradient.[114]

If we fail to address these health inequalities, then it will be difficult to achieve the intended fiscal benefits of raising the state pension age: 'The effect would be to shift people off pension on to disability benefits – a dubious social advance that would save no money.'[115] The plans of the Coalition Government to establish new statutory public health responsibilities for local authorities, with each council required to appoint a new director of public health, and establish a local statutory health and well-being board, are therefore an important development.[116]

Second, since the Labour Government's 2007 adult social care strategy 'Putting People First', there has been a strong emphasis in adult social care on the importance of prevention and early intervention. The Partnerships for Older People Projects (POPP) piloted and evaluated by the Department of Health between 2006 and 2009 demonstrated that preventative services can be more effective in supporting health, well-being and independence for older people, while also generating cost-savings by delaying or preventing the need for more intensive or institutional care.[117] In the 2010 strategy document *A Vision for Adult Social Care*, the Coalition Government has outlined a clear commitment to building on these principles and embedding a more preventative approach to health and social care into local services. Prevention is one of six themes in this strategy:

All of us want to maintain independence and good health throughout our lives. We also know that a considerable proportion of care needs can be avoided or significantly reduced if we intervene earlier. It is always far better to prevent or postpone dependency than deal with the consequences.[118]

However, as we will explore below, while there is now clear evidence of the effectiveness of prevention work, considerable

barriers remain in funding this work at a local level, which will continue to impede progress for the foreseeable future if this problem is not addressed.

Tackling pensioner poverty

Just as health inequalities must be addressed through health promotion activities throughout the life course, so pensioner poverty and income inequalities among pensioners cannot be tackled only through a focus on retirement. There are growing inequalities between those who are retired, which can be attributed to different levels of opportunity and take-up of state and private pension accumulation. People in lower-income occupations, especially women, some ethnic minority groups and people with disabilities, are particularly at risk of having low retirement incomes. Therefore, to address this problem, people must be given more support and encouragement throughout their working lives to save for their retirement.

The Labour Government began a process to address these inequalities – through the Pensions Act 2008 and the mandate for a National Employment Savings Trust (NEST) to be set up – and these measures are being continued and accelerated by the Coalition. The aim is to have an established, flexible and low-cost pension scheme available to all employees by October 2012.

These measures will play an important role in improving occupational pension coverage for low-income workers. However, there is still considerable work to be done to support and encourage more people to save for their retirement throughout their lives, to help ensure they are financially resilient and able to realise their aspirations for their retirement. Some of the most important barriers that will need to be overcome are attitudinal. As data from the 2009 DWP survey cited in chapter 1 have shown, 30 per cent of respondents agreed that they prioritise a good standard of living today over saving for their retirement.[119] The same survey also uncovered considerable confusion and a lack of knowledge about when people would be eligible to receive their state pension, with only 30 per cent of men and 17 per cent of women knowing the correct age.[120]

Therefore better provision of information, employee education and determined efforts to encourage future-orientated financial behaviour will also have an important role in helping people to plan ahead effectively for their retirement.

Care and support

The number of baby boomers who are childless and/or retiring without a partner has implications for the availability of informal care, and for older people's well-being in retirement. The recent introduction of personalisation and personal budgets in social care services is an attempt to improve the availability of informal care and create more opportunities for informal networks of support.

To supplement paid-for care, schemes that take a Big Society approach to encouraging reciprocity and mutual support among older people, and voluntary support from other members of the community, will be vital and are of particular interest to policy makers. The Coalition Government's 2010 adult social care strategy refers to the importance of 'building community capacity' and 'unlocking the potential of local support networks to reduce isolation and vulnerability' and several examples of successful schemes are cited including the scheme Village Agents in Gloucester and Southwark Circle in south London.[121]

Active ageing

Cutting across these many policy areas, the concepts of 'active ageing' and 'well-being' have also become increasingly influential in the development of ageing policy in recent years. These concepts take a resilience-based approach rather than a deficit-based approach to the ageing process – focusing on how older people's lives can continue to be valuable and enriching throughout the ageing process. The Labour Government's 2005 policy document *Opportunity Age* dedicated one of its five chapters to 'active ageing', demonstrating the extent to which this concept had gained currency.[122] Active ageing is also an important theme in the Coalition Government's recently

published public health white paper *Healthy Lives, Healthy People*.[123] Central to an 'active ageing' agenda is a commitment to enable older people to be socially included, take an active role in community life and participate in life-enhancing education, leisure and cultural activities.

The concept of well-being has also become increasingly central to ageing policy in recent years. Initially championed by Lord Layard as a more accurate measure of the nation's welfare than GDP, the promotion of well-being is now accepted by policy makers and the public to be an important focus for government policy.[124] It is the centrepiece of David Cameron's attempts to change the way in which our society measures its success. Whereas health or financial security would previously have been the primary focus, improving older people's well-being can now be viewed as the overarching aim of all ageing policy and this rhetoric is now ubiquitous in areas as diverse as employment policy, mental health and social care.[125]

The current financial climate

The current economic climate – in which money is less available and worth less in people's pockets – will impact disproportionately highly on low income families. The combination of inflation and increased VAT, in particular, will prove problematic for the well-being of pensioners.

Pensioners tend to be over-represented among those on a low income. In part this is because older people's incomes tend to drop significantly as they enter retirement, pushing their overall incomes down.[126] As a result of their relative lack of income older people tend to spend a larger proportion of their income on items such as fuel and food, so price inflation hits households headed by retired people harder than other groups.[127] It is also the case that inflation tends to affect the 50–64-year-old age group more than the UK as a whole, with real incomes in this age group declining by 1.4 per cent in 2010.[128] A survey by Aviva of people aged 55+ in 2010 found that the rising cost of living was the greatest fear for people in the

three age groups 55–64, 65–74 and 75+, with 74 per cent mentioning this as a worry.[129]

Those who are relying on savings to fund their retirement have also been affected by low interest rates. In the Aviva survey retired people said that they drew around 11 per cent of their income from investments and savings. The collapse in interest rates between 2008 and 2009 will have significantly reduced people's disposable income. For example, in January 2000, savings of £1,590 would have provided £41 interest per month, but by December 2009 this figure had gone down to £3.[130] Research conducted by Saga in 2010 found that falling income from savings worried more than half (54 per cent) of respondents aged over 50.[131]

Public spending cuts

The June 2010 budget and the October 2010 comprehensive spending review have made it clear that local authorities will be operating under considerable financial constraints over the next five years, with cuts to their budgets of 28 per cent in real terms over the four years from 2010/11 to 2014/15.[132] This will have considerable implications for the ability of local authorities to sustain their momentum in delivering some of the positive policy developments outlined above.

Analysis conducted in 2010 to explore the impact of the anticipated spending cuts on public services found that families with children and pensioners would be worst hit by cuts to public services. This was because households headed by pensioners tend to have lower incomes than other household types, so the value of services lost as a result of cuts is higher as a proportion of their household income.[133] This research estimated that the value of services no longer available to older people in the 75+ age group would be approximately £1,200 per year, which would equate to around 7.2 per cent of net household income.[134] Cuts to other services such as libraries and leisure centres will affect all age groups, but are likely to have a disproportionately high impact on pensioners relative to their income, especially if

'pensioners had to replace the services lost by purchasing services out of their own income'.[135]

Because of these funding constraints, there are serious questions over the capacity of adult social care departments to meet central government policy objectives of increased personalisation and preventative action into changes in how social care is delivered on the ground. The spending review announced £2 billion of additional funding for social care to compensate for the cuts, with £1 billion of this to be paid through the NHS.[136] However, concerns have been raised that this additional funding is not ring-fenced, therefore local authorities may allocate the money to other priorities rather than investing in prevention work.[137]

Older people's positive contribution

The answer to many of these challenges will have to lie in the behaviour, and contributions, of older people themselves. It is well evidenced that healthier and more active lifestyles and social and cultural engagement can reduce the risk of ill health, while the high estimated costs of social care provision could potentially be mitigated by older people taking a more active role in self-help and mutual support activities. A change of mind-set is required to recognise and harness the positive contributions that older people can make to improving their own lives and the lives of others more effectively.

Research by the WRVS found that contrary to public perceptions, people aged over 65 make a positive net contribution to society, estimated to be worth £40 billion in 2010 once the costs of pensions, welfare and health services have been deducted.[138] This calculation included £45 billion per year in tax revenues, £76 billion per year in spending power, £34 billion through the provision of social care, £10 billion in volunteering and £10 billion in cash transfers to family members and donations to charities.[139] The research estimates that the net contributions made by older people will increase as baby boomers retire, reaching £77 billion by 2030.[140] If the energy and resources of retirees are harnessed more effectively, an even

higher value could potentially be generated from the positive activities of baby boomers and older generations.

Challenges ahead

There are two main challenges in the coming years related to ageing policy. First, alongside the positive discourse in ageing policy, which since the early twentieth century has focused on taking action to improve the lives of older people, there have also run counter-narratives that have portrayed the increasing costs associated with an ageing society as an intolerable burden, and questioned the value of investing in older people's lives, as opposed to other social groups such as children and young people. These harmful counter-narratives must be overcome if we are to ensure that services for older people are to be improved, while catering to the growing proportion of older people in our society. Recognising and making better use of the contributions that older people have to make to our society will be an important first step.

Second, many of the opportunities for cost efficiencies can be found in longer-term preventative policies across a range of areas, including improving public health, supporting people to plan ahead for their retirement and tackling health and pensions inequalities, and social isolation. This will require a concerted effort across many areas including public health, education and pensions, especially before people reach old age. We believe the way to tackle these challenges is through a radical shift in social attitudes. It is important to stop conceptualising ageing as a problem to be solved, but rather recognise that ageing can be a positive experience, bringing new challenges and interests, and that the problems some people experience in old age, such as poor health, depression or social isolation, are shared by all age groups and can often be prevented or addressed if the right action is taken early enough.

To address these challenges effectively, older people's voices need to be put at the centre of policy discussions. The findings from our research with a diverse group of older people, set out below, will propose how these challenges can be met.

Section 2
Research findings

3 Older people's experiences of ageing

It was of course generally known that Miss Ivory had undergone a serious operation, but the dress she was wearing today – a rather bright hyacinth blue courtelle – was several sizes too big for her skinny figure, so that very little of her shape was visible…. Ageing, slightly mad and on the threshold of retirement, it was an uneasy combination and it was no wonder that people shied away from her or made only the most perfunctory remarks. It was difficult to imagine what her retirement would be like – impossible and rather gruesome to speculate on it.

Barbara Pym, *Quartet in Autumn*

Ageing is constantly discussed in public policy and the media as a financial burden or a social problem. Studies of ageing that focus on the most disadvantaged tend to highlight images of older people as vulnerable and socially isolated, while at the other end of the spectrum, the next generation of retirees, baby boomers, are represented in the media as wealthy globe-trotters who are selfishly monopolising public resources.

To dig beneath these over-simplistic narratives, and find out more about how these representations influence individual people's attitudes towards ageing, we asked our volunteer reading group participants and Mass Observation respondents to reflect on their experiences of ageing and record their responses in diaries.

How old is old?

The first thing that struck us was that there was very little consensus on when 'ageing' starts or 'old age' begins. Research for the Department for Work and Pensions (DWP) between 2004 and 2008 to explore attitudes to age in Britain, also found this to be the case. This study found that on average

participants believed old age started at 63 years, but there was substantial variation in people's perceptions depending on their own age. Study participants aged under 50 believed that old age started earlier, at a mean average age of 60.3, while participants aged over 50 thought that old age started at a mean average age of 64.9 years. Those who were aged over 80 judged old age as starting much later, with 68 per cent saying that old age starts at 70.[141] This indicates that 'old age' is very much a relative concept that people judge in relation to their own age and experiences, rather than an objective social category. As one of our Mass Observation respondents put it, 'Categorising age depends on where you are standing, perhaps slightly unsteadily.'

Our own research participants varied considerably in their willingness to apply these labels to themselves. One man who took part in the Mass Observation study in 2006 willingly described himself as old:

At 85 I can be nothing other than 'old'. When I retired at 62 I considered myself as 'late middle-aged' which I could justify by my activities at that time – voluntary work, WEA classes, learning to sail, buying a boat and doing a lot of sailing. By 75 I did not mind being called elderly; if I'm here in 5 years time I shall be 'very old'…. Age became important only because physical strength declined and I was less able to pull my weight in a mixed crew on a larger boat. I feel flattered when people occasionally express surprise that I am as old as 85!

For this man, his self-perception of his age was closely tied to the physical experience of ageing, with the onset of physical decline acting as a trigger for beginning to feel old. A female 75-year-old Mass Observation participant also particularly linked her perceptions of age to the physical experience of ageing, observing: 'It is health that matters; I didn't feel old until I began to lose my sight. Other respondents will certainly cite equally disabling health problems.'

Those who were physically fit and healthy were more likely to report that they did not feel old, even if they knew that their chronological age made it likely that they would be perceived in

this way. A female 85-year-old respondent to the 2006 Mass Observation directive commented:

There is no doubt that I'm OLD. I'm finding it quite difficult to imagine my own children as older, but of course this is old age looking back and seeing the family as young. As life seems to be elongating, I can see that being 50/60/70 is going to be considered quite different for this group, as their health and strength allows all the activities to be prolonged. As a result of my late development I find it alarming that I can't seem to feel old! This may be because I was beginning to wake up when I was 40. So far, mentally, I feel quite alert and am able to see, walk and hear. This is a huge benefit as I notice how some of my contemporaries are less blessed… So every single day is a blessing for me, deeply valued.

Don't call me 'old'

Many of our volunteers showed a powerful resistance towards the idea of considering themselves as 'older' or 'ageing'. A woman in her 70s from the Highgate 1 group confirmed that 'it is others who are old not ourselves… though I must be very different in nearly every way I, in fact, still feel 'me', ie not old but timeless and ageless'. A woman in her 60s from the Banstead group observed that 'part of the ageing process is that we don't see it in ourselves'. For some, ageing is something that is always on the horizon, rather than imminent; as another volunteer said, 'I think of the elderly as someone 20 years older than me.' A man in his 70s from the South East London volunteer reading group rejected attempts to categorise people by their age group altogether, insisting, 'I am an individual and I wish to be treated as an individual. I suspect all older people feel the same.'

Analysis of people's responses to the 1992 and 2006 Mass Observation directives found that at both points in time many people exhibited a reluctance to classifying themselves as 'old', or even as 'middle aged', making comments such as 'I am now 76 years of age and would class my body as elderly but my mind as young middle aged' (1992) or 'I am 71 now, feel fine, and can do everything I could do at 30 – but sometimes a bit slower! In many young people's minds, I will be well and truly over the hill,

ancient, but when one gets to this age in pretty good health, it really does not feel old' (2006). Between 1992 and 2006 it was possible to clearly observe how respondents' perceptions of the threshold of 'old age' were being pushed back. While in 1992 a number of respondents who were in their 60s were willing to categorise themselves as 'old', by 2006 virtually no one considered being in their 60s as old and even people in their 70s were increasingly likely to think of themselves as 'middle-aged'.

Among the Mass Observation respondents reluctance to identify with labels such as 'pensioner', 'ageing' and 'elderly' was clearly associated with the discriminatory behaviours and social attitudes that the majority perceived to be directed at older people. Unsurprisingly, those who were at the younger end of the age spectrum were particularly likely to resent being referred to as 'older' or 'elderly'. One 63-year-old respondent to the 2006 Mass Observation directive, a nurse from Basingstoke, summed up the problem that categories such as 'pensioner' or 'older people' create a misleading sense of homogeneity:

The use of the term 'pensioner' has long been a hobby horse of mine particularly as I worked for so many years with older persons. The media, the government, social services and younger people in general lose sight of the fact that 'pensioners' range from 60-year-old ladies to men and women of 100+. The 60-year-olds could be the grandchildren of those at the top end of the age range!! No one would consider a 30-year-old in the same age group as a 70-year-old and yet people persist in considering that everyone over 60 is in the same age group!!

Making a similar point, a man who took part in the Mass Observation study in 1992 aged 62 rejected the inclusion of his age group in the category 'elderly', which he felt to be both inappropriately premature and unpleasantly value-laden:

Elderly? I frequently read of people in my own age group being described as elderly. It irritates me immensely. I just do not think of myself in such a fashion, getting on a bit maybe, elderly, never! The word suggests one is past it, over the hill just waiting to kick the bucket. There is still plenty of life left in me. Old? Well I suppose there does come a time, if we are lucky, when we

have to admit that we are over the hill. Perhaps we all know when that time has come, perhaps I might be able to accept it gracefully.

Another man, aged 73, who responded to the 2006 Mass Observation directive highlighted the fact that while he was willing to describe himself as old, this did not mean that he was willing to accept some of the other labels or associations that go with terms such as 'elderly':

Anyone older than me is very old, anyone younger is young. I think of myself as old, regularly reminded by my aching knees and back. I absolutely abhor the description elderly or senior citizen.

Age discrimination and stereotyping

Ageism and social stereotyping were viewed as a significant problem by many of those who took part in the volunteer reading groups and the Mass Observation study. A woman in her 60s from the Highgate reading group commented that 'age discrimination is something we are all fighting against'. Another woman who was a member of the volunteer reading group in Camden Town observed that 'the social expectations of ageing are sometimes more damaging than actual ageing'.

To find out what these 'social expectations of ageing' were, DWP's study covering the years 2004–2008 asked people which age-related stereotypes they believed were related to 'older' people aged over 70 and 'younger' people aged under 30. It found that participants recognised a clear stereotype that younger people are more competent but less warm and friendly, and are more likely to attract envy than pity. By contrast, older people were thought to be stereotyped as relatively warm, moral and admirable, but as lacking competence and deserving of pity rather than envy. The study concluded that this suggested that older people were more likely to be subjected to types of prejudice that were experienced as being patronising than younger people.[142] A research review conducted for this study also explored evidence of other negative effects that stereotyping could have for older people. They found that if older people

internalise negative stereotypes of ageing, they are more likely to experience health problems, more likely to dismiss their health problems as being age-related, and less likely to seek appropriate healthcare.[143] They also found evidence that 'negative stereotypes cause decreases in memory performance and more negative views of ageing'.[144]

Comments made by a 73-year-old retired LGV driver in Basildon who responded to the 2006 Mass Observation directive showed personal experience of these ageist stereotypes that older people are not competent:

The old are seen as a 'bloody nuisance' particularly by the very young; even the middle aged don't seem to realise that their time is coming. Once we pass 65 we become stupid overnight, we don't need to sign our prescriptions, according to the chemist we might get confused. We can't draw our state pension without having it in cash from the post office. We definitely can't cope with electronics and the modern banking system. At least that is what the mass media keeps telling us. Good job we are old enough to know that the last thing to believe is the mass media.

One stereotype that has had significant traction in the media is that older people are more afraid of crime than younger age groups. For example, a survey of 4,000 older people conducted by Age Concern in 2003 found that half of those aged over 75 who were surveyed were too afraid to go out at night because of the risk of verbal abuse or being mugged.[145] However, it is very likely that this dramatic result was influenced by the survey's question wording. Also, Age Concern's study did not put older people's fear of crime in the context of fear of crime among younger people, therefore it may have exaggerated perceptions of how the fear of crime specifically affects older people. Significantly, in our own study, which gave participants the opportunity to write about any issue that affected their experience of ageing, neither crime nor the fear of crime was mentioned at any point by participants. Recent British Crime Study data showed that people aged 75 plus were actually less likely to think that the fear of crime has a 'high' or 'moderate' impact on their quality of life than other age groups.[146]

Moreover, regardless of whether people aged 75 plus are more or less afraid of crime than other age groups, we should be wary of attributing too much influence to age in isolation from other factors.

