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Older People's Wellbeing Monitor for Wales 2009

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Ministerial Foreword

We are pleased to present the Older People's Wellbeing Monitor for Wales (2009). This Monitor is the first of its kind for Wales and represents the commitment of the Welsh Assembly Government to the wellbeing of its older people.

The decision to produce this Monitor was prompted by the successful publication of the Children and Young People's Wellbeing Monitor for Wales (2008).

The aim of the Monitor is to report on the wellbeing of older people (aged 50 and over) using a variety of wellbeing indicators, findings from the published evidence base and the voices of older people themselves. The Monitor is based on themes from the United Nations Principles for Older Persons and the Assembly Government's Older People's 10 year strategy. These themes are:

- Dignity and Social Inclusion;
- Independence and Material Wellbeing;
- Participation;
- Health and Care;
- Self-fulfilment and Active Ageing.

We hope that the Monitor will be an invaluable resource to all of those in Wales (and indeed further afield) with an interest and commitment to the care and wellbeing of older people. We believe that it is important for a number of reasons. It provides access to reliable and up-to-date information on older people's wellbeing in Wales, allowing the Assembly Government to monitor and respond to key trends. Regular reporting by the Assembly Government will help raise awareness of the issues that need to be tackled to secure older people's wellbeing in Wales. It will stimulate debate and action. The next Monitor in the series is planned for 2011 which will provide an opportunity to report on trends and developments.

Rt Hon Rhodri Morgan AM
First Minster for Wales

Ieuan Wyn Jones AM
Deputy First Minister

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Angela Evans, Launa Anderson and Richard Thurston
Social Research