Findings from the British Crime Study have also shown that factors such as marital status (eg whether somebody is divorced or widowed), having a longstanding illness or disability, living in an urban or deprived area and regularly reading tabloid newspapers also have a strong influence on whether the fear of crime has a significant effect on an individual's quality of life.[147] As our research has shown, older people are a highly heterogeneous group, therefore we must be wary of studies that feed into or are modelled on stereotypes that over-emphasise the influence of age on people's experiences, without considering their other characteristics.

Such stereotypes must be challenged because unfounded perceptions that older people are automatically more vulnerable than other groups can have a powerful influence on how older people are perceived and treated. A participant in the 2009 Mass Observation study, a 79-year-old former local government officer, objected to the use of the word 'pensioner' as he felt that this came with stereotypical associations of vulnerability and mental decline, which did not reflect the real experiences of his own age group:

The word pensioner seems to suggest to people fragile and confused old people unable to cope any more. Yet most of my contemporaries are still sharp as a button. I suspect it might surprise researchers to discover how many of us have at some time had to come to the aid of adult offspring who have got themselves into a mess.

A woman in her 70s who took part in the Kingston reading group reflected on the potentially damaging influence of stereo-typical representations of ageing in the novels that the group discussed:

I realised that I was resentful about the stereotyping of the characters as it produced very negative feelings in the reader. There was no attempt

to balance the stereotyping with positive qualities of ageing. Therefore in younger readers it was likely to reinforce prejudices about the old.

A man in his 80s from the Highgate reading group described a recent trip to the bank where he had felt patronised and dismissed by a member of staff who he felt had assumed that his physical slowness equated to mental slowness:

Does age render one anonymous or invisible? I don't find that to be the case. I find the problem to be more often a patronising attitude that might be called the 'poor old dears' syndrome. This leads to an unwillingness to listen seriously to what I say, and an attempt to carry out tasks for me, whether I wish it or not. This last is linked to impatience, since I am now slower than I was, particularly at manipulating coins and other small objects. The most recent example of this was in a branch bank, where my wife and I had gone to sort out a small savings account. The young woman... clearly wrote us off as incompetent. She ignored or dismissed our complaint, and overrode what we wanted to do.

A 70-year-old woman who responded to the winter 2009 Mass Observation directive felt that stereotypes about older people being incapable were beginning to affect her relationship with her family:

Discussion with family is interesting as our children are now starting to treat us as though we are not quite capable of looking after ourselves and a lot of my friends say the same. I know they are showing concern but they too have been brainwashed by the popular stereotypes.

However, it would be over-simplistic to assume that discriminatory assumptions about older people are only perpetrated by the young: one 61-year-old respondent to the 1992 Mass Observation directive admitted that she herself was guilty of perpetuating such stereotypes. Although she commented that 'I still "feel the same inside" as I did when I was 20', she admitted that her own reflex responses to other people were often unfairly reductive:

If I go into a room and all I see around me are grey heads, I tend to assume I'm in a gathering of the elderly – for one awful moment I stereotype the lot, forgetting, honestly, that I am among their number. If I'm driving behind somebody who doesn't know our moorland roads and they're dithering along, I see a grey head, and think 'Aha, a wrinkly Sunday driver' – extremely unjust.

The fact that people who might themselves be on the receiving end of discriminatory attitudes towards older people have themselves internalised these attitudes demonstrates the pervasiveness of ageist stereotypes.

Discriminatory attitudes towards female ageing

A number of other comments made by women also highlighted the fact that an ageing appearance, indicated by grey hair or wrinkles, frequently provokes rude or dismissive behaviour. One study that explored how many women change their hair style or colour to dissociate themselves from negative stereotypes about ageing found that many women felt that greying hair has the effect of 'render[ing] older women socially and physically invisible'.[148] An anecdote reported by a woman in her 60s from the Camden Town reading group reflected this concern that women can become 'invisible' as they get older:

A friend related an experience to me of when she was in a queue with young people. She was passed by when her turn came; she felt that she was invisible because of her age. When she pointed out the situation there was no apology or appreciation of what had happened.

Another woman from the Camden Town reading group who was in her 70s reported an example of casual age stereotyping that her friend had recently been subjected to on the basis of her appearance: 'Friends and I were rather shocked to hear a waiter in a restaurant address one of our group, who had white hair, as "Grandma".'

This concern that age discrimination against women on the basis of their looks is relatively commonplace and therefore has

an aura of acceptability has recently been highlighted by Miriam O'Reilly's successful legal challenge to the BBC, in which an employment tribunal ruled that she was the victim of age discrimination when she was dismissed from her job as a presenter of *Countryfile* (although it was decided that she had not been subjected to sex discrimination). Ageist comments on O'Reilly's appearance included being asked if it was 'time for Botox' and being told to be 'careful with those wrinkles when high definition comes in'. As this example demonstrates, all too often, negative social stereotypes about older people can be perpetuated rather than challenged by coverage in the media.

A number of respondents to the Mass Observation study commented on the role that the media plays in promoting patronising or demeaning stereotypes of older people including a 78-year-old female respondent to the 2009 directive who complained:

One item that particularly irritates – the repeated advert for the advent of Digital TV. This depicts a group of old biddies gossiping about trivia, head nodding with inane grinning – intended to imply special help will be available when Digital hits their post code. What sort of damage is done by such misrepresentation?

Another 80-year-old Mass Observation respondent complained about a shortage of positive older characters in books and on television. The stereotypes of passive dependency and an inability to manage that frequently appeared on television did not reflect her own much more dynamic experience of ageing:

Not many characters are in their 80s! Those that are usually suffer from Alzheimer's and are a great burden to their children! Eg in the TV series Outnumbered *the grandfather is portrayed as beginning to 'fail' and they are considering putting him in a 'home'. The general attitude is that pensioners are inactive whereas up here in the Lake District pensioners are climbing mountains, entering fell races, Scottish dancing etc.*

Positive experiences of ageing

While experiences of age discrimination were fairly widespread, a number of Mass Observation and reading groups participants also spoke about the positive aspects of ageing. One of the women who took part in the Mass Observation study said that, at 81, she didn't care about stereotypes:

I can't think of any examples of stereotypes that bother me. As an 81-year-old, that is obviously what I am, typecast or not. Maybe I might think differently if I was a lot younger. That is the benefit of being old, not caring too much!

For one of the women who took part in the Tower Hamlets volunteer reading group, the experience of becoming 'an invisible oldie' had brought a welcome release from unwanted attention and self-consciousness:

Men no longer relate to you because of your body but as a person, and therefore you can be yourself. You can talk to people in pubs without giving the impression that you are trying to pull. You can shout at people in buses, etc, for doing things like putting their feet on seats – although they tend not to take any notice.

Another volunteer felt that physical ageing had been accompanied by a greater sense of contentment that was missing earlier in life:

We talked about cosmetic surgery, very prevalent among the American rich. Nobody present yearned to have this treatment, although we all make minor adjustments to our appearances. Everybody was quite happy with their ageing and imperfect features – unlike younger people who are constantly worrying about being too fat, too this or that.

The greater self-acceptance that this woman describes as being linked to the ageing process can be viewed as one of the potential rewards of ageing. A 71-year-old woman who responded to the 1992 Mass Observation directive also highlighted the fact that 'old age' had brought her greater confidence:

Old age for me is not so bad. The losses are linked with the 'if only' syndrome: why wasn't I mature at 30, why wasn't I brave enough to develop independence? The gains are a gradual acceptance of the losses and huge gratitude for a wonderful family for whom I have now no personal responsibility. The greatest gain is the result of a long and painful assessment of my own life which brings a sort of serenity which I missed when young. Except that I'm becoming a bit arthritic, this is my favourite age – confidence in oneself is beyond price and that includes financial security. Actually being able to walk, to move, is a blessing.

A 62-year-old respondent to the 1992 Mass Observation directive explained that growing older had given him more freedom at work:

As I got older I was happy to find that I did not need to be so subservient to those who had power over me. I'm happy to be free of the need to compete without, so far, having to pay much of a price. My age is not a burden to me yet.

A 59-year-old man who responded to the same directive reflected:

With age comes experience. You realise that 'you've heard it before' and it did not work then! It also makes you realise that the young must learn by experience. You can remember your elders telling you but you still had to find it out for yourself. Now you tell the young, but realise probably as your elders did, that it is more in hope than in anticipation.

While this man recognises that young people must learn life lessons for themselves, he clearly appreciates the experience that he has earned as a positive outcome of ageing. A 75-year-old male respondent to the 2006 Mass Observation directive also appreciated the experience that came with age, and explained that old age had brought him contentment:

I drive a 1.3 car that is now ten years old and generally speaking I am utterly content with my lot because I have long accepted the fact that I have

everything that old age can hope for. Peace, quiet, comfort, to name but three essentials… the best thing about old age is that it brings wisdom – the ability to look back and learn from one's own life.

These reflections, which situate the experience of ageing in the context of previous life experiences, recognise that the wisdom and experience of later life can offer a release from the anxieties of youth (such as self-consciousness, lack of confidence and inexperience). Policy discourse that automatically problematises ageing therefore fails to recognise that for many people, ageing and old age can be positive experiences.

Changing attitudes to ageing

According to the vast majority of respondents who took part in our study there has recently been a significant attitudinal shift among older people and especially among the 'baby-boomer' generation, who are unwilling to relinquish middle aged status and do not *feel* 'old'. A woman in her 60s from the Highgate 2 group observed that 'they say 60 is the new 40!', while a woman in her 70s in the Tower Hamlets group commented, 'The baby-boomers have arrived – perhaps we will be less fixed in our social attitudes as a result.' A woman in her 60s from the Camden Town group pondered,

But what is 'old age' – when does it start? I don't feel old at 62 – 60 is the new 40 after all – but in my parents' generation once you were in your 60s you were considered old.

A study between 2005 and 2007 found that baby boomers (aged in their 50s and early 60s at the time of the study) 'feel younger in themselves than their actual age by approximately 12 years'.[149]

A woman in the Tower Hamlets reading group observed that these changes to how ageing is perceived have led to a partial relaxation in expectations about how older people should dress and behave:

Certainly, old people (even more than 'young people' and other such categories) suffer from being categorised, dismissed, ignored, judged. But I think that this is less, somewhat less, of a problem than it was. We are no longer expected to dress, do our hair, even behave in a certain way. People are rarely now sneered at for being 'mutton dressed up as lamb' or expected to have their hair 'cut and permed' (as my mother frequently commented) at the age of 50+.

This change in attitudes to ageing and increasing reluctance to identify as 'old' is driving new conceptions of retirement that centre on leisure, independence and adventurousness rather than dependence and vulnerability. As Saga has previously observed:

It is blindingly obvious that there is enormous difference between the 'seniors' of yesteryear and people of the same age today. Many older people are now more active, enjoy better health, and have a radically different attitude to age... Earlier generations conformed to expectation, adopting the retirement uniform of pipe and slippers or twin-set and pearls, but their descendants are as likely to buy a Harley, take a gap year, or head to Glastonbury.[150]

One Mass Observation respondent, a retired plumber from Birmingham of 72, particularly commented on this noticeable change in behaviour and attitudes:

Thinking about ageing has changed; people have a more active social life these days to a more advanced age than 20 or so years ago. Both sexes of 65+ rambling six miles or more, climbing styles, tea dances, bridge classes etc. Years ago one thought about retiring as doing a bit of gardening and taking to an armchair.

Many of the reading group participants also highlighted the fact that retirement was increasingly becoming something that could be looked forward to as a phase of personal fulfilment, self-development and active citizenship. For a start, every one of our research participants volunteered their time to contribute to this project, either through the Mass Observation

study or the volunteer reading groups. We will explore the many ways in which older people contribute to society in more detail in chapter 7.

Policy responses to ageing

While volunteer reading group participants recognised the gains in health and life expectancy that many of them were benefiting from, some felt resentful towards policy responses that were seen to be overly interventionist in their attempts to engineer certain 'positive' behaviours and did not recognise the widely varying individual circumstances, health and attitudes of older people.

First, local authorities' attempts to intervene early and encourage older people to adopt a proactive approach to ageing can be perceived as patronising and unnecessarily interventionist by those who do not yet consider themselves to be old. A 67-year-old Mass Observation respondent from Darlington complained:

I do resent the way our local council seems to think that anyone over 50 needs jollying along to stay fit, eat properly and generally look after themselves. After all, at 50 I had another 15 years employment ahead of me and even now, at 67, I hope I don't fit its view of my 'age group' for which it organises 'gentle' keep fit, tea dances in the market place and discussions on how to 'manage'.

Second, a number of volunteer reading group participants argued that a blanket increase in the state pension age to 68 – thus revising the conception of old age *upwards* – was too indiscriminate and would present problems for those whose jobs were particularly physically and emotionally demanding, leading to exhaustion at a younger age. One woman in her 60s from the Banstead volunteer reading group responded to a discussion of the changes to the state pension age with sarcasm, predicting that '60 is the new 50 and the government expects us to work to 70 before we get our state retirement pension'. Overall, it was felt that policy approaches to ageing are unnecessarily prescriptive and do not give older people sufficient flexibility to shape their own lives.

There was also considerable resentment of the policy narratives that have been employed to explain and justify increases to the state pension age, as one voiced by one of the respondents to the 2009 directive:

As a pensioner I am certainly sick of the portrayal of my age group by government reports and news… My vision is too poor for me to follow drama, but I watch news and documentaries. I am sick of the habitual representation of my group – passive, dependent, vulnerable, scroungers, a financial burden, ill, demented, a drain on the public purse, isolated, vulnerable, an escalating problem etc.

This suggests that the significant political focus on the increasing cost of funding pensions and care for older people has fed into pre-existing stereotypes of older people as a burden on younger generations, leading to a media discourse that can be carelessly ageist and dominated by disproportionately negative conceptions of ageing. Comments made by a woman in her 70s from the Kingston reading group demonstrate the pervasive influence of such narratives: 'Where is the money to come from to support the growing numbers of aged? Where resources are limited surely the needs of the young must take precedence.' This woman's anxieties reflect the dominance of public narratives representing older people as an unaffordable burden, and fears that young people are going to lose out as a result of the social costs of old age. However, her opinion that 'the needs of the young must take precedence' illustrates the strength of many older people's commitment to supporting younger generations, challenging the 'intergenerational conflict' thesis discussed above.

Apathy and disengagement from policy

Overall, a number of remarks made by our research participants indicated that the very negative narratives about our ageing society that are often employed in public discourse are contributing to many older people feeling demoralised and disengaged from the politics and the policy-making process. A number of the Mass Observation respondents and volunteer reading group

participants also expressed irritation with the way that they were targeted by policy makers on the basis of their age, while a 78-year-old Mass Observation respondent from West Sussex challenged the effectiveness of public policy on issues about ageing: 'We all know how young or old we feel, I can foresee no government policy that is going to change how we feel about, or behave towards each other.'

When, in 2009, we circulated the Labour Government strategy document *Building a Society for All Ages* to the volunteer reading groups for discussion alongside Jim Crace's *Arcadia*, there was a marked reluctance to engage with it at all.[151] In the reflective diaries kept by volunteers, less than 5 per cent of participants chose to refer to it. The volunteers' general disinclination to take this government paper seriously was striking, even on the rare occasion that it merited a mention. As a woman in her 70s from the Waterloo reading group commented:

I started reading the paper you've sent and went on until I felt my eyes beginning to glaze over... The paper is for a start not interesting. What is there in it which would make any reader think for instance 'Now there's a good workable idea, how do they propose, practically, to make it happen?' Nothing in it grabs the reader. It's socio-political fluff.

This emphasises the fact that the manner and process by which older people are engaged in policy discussions is important. By using novels that depict ageing as a stimulus for discussion, or encouraging older people to reflect on and write about their own experiences of ageing through the Mass Observation study, we were able to get beyond shallow discussions about ageing policy in the abstract and focus on people's real lived experience, the aspirations they have for their later life and the barriers and frustrations they feel in engaging with the system.

Cross-cutting themes from our research

When we undertook in-depth analysis of the comments made by Mass Observation respondents and reading group volunteers in

their diaries, four cross-cutting themes emerged that touch on all of the policy areas we will discuss in the following chapters. These themes were:

· independence and self-sufficiency vs intervention
· personalisation vs stereotyping
· universalism vs means-testing
· a resistance to policy rhetoric

Independence and self-sufficiency vs intervention

The data collected for this research showed that older people want to be enabled rather than provided for. Our research participants wanted to make use of public services such as libraries, adult education, leisure facilities and other public spaces but many were wary of being patronised and some disliked being targeted to take part in specific 'older people's activities'. Participants emphasised the positive contribution that they and other older people make, as opposed to being passive recipients of services. Clearly all participants were engaged in volunteering, by nature of taking part in this research project, and additionally many invested a significant amount of time in providing care to parents, partners, friends and grandchildren.

Participants were particularly concerned about their financial security and the potential for their resources to be unexpectedly diminished through care costs in later life. This was part of their overwhelming commitment to their self-sufficiency and dread of one day being dependent on others or, worst or all, needing institutional care.

Personalisation vs stereotyping

One of the strongest themes that emerged was that too many policies are based on arbitrary age categories and assumptions about what older people are like. Participants felt that policies need to be more flexible and recognise the same heterogeneity in older people as they do in other age groups. At worst, policies are felt to perpetuate negative social stereotypes about older

people and encourage discriminatory behaviour. The remarks made about age discrimination in the NHS were particularly worrying, with some participants feeling that their age led to them being treated like second class citizens. In the case of employment and pensions policy, participants wanted a more flexible system that would enable them to move through life phases at the right time for them.

Universalism vs means-testing

Participants did not necessarily support universal allowances, in fact in many cases they were quite opposed to measures such as the winter fuel payments, which they felt to be unnecessary for older people who are financially secure, and to perpetuate stereotypes that older people are vulnerable and dependent. Participants were generally hostile to one-size-fits-all provisions that do not recognise the heterogeneity of older people. However, while participants were sceptical about universalist approaches in general, free public transport concessions were regarded as an important exception to this rule, as this was thought to play an important if not vital role in enabling people in later life to remain socially engaged and active citizens.

A resistance to policy rhetoric

Our research revealed a widespread distrust of politicians and policy rhetoric among participants and some of the diaries conveyed a strong attitude of suspicion and even hostility towards political initiatives that target older people as a special group. It was clear that the use of negative narratives about ageing and older people to justify certain policy initiatives is provoking resentment and causing older people to disengage from the policy-making process. A more inclusive social policy is needed to promote active citizenship and social integration throughout life without consigning people to narrow age-based policy categories.

The next chapters will investigate these themes in the context of five key areas of ageing-related policy. We will draw

on the experiences, opinions and conversations that were reported by our research participants to put older people's voices at the heart of these policy discussions.

4 Work and finances

I think it might be best if you were to leave, don't you?… I think I can offer you a decent early retirement package… You're simply doing what so many of your colleagues are doing these days and taking advantage of this new window on life. I believe they call it the third age.

Caryl Phillips, *A Distant Shore*

Working in later life

As discussed previously, there is currently an urgent drive among policy makers to identify solutions to the fiscal pressures posed by an ageing demographic. One of the main policy responses to this issue has been to legislate for phased increases to the state pension age for men and women. The 2007 Pensions Act legislated for the state pension age for men and women to increase from 65 to 68 between 2024 and 2046 and the Coalition Government has since published a proposal to bring forward the date at which the state pension will rise to 66 for men and women to 2020 (under the 1995 Pensions Act, women's state pension age will not reach 65 until 2020).[152]

Several of the reading group volunteers questioned how practical these policies will prove to be, given people's varying levels of health and the different demands that are posed by different types of working environment. One volunteer from North London commented:

Raising the retirement age may seem to be a solution but it all depends what job you do. As a retired teacher, I think it is unrealistic to ask teachers to continue to teach full-time in a typical comprehensive school past the age of 60. As head of department leading a team of 10 I was working a 50–60-hour week when I retired and know I couldn't have carried on at that pace for much longer. All down to bureaucracy and government initiatives!

Incidentally, the excellent teacher who took over from me two years ago has resigned and is reputed to have been on the verge of a nervous breakdown.

As this woman suggests, and as our investigation of inequalities in health and life expectancy has shown, our 'one size fits all' approach to retirement policy has the potential to be discriminatory and counter-productive. It is those with the worst health and the lowest life expectancies who will suffer most from these increases in the state pension age. Therefore, the phased increase of the state pension age to 68 could simply mean that some people must live on disability benefits rather than drawing a pension. To mitigate these problems it will be essential that the government both takes action to improve general health and reduce health inequalities, and investigates how employment can be made more flexible to reflect the heterogeneity of older people's skills, personal responsibilities (eg caring roles) and health prospects.

Compulsory retirement

While some people who are currently approaching retirement may be disadvantaged by the Coalition Government's proposed increases to the state pension age for men and woman, all stand to benefit from its commitment to phase out the default retirement age. There was universal support among our volunteer reading group participants for this policy, with some participants describing personal experiences of the negative impact of compulsory retirement. A woman in her 60s from the Highgate 2 group remarked: 'Most people face retirement with mixed feelings. However, to be "forced" into early retirement must be very humiliating and depressing.' A woman in her 70s from the Highgate 1 group commented that 'it is enforced retirement that produces isolation rather than ageing itself'. Another volunteer reading group participant who had been an academic reflected:

[When I approached 65]… there was a great deal of pressure from my family and friends to retire, but I supposed I felt that this would be admitting that I

was 'old'. I think many of us define ourselves by our work to a certain extent, and that must be even truer with an academic of considerable renown. I definitely would have resented it if I had been forced to retire at 65, even though I made the decision a few months later and have not regretted it.

Among respondents to the Mass Observation study, a 61-year-old man who was a retired civil servant from Lytham obliquely referred to age discrimination in current employment policy when he said, 'Age has become an oppressive device, used arbitrarily by the state and employers to slot people into fixed roles at fixed times in their lives and to eject them.'[153]

Another Mass Observation respondent explained in detail how negatively the experience of enforced early retirement in his early 60s had impacted on his quality of life and self-esteem, mentioning this in his responses to both the 1992 and 2006 directives (see box 1). This highlights how important it is that such discriminatory practices should be banned, therefore abolition of the default retirement age will be an important step forward in older people's employment rights.

Box 1 **Enforced early retirement case study**
1992 Mass Observation Directive: white Anglo-Saxon male aged 62, retired local government transport officer, Sompting, West Sussex:

For me the fifties were the best years of my life. The mortgage was paid off, the children were grown up. My career had been reasonably successful, my wife was earning an income and we were able to enjoy ourselves and all the good things that had been beyond us when we were raising a family.

Now that I am in my sixties I have had to cope with an enforced early retirement, which I bitterly resented and unfortunately my wife's poor health.

I did resent it when the Arun District Council made me redundant. Specially when I knew it was a contrived

redundancy. I had embarrassed the politicians. I resented the suggestion that my working life was over. In fact I resented it so much I went out and took the first job that was offered to me, even though it was working for peanuts, just to prove I could get a job and hold it down. I did not mind so much when that job folded up twelve months later. Recently I have been recruited as a part time member of the sales team of an importer of municipal machinery. [The manager] thinks my local government experience has a value. That means something to me.

Now in my early sixties I am prematurely retired. Brought about by the antics of dogmatic and bigoted Tory politicians I bitterly resented my retirement. I saw it as a waste of my many years of training and experience.

2006 Mass Observation Directive: married Anglo-Saxon male aged 76, retired local government officer, Sompting, West Sussex:

For my wife and myself our golden decade did not last long into my sixties. As a service manager in local government it was inevitable that I would become a victim of Thatcherism. I did when I was sixty, and we lost two thirds of our income... For my wife and myself the sixties became a very stressful and expensive decade. A contrived redundancy, stressful divorces, distressed grandchildren, and a catalogue of health problems. My wife having to have a hysterectomy, followed by a deep vein thrombosis, and then four heart attacks ending with open heart by-pass surgery. She was too obstinate to die.

What do you think are the gains and losses of getting older? Not having to get up for work in the morning is the big gain. Though even that can take some getting used to. Some find it difficult to accept becoming yesterday's man. I did, though it was the circumstances of my becoming such that made it difficult for me to accept. My career in local government blossomed late in life and I was not ready to be put out to grass at the tender age of sixty. On the other hand,

provided one can live comfortably on a pension, it can be a relief to be out of the rat race. Not having to guard your back against those who would harm you in order to prosper their own ambitions. As I eventually concluded. Fortunately, I had hobbies, interests and problems to keep me occupied. Not least among them the matriarchal disasters of my two sons. The state of one's health is also an important consideration. Fortunately my health problems have responded to treatment. To a limited extent so have those of my wife. Though her health does restrict what we can and cannot do.

Pensions, income and financial security

The volunteer reading group participants and respondents to the Mass Observation directives made a very broad range of comments about pensions entitlements, reflecting their varied experiences of the labour market, the different pensions policies that were in place during their working lives and their differing levels of income in retirement. One Mass Observation respondent reflected, 'In many ways this has been a privileged generation. We enjoyed the benefit of thirty years of full employment after the Second World War.' Another respondent, a retired plumber aged 72, also recognised the benefits of belonging to his generation, but indicated that he would have made different plans to prepare for retirement with the wisdom of retrospect:

My life has been as good as I could expect, a continuous run of employment, unlike the twenties and thirties when older members of my family were out of work, also having a house which we have paid for. Two things I would have done differently, opted for non-manual work, and chosen one with a pension at the end.

A divorced 75-year-old woman who responded to the 2006 Mass Observation directive explained that the pension she received was significantly lower than she had expected, a situation that was exacerbated by the additional costs associated with her sight loss:

Women in my generation qualified for small pensions only, having spent years at home with our children. After retirement when the time comes when a pension can no longer be supplemented by part-time earnings it withers away. I was shocked to learn that together my partner and myself are below the poverty line. Yet disability brings a mass of small extra expenses. There is of course no financial or practical help for the elderly blind, though people imagine there is some sort of benefit.[154]

These observations highlight the difficulty of planning for income in retirement, when factors such as divorce and sight loss cannot be anticipated and career choices made when young may seem less prudent in retrospect.

Another point that became apparent is that aspirations for retirement are changing, with a knock-on effect on the level of income that is required to maintain the expected standard of living. A 79-year-old respondent to the 2009 Mass Observation study wrote scathingly about his friends who had not taken responsibility for saving for their retirement, but expected to enjoy perks such as holidays:

I cannot think of anyone in my large circle of relatives and friends who is really hard up. Though I know many of them did not bother to invest in their old age when they were young. Their 'poverty' is their own silly fault. Like the compulsive spender who spends in a most frivolous manner and is always complaining about his burden of debt. While another has expensive holidays in America then complains she cannot afford to heat her home in the winter. Funny thing about money, you can only spend it once!

As these accounts suggest, each individual's income in retirement is influenced by numerous factors that come into play throughout the life-course, including their labour market experiences during their adult life, the caring roles they may have undertaken, their attitudes to and capacity for saving, and unforeseeable life events (such as divorce or bereavement). Given the rapidly increasing demand on state pensions provision in future decades, it is unlikely that the state pension will be substantially increased in the near future. Therefore, if we

wish to increase people's financial resilience in later life, reduce the number of retired people living in poverty and boost the living standards and well-being of older people, policy will need to particularly focus on supporting and incentivising people to save more towards their retirement throughout their working lives.

Eligibility for a state pension

Increasing eligibility for the basic state pension is also essential in tackling pensioner poverty. The Labour Government took important steps to reduce the numbers of older people in poverty by introducing a minimum income guarantee in 2003 in the form of the means-tested pension credit. In 2009/10 this was worth £130 per week for a single person and £198.45 per week for a couple.[155] This is in place as a safety net for those who are not eligible for a full basic state pension. However, it has two significant disadvantages. First, it is likely to act as a disincentive to save for those on a low income who are approaching retirement and have low pension entitlements, because savings over a certain level could make them ineligible for pension credit, leaving them with a lower income.[156] Second, Age UK estimates that about a third of people who are eligible to receive pension credit do not claim it, either because they are not aware of it or because they do not like the idea of taking government benefits.[157] While pension credit provides an important safety net for some, it is not therefore a wholly effective strategy for tackling pensioner poverty.

The longer-term government strategy for supporting people to sustain an acceptable standard of living in their retirement is to increase the proportion of people who are eligible for the basic state pension, aiming to reach near-universal coverage by 2050. The Pensions Act 2007, which legislated to raise the state pension age for men and women from 65 to 68 between 2024 and 2046, also made a number of other significant changes with the aim of significantly increasing eligibility for the basic state pension and the second state pension, which came into force in 2010:[158]

- allowing people who reach state pension age after April 2010 to receive a full basic state pension after only 30 qualifying years
- an end to the previous rule that people must have accrued at least a quarter of their qualifying years to get any basic state pension
- a new system of carer credits to enable people in caring roles to build up eligibility for the basic state pension and the second state pension
- an end to the rule that at least one of the qualifying years for basic state pension and second state pension must come through working and paying national insurance contributions, so that people who have never worked can qualify

These changes, which include the ability for people to claim retrospectively credits for years in which they undertook caring activities, will increase the numbers who are eligible for a basic state pension and second state pension. With these reforms, calculations by DWP estimate that 95 per cent of men and women will be eligible for a full basic state pension by 2050. However, those who have earned their credits for the basic state pension through self-employment or unemployment benefits (rather than employment or caring) will not have second state pension entitlements and are therefore more likely to be reliant on means-tested benefits if they have no other income.[159]

Another important reform included in the 2007 legislation was the restoration of the link between the basic state pension and earnings, so that the basic state pension is uprated each year in line with average earnings rather than prices. It was legislated that this link must be restored by 2015 at the latest, but in the Coalition's programme for government this reform was brought forward to April 2011. They also added the 'triple guarantee' that pensions be uprated by earnings, prices or 2.5 per cent each year, whichever is higher.[160] This will protect the value of the basic state pension in comparison with average earnings (which tend to rise more quickly than prices), making it less likely that people will find themselves in relative poverty in retirement.

Too much complexity in the pensions system

Although the reforms outlined above will be very important in increasing eligibility for a state pension and protecting the value of the state pension relative to earnings, some significant problems remain. Most importantly, the state pension system remains extremely complex and difficult to understand, which can make it difficult for people to plan for their retirement. As a recent report by the IFS commented:

The state support that a pensioner receives depends not only on how many years an individual worked for, but also how much they earned and – crucially – when they earned that income.[161]

And a paper published by International Longevity Centre UK (ILC-UK) in 2010 observed:

Complexity in the pension and benefits system creates a barrier to saving and makes it difficult to provide advice. A key aim of Government policy should be to deliver a pension system which is simpler and less complex than the current one.[162]

To add another complicating factor, the increases to women's state pension age which began in 2010 are calculated according to individuals' birthdays and therefore differ from person to person. The 2009 DWP study cited in chapter 1 found that out of 1,654 adults surveyed, only 30 per cent of men and 17 per cent of women are aware of the correct age at which they would start receiving their state pension. Most thought that they would receive their state pension earlier than was actually the case.[163]

There is therefore a great need for simplification in the pensions system and better provision of information and advice so people can plan for their retirement with better knowledge of what their state pension entitlement will look like. There is also a need to reduce reliance on means testing in the pensions system, which is not efficiently relieving poverty.

Saving for retirement across the life-course

While private pension provision is an increasingly important source of income for people in retirement, only around half of UK employees are estimated to be members of an employer-sponsored pension scheme (5 per cent less than in 1997),[164] and around 750,000 employers in the private sector did not provide a workplace pension in 2007.[165] According to the Office for National Statistics, an even lower proportion of self-employed men who are working full time belong to a personal pension scheme: 45 per cent in 2008 (compared with 64 per cent between 1998 and 1999).[166]

Provisions made in the Pensions Act 2008 will help to incentivise those who are on medium and low incomes to save for their retirement. From 2012 this legislation will put in place the duty for employers automatically to enrol into a pension scheme any employees who are aged between 22 and state pension age, who work in the UK and who are earning at least £7,475 a year.[167] This policy is based on the lessons from behavioural economics that people are more likely to continue an action –such as paying into a pension – once it has already begun than they are to initiate it.[168] People can choose to opt out once they are enrolled, but if they do so they will lose their employer's contribution towards their pension. To support employers to offer workplace pensions, the Pensions Act 2008 also legislated for the National Employment Savings Trust (NEST) to be set up. This will be a defined contribution pension scheme that is available to employers from October 2012. It will also be available to self-employed people and will offer flexibility to temporary workers who can carry their NEST membership between jobs or have more than one employer paying into their pension scheme simultaneously.[169]

In its programme for government, the Coalition made a commitment to look at the regulations concerning age-based restrictions on annuitisation and end the requirement of compulsory annuitisation at 75.[170] The Government is also considering whether action needs to be taken to resolve the problems faced by those who wish to annuitise smaller pots of money (eg below £5,000).[171] If followed through, these reforms could increase pensioners' control over how they use their

money, potentially encouraging pension take-up by demonstrating the flexibility and usefulness of pensions as a means of saving.

Nonetheless, greater cultural change will be needed to accompany these reforms if people are to save sufficiently for their retirement. As the 2009 DWP study cited above found, significant attitudinal barriers remain to the future orientated-behaviour of saving for retirement and half of the people surveyed said that they could not afford to save for their retirement.[172]

Universal state benefits for pensioners

In addition to the state pension, a number of other universal benefits are paid to older people to support their standard of living in retirement. These include winter fuel payments, free TV licence for those aged 75 and over, free bus travel for those above the female state pension age and free eye tests and prescriptions. One 88-year-old respondent to the 2009 Mass Observation directive expressed her appreciation for benefits such as winter fuel payments:

The advantages and generosity by the government for old people ('pensionable') is legendary! Our pension increases; and facilities are provided to cheer us up! Lunches, meals on wheels, parties and entertainment at festive times like Xmas. Reaching 80 is even more helpful, with money for winter fuel allowance and free help with household heating. My house is now warm!

However, winter fuel payments are currently very poorly targeted; like the free bus pass, eligibility is set according to women's state retirement age, therefore currently all men and women who have reached the age of 60 receive the benefit, whether or not they are retired or are on a low enough income to require assistance with paying fuel bills.[173] This means that payments are received by some people who have very high incomes; in 2007/08, winter fuel payments were made to approximately 100,000 households that had an annual net

income of over £100,000 and some households with an income of over £200,000.[174]

The Coalition Government's programme for government pledged to protect all of the universal benefits for older people that were put in place by Labour.[175] However, the discussions that took place in the volunteer reading groups arranged for this project indicated that many older people question the need for universal benefits such as winter fuel payments that perpetuate the myth of older people's dependency regardless of their circumstances. Winter fuel payments play an important role in preventing older people from experiencing fuel poverty, but eligibility for this benefit should be reviewed to explore whether it could be better targeted without threatening access for those who are in genuine need of this support.

5 Housing and independence

'So what do you think of Blydale, Mr Bates?' Mrs Wilson asked him, when we returned to her office.

'I think it's a very nice place', he said, and paused to let a pleased smile form on my lips before adding: 'for old people who haven't got a home of their own.'

In a way I understood his resistance… I couldn't look round that lounge without feeling a strong desire to be out of it, and the little bed-sitting room we peered into, though comfortably furnished, seemed more like a cell than a home.

David Lodge, *Deaf Sentence*

Participants in the volunteer reading groups were very clear that they wished to remain independent and stay in their own homes for as long as possible. Almost universally, great fear was expressed at the idea of needing to move into residential care; one woman in her 70s from the Tower Hamlets reading group commented that 'the worst problem of old age is residential homes' and, reflecting on the scenario of ageing and decline that is conjured by David Lodge's *Deaf Sentence*, admitted that 'the reader is glad that the old man dies before he has to move into [a residential home]'. A man in his 80s from the South East London reading group expressed similarly strong feelings about residential care, saying: 'Now that, I find, is a grim prospect. A waiting room before catching the boat across the Styx… grim.' A 65-year-old woman who was a member of Tower Hamlet's reading group described her very negative experience of her friend's admission into residential care after developing Parkinson's disease. In response to David Lodge's *Deaf Sentence*, she wrote in her reading diary:

I totally agree with the author's descriptions of care homes. They are depressing places (institutions) and I think as a society in the UK that not enough imaginative alternatives exist. My friend S has had to go into a nursing home aged 63 and I visit it regularly. S developed Parkinson's Disease and deteriorated drastically after a spell in hospital… As a single person with no-one to look after her, and with some mental deterioration, there was no viable alternative but a nursing home. No particular effort has been made taking into account her relative youth. S is being institutionalised and destined to live out her days among much older people (with deaths occurring regularly). She is paying £900 weekly for the privilege.

Another volunteer from the Camden Town group reported in her diary on a group discussion that had taken place exploring the complex set of factors that influence older people's decisions about meeting their housing and care needs:

One of the ways of not being a burden is to choose to go to a residential hotel or care home. People going into sheltered accommodation often do so before they really need to go so that their family do not need to worry. It was agreed that it was important to retain contact with people of all ages. One of the horrors of old age is to be cut off from everyday life. We do not want to be babies in reverse who are helplessly exposed and vulnerable. If possible it is best to stay where you are and participate as much as you can. Social care today prioritises remaining in one's own home as long as possible. Someone remarked 'We don't like being vulnerable. Especially if you have a reputation as a tough cookie.' We delight in being useful and needed.

As these accounts suggest, the volunteer reading group participants expressed a strong desire to remain in their own homes as they grew older, to continue to participate in their local community as much as possible, and to remain in regular contact with people of all age groups. The comment made by one reading group participant that there are 'not enough imaginative alternatives' to residential care should particularly challenge local authorities, housing associations and housing developers to develop more innovative and sustainable solutions to older people's needs for housing and care as they age.

Inclusive design

In recent years, considerable effort has gone into developing ideas for making housing stock in the UK more suitable to the changing demands of an ageing society, so people will not be forced to leave their homes as they grow older. This has included investigating how all new homes that are built could be made suitable to the changing needs of people as they age. The 2008 Lifetime Homes Strategy identified a set of 16 design criteria or 'Lifetime Homes Standards' to be applied to all public sector-funded housing in England from 2011 to ensure that homes are flexible enough to 'reflect the changes that occur over the life-time, and so that people are not excluded by design as they grow older and more frail'.[176] The intention was that the government would work with property developers to encourage voluntary take-up of the standards, while moving towards regulation by 2013. However, recent reports suggest that the Coalition Government is moving away from the idea of regulatory standards for accessible housing.[177] This is disappointing, as a large body of research has consistently shown that most older people would prefer to continue living in their own home as they grow older,[178] and the creation of a larger stock of accessible homes – a 'future-proofing approach' – would reduce some of the need for expensive adaptations and specialist retirement housing.[179]

Home adaptation

While the need for some types of home adaptation (such as wheelchair access or heat insulation) would be unnecessary if more homes met the Lifetime Homes Standards, home adaptation can be an important means of supporting people to stay independent in their own homes as they grow older. The majority (90 per cent) of older people live in general housing and their homes can become increasingly unsuitable as they grow older.[180] Nearly half (47 per cent) of those aged 75 and over have a long-standing illness or disability that limits their activities,[181] but most homes do not have the basic features that make them accessible and adaptable (level access, a flush threshold, adequate door space and the use of a toilet on the entry floor).[182] The Communities and Local Government English

Housing Survey, found that while 4.5 million households had at least one person with a mobility problem living there, only 836,000 homes (4 per cent) had all four accessibility features. Around 9 per cent of homes had three features, 21 per cent had two and 40 per cent had one. A further 27 per cent had no accessibility features.[183] The survey found that housing association homes were more likely to have these features than other types of housing tenure. Owner-occupied homes were the least likely to be fully accessible (only 3 per cent), but surveys such as the ELSA study have found that most people aged over 65 live in owner-occupied houses (74 per cent of those aged 65–84 own their houses outright).[184]

Home adaptations therefore have a very important role in making sure that older people's homes can continue to meet their changing needs. Previous studies have shown that safety modifications such as grab rails can significantly reduce the number of falls that older people have; one study reported a 60 per cent reduction after modifications were made and other studies found reductions in injuries caused by falls of 6 per cent to 33 per cent.[185] Research reviewed for the Lifetime Homes Strategy found that home adaptations can improve the health of vulnerable groups and considerably contribute to the well-being and independence of older and disabled people.[186] There is also evidence that investing in home adaptations can be cost-effective for local authorities by removing the need for older people to move into residential care or reducing or removing the need for care.[187]

Eligibility for financial assistance with home adaptations is determined nationally,[188] but a report by Care and Repair has found that while there is a national framework to identify who should be eligible for financial help with adaptations, 'the reality on the ground, particularly for DFGs [disabled facilities grants], is a postcode lottery', and in many cases, people are left waiting months or years to access assistance.[189] This impasse could be avoided if more people were supported to plan ahead, to consider how their housing needs are likely to change over time and prepare for the future. A study of European retirees in 2008 found that among pre-retirees, 60 per cent considered adapting

their home to account for future loss of mobility and 41 per cent expected that they might move to a different home after they retired. However, among the group who had retired, only 14 per cent had actually adapted their home (a further 15 per cent planned to do so) and only 7 per cent had moved house.[190] As Housing our Ageing Population: Panel for Innovation (HAPPI) suggested in its 2009 report, this lack of forward-planning suggests that there is 'a general reluctance to imagine our "future selves"', and people tend to continue to live in the same home or put off adaptations as they get older out of a sense of inertia, regardless of whether their home continues to meet their needs.[191]

Specialist housing

A 2010 YouGov survey commissioned by the National Housing Federation asked people between the ages of 60 and 65 to consider which accommodation options they would prefer if they were no longer able to live independently in their own home. The survey found that 80 per cent of people would consider downsizing to a smaller, more manageable home, 65 per cent liked the idea of living in a self-contained home with support or care available if they needed it, 10 per cent would consider moving in with their family and 18 per cent would be willing to live in a care home.[192] This suggests that while most people would prefer to continue living in their existing home, the majority would be open to down-sizing or moving into specialist retirement housing if appealing options existed.

The National Housing Federation's 2011 report argued that if we are to reduce the need for ad hoc home adaptations, which can be expensive and are not always successful, there is an urgent need to invest in more high quality housing that is designed specifically with the accessibility needs of older people in mind:

By designing a higher proportion of accessible stock and increasing the choice of housing available to people as they grow older, helping to improve mobility within the sector, housing associations can reduce the need for one-off adaptations.[193]

Increasing the stock of specialist housing for older people could also release more large homes for families to occupy. Many older people continue to live in unnecessarily large houses even though a smaller home could be more energy-efficient and manageable; around 60 per cent of older householders have multiple bedrooms despite having no dependent children and around 37 per cent of households in the UK are under-occupied, half of these occupied by people aged 50–69.[194]

Specialist housing could also help to meet older people's social needs as they become less mobile. As studies reviewed in chapter 1 demonstrated, increasing numbers of older people are living alone, and those who live alone are more likely to feel lonely.[195] There is also evidence that those who are widowed are most likely to have depressive symptoms, but that people who have supportive relationships before an experience of adversity (such as being widowed) are more likely to respond resiliently. Good well-being is strongly associated with the number of close relationships that people have, and also associated with the frequency of contact with friends and family. The HAPPI panel's 2009 study demonstrated how the design of high quality and attractive specialist housing for people aged 50+ can help to support people's social needs as well as their accessibility needs as they age by providing a supportive community.[196] Through a series of case studies, the study illustrated how well-designed housing can facilitate social interaction across generations, by providing shared communal spaces and cafés or leisure facilities that are available to residents and the local community. The Panel reported:

On several study visits [we] heard from residents that they value being able to choose when to be alone and when to be with others…. Throughout the HAPPI visits, the importance of a sense of belonging to a neighbourhood was evident…. Remaining active in the context of a community, in a neighbourhood we know, is crucial to our quality of life and how we feel about the future.[197]

Extra care housing

Extra care housing can offer a more appealing alternative to the institutional ethos of residential care for older people who wish to continue living independently but require help and support to do so. A 2007 report by the Joseph Rowntree Foundation (JRF), which has been a pioneer of the extra care model, defined extra care housing as housing that:

Offers… full legal rights associated with being a tenant, or homeowner, in combination with 24 hour on-site care that can be delivered flexibly according to a person's changing needs. At a conceptual level, extra care is primarily housing, meaning that it should not look or feel in any way institutional. People who live in extra care developments are in their own homes. Extra care housing can be for rent, outright sale or part ownership, and some developments are mixed tenure.[198]

Other research by the JRF has shown that extra care housing schemes can be successful in improving outcomes for older people such as good health, independent living and participation within a community. The JRF identifies effective extra care schemes as those that include the following features:

· shared public spaces to facilitate social interaction and a diverse range of organised activities to provide opportunities for residents to socialise
· encouraging residents to run their own activities and to take an active role in making decisions about the organisation of the scheme
· support from staff to enable residents to take part in social activities
· access to GPs and specialist nurses on the premises
· making sure that extra care schemes are integrated into communities rather than building them in inaccessible locations
· developing housing with a range of tenure options to give older people the choice of buying or renting in the schemes, and ensuring that general needs housing is available within the scheme or in the surrounding area, so families and carers can live nearby[199]

However, a practical drawback of extra care schemes is that they can be very expensive. Therefore, if we wish to enable more older people to have access to extra care housing, we will need to identify ways of funding the development and ongoing costs associated with such schemes.[200]

Local planning

A 2009 report by the Communities and Local Government Select Committee recommended that the Government needed to establish 'a more coherent strategy for the provision and funding of housing and support services for older people, making clear the role of sheltered housing',[201] but the National Housing Federation's recent report has shown that we are still far from meeting this goal at a local level. A survey of 153 local authorities in October 2010 found that only 45 per cent of local authorities had a housing strategy for older people. A further 23 per cent were in the process of developing a strategy, but 32 per cent did not have a strategy or intend to develop one.[202] This research found that where there was a strategy in place, it often particularly considered meeting only one type of housing need, such as extra care housing, and did not give thought to the need for support services, or of the particular issues faced by older people in private housing.[203] This failure to consider older people's housing needs proactively is likely to lead to reactive and unplanned responses to problems when they arise, which will not only threaten older people's well-being but is also likely to lead to higher costs to social services and the NHS in the longer term.[204]

6 Health and social care

He said, 'Listen: you say you can't hear well and your back hurts. Your body won't stop reminding you of your ailing existence. Would you like to do something about it?'

'This half-dead old carcass?' I said. 'Sure. What?'

'How about trading it in and getting something new?'

It was an invitation I couldn't say no to, or yes, for that matter. There was certainly nothing simple or straightforward about it. When I had heard the man's proposal, although I wanted to dismiss it as madness, I couldn't stop considering it. All that night I was excited by an idea that was – and had been for a while, now I was forced to confront it – inevitable.

Hanif Kureishi, *The Body*

Age discrimination in healthcare

Among our volunteer reading group research participants, the strongest theme that emerged with respect to healthcare concerned the discriminatory treatment of older people.

The first concern was how issues of bodily decline and disability should, as a matter of principle, be separated from ageing in healthcare. Deafness, which tends to be closely associated with ageing in popular perception, was no exception to this. Recording a discussion of deafness among the North London group, a volunteer in her 80s from the Highgate 1 group reported quite simply that 'people didn't want it to be viewed as an age problem'.

Related to this, several reading group participants described having experienced arrogant or dismissive treatment by doctors, and one woman in her 80s from the Highgate reading group recorded in her diary how doctors had callously acted without any concern for her sexual identity: 'I had to accept diminution of pleasure (no real orgasms) after hyster-

ectomy when I was 66. Surgeon failed to mention this when urging operation.'

Another participant who was discussing the treatment of older people by doctors wrote: 'I really fear for people who have no one to speak on their behalf.'

Indeed, a considerable body of research has highlighted the prevalence of age discrimination in healthcare and the need to tackle prejudicial assumptions among medical professionals that ill health in older people is a symptom of their age, rather than being a treatable medical condition. Research by Fairhead and Rothwell in 2006 identified significant age discrimination against patients aged over 80 in the management of transient ischaemic attacks and minor strokes,[205] while research by the Centre for Cancer Epidemiology in 2007 found that women with breast cancer who are aged over 80 have much poorer access to assessment and treatment than women aged between 65 and 69.[206] Another study conducted by Steel et al in 2008 using analysis of the English Longitudinal Study of Ageing found that people with 'geriatric conditions' such as osteoarthritis received a much lower quality of care than those with general medical conditions such as diabetes, stroke or heart disease,[207] and a review conducted by the Centre for Policy on Ageing in 2009 cited age discrimination in health policies on inviting patients to screenings.[208] Concerns about age discrimination are widespread; according to a survey by the King's Fund, three out of four senior managers in health or social care services believe that age discrimination exists in their local services.[209]

Most recently a report by the Health Service Ombudsman found that 'the NHS is failing to treat older people with care, compassion, dignity and respect'.[210] It found that out of almost 9,000 formal complaints about the NHS that were made to the Ombudsman in 2010, 18 per cent were about the treatment of older people and twice as many cases involving older people went on to be investigated than all other age groups combined.[211] This report argued:

Above all, care for older people should be shaped not just by their illness, but by the wider context of their lives and relationships. Instead, our

investigations reveal a bewildering disregard of the needs and wishes of patients and their families.[212]

The 2010 Equality Act banned age discrimination in public services, and the Department of Health has agreed that this ban should apply to health and social care services in England, Wales and Scotland with an implementation date of 2012.[213] This is a positive development, but ageist practices that arise from attitudes and assumptions – such as individual doctors' decisions on when to make referrals for particular treatments – are less likely to be affected.

This problem was highlighted by a woman in her 80s from the Camden Town volunteer reading group, who commented:

Our problem is really to do with attitudes; hardly any social care workers, government or staff in the voluntary sector have had any age awareness 'training', much as we did in the 80s and 90s on race and gender issues. Age issues have been sadly neglected.

Therefore, as the British Medical Association's good practice guidance and the Government Equalities Office's 2010 report on the Equality Bill have previously recommended, it is essential that health and social care professionals should receive training to make them aware of age discrimination and to ensure that they are able to comply with the 2010 Equality Act.[214]

Mental health

Mental health was an important concern for participants in the volunteer reading groups, who felt that staying socially and mentally active was a key way of combating the ageing process and avoiding depression. One woman in her 70s from the South East London group explained, 'I think that in middle age… we build up a "bank" of physical, mental and emotional assets that offset ageing. Of course nobody does this consciously.' Most participants seemed to believe that the onset of mental health problems in later life was preventable if people adopted socially

engaged, active lifestyles; a volunteer from the Tower Hamlets remarked:

Social contact is vital to our mental well-being as we age and research has shown that old people who have active social lives flourish and are less likely to develop dementia than those who are isolated.

Another woman in her 60s from the Highgate 1 reading group stressed the role of government in intervening to support people's mental health as they age:

This decline as we get older is common to all of us to a greater or lesser degree and it seems to me that one of the (many!) problems facing the government is how to protect not only the physical but also the mental well-being of an ageing population.

Discussion of Caryl Phillips' novel *A Distant Shore*, by the Waterloo reading group prompted one of the participants to argue that popular stereotypes of mental decline in the elderly are responsible for preventing problems which are not necessarily age-related being properly addressed. From first-hand professional experience, she cited widespread professional neglect or dismissal of problems such as depression, which are an issue for many older people.

Mental health in policy

In 2009, a report by the Healthcare Commission highlighted the fact that the National Service Framework for Mental Health only addressed the mental health needs of working adults aged up to 65, and that mental health provision for people aged 65 and over was falling behind services for younger people. It identified 'clear evidence of age discrimination in access to services, age-appropriateness and lack of specialist input to services'.[215] Later that year, the Labour Government responded by publishing *New Horizons*, a cross-departmental mental health strategy for all age groups that explicitly sought to address the problems of discrimination in mental health services and under-diagnosis of

depression in older people.[216] The strategy made a commitment
to provide better mental health and well-being and non-
discriminatory care for older people, which was subsequently
legislated for in the 2010 Equality Act, which banned age
discrimination in public services. Action 17 of the strategy
outlined in *New Horizons* explicitly sought to improve training in
primary care 'to improve identification and treatment of
depression in older people'.

This agenda has subsequently been taken forward by the
Coalition Government, which put mental health on an equal
footing with physical health in its public health white paper
Healthy Lives, Healthy People and published a new mental health
strategy entitled *No Health Without Mental Health*, in 2011.[217] This
strategy explicitly takes a 'life course approach' to mental health,
promoting early intervention to 'protect and promote wellbeing
and resilience through our early years, into adulthood and then
on into a healthy old age'.[218] By intervening early, the strategy
aims to prevent spiralling costs associated with the fall-out of
allowing mental health problems to escalate and the strategy
is backed up with £400 million to expand access to psycho-
logical therapies to people of all ages, including older people
and carers.

Loneliness and social isolation

This mental health strategy is supported by the Coalition's broad
public health approach to supporting older people's well-being.
The public health white paper identifies the rate of 'chronic
loneliness' among older people (estimated to affect around 1 in
10 older people) as a significant policy problem, and argues that
enabling older people to contribute more in society will protect
both their physical and mental health.[219]

This emphasis on tackling loneliness is important, as
loneliness is clearly detrimental to people's well-being at any age,
and may reflect a wider lack of social support. Loneliness in old
age was mentioned as a significant concern by a number of
reading group participants, including a woman in her 60s from
the Camden Town reading group, who said:

Loneliness is one of the biggest fears of growing old. We are social animals and need human contact but does 'society' want anything to do with us? We mustn't let ourselves go.

However, as two other reading group participants pointed out, it would be wrong to assume that loneliness and social isolation are somehow a symptom of old age. Reflecting on the novel *Deaf Sentence* by David Lodge, another of the Camden Town reading group participants said, 'The plight of loneliness is highlighted. [This is] not exclusive to older people but more common, as partners die.'

A woman in her 70s from the Highgate 2 reading group commented in her reading diary:

Isolation, rather than ageing, seems to be the salient, linking theme of the books we have read so far. This isolation may be due to age, but there are many other causes: disability, race, mental health problems, enforced retirement and even a change in social status.

These participants are right to question the relationship between loneliness and old age, as the research that was reviewed in chapter 1 has demonstrated that age in itself is not in fact a risk factor for loneliness. This research found that advanced age was a protective factor, with risks of experiencing loneliness being posed by marital status (and in particular bereavement), time spent alone, a history of loneliness and a number of health indicators.[220] Policy strategies aiming to tackle loneliness should therefore focus on these factors, which are not necessarily age-related, and seek to provide greater social support for people who are bereaved or suffer from poor health.

Dementia was also a particular worry for some of the research participants (see box 2). A woman in her 60s from the Highgate 1 reading group said, 'I would sincerely prefer death to dementia. The incidents I am aware of make the thought of dementia extremely depressing.' Reflecting on David Lodge's representation of dementia in *Deaf Sentence*, another participant observed that 'the father's mental decay is more frightening than any other aspect of this picture of advanced age'. Similarly, a

man in his 80s from the South East London group said that 'to be an Alzheimer's victim or senile is the worst sentence of all'. Significantly, though, he suggested that this is something older people should avoid thinking about, as 'those who dwell on their possible terrifying old age suffer many times before it happens'.

Box 2   **Extract from research participant reading diary**

I found this book [*There Were no Windows* by Norah Hoult] very hard to read because I have a friend who has some form of Dementia. Dementia descends with the unpredictability of a flu virus. The victim is helpless. But unlike the flu, it cannot be cured by hot drinks and rest. It is a life sentence. And a sentence upon friends and families as well. Friendship is destroyed by it – and so, finally, is love. It is impossible to have a meaningful conversation with someone who has no recollection of what was said two minutes ago. There can be no exchange of ideas, opinions, no progress towards new horizons. It is like eating the same tasteless meal, over and over... my friend had an intelligent mind, had a career and talents. She has done nothing to deserve her fate. She has many friends but they find it hard – perhaps impossible – to cope with the person she has become. She is not nasty, selfish etc. – just not there. What to do?

These comments, including the suggestion that we should avoid thinking about dementia, reflect the continuing stigma associated with the illness, despite the emerging evidence base suggesting that the risk of developing some types of dementia can be reduced by factors such as 'a healthy diet, promoting physical and cognitive activity and controlling cardiovascular risk factors such as diabetes, high cholesterol and hypertension'.[221] The Labour Government's National Dementia Strategy entitled *Living Well With Dementia* had very little emphasis on prevention or delay of the onset of dementia (as the title suggests) and expressed doubt that dementia could in

fact be prevented: 'We need to look at ways of preventing new cases of dementia occurring if this is at all possible.'[222] This hesitance reflects the history of under-investment in dementia research in the UK, which receives only one-twelfth of the government funding that is put towards cancer research, despite the evidence that dementia research is extremely cost-effective.[223]

Social care

When participants in the volunteer reading groups considered the issues of physical decline and social care in response to the representation of these issues in David Lodge's fiction, they were united in their agreement that independence was an asset beyond price for older people. A female volunteer reading group participant from Blackheath said, 'becoming old and weak and unable to take care of oneself is something to be dreaded', a view that all others in the group agreed with.

Many of the participants made it clear that what they demand, above all, is an acceptance of their continued right to self-determination, regardless of the views of well-meaning relatives or social services. The majority felt that domiciliary care was always preferable to residential care. A woman in her 70s from the South East London reading group commented:

The very elderly have the right to live as they want – in a certain amount of squalor, personal and domestic, and only moved into a 'home' as a last resort… it is better to suffer injury or death than to lose independence.

An overall theme arising from the volunteer reading groups' discussions was that they wished to remain self-sufficient for as long as possible, and that respect for their personal independence in later life was crucial to maintaining dignity and well-being. A volunteer from Edgware in her 70s argued that 'money is the older person's bulwark against their need for independence. Their over-riding fear is to lose control over any aspect of their lives.' Another participant suggested that future retiring generations would demand a better quality of care:

I believe that the generation coming into the pensioner group now (the post-war generation) will be more prepared to speak up and demand what they want. Those now in the older age-ranges have often been too submissive and quiet.

Recent policy development in social care has focused on this need to deliver forms of support that enable older people to be more autonomous for longer, and enhance their capacity to take control over the care they receive.[224] The Coalition Government has the same objectives, and a number of measures about greater preventative and personalised services were announced in the Coalition's programme for government.[225]

Personalisation and prevention

There is now strong evidence that preventative services can be more effective in supporting health, well-being and independence of older people, while also generating cost-savings by delaying or preventing the need for more intensive, or institutional care. The Partnerships for Older People Projects (POPPs) funded by the Department of Health were piloted in 29 sites and evaluated between 2006 and 2009.[226] The evaluation found that all categories of this service improved older people's quality of life. Those providing services to individuals with complex needs were particularly successful and low-level preventative projects also had an impact, and saved money for the taxpayer.[227] Similarly, the LinkAge Plus programme, a preventative approach to provide 'a little bit of help' to enable older people to remain independent for longer, was similarly positive and cost-effective.[228]

While policy makers are rhetorically highly committed to the principle of preventative services, in the context of an increasingly constrained economic environment it is unclear how these priorities will play out in practice. Even before the spending cuts announced in the October 2010 spending review, a survey of social workers conducted by the Social Care Institute for Excellence and the Department of Health in 2009 found that 61 per cent of 692 social workers surveyed thought that rising

demand from older people would influence local agencies' capacity to implement prevention and early intervention.[229]

Personalisation

The aim of personalisation is 'to make sure anyone who needs care and support can exercise choice and control to live their lives as they want'.[230] The use of direct payments and personal budgets are key parts of the strategy for achieving this goal. Personal budgets clearly offer the potential for older people to increase their control over the services that they receive. However, Demos research conducted in 2010 found that compared with other groups of care users, older people were both the least enthusiastic about personal budgets and the slowest to receive them.[231] A report by the Department of Health has also observed that 'older people have not benefited to the extent that would be expected given the numbers using Social Care Services'.[232]

It is unclear how this progress in implementing personal budgets will be affected as the impending budgetary cuts take hold over the next four years. As observed in chapter 2, the June 2010 budget and the October 2010 comprehensive spending review have made it clear that local authorities will be operating under considerable financial constraints, with cuts to their budgets of 28 per cent in real terms over the four years from 2010/11 to 2014/15. To compensate for these cuts the spending review announced £2 billion of additional funding for social care, with £1 billion of this to be paid through the NHS.[233] However, concerns have been raised that this additional funding is not ring-fenced; therefore local authorities may allocate this money to address shortfalls in other departments without benefiting social care.[234]

As a result of these funding constraints, there are serious question marks over the capacity of adult social care departments to turn central government policy objectives of increased personalisation and preventative action into changes in how social care is delivered on the ground. Innovative approaches and preventative services that have the potential to generate

long-term savings may be sacrificed in order to meet short-term targets for spending efficiencies. The following sections will consider the policy objectives that the Coalition Government has proposed for health and social care and compare these with realities on the ground.

One risk that has been identified is that 'personal budgets will be seen as a cost cutting measure'.[235] If the amount that individuals are given to spend on their care is reduced, this could mean that service users are unable to afford the care that they need. One consequence of transferring commissioning responsibilities from local authorities to individual care users may be that individuals' costs will increase as they will not benefit from the same economies of scale available to local authorities. If individual care users have less money to spend, this will also affect service providers, which could impact negatively on the sustainability of smaller providers.[236]

Funding and eligibility for social care

The discussion of social care among our volunteer reading groups centred on the fact that domiciliary care was preferred where and whenever possible, while most objected to the unfairness of the current means-tested system, which can lead to situations in which the prudent lose their assets in paying for care, while those who did not save for their retirement may not need to contribute.

One reading group participant from Edgware, from the Highgate 2 reading group, reflected on her and her mother's experience of the limited care available from social services, with the result that they had paid for care privately:

When I asked social services for help with my mother, they came round when I was not there, and she told them that she didn't need any help as 'her daughter did everything'. I have to say, though, that when she had to have almost constant care and an army of helpers, she was usually very appreciative. I found the carers mostly very sensitive, although it was difficult to find one who struck the right balance between sitting passively by her side and over-enthusiastically trying to stimulate her with games, songs

etc when she was obviously not feeling up to it. Although the council provided limited care, we had to pay for most of it – the alternatives would have been for me to give up my job, or find a care home. Living so much longer, carers themselves are too old to perform these duties unaided and often on very little income.

A respondent to the 2006 Mass Observation directive who was aged 75 explained that she and her partner had only just realised that they would be responsible for paying for their own care:

One day [our savings] will be gone. We gather from this week's news that if we ever need care we must pay – do we sell the house to meet care costs for me, or for him – is one partner to be left without a home?

One of the respondents to the 2006 Mass Observation study directive, a 63-year-old retired auditor from Chesterfield, expressed very strong views on this matter, arguing,

How we are treated in the future will also depend on a sort of two-way movement. We have a right to demand high standards of care but we must also accept that this has to be paid for with higher taxation.

However, in the rather different financial context presented five years later, the Dilnot Commission's consultation document clearly emphasises the conviction that 'any reformed system will continue to be a partnership in its broadest sense – with both individuals and the state continuing to contribute to the costs of care and support'.[237] While we wait for the recommendations of this commission, which will inevitably take several years to be implemented, it looks as though the responsibility for providing community care will increasingly fall on the NHS and informal carers.

These concerns are well founded. Data from the ELSA 2008/09 study, and figures from Derek Wanless's 2006 review of social care for the King's Fund, have shown that only around 4 per cent of people aged 65+ currently receive publicly funded home help or care. This is very low by international standards; in

Denmark 25 per cent of people aged 65+ received formal help at home, 13 per cent in the Netherlands and 9 per cent in the USA.[238]

With eligibility thresholds for state-funded care tightening, an increasing number of people will be forced to self-fund or rely on informal care in future years. This will have a particularly serious financial impact on those who retire on a low income and also have low assets, further exacerbating pre-existing financial inequalities among those in retirement. A survey by Aviva found that the financial challenge of paying for care becomes an increasing concern for people as they age and become more aware of the additional financial burden caused by the need to mitigate reduced mobility or illness. According to this survey, 8 per cent of people in the 55–64 age group, 17 per cent of those in the 65–74 age group and 23 per cent of those in the over-75 age group worry about paying for care.[239]

On the eve of the 2010 comprehensive spending review, when it was expected there would be significant reductions to local authorities' budgets, a survey by Community Care found that many local authorities were considering tightening their eligibility thresholds. The 'fair access to care services' guidance set by the Department of Health sets out an eligibility framework divided into four bands – 'low', 'moderate', 'substantial' and 'critical' – to assess the extent to which an individual's support needs affects their ability to maintain independence over time.[240] The survey by Community Care found that 80 per cent of authorities would not meet the 'moderate' care needs of service users by April 2011, but would only cater for those with 'substantial' or 'critical' needs. This represented a 5 per cent increase from the 75 per cent who already did not meet moderate care needs and a significant reduction in provision from 2006, when only 47 per cent of councils did not provide for those with moderate care needs.[241] In an even more extreme example of eligibility tightening, Community Care reported in December 2010 that Birmingham Council was considering reviewing its eligibility threshold to limit eligibility for care to people with 'critical personal needs' (as opposed to those with substantial needs or critical needs that do not require personal care).[242] This

would restrict eligibility more tightly than the thresholds identified in the 'fair access to care services' guidance.[243]

This trend towards only providing care for those with the highest needs is likely to have a significant financial impact on those who will be forced to fund their own care, increasing the financial hardship of those who may already have higher costs related to illness or disability. It is also likely to affect the capacity of statutory services to fund preventative work, which could lead to much higher costs to social services in the medium to long term if the unmet needs of vulnerable older people lead to accidents or illness that require a more intensive care package or a move into residential care.

7   Retirement and 'active ageing'

Eighty was the age for second childhoods, so they said.… So let's commence with childhood now, he thought. Let's be an old man full of impulse, prospects, hope.

   Jim Crace, *Arcadia*

Retirement

Volunteer reading group participants had mixed experiences of retirement. Their comments highlighted the fact that the experience of retirement can be problematic even for those who retire voluntarily. Two reading group participants described the disconcerting loss of status that can accompany retirement. A woman from the Camden Town reading group, from Harrow, said:

It's this sudden demotion from being a useful person in society to becoming an errand boy. It happens overnight – one minute you're a successful working person, the next someone considered to be useless with no further contribution to make.

And a woman in the same reading group, from Forest Hill, observed:

Loss of role is one of the worst factors of ageing – starting with retirement. I sometimes need to tell people who I was and organising conferences and study days, editing newsletters, lets me retain some status. I have few roles left – mother, grandmother the main ones.… Younger ones agreed with loss of status and identity at first on retirement.

A female volunteer from the Banstead reading group commented that 'for some retirement brings emptiness'. Reflecting on the novel *A Distant Shore* by Caryl Phillips, she said:

Dorothy's emptiness after retirement reminded me of a former colleague who couldn't cope with what she considered the emptiness and unplanned days so she put up a timetable in her kitchen reading 8–8.30 breakfast, 8.30–9 dishes and her day was tabulated like this.

Several of the volunteer reading group participants expressed the view that women are better at coping with the challenges of retirement than men, as they have larger social networks and have less difficulty adapting to their new circumstances. One 78-year-old woman from the Highgate 1 group commented:

I retired nearly two years ago and immediately recognised the need to reinvent myself as it were and establish a new persona. My personal experience is that women are better at doing this than men and as a consequence seem to be enjoying retirement more, recognising the opportunities that it offers to pursue interests and embark on new projects.

However, while the transition from working life to retirement can be difficult, participants' comments suggested that once they had adjusted, the experience of retirement was overwhelmingly positive. Several of the Mass Observation participants described the delights of retirement as a time of self-development and relaxation:

One of the lovely discoveries of getting to late middle age is to realise that I am not yet old. I suppose that when I was much younger I had expected to be in my dotage after I retired. In fact, leaving what had become a boring and stressful job gave me a new lease of life. I feel younger now, nine years after retiring, than I did in my last years at work. But then there is so much more available now. Relative affluence means I have a car to get around in, I can afford books, I can live in comfort. I can study if I wish.[244]

A couple of weeks before Xmas I went to a lunch given by my old employer for retired senior managers to meet their old colleagues.… I do not go every year as it is a 500 mile round trip so in some cases I was not sure whether the person I was talking to was working or retired. A good rule of thumb was that the worried ones were working and the carefree ones with a good suntan

were pensioners.… In fact, it is the 50 and 60-year-olds that I feel sorry for – I can visualise the stresses of running a company in these times and I tell them all to retire as soon as they can – I've never regretted for a moment that I had an opportunity to go at 61 instead of 63.[245]

However, as a woman in her 70s from the Camden Town reading group reported regarding a group discussion she took part in, the concept of 'retirement' can have the effect of suggesting that older people no longer contribute. One member said that she hated the word 'retirement'. It was suggested older people are patronised and stereotyped because it is believed they no longer contribute to the economy: approval is given to making money.

As observed in section 2, this perception is strongly linked to narratives in the media, and public policy discourse that have represented retirement as a time of dependence – for financial sustenance and care – on younger generations. It is these narratives that must be addressed if we are to prevent older people from feeling stigmatised and disengaged from public policy.

Active ageing

As we observed in chapter 3, the baby boomer cohort which will make up the next generation of retirees have very different aspirations for their retirement from those of their parents' generation. The majority of the volunteer reading group participants – and particularly those in their 60s and early 70s – were very resistant to identifying as 'old' and were more likely to see themselves as being in late middle age, frequently making statements such as 'they say 60 is the new 40!' These youthful attitudes are accompanied by expectations that retirement will provide increased opportunities for leisure, self-development and new projects. A survey conducted in 2009 to explore attitudes towards retirement among baby boomers aged between 46 and 65 illustrates this trend, finding that 51 per cent of respondents in this age group planned to travel more in the future, 30 per cent hoped to learn a new skill such as a language or hobby, 30 per

cent would like to continue working after retirement if it was on their own terms, and 6 per cent would like to start a new business.[246]

A woman in her 70s from the Waterloo volunteer reading group exemplified this positive attitude, describing retirement as a liberation from the drudgery of working life, with considerable new opportunities for enjoyment:

Has the world changed so much in 50/60 years that people nowadays can have such a good time when they retire, that it need not be grim and problematic? I can only speak from my own experience. Because I have been employed all my adult life. I have a work as well as state pension; I have free travel in London; free swimming; reduced entry to many exhibitions, concerts, museums etc; the opportunity to take classes; to meet friends during the week; to develop interests that I never had time to develop before; to discover new interests; even to sit in the sun and take a positive attitude to doing nothing while workers and students are stuck in schools and offices. I'm having a whale of a time.

In this account she contrasts the expectation that retirement should be 'grim and problematic' with the experience of retirement as 'a whale of a time', demonstrating that many people's perceptions of what retirement means has not caught up with the reality. The same woman went on to reflect that having opportunities to stay active in retirement are vital both to older people's well-being and to public expenditure:

It is vital for public finance that older people are enabled to keep as active mentally and physically as possible, let alone for their quality of life. I haven't liked the sounds the Conservatives have been making at all, but I think such a change in thinking will have to take place, as with global warming, that too little will be done too late.

While these views emphasise the importance of physical activity, the contribution of a 75-year-old respondent to the 2006 Mass Observation directive highlighted the fact that 'active' and positive experiences of ageing are not necessarily dependent on full physical health and fitness:

At 75 years of age I have a disabling lung disease that cannot be cured. I fight for breath after the slightest exertion and there are times when I need the help of doctors and nurses, but I still enjoy my life and every day is precious – books to read, films to see, letters to write, grandchildren to spoil, driving to the shops, a good wife with whom to share so many simple pleasures.

As this insight suggests, many things in life can still be actively enjoyed by older people who experience declining health, and policy approaches to support active ageing must be flexible enough to include those who experience illness or disability.

Active ageing through learning and cultural engagement

Participants in the volunteer reading groups and the Mass Observation study identified learning and cultural engagement in later life as playing a crucial role in their ability to stay 'young at heart' and to stave off the threat of social isolation and decline. A man in his 70s from the Camden Town group wrote in his reading diary:

A message for our policy makers?… Encourage education and cultural awareness throughout life. Don't forget the arts, and provide adequate funding for developing a quality of life which is not wholly governed by materialism.

However, a survey by the Department for Culture, Media and Sport has shown that rates of participation in cultural activities such as reading for pleasure, seeing a play or film, or attending an art gallery decrease significantly for those aged over 75. In 2009/10 nearly three-quarters (74.8 per cent) of 65–74-year-olds engaged with the arts, but only 57.2 per cent of those aged 75 or over.[247] It is unclear to what extent some of this drop in cultural participation may be a result of the inaccessibility of cultural locations for older people with disabilities; research by Leonard Cheshire Disability found that four out of ten disabled people in London had problems accessing museums, theatres, cinemas and art galleries.[248]

Previous US research has demonstrated the positive physical and mental health benefits for older people of taking part in professionally conducted community-based cultural programmes,[249] while research conducted in the UK has provided evidence that participation in community arts programmes can benefit people with mild to moderate mental health problems by 'increasing levels of empowerment and social inclusion'.[250] A 2005 study that reviewed health promotion initiatives for older people found that the approaches that were most effective in reducing social isolation and loneliness included some form of structured educational input and group-based support activities.[251] While many of the preventative benefits of cultural and learning activities that improve quality of life are difficult to measure, they are no less valuable.

Previous government policy has recognised the importance of cultural engagement and adult learning opportunities to the well-being and social inclusion of older people. The Labour Government's 2009 white paper on informal learning, *The Learning Revolution*, observed:

Informal adult learning can transform individual lives and boost our nation's well-being. At its best, it can bring people and communities together, challenge stereotypes and contribute to community cohesion. It can unite the generations and help people remain active and independent into old age.[252]

This strategy was accompanied by a £20 million transformation fund to support innovative approaches to providing new learning opportunities to adults in the community in partnership with libraries, galleries, museums and other organisations.

It is not yet clear how the Coalition Government intends to support older people to access adult learning opportunities. In May 2010, during adult learning week, David Cameron acknowledged:

Adult learning has a really important role to play in encouraging active citizenship…. It's that self-belief that leads people to get involved in their communities and become more active citizens.[253]

The February 2011 cross-government mental health strategy *No Health Without Mental Health* also recognises adult learning to be an important component of well-being. Under the actions that will be taken to achieve the strategy's objective of aiding the recovery of people with mental health problems one of the commitments for the Department for Business, Innovation and Skills is: 'Reinvigorate and reform informal adult and community learning to support the Big Society and reach out to those most in need of help.'[254] This commitment is welcome although it will be important that adult learning is also supported as a preventative measure to support positive well-being and social inclusion for older people rather than merely being seen as a treatment option for those for whom poor mental health has already become a problem.

Social inclusion and public spaces

Attitudes to age-specific activities that were clearly aimed at older people varied among the Mass Observation respondents and volunteer reading group participants. Some volunteer reading group participants were very clear that they did not identify as 'old' and therefore did not wish to be targeted to take part in specific activities aimed at older people. However, the majority were enthusiastic users of universal services such as libraries, leisure centres and other community facilities. Our research particularly highlighted the importance of library services to many older people. An 88-year-old respondent to the 2009 Mass Observation directive explained that when he was no longer physically strong enough to take part in sailing, he had begun a philosophy course, which had then led him to take part in a book group:

I gave up driving some years ago and that ended my opportunity to continue in a book group. It originated from a WEA course on philosophy which I started and regretted that I was 80 rather than 18 when I began.

He reported that since he stopped being able to participate in a book group, the local library has continued to

offer him a really valuable source of leisure and intellectual stimulation:

I read reviews in the Guardian and ask my local library for them – very rarely do they fail to produce. I have two on order now – other people are ahead in the queue – and it will be a nice surprise when I get a call to tell me one is available…

A number of volunteer reading group participants commented on the important role that reading and public libraries played in their lives. The evidence from this research suggests that many make good use of the public library system and greatly value its services. A volunteer reading group participant in her 60s from the Highgate 1 group argued that the role that libraries play in improving public health and preventing social isolation is currently significantly under-valued:

Isolation, as we have discussed in our meetings, is a problem often faced by the elderly and I feel that libraries fulfil an important role in community life especially for older people, along with the free travel that enables older people to visit them. Newspapers and internet access are available, which enable people to keep up with what is going on in the world, even if they cannot afford these items in their own homes. Libraries are also a useful source of information about local services and opportunities.

Isolation can cause depressive illness and so, in the long term, it can be cost-effective to provide these services rather than subsequent healthcare but of course you can never quantify a negative, so the financial savings can only be surmised. I think that libraries are essential. It is rather wonderful to realise that even if you cannot afford to buy books, they are always available on loan from the library.

These remarks suggest that the current plans of many local authorities to close public libraries as a way of delivering the public spending cuts imposed by central government could have a disproportionate impact on older people who rely on libraries as a social outlet and source of information and leisure. It has been reported that in addition to closing some libraries,

Manchester City Council plans to close leisure centres and public toilets in order to make savings of £110 million in 2011/12.[255] Cuts to these services are also likely to have a disproportionate effect on older people; access to public toilets has been identified in numerous policy documents as essential to ensuring that public spaces are accessible to older people,[256] while leisure facilities and other public spaces can be important sites for intergenerational interaction. An 80-year-old participant in the Highgate reading group commented on how a recent trip to the swimming pool had caused him to reconsider how he treated young people:

Only a few days ago I lost a dental plate while swimming in a public pool, and a youngster asked what I was looking for, and then dived down and found it. He was ten years old at most. All I had done was to give him and two companions a friendly greeting when I entered the pool. Perhaps his helpfulness was my reward. Do we old people sometimes earn the disrespect of the young by not treating them seriously I wonder.

The 2010 Independent Strategic Review of Health Inequalities in England conducted by Michael Marmot also noted the importance of communities having access to safe and open green spaces to provide opportunities for social contact and exercise, particularly in deprived areas:

The survival of older people increases where there is more space for walking near their home, with nearby parks and tree-lined streets. Prevalence rates for diseases such as diabetes, cancer, migraine/severe headaches and depression are lower in living environments with more green space within a one kilometre radius and mental health may be particularly affected by the amount of local green space.[257]

Therefore, while some older people will wish to access services that are specifically aimed at improving the health and well-being of older people, others will benefit from general measures that improve public services and the local environment for people of all age groups.

Volunteering in later life

One of the volunteer reading group participants complained that the novel *Deaf Sentence* by David Lodge does not adequately recognise the active contribution that older people can continue to make to society once they no longer work:

As senior citizens, we are not powerless to change things. We can engage in lobbying and campaigning and join organizations such as Amnesty International. There are many examples of the elderly making a difference. One is that of a wonderful woman called Doctor Hamlyn who at the age of 85 is still saving girls in Ethiopia from fistula, where they are treated as outcasts by their families. I do think Lodge presents old age in a rather negative way.

This woman argues that social expectations for older people are not ambitious enough, and therefore fail to inspire people with ideas of what they could achieve in later life. As we observed in chapter 4, some of the volunteer reading group participants objected to the word 'retirement' altogether as it suggests withdrawal and can lead to inaccurate assumptions that people no longer make a contribution once they give up work.

In fact, national data show that people aged 65–74 are the most likely to participate in formal volunteering at least once a month, with 34 per cent of this age group volunteering regularly to give 'unpaid help through groups, clubs and organisations to benefit other people or the environment', compared with 25 per cent of those aged 16–25 and 22 per cent of those aged 26–34. Those aged 75 and over are less likely than those aged 65–74 to be involved in formal voluntary activities, with only 23 per cent volunteering formally each month. However, 30 per cent of this age group said that they regularly took part in informal volunteering, defined as 'giving unpaid help as an individual to other individuals who are not relatives'.[258]

Research conducted by the Cabinet Office in 2006/07 found that different age groups were likely to find different benefits from taking part in volunteering. While a high proportion from all age groups agreed with the statement 'I get satisfaction from seeing the results', people aged 65 and over

were more likely than other age groups to recognise the following benefits:

- I meet people and make friends (91 per cent).
- It gets me out of myself (82 per cent).
- It makes me feel needed (76 per cent).[259]

More than two-thirds (68 per cent) of those aged 65 and over said that volunteering gave them more confidence. This research demonstrates that while volunteering can provide valuable opportunities for people of all age groups to make a positive contribution to their community, it is particularly valued by many older people as a way of making friends and as a source of self-esteem and positive self-identity. In the context of public spending cuts, which are likely to result in less funding being available for preventative interventions to support older people's health and well-being, government support for self-help volunteering programmes that enable people of all age groups and levels of health to make a positive contribution to their community and engage in reciprocal support should be prioritised.

All of our research participants, who were aged between their early 60s and their 90s, were engaged in regular volunteering by nature of their participation in this research project. The University of the Third Age (U3A), through which our volunteer reading groups were established, is a particularly strong example of a self-help network run by volunteers that provides opportunities for informal education, creative and leisure activities. The assumption underpinning this organisation is that participants have skills and knowledge to offer to others as well as to receive, overturning any stereotypical notion associating older people with dependency or passivity.

The rise of grandparent carers

In addition to their involvement with U3A, some of our reading group participants played a very strong role in caring for their grandchildren. Attitudes towards this were mixed. While all of

those who regularly looked after their grandchildren enjoyed this role, some felt that the burden this placed on them was too high. A woman in her 60s from the Banstead reading group commented on a group discussion that took place:

The difference they make to old people's lives is amazing. Unfortunately our only grandchild lives abroad, but most of my friends spend a great deal of time with theirs. These grandparents are much older than they were in the past, due to women having children much later, and although they enjoy being with their grandchildren, they find it very tiring. Young people seem to expect [their parents] to be unpaid child-minders which I think is rather unfair at a time when they should be enjoying their freedom or are often looking after their own husband or wife. However, I would dearly love to have my grandson with me, and would perhaps change my views!

A woman in her 60s from the Highgate 2 group similarly wrote, 'A grandmother remarked that we are much younger nowadays in our attitudes and looks, and that often leads to our children expecting too much of us.' Another woman in her 60s from the Camden Town group described how her commitment to supporting her daughters in their careers had led to her caring for five grandchildren over a number of years in retirement (see the case study in box 3). While this was clearly an extremely demanding role, she emphasises the fact that it brought her fulfilment: 'I love spending time with my grandchildren, [and] I am very aware that the greatest factor is that it gives me a function.' As observed in chapter 1, grandparents now provide over 40 per cent of childcare for working parents, which is estimated to be worth around £3.9 billion to the economy.[260] It is important therefore that grandparents' role in providing childcare should be recognised and supported by policy but not expected or taken for granted. It is unclear what impact increases to the state pension age will have on grandparents' capacity to provide informal childcare.

Box 3 **Case study from the diary of a woman in the Islington U3A reading group**

I stopped work at 60, when my eldest daughter had a 10-month-old who would have gone to a nursery, while she went back to work as an architect. I was brought up with my grandparents as well as parents, so it felt natural to me to look after her. I was working with volunteers in a community centre which I enjoyed, but there was no contest between that and looking after O for three days a week. What I omitted to say in my life story – and I can't believe this – was that from about 1970 I was in a Women's Group for about eight years. This changed me and my perspectives and values in many ways; one of them was that I brought my three daughters up to believe that they could do anything they were able and willing to do, in terms of work – but – BUT – when we discussed women's changing roles in our group, with our babies and toddlers with us (for none of us was working) we never discussed childcare for our grown-up daughters' generation. We had various childcare schemes for ourselves and other local women, but only in the sense of having a couple of hours off – we never really thought of who would be looking after our grandchildren, while our daughters were out conquering the world.

So I felt a real responsibility for my daughters' children, when they were taking the opportunities I had encouraged them to look for. By chance, their children arrived in almost perfect time to be looked after as the previous grandchild went to nursery – there was a slight overlap, and I'm afraid my eldest daughter has never quite forgiven me for the few weeks she had to sort out when I went on to my second grandchild…. In terms of payment, I said that obviously I couldn't be paid for looking after my own grandchildren, and I had (just) enough to live on. However, my eldest daughter, though a bit over-sensitive, is also very generous, and she set the pattern by saying that not only would this be unfair, but also they would feel beholden to me. So we agreed they would pay for my holidays – this felt a bit less

money-based than actual cash, but still gave me a reasonable amount. And I didn't take very expensive holidays.

I am now on my fifth (and, I have been told, final) 14-month-old grandchild. I look after her Mon–Wed till about 3:30, but only in term time as my daughter is a teacher. On Mondays she is picked up earlier, and I take my two grandsons, now 5 and 9, home from school: on Tuesdays I sometimes pick up her 4-year-old sister from nursery at 12:30: on Thursdays I pick up 10-year-old O from Balham. So my week is pretty full – and though this saves my daughters and their husbands a lot of money and time-juggling, and I love spending time with my grandchildren, I am very aware that the greatest factor is that it gives me a function. I do believe that as we grow older, health and enough money to live comfortably are obviously crucial. But running a very close third is simply being useful, having a genuine function in life. This may be because of my puritanical Scottish/Jewish upbringing – I'm sure there are many happy people who don't do much for anyone, but I can't comprehend it.

Transport

A significant number of participants in the Mass Observation study and volunteer reading group participants mentioned free bus passes and other subsidised travel as playing a critical role in supporting social inclusion for older people. The reason for this is absolutely clear: the ability to move freely around enables people to remain self-sufficient for as long as possible, while respect for one's personal independence in later life is seen as crucial to maintaining dignity and well-being. A woman in her 60s from the Highgate 2 group reflected, 'I think if the government was to stop such [subsidised travel] concessions it would be a sad day for the elderly and severely restrict their quality of life.' Another woman in her 60s from the Highgate group suggested that access to free bus travel could play a role in protecting older people from the onset of poor mental health:

Paranoia all too often I feel is caused not simply by the onset of dementia but by the spending of too much time alone thinking rather than doing. The more interaction with others, even on a relatively passive level as in going round the shops in the nearest large town, the more in touch with reality people will be. This is why I feel that the free bus pass is a good idea. The walk to the bus stop and back is a form of limited exercise and just being on a bus with other people is a healthy form of interaction, albeit of a minimal kind.

A 65-year-old respondent to the Mass Observation Study also commented on the freedom provided by free bus travel:

In London us lucky pensioners can travel completely free on buses and the underground and this gives us a huge incentive to explore to the very limits of the city.

And a 75-year-old respondent to the 2006 Mass Observation directive listed free bus travel among other things that compensated for getting older: 'Mustn't forget the free bus pass – local only and the free TV licence, half price at the cinema and concessions at adult classes. It's not all bad.'

The loss of independence that resulted from no longer being able to drive was mentioned by others as a key turning point in the onset of old age. A female member of the Highgate Edgware reading group reported on a group discussion that 'the eldest member of the group was sorry that she could no longer drive – another example of a loss of independence', while a respondent to the 2006 Mass Observation directive commented that 'car loss is the most serious disadvantage of ageing'. While the flexibility provided by a car is difficult to replace, access to good public transport links, or alternative community transport options for those in under-served areas, is vital to support older people's independence.[261]

8   End of life

As her fingers clutched the hem of the sheet and smoothed it in the last motions of the dying, it seemed to her that soon her punishment would be over, and she would be allowed out into the sunshine to play with her sister, to run down lanes, and look at the low rolling purple hills that were, she knew, just outside the window. All adventure awaited her, but just now she was too tired, because, as it would appear, people had been very angry with her and made her cry so much.

Norah Hoult, *There Were No Windows*

Another important subject discussed by Mass Observation study respondents and participants in the volunteer reading groups was their feelings about very advanced old age and death and their anxieties about what the dying process might entail. Some did not fear death itself, as the response by a 71-year-old man from West Sussex to the 1992 Mass Observation directive indicated:

One of the things I have time to do is think about death. It will not worry me in the least – I'd like a week's notice to tidy things up but mentally I'm ready to go at any time and would much rather go when I am in reasonable possession of my faculties than live until I become as confused as both my parents did. My wife feels exactly the same and whichever of us is the survivor we shall recognise that the other one was quite happy to go.

However, a number of comments made by volunteer reading group participants indicated real worries about the experience of death that they may have, and whether or not it would be 'dignified'. A woman in her 60s who took part in the Camden Town reading group said:

There was considerable discussion about the case for euthanasia, particularly as it is being presented as a bill in Scotland. The general opinion was that it will come to be accepted, and should be. The thought of not being able to choose a dignified death in certain circumstances is of great concern.

Another reading group participant in her 60s from the Camden Town reading group reflected on the concern that the considerable increase to our life expectancy over recent decades may leave some older people in a situation where they live longer than they would wish to:

I've felt for a long time that within about 20 years (possibly less) there will be a way of making little white or any other colour pills available, for people to take if they wish. Written out like that, it sounds slightly mad and inconceivable, but I don't see any other way round the problem of scarce resources on the one hand, and the fact that many older people would be quite happy to slip away quietly and painlessly. I have worked with pensioners for many years, in discussion groups and in finding and supporting volunteers to visit them, and though there are obviously huge ethical and practical problems, I think in an increasingly secular and long-lived society, our conception of just what life means, in terms of value to oneself and others, has to be rethought.

Previous Demos research undertaken in 2004 to explore baby boomers' attitudes to a range of lifestyle and public policy issues has highlighted this generation's particularly accepting attitude towards euthanasia:

Most wanted to avoid 'being looked after' altogether and hoped to die before this happened.… In all of those groups, there was strong support for the right to choose assisted suicide or euthanasia and a feeling that this might offer the best solution for everyone – the elderly person themselves, their family and the state.[262]

The pro-euthanasia remarks made by our volunteer reading group participants indicate the level of anxiety felt by many about the quality of life that they could expect in advanced old age, and the 'undignified' treatment they might be subjected to

while dying. In particular, both of the above comments communicate a strong wish to retain control over the end of life and the manner of our death.

At the moment, the way that people die in England frequently does not reflect their wishes. In particular, people are often unable to choose the place of death that they would like. A YouGov poll undertaken for the Demos project Dying for Change found that two-thirds of people (66 per cent) would prefer to die at home.[263] However, in reality most people die in hospital – 58 per cent nationally, varying between 46 per cent and 77 per cent between primary care trusts (PCTs)[264] – and older people aged between 65 and 84 are particularly likely to die in hospital.[265] Nursing and old people's homes also play an important role in providing end of life care for many older people; while only 16 per cent of the whole population die in residential care, as many as 30 per cent of people aged 85 and over die in a residential care home.[266]

As a result of our increasing life expectancies and the ageing demographic of our society, an increasing proportion of people will die in old age. Of the 500,000 people who die in England each year, two-thirds are older than 75 and one-third are over 85 years old.[267] According to projections, by 2030, 86 per cent of deaths will be accounted for by people aged over 65 and those over 85 will account for 44 per cent of deaths. Therefore, an increasing proportion of those who die will have health conditions that are associated with old age, such as frailty and dementia, and it is likely that more will die from 'a mixture of long term conditions, such as diabetes and arthritis, combined with advanced old age and complicated by lung and heart conditions'.[268] Those who have these multiple conditions are more likely to die in a care home or a general acute hospital.[269]

Research undertaken by Demos with dying people and their carers has found that while people have very different experiences of illness and dying, there is some consensus that the factors that would make a relatively good experience of death more likely include:

· dying at the right time in life

- dying not taking too long
- being able to exercise a degree of control
- having the right people around you
- having the space and support to reflect on life and find meaning in death in an appropriate way
- not dying in pain
- dying with a degree of dignity[270]

For people to have the type of death they would like, they must be able to discuss their death with their loved ones, friends and carers: 'The more people are encouraged to talk about what matters to them about life, the more likely they are to get it even while dying.'[271]

Most people would prefer to die at home than in hospital, and research by the National Audit Office (NAO) has demonstrated that a considerable proportion of those who die in hospital do not have medical needs that require them to be in hospital, therefore they could be cared for elsewhere.[272] The NAO's examination of patient records in one PCT found that 40 per cent of the patients who died in hospital over the course of one month 'did not have medical needs which required them to be treated in hospital, and nearly a quarter of these had been in hospital for over a month'.[273] Two key reasons identified by the NAO for these unnecessary admissions to hospital were:

- inadequate training and resource to support residents of care homes to die in their care home
- a lack of access to services in the community (particularly outside working hours) to support families and other caregivers, making emergency admissions to hospital more likely

Therefore, if we are to address this unnecessary medicalisation of death and help people to achieve the death that they want to have, in the place where they feel most secure (which for the majority is their home or care home), it will be necessary to address the deficiencies that are leading to unnecessary hospital admissions.

Unnecessary admissions from care homes

The survey of end of life practice in 1,410 residential and care homes commissioned by the NAO in 2008 found that on average around 70 per cent of residents' deaths occurred in the care home. However, there was significant variation within this sample, with 26 care homes saying that all resident deaths occurred within the home and five care homes saying that all resident deaths occurred in hospital.[274] In one PCT, 'the proportion of residents dying in care homes could have been increased from 61 per cent to 80 per cent, if greater support and advice had been provided to those care homes'.[275]

The NAO's survey found that the amount of training that care home staff had in providing end of life care to their residents varied considerably. Overall, 74 per cent of the homes surveyed provided specific training on end of life care for their staff. However, this training was compulsory in less than half of the homes surveyed and it was part of a formal qualification in only 44 per cent of homes.[276] Demos's research found that it was crucially important that people should be offered the opportunity to discuss how they want to die,[277] but the NAO survey found that only 64 per cent of homes had a policy for talking to residents and carers about where they would like to die and only 61 per cent of homes had policies for advance care planning.[278] These findings indicate that there is a considerable amount of work to be done to improve the training of care home staff, and develop appropriate policies to help ensure that care home residents are given opportunities to discuss how they would like to die, and are then supported to die in the way that they would like.

A lack of support in the community

Whether or not somebody has access to care and support is a key determinant of whether they will be able to die at home.[279] There are no figures specifically identifying the number of informal carers who provide end of life care to a partner or family member. All carers are entitled to an assessment by a social worker, but the NAO's research found that adherence to this varied between PCTs: 19 per cent said that carers' assessments

were not provided, 52 per cent said that assessments were provided for some carers, and 29 per cent said they were provided as standard. Of the PCTs who responded to the census, 24 per cent provided respite care for those caring for people approaching the end of their life, 69 per cent provided respite for those who met eligibility criteria and 7 per cent provided no respite care.[280]

The NAO's research found that a lack of out-of-hours support, including access to advice, medication and equipment, led to unplanned and unnecessary admissions to hospital. Also, where out-of-hours services were provided, a lack of knowledge of the patient's wishes and circumstances could lead to inappropriate admissions, or do not attempt resuscitation orders not being known or recognised.[281] Carers were also frustrated by a 'lack of integrated services or a single point of contact to coordinate care…. There was consensus among those we consulted that continuity of care was a key factor in positive experiences.'[282]

There is clearly a need to increase the provision of specialist end of life care for older people who wish to die at home and their carers, to reduce the disproportionately high number of older people who currently die in hospital. However, as we observed in section 1 of this report, the availability of informal care for older people is likely to decline in future years as a result of more childless people reaching old age and a growing proportion of older people living alone. A recent study by Rolls et al focusing on the palliative care needs of the increasing numbers of older people who live alone highlighted this: 'Older people who live alone face particular challenges if they are to age and die well, in the place and manner of their choosing, with respect to their broader physical environment, social supports, and material resources.'[283] Therefore, if we wish as a society to support more older people to die at home, we will need to address the fact that informal carers will not always be available to provide most of the care that is needed.[284]

Hospices are another important community resource for accessing high quality end of life care, but as hospices are still particularly focused on meeting the needs of cancer patients, older people (for whom cancer is the primary cause of only 18 per cent of deaths) are less likely than other groups to have

access to this care. In 2006/07, only 14 per cent of older people who died over the age of 85 had accessed a hospice service. As the numbers of older people living alone increase, there is likely to be an increasing gap in provision for older people who lack sufficient informal support to die at home, but are unable to access hospice care. To bridge this gap and increase the end of life care options available to older people, hospices and care homes should be linked together to support the development of community care services that specialise in meeting the palliative care needs of older people.[285]

Planning ahead

A survey by NatCen for the Dying Matters Coalition in 2009 found that although 29 per cent of people had talked about their wishes about dying, only 4 per cent have written an advance care plan.[286] An advance care plan 'may be the completion of a statement of the person's wishes and preferences about their future care, or an advance decision to refuse specific treatment'.[287] People who are approaching the end of their lives should be supported to create an advanced care plan as a standard part of the process to help ensure they have the opportunity to communicate their wishes for their end of life care. This enables people to have 'vital conversations about how they want to die before they are caught up in the tumultuous crises that mark the last weeks of life'.[288] However, as Rolls et al point out in their recent study, we cannot assume that dying people will always have the capacity to make such choices without significant support:

The capacity to make choices towards the end of life, especially for those who live alone, may gradually be undermined with age, incapacity and ill health, and a lack of information, informal care and other resources.[289]

Therefore, the provision of information to dying people and their carers about the different options that are available for end of life care will be particularly important in supporting people to make informed choices.

Progress in improving end of life care

The Department of Health's national End of Life Care Strategy, which was published in July 2008, aims to improve the provision of palliative care for all adults at the end of life. This strategy is particularly focused on:

· improving the provision of community services, such as rapid response community nursing services that are available 24 hours a day
· ensuring that health and social care staff at all levels are trained to have the necessary skills to communicate with people approaching the end of their life and to deliver the appropriate care
· developing specialist palliative care outreach services to provide end of life care to adults in the community[290]

The 'vital sign' that will be used to judge the success of this strategy will be the numbers of people who are dying at home, compared with those who die in hospital. In 2010, the second annual report of the End of Life Care Strategy indicated that there is 'a very slow trend away from deaths in hospital (55%) towards death at home (20%)'.[291] However, as this report acknowledges, many people would consider their care home to be 'at home', therefore this indicator will also need to track the numbers of people who are able to end their lives in their care home. While the progress that has already been made is promising, there is a long way to go in improving end of life care in care homes, providing better community support for people who wish to die at home, and developing more specialist palliative care support for older people.

9 Policy directions

The policy directions outlined in this chapter are as much about identifying a vision for an effective policy approach to ageing as they are about making specific recommendations for changes to policy or service provision. Cutting across these policy directions are a number of key principles that emerged from our research with older people.

First, at the centre of this vision is the need for long-term strategies to support people to experience better health, social inclusion and financial resilience across the life-course. Such a preventative approach will inevitably be more effective by reducing the risk that poor health or social isolation will occur in the first place.

Second, older people are a highly heterogeneous group, therefore we need to move away from one-size-fits-all policy approaches and services and offer older people choice and flexibility in how they live. It is not permissible to make assumptions about people's needs, interests or capabilities on the basis of their age. Challenging the age segregation that operates in many public services will have benefits for both older and younger people.

Third, we need to challenge all forms of age discrimination, including patronising stereotypes about older people's dependency and vulnerability and better target support towards those who need it. Universal benefits such as winter fuel payments (explored in more detail below) are part of the problem as they can feed into negative stereotypes by perpetuating the assumption that older people are vulnerable and automatically require additional support on the basis of their age.

Fourth, older people are feeling increasingly alienated by policy rhetoric that presents older people as a social or financial burden. We cannot meet the challenges posed by an ageing

society without the support of older people themselves. Therefore we need a shift of mind-set to focus on recognising and facilitating the positive contributions to society that are made by older people. The large number of baby boomers soon to reach retirement age present considerable opportunities for the development of self-help activities and reciprocal forms of support.

The policy directions that follow are presented according to the following thematic areas:

· work and finances
· housing and independence
· health and social care
· retirement and active ageing
· end of life

Work and finances
1 Flexible jobs for older workers
Requiring people to work until later in life is an inevitable response to our increasing longevity. In the 2010 comprehensive spending review the Coalition Government announced that the state pension age would increase to 66 for both men and women by April 2020 and the default retirement age is soon to be phased out. However, if we are to successfully realise the intention of keeping people in the workforce until later in life, structural changes to our labour market will also be needed.

As the evidence reviewed in chapter 1 has shown, older people are a highly heterogeneous group, with widely differing health and disability statuses, skills and aptitudes. Working until later in life can have very positive health benefits; for example, research has shown that later retirement can delay the onset of dementia,[292] while employment can also contribute to positive self-esteem and prevent social isolation.[293] Not all types of jobs have these benefits, however, and some are more physically and psychologically demanding than others, making them more or less suitable to older workers. It cannot be assumed that older workers will want, or be able, to continue in the same job role as they age.

Flexibility of hours and location for jobs is very important to many older workers who may have a reduced capacity for work, or may wish to reduce their level of responsibility or to balance work commitments with caring roles or volunteering commitments. Evidence suggests that part-time working can be an important way of bridging work and retirement and more people would consider working past state pension age if flexible working arrangements were available.[294] Most importantly, the nature of the job roles available to older workers determines how effectively they can continue to engage with the workforce. Therefore, flexibility must also extend to the types of role that older workers are expected to perform.

Some people who want to continue working up to and beyond the state pension age wish to remain in the same job that they have performed for many years; others wish to move to a new role in the same organisation, while others wish to leave and work at a new organisation. It is vital that we support older workers to make these transitions and find suitable jobs for their capabilities to enable them to remain in the workforce. Some older workers may require a less demanding role; while others may simply want a change that enables them to use their skills more appropriately. Providing greater flexibility could also benefit employers, who could make better use of the particular contribution of older workers' experience and skills sets, which can be hard to replicate. To realise its ambitions of retaining an older workforce, the Government should work with employers to explore opportunities for developing more flexible career pathways for older workers, which offer a greater choice of job roles and support a phased approach to retirement. It will also be important to ensure that flexible work options that involve reduced hours or a transition to a less senior role do not have a negative effect on an individual's pension entitlements, or this will remain an unattractive option.

2 Bridging the skills gap between younger and older workers
Previous research has demonstrated that employers value the particular skills of older workers, whom they perceive to have

more developed soft skills, more experience, and 'to be more reliable, loyal, able to cope with pressure and to empathise with others, and especially customers'.[295] The converse is true of younger workers, who are perceived by employers to lack some of the essential social and emotional capabilities for employment such as leadership, team-working and communication skills.[296] This perceived skills gap among younger people, whose relative inexperience acts as a disincentive to employment, is contributing to historically high levels of youth unemployment, with one in five graduates unemployed and 27 per cent of 18–20-year-olds unable to find a job.[297]

To help bridge the skills gap between older and younger workers and make better use of older people's acquired skills and experience, the Government should work with employers to investigate developing workplace mentoring schemes that match older people who are approaching retirement with young people who are either seeking employment or are newly employed. Such mentoring roles for older worker could be made part of a phased retirement package that included downsizing responsibilities or moving to a new job role. Such a scheme could have benefits for organisations of strengthening organisational memory and making more efficient use of older workers' skills. They could also reduce the risks of employing younger workers by ensuring that informal on-the-job training was available from an experienced employee.

3 Reducing complexity in the state pensions system and tackling pensioner poverty

As we observed in chapter 4, the state pensions system is currently extremely complicated, which can act as a barrier to saving as people do not know what their state pension entitlement will be like, and often assume that it will be more generous than it is.[298] For those who have low pensions entitlements, the current system of means-testing for pension credit, council tax benefit and housing benefit provides an important safety net. However, this can also increase people's dependency by acting as a disincentive to save, as private savings

that provide people with additional income in retirement can reduce their eligibility for means-tested benefits.[299] In May 2010, around 60 per cent of pensioners were eligible for some form of means-tested benefit.[300]

The introduction of employers' duty to automatically enrol their employees into an occupational pensions scheme in 2012 may exacerbate this problem for some people who may find themselves ineligible for means-tested benefits as a result of low occupational pension entitlements that they have built up through schemes such as NEST.[301] Analysis by the Pensions Policy Institute (PPI) suggests that people in the following categories would be at a higher risk of being worse off as a result of saving through the NEST scheme:

· people with interrupted national insurance records, who make irregular pensions savings
· people who are likely to be eligible for means-tested benefits
· people who are already near to the state pension age[302]

As the PPI observes, given that NEST will not be suitable for everybody, it will be essential that employees are provided with reliable information at the time of auto-enrolment so that they can make an informed decision about whether or not they should opt out.[303]

To help address some of these problems and provide a firmer basis for people to save towards their retirement, we support the proposals announced by the Government in October 2010 to investigate introducing a single-tier 'citizens' pension', which would provide all pensioners with the same flat-rate pension of around £140 a week.[304] Some reports suggest that such a system could also be more cost-effective for the state, as the three strands of the state pension: the basic state pension, second state pension and pension credit would be amalgamated, and administrative costs associated with means-testing would be removed.[305]

Such a flat-rate system would be far simpler to understand, as all retirees would be aware of the weekly amount they would receive.[306] The removal of means-testing for pension credit will

also provide people with reassurance that they can keep any occupational pension entitlements that they accrue through NEST or other private pension schemes in addition to their flat-rate pension. This transparency could provide more people with a greater incentive to save, while the reduced complexity would enable people to better judge how much additional income they would need to maintain the same standard of living.

In addition to this important reform, there are further opportunities that the Coalition Government may wish to look at. If it decides to implement a flat-rate, non-means tested state pension, there is potential to give people the option to capitalise and invest a portion of their *future* state pension entitlement in a personal pension scheme of their choosing earlier in their lives. Measures such as this could have a dramatic effect on the rates of private pension take-up and could give people a head start in saving for the future at an early stage of their working life. A move towards flat-rate state pensions would make future state pension entitlements calculable and the option to sacrifice a small proportion of your state pension in order to invest in your own future could be a powerful way of promoting a future-orientated 'saving culture', encouraging pension planning among younger people.

4 Better targeting of winter fuel payments

Our research uncovered some sceptical attitudes among older people towards universal benefits such as the winter fuel payment. This universal benefit is currently provided annually to anyone aged above the women's state pension age, regardless of their income. This is premised on the concept of older people's vulnerability, as a DWP document explains:

Older people are targeted because they are particularly vulnerable to the effects of cold weather during the winter months and older people are more likely to be on fixed incomes.[307]

However, this justification is out of keeping with modern attitudes and experiences of ageing, as our research has

demonstrated. Very few people in their 60s now consider themselves to be old, and at age 65, average disability free life expectancy is now 10 years for men and 10.6 years for women, with healthy life expectancy considerably longer.[308] Therefore, the average person in their 60s is not physically vulnerable either.

We believe that the retention of a universal winter fuel payment at the female state pension age perpetuates inappropriate stereotypes of older people's vulnerability and dependency. In reality, most people are still working when they first receive the winter fuel payment, so the justification of being on a fixed income is also irrelevant. We believe that the Government should investigate better targeting this benefit, potentially raising eligibility to the age of 75 in line with disability free life expectancy. We recognise that this average disability free life expectancy conceals health inequalities. Therefore, those people who receive disability living allowance, attendance allowance or other health-related benefits, or those on a low income (for example people receiving pension credit) could be automatically enrolled for winter fuel payments at state pension age as part of their benefit package. This approach would be supported by the reform of the welfare system towards a universal credit. Such an approach would recognise the heterogeneity of older people, and the money saved through better targeting of this benefit could be invested in additional support services for older people who are genuinely vulnerable.

Housing and independence
5 Making housing accessible to people with diverse needs and preferences

To reduce the numbers of older people with physical limitations who are living in inappropriate accommodation, putting them at greater risk of falls and social isolation, we need to take a more proactive approach to meeting older people's housing needs. It has been estimated that according to current population projections, by 2036 approximately 810,000 older people aged 75 or over will be living in unsuitable accommodation, with around 70

per cent of them living in owner-occupied properties, leading to an enormous demand for home adaptations.[309]

We are currently missing an extremely important opportunity to ensure that all new housing is built to minimum accessibility standards. It is not acceptable that at a time when government policy aims to promote inclusivity and outlaw discrimination against older and disabled people, we should still allow property developers to build new homes that are not accessible to a significant proportion of the population. The Lifetime Homes Standard (a set of 16 design criteria for accessibility[310]) should be made mandatory for all new housing built with public or private funds as an essential part of the process towards making accessible housing the norm.

The baby boomers are a powerful consumer group, most of whom own their own home (80 per cent of the age group aged 55+ own their own homes and 84 per cent of 65–74-year-olds).[311] An important preventative approach to meeting this generation's housing needs will be to design and build more housing that meets older people's needs for accessibility, while also offering opportunities to be part of a community, protecting people from future risks of social isolation associated with bereavement or ill health. As the HAPPI panel has argued, if retirement housing could be made sufficiently attractive to the 'young old', downsizing or moving to more appropriate housing 'could become a positive choice'.[312] For specialist housing to seem like an attractive option to those who are far from considering themselves 'old', it must be well designed, well located and offer a range of tenure options.[313] Such an approach would also benefit younger generations who are suffering from the limited supply of housing and finding it increasingly difficult to get on the housing ladder.[314]

However, for those who wish to remain in their own homes as they grow older, home adaptation will continue to be an important option. Developing a more proactive strategy for meeting older people's housing needs, which encourages those approaching retirement to consider early on how their housing needs might change, and provides a range of options for adapting their current home or moving to a more appropriate home, should be a priority for central and local government.

Health and social care
6 Tackling age discrimination in health and social care services

There is now a clear policy commitment to tackling the discriminatory treatment of older people in public services, as evidenced by the 2010 Equality Act, which will ban age discrimination in all public services, including health and social care, with an implementation date of 2012. However, as the Health Service Ombudsman's recent report has recently highlighted, there is considerable work to be done to make this legal commitment a reality and many more vulnerable older people are still suffering from a chronic lack of care and respect from healthcare professionals, particularly in hospitals.[315]

The significant culture change that is needed cannot be achieved without training to change the attitudes of health and social care professionals towards older people. Age awareness and anti-discrimination training must therefore be embedded in the initial professional training of all health and social care professionals, while continuous professional development to improve professional attitudes and behaviour towards older people should be made available to all health and social care professionals who regularly work with older people.

In the longer term, moving towards a human rights-focused approach to caring for vulnerable older people could potentially revolutionise the way in which care is provided. The Equality and Human Rights Commission's current inquiry investigating how well the human rights of older people who receive care at home are currently met is an important step forward in challenging the norms that determine the provision of domiciliary care.[316] As the Joseph Rowntree Foundation has argued, 'assessment for social care is increasingly focused on eligibility, costs, services and tasks and less on understanding holistic needs within the context of individual (and group) histories'.[317] Investigating how we can embed a focus on promoting older people's human rights into the commissioning and delivery of healthcare and social care in all settings should be a key focus for the Government going forward.

7 A preventative approach to supporting good mental health

The Government's recently published public health and mental health strategies are right to identify social isolation and loneliness in older people as problems that need to be tackled. However, they show little appreciation of the factors that particularly put older people at risk of loneliness, which are identified earlier in this report as relationship status (especially being divorced or widowed), time spent alone, a history of loneliness and poor health,[318] which leaves the misleading impression that old age is itself a risk factor for loneliness. In order to tackle negative stereotypes about old age, while also targeting support at those who are most at risk of poor well-being and poor mental health, we must challenge the incorrect assumption that it is old age itself that leads to people becoming socially isolated. Instead, policy makers should combine attempts to promote social inclusion and good mental health for people of all age groups with efforts to offer additional social support to those who are particularly at risk of experiencing social isolation and poor mental health, which is determined by experience rather than age.

Analysis of the 2008/09 ELSA survey demonstrated a particularly clear link between bereavement and depressive symptoms. It found that 25 per cent of people who were widowed showed signs of depression, and those widowed when aged 50–64 were most likely to be depressed. Surprisingly, the Government's No Health Without Mental Health strategy makes no mention of bereavement or widowhood and we are currently missing opportunities to target support towards those who are at risk of becoming depressed as a result of bereavement.

In the Cabinet Office document *Building the Big Society*, the Government pledged to 'train a new generation of community organisers' who would set up new neighbourhood groups.[319] Drawing on evidence that has shown that older people must have social support before and during an experience of adversity if they are to respond resiliently,[320] we suggest that an important role for these community organisers could be to develop local volunteer support networks for the relatives (and particularly partners) of those who are dying, with support continuing into the bereavement phase. These volunteer networks could have

links with providers of formal psychological therapies to facilitate referrals for those who needed additional support. This approach could either prevent people from becoming depressed, or could facilitate the early treatment of depressive symptoms, which with the right forms of social and professional support might be prevented from escalating into more significant mental health problems.

8 Investing in the prevention of dementia

As evidence reviewed in earlier chapters has shown, the rising rates of dementia associated with an ageing population pose an enormous risk to public health and public finances. Research has demonstrated the considerable cost-efficiencies that could be achieved by a better evidence-base on how the onset of dementia can be prevented or delayed.[321] Therefore, we propose that the Government should significantly increase funding for dementia research, putting this on a parity with investment in cancer research, which currently receives 12 times the level of funding.[322]

It is encouraging that the Ministerial Advisory Group on Dementia Research has been established to champion dementia research and 'find ways to secure a bigger share of the available funding'.[323] However, it is clear that *prevention* is still not a major focus of the national dementia strategy, which was developed by the Labour Government but is now being taken forward by the Coalition. The four priority areas of this strategy are:

· good quality early diagnosis and intervention for all
· improved quality of care in general hospitals
· living well with dementia in care homes
· reduced use of antipsychotic medication[324]

We propose in addition to considerable increases in funding, a fifth priority area should be added to this strategy to demonstrate the Government's commitment to improving the evidence-base and public awareness of how the onset of dementia can be prevented or postponed. Better communicating what is already known about the prevention of vascular dementia could

also go some way to reducing some of the stigma and fear that surrounds this disease.[325]

Another key problem is the lack of training for staff in the NHS and social care for understanding and working effectively with people who have dementia. According to population and health projections, dementia will soon be one of the most common health problems of old age, therefore we also propose that all training for health and social care professionals who work with older people should include training in identifying the symptoms of dementia. In addition to this, professionals who care for older people with dementia must be trained in understanding the particular physiology of dementia to enable them to provide appropriate care and support to people with dementia and their carers.

9 A Big Society approach to preventative social care and healthy ageing

First and foremost, policy approaches to support healthy ageing must aim to reduce health inequalities by improving public health across the life-course. However, as the onset of health problems or disability can often occur in early old age, this is an important time to offer people support to reduce risk factors for poor health or to prevent pre-existing health problems from getting worse. Successive governments have attempted to improve preventative and low-level care services for older people, but the difficulties in targeting such interventions and the associated costs have meant that little progress has been made. The Coalition Government has made promising steps to improve the focus on re-ablement – providing services for older people leaving hospital who are in poor health – but re-ablement services should be distinguished from strategies to promote healthy ageing and actively prevent accidents, or the exacerbation of chronic conditions that can trigger poor health.

This latter area, of providing low-level preventative services and social support, is significantly at risk as a result of tightening social care eligibility criteria and reduced grant funding for third sector organisations that currently provide support to older

people in the community. Given the significant resource implications of a social care funding system that adequately resources preventative services, this is unlikely to be a feasible option in the near future. We should also bear in mind that the Dilnot Commission on care funding will be publishing its proposals in July 2011. We cannot therefore make concrete recommendations at this stage on the care funding system, but believe the state must enable and facilitate healthier ageing far more systematically than is currently the case.

We recommend that healthy ageing must be reframed as a public health issue that is seen to be as serious as obesity, smoking and alcohol abuse because of the threat to older people's well-being and the high costs to the state posed by failure to take action. Public Health England and local health and well-being boards should make healthy ageing a distinct priority alongside other more well-known public health issues and the core services that local health and well-being boards fund should include healthy ageing services. Local authorities should then be assessed on their ability to achieve healthy ageing outcomes as they would with teenage pregnancy, rates of smoking and other key concerns.

To support this approach, the Big Society agenda should include the promotion of older people's contributions (see also below) as one of its key objectives. Through the seed-funding of community groups provided by health and well-being boards older people should be supported to lead their own healthy ageing and preventative health strategies, including befriending, social activities, leisure and exercise. In this way, the state would act as an enabler for older people to shape their own lives, overturning stereotypical notions of older people as passive consumers of services. If older people are involved in delivering services they are also more likely to meet their needs; this was a core principle of the successful POPPs and LinkAge projects referred to in chapter 6.[326] However, as we observe below, many people who would be considered to fall into the 'older' category according to their age group do not necessarily consider themselves to be old and do not appreciate being targeted in a way they perceive as patronising. Therefore, core services that

are available to all age groups will continue to play a very important role.

Retirement and active ageing
10 More opportunities for older people to contribute

Baby boomers will be one of the last generations in which many people have access to defined benefit pensions schemes and can afford to retire early. Now is an essential moment to ensure that opportunities are provided for them to spend their retirement in activities that are socially productive. With limited budgets available for preventative approaches to improving health and well-being, older people themselves will be an essential resource for delivering self-help activities and reciprocal support. Informal sources of community support will become increasingly important as more older people retire without partners or children, putting them at greater risk of experiencing social isolation. Recommendations 2, 7, 9 and 12 provide examples of contributions that older people could make by:

· supporting young people to improve their workplace skills
· supporting people who experience bereavement to build their social capital and draw on informal support
· volunteering to lead healthy ageing activities at a local level
· supporting new parents to develop their parenting skills

        Self-directed voluntary organisations such as the University of the Third Age could play a far greater role in supporting active ageing, by providing older people with opportunities to socialise, develop informal support networks and take part in informal learning and other leisure activities. The Government's support for Big Society initiatives, including the training of community organisers, should be used to support the creation of new opportunities for older people to contribute to their community. However, it should not be assumed that older people will necessarily wish to volunteer to support other older people, or that they will undertake particular types of volunteering roles. If they are to have broad appeal, local initiatives to encourage

more older people to volunteer must be flexible and offer a range of opportunities that can make use of people's widely varying skill sets, interests and capacities, including volunteering at a management or strategic level. If volunteering levels for people aged over 75 are to increase, we must also put greater thought into how more volunteering opportunities that are appropriate for people with lower mobility and poorer health can be made available.

11 A diversity of service provision to support 'active ageing'

As communicated by the broad variety of perspectives communicated in earlier chapters, many of those categorised as 'older people' do not identify themselves in these terms and object to being targeted by policy makers. Older people are a highly heterogeneous group, therefore a diversity of service provision is needed to provide attractive opportunities for people with differing interests. Some older people will wish to participate in designated activities for older people, while others will just want to make use of universal services.

Ensuring that core services such as libraries and leisure centres are available and accessible to older people is therefore an essential part of supporting active ageing. Adult learning opportunities for older people should also have a more prominent role in the Coalition Government's public health strategy.

As we observed in chapter 7, surveys have demonstrated that the number of people taking part in cultural activities drops off significantly for people aged 75. The reasons for this need to be explored, as declining cultural participation has implications for this age group's health and well-being. Ways of improving levels of cultural participation for older people aged over 75 might include a combination of making cultural institutions more accessible for people with disabilities, and supporting more community-based outreach activities.[327] As part of its public health strategy, the Government should conduct research to identify why rates of cultural participation are lower for people aged over 75 and take action to address the barriers it identifies.

12 An intergenerational approach to local service delivery

In recent decades, local services have become increasingly targeted towards particular age groups, moving away from the traditional 'community centre' model. Sure Start children's centres are exclusively targeted at children aged 0–4 and their parents, activities for children and young people tend to take place at schools or youth centres, while day-care services for older people often take place in completely different settings. While this is desirable to some extent, as different generations wish to take part in different activities and spend time with their peer groups, it can also contribute to a sense of age segregation at a community local level.

As we observed in recommendation 2, older people have important experience and skills to share with younger generations in the workplace, and the same applies in community contexts. Recent Demos research has identified the lack of extended family networks as a key problem for some new parents, as they are unable to benefit from advice and support on parenting from their own parents.[328] With more mothers in work and people in general needing to work later in life, childcare is increasingly going to be a shared endeavour. At the same time, more people are approaching old age without children or partners to care for them, increasing the importance of informal networks for care and support.

As the social enterprise 'United for All Ages' has recommended, local authorities and other local service providers should challenge assumptions that activities should be structured according to age group and investigate how services could be delivered in more flexible and creative ways to bring generations together to share their different skills, abilities and experience. Such an approach could also be more cost-effective if the same public facilities were used by more people of different age groups and for a wider range of purposes.[329]

End of life

13 A Big Society approach to end of life care

While surveys have demonstrated that most people wish to die at home, there is currently not enough community capacity to

provide the knowledge, care and support to make this possible. Older people are particularly disadvantaged by the current system as they are least likely to have access to hospice care and most likely to die in hospital. A significant number of older people also die in residential care; however, residential care workers often lack training in end of life care, which can lead to unnecessary emergency admissions to hospital. The Health Service Ombudsman's recent report has highlighted how poorly geared to older people's care needs hospitals often are.[330]

To mitigate these problems, better networks of community support are needed to enable more older people who wish to die at home to do so (with 'home' including residential care). The first priority would be 24-hour community nursing to support people to cope with caring for dying family members at home (currently 32 per cent of PCTs provide no overnight services or services after midnight). To supplement this and provide greater informal emotional support for carers (both while their loved one is dying and afterwards, as explored in recommendation 7), we propose a Big Society approach to building community capacity in providing end of life care. A volunteer support programme could be established with trained volunteers to support carers and dying people in their homes. The potential for such an approach is explored in more detail in the recent Demos report *Dying for Change*.[331]

However, this approach would of course depend on sufficient informal care also being available, which will not be the case for a growing number of older people who have no partner or children. To increase the end of life care options available to older people, hospices and care homes could be linked together to support the development of community care services that specialise in meeting the palliative care needs of older people.[332] Such an approach would also be an important means of facilitating the transfer of skills between specialist palliative care teams in hospices and residential care staff.

Annex 1 Methodology

For this project, researchers at Demos worked with academics from Brunel University to compare and contrast policy approaches to ageing with the lived experience of growing old. Desk research and literature reviews were used to gain an understanding of the overarching frameworks of policy together with the detail of policy areas that particularly affect ageing, such as pensions and care, in combination with an innovative qualitative research method, which involved partnering with the Mass Observation initiative and using reading groups and diary-keeping to obtain direct testimony of what it is like to grow older, without asking specific questions, an approach that risks prejudicing or shaping responses. Through this approach we discovered how people feel about themselves, how they are treated and viewed, and how they react to policies that affect their everyday lives. Using personal reflection in this way has advantages with minimal disadvantages. The sample was substantial and contained people with radically different backgrounds and viewpoints, although people who participated in the study had to be willing to make a certain level of voluntary commitment, reflecting the principles of active citizenship which underlie the Big Society. The strength of the individual voice lies in its immediacy and vividness. Taken collectively, such voices offer a broad cultural picture.

In policy circles, numbers often count for more than testimony, and humanity gets lost in the data. Our aim in this study is to invigorate policy thinking by seeing the world through the eyes of those affected. Given the innovative nature of the methodology, we believe it is worth going into some preliminary detail about how it worked.

The project design

The initial research questions of Brunel University's Fiction and the Cultural Mediation of Ageing Project (FCMAP) were concerned first with investigating the relationship between cultural representations of, and social attitudes to, ageing, and second with the potential of critical reflection and elective reading by older volunteers to promote new ways of thinking about ageing. In meeting these objectives, it was necessary to develop an approach which limited the influence of the research team on the participants as far as possible. Consequently, the FCMAP team had reservations concerning direct interviews with volunteers as these would incorporate and represent an unequal set of relationships, and potentially be too leading. Instead, FCMAP assembled the personal narratives, critical reflections on group encounters and responses to fiction and other media of our volunteer participants in order to reveal experiences of, and opinions concerning, ageing that normally remain hidden from public view.

In particular, FCMAP drew on the tradition of Mass Observation, the social research organisation dedicated to compiling an 'anthropology of ourselves', which was founded in 1937 by Tom Harrisson, Humphrey Jennings and Charles Madge and ran in its first phase until 1949.[333] Their projects included a study of the industrial working class in Bolton (which they called 'Worktown') and the establishment of a national panel of volunteers, who answered monthly questionnaires about various aspects of their everyday lives in the form of day-to-day personal diaries; the most famous of these was that of Nella Last,[334] memorably portrayed by Victoria Wood in the 2006 TV drama *Housewife, 49*. Mass Observation was unique in its participative research techniques, its capacity to reveal and interrogate narratives of everyday life, and its pioneering analysis of public opinion.[335] The analysis involved sifting and accounting for the influence of cultural views on personal perspectives, thereby allowing them to reveal private opinion at odds with publicly accepted norms, as, for example, in their prediction of the 1945 Labour election victory 18 months in advance.[336]

Diaries of course have the potential to unlock private views, and FCMAP set up two major studies to give voice directly to

older subjects by using Mass Observation diary-keeping techniques, one involving the present-day exercise (with potentially 600 participants of whom 193 responded) and the other involving 86 volunteers from the older age ranges organised into reading and discussion groups.

The Mass Observation study

The current project, run from the University of Sussex (which holds the original Mass Observation archives) since 1981, is one of the longest-running longitudinal life-writing projects anywhere in the world. About three times a year, Mass Observation volunteers receive a 'directive' – a set of open questions, which invite them to write freely and discursively about their views and experiences (these are often commissioned by sociologists and other academic researchers). Over 2,800 people have contributed to the Mass Observation project, and the current active mailing list is about 600 strong; 51 per cent of respondents to the spring 2007 directive were over 60 and many of them have been writing for years.

FCMAP commissioned the winter 2009 directive on ageing and cultural representation of the respondent's age group. In keeping with successful Mass Observation practice, the directive was framed broadly, in order to elicit a wide variety of reflections on changing representations of ageing and their relationship to self-understanding. Respondents were encouraged to explore the influence of particular representations on their own and others' images and expectations of ageing, making social and generational comparisons. We were then able to compare the resultant material (193 responses) with earlier responses to Mass Observation directives on ageing that were sent out in 1992 and 2006.

The volunteer reading groups study

In collaboration with the Third Age Trust eight volunteer reading groups were established in the following University of the Third Age districts in and around London, with an

identification code: Banstead (CBL), Camden Town (OUL), Highgate/North London 1 (HIL), Highgate/North London 2 (NOL), Kingston (KSL), South East London (SEL), Tower Hamlets (THL) and Waterloo (WMC). Each participant was allocated a number to preserve anonymity, and some group members travelled considerable distances to participate, so they were not always resident in the areas where they met.

Some of the readers and groups were experienced in self-organised informal learning, and familiar with reflecting on texts and issues, but many others were not. During the course of a year, all groups read nine nominated novels published from 1944 to the present (a period corresponding very largely with the adult life experiences of participants, who were aged from their early 60s to their 90s). The texts featured radically different depictions of ageing and offered a range of stimuli and points of historical and cultural reference. A list of the novels is provided below. The volunteers kept diaries throughout the year, recording responses to the books, critical reflections on volunteer reading group discussions and other reflections on any matter of their choice.

Analysis

A number of longitudinal case studies – comprising those who had responded to all three of the relevant directives from 1992 to 2009 – were extracted from the Mass Observation study because they collectively narrated a hitherto concealed sea change in the experience of ageing over the past 20 years that, once revealed, is instantly recognisable. Similarly, analysis of the reading group diaries disclosed a pattern of particular representations of ageing being taken up, rejected or transformed as the participants negotiated the interaction between personal and group responses set up by the project, producing accounts that collectively showed the signification of ageing in the real world to be in a process of radical transition.

List of novels

Groups read the novels in the A list but were allowed to substitute one novel for one of the novels from the B list.

A list

(In the order of reading)
David Lodge, *Deaf Sentence*
Jim Crace, *Arcadia*
Caryl Phillips, *A Distant Shore*
Hanif Kureishi, *The Body*
Trezza Azzopardi, *Remember Me*
Angela Carter, *Wise Children*
Barbara Pym, *Quartet in Autumn*
Norah Hoult, *There Were No Windows*
Fay Weldon, *Chalcot Crescent*

B list

Muriel Spark, *Memento Mori*
Angus Wilson, *Late Call*
Elizabeth Taylor, *Mrs Palfrey at the Claremont*
Margaret Forster, *The Seduction of Mrs Pendlebury*
Jonathan Coe, *What a Carve Up!*
Mark Haddon, *A Spot of Bother*
Anita Brookner, *Strangers*

Annex 2 Landmarks in ageing policy 1908–2010

1908: Old Age Pensions Act
This introduced the first non-contributory means-tested state pension for people aged over 70.

1925: Widows', Orphans' and Old Age Contributory Pensions Act
This provided financial support for widows outside the Poor Law and added contributory pensions from the age of 65 to the existing non-contributory scheme. Pensions required contributions from those aged 60–65. Those without a recent contribution record were still subject to a means test at age 70.

1935–36: Rowntree (York) survey
This research proved that the poverty of old age was more acute than poverty of any other age group. It was revealed that there was considerable 'concealed' poverty among the old.

1942: William Beveridge's report *Social Insurance and Allied Services*
This set out the principles that were to underpin the creation of 'the cradle to the grave' welfare state.

1946: National Insurance Act
The introduction of a universal social insurance system, including a state pension with flat-rate national insurance contributions and flat-rate benefits.

1948: National Assistance Act
This replaced the Poor Law and established the statutory responsibility of local authorities to provide housing for older people in need of care.

1970: Local Authority Social Services Act
This mandated a restructuring of welfare services for older people, creating new social services departments.

1971: National Insurance (Old Persons' and Widows' Pensions and Attendance Allowance) Act 1970.
Under this act, attendance allowance was introduced in 1971, offering a tax-free cash benefit to disabled older people who need support, whether or not they received this support.

1974: National Insurance Act
This determined that state pensions were to be uprated by prices or earnings, whichever was higher.

1980: Social Security Act
This determined that the state pension would be uprated by prices only.

1990: Community Care Act
This mandated local authorities to act as care managers and to fund domiciliary care for older people on low incomes.

1995: Carers (Recognition and Services) Act
This provided for the assessment of the ability of carers to provide care; and for connected purposes.

1995: Pensions Act
This made provision for women's state pension age to increase incrementally from ages 60 to 65 between 2010 and 2020.

1996: Community Care (Direct Payments) Act
This enabled some disabled people of working age to receive a cash payment in lieu of social care services to spend themselves (a direct payment). The right to direct payments was extended to all care users, including older people, by 2003.

2002: World Health Organisation report *Active Ageing: A policy framework*.
This document articulated a policy framework for 'active ageing', as a 'process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age'. 'Active' ageing was defined as continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force.

2004: Carers (Equal Opportunities) Act
This placed the duty on local authorities to ensure that the assessment of carers had to take account of carers' employment, life-long learning and leisure activities. Carers had to be informed of their rights and local authorities could enlist the support of other agencies in supporting carers.

2005: Labour Government ageing strategy *Opportunity Age: Meeting the challenge of ageing in the 21st century*.

2006: The Employment Equality (Age) Regulations
This prohibited unjustified direct and indirect age discrimination by employers.

2007: Pensions Act
This made provision for the state pension age for men and women to increase from 65 to 68 between 2024 and 2046. It also reformed the basic state pension and second state pension.

2007: The strategy document *Putting People First*
Following on from the 2006 white paper, *Our Health, Our Care, Our Say*, this articulated personalisation as a central concept of social care reform and set the target that 30 per cent of council funded care users across the country would be using a personal budget by April 2011.

2009: Labour Government ageing strategy *Building a Society for All Ages*

2010: Equality Act
This legislated to provide fairer services for older people, by banning age discrimination in services and public functions.

Notes

1   ONS, 'Older People's Day 2010', *ONS Statistical Bulletin*, 30 Sep 2010, Office for National Statistics, www.statistics.gov.uk/ pdfdir/age0910.pdf (accessed 8 Mar 2011).

2   Ibid.

3   'Under current legislation, state pension age for women is increasing from age 60 to 65 between 2010 and 2020 (Pensions Act 1995), after which there will be a gradual increase in state pension age for both men and women from age 65 to 68 between 2024 and 2046 (Pensions Act 2007)' ('Older People's Day 2010', pp 6–7).

4   Office for National Statistics, *Social Trends* 40, 2010, p 3.

5   D Willetts, *The Pinch: How the baby boomers took their children's future – and why they should give it back*, London: Atlantic, 2010.

6   ONS, 'Older People's Day 2010'.

7   Ibid.

8   A Park et al, 'Never too old? Attitudes towards longer working lives' in Natcen, *British Social Attitudes 2009–2010,* London: Sage, 2010.

9   Ibid.

10   Ibid.

11 Under the Pensions Act 1995 the state pension age for women began to increase on 6 Apr 2010. Women's state pension age will reach 65 (in line with men's) by 2020. Under the Pensions Act 2007, the state pension age for both men and women would increase from 65 to 68 by 2046. See ONS, 'The labour market and retirement' in Office for National Statistics, *Pension Trends*, www.statistics.gov.uk/pensiontrends/ (accessed 9 Mar 2011).

12 D Dannefer and C Miklowski, 'Developments in the life course' in JA Vincent, CR Phillipson and M Downs (eds), *The Futures of Old Age*, London: Sage, 2006.

13 ONS, 'The labour market and retirement'.

14 Ibid.

15 A Sherwin, 'What retirement? Rise in over-65s still working', *Independent*, 3 Mar 2011, www.independent.co.uk/news/uk/home-news/what-retirement-rise-in-over65s-still-working-2230659.html?dm_i=4X7,DOFU,2P429I,13287,1 (accessed 8 Mar 2011).

16 ONS, 'Labour market statistics', *ONS Statistical Bulletin*, 16 Feb 2011, Office for National Statistics, www.statistics.gov.uk/pdfdir/lmsuk0211.pdf (accessed 8 Mar 2011).

17 Saga, *Saga Quarterly Report*, Q1, Feb 2011.

18 ONS, 'The labour market and retirement'.

19 Natcen, 'British Social Attitudes 26th Report – growing public acceptance of later retirement', press release, Jan 2010 www.natcen.ac.uk/media-centre/press-releases/2010-press-releases/british-social-attitudes-26th-report—growing-public-acceptance-of-later-retirement (accessed 27 Feb 2011).

20 Park et al, 'Never too old?', p 183.

21   ONS, 'Labour market statistics'.

22   J Banks et al (eds), *Financial Circumstances, Health and Well-being of the Older Population in England: the 2008 English Longitudinal Study of Ageing (Wave 4)*, London: Institute for Fiscal Studies, 2010.

23   'Low level' education refers to those who leave education at or after age 19; 'high level' education refers to those who left education at or before the compulsory school leaving age.

24   Banks et al (eds), *Financial Circumstances, Health and Well-being of the Older Population in England*.

25   Ibid, p 31.

26   Banks et al (eds), *Financial Circumstances, Health and Well-being of the Older Population in England*.

27   Aviva, 'The Aviva real retirement report', 2010, www.aviva.com/data/media-uploads/news/File/pdf/2010/ The_Aviva_Real_Retirement_Report_February2010.pdf (accessed 8 Mar 2011).

28   Ibid; Banks et al (eds), *Financial Circumstances, Health and Well-being of the Older Population in England*.

29   ONS, 'Inequalities and poverty in retirement' in Office for National Statistics, *Pension Trends*, Sep 2010, www.statistics.gov.uk/pensiontrends/ (accessed 9 Mar 2011).

30   Evandrou and Falkingham, 'Will the baby-boomers be better off than their parents in retirement?', p 96.

31   A Park et al (eds), 'Planning for retirement: realism or denial?' in Natcen, *British Social Attitudes 2005–2006*, London: Sage, 2006.

32   ONS, 'Pensioner income and expenditure' in Office for
     National Statistics, *Pension Trends*, Sep 2010,
     www.statistics.gov.uk/pensiontrends/ (accessed 9 Mar 2011).

33   ONS, 'Inequalities and poverty in retirement'.

34   Ibid.

35   Banks et al (eds), *Financial Circumstances, Health and Well-being of
     the Older Population in England*; ONS, 'Inequalities and poverty
     in retirement'.

36   ONS, 'Inequalities and poverty in retirement'.

37   Evandrou and Falkingham, 'Will the baby-boomers be better off
     than their parents in retirement?', p 95.

38   National Equality Panel, *An Anatomy of Economic Inequality in the
     UK: Report of the National Equality Panel*, London: Government
     Equalities Office: Jan 2010.

39   ONS, 'Inequalities and poverty in retirement'.

40   National Equality Panel, *An Anatomy of Economic Inequality in the
     UK*.

41   ONS, 'Inequalities and poverty in retirement', p 8.

42   National Equality Panel, *An Anatomy of Economic Inequality in the
     UK*.

43   Ibid.

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Britain's ageing population is often described as a demographic time-bomb. As a society we often view ageing as a 'problem' which must be 'managed' – how to cope with the pressure on national health services of growing numbers of older people, the cost of sustaining them with pensions and social care, and the effect on families and housing needs.

But ageing is not a policy problem to be solved. Instead it is a normal part of life, which varies according to personal characteristics, experience and outlook, and for many people growing older can be a very positive experience. Drawing on the Mass Observation project, one of the longest-running longitudinal life-writing projects anywhere in the world, *Coming of Age* grounds public policy in people's real, lived experiences of ageing.

It finds that the experience of ageing is changing, so that most people who are now reaching retirement do not identify themselves as old. One-size-fits-all policy approaches that treat older people as if they are all alike are alienating and inappropriate. Instead, older people need inclusive policy approaches that enable them to live their lives on their own terms. To ensure that older people are actively engaged, policy makers should stop emphasising the costs posed by an ageing population and start building on the many positive contributions that older people already make to our society.

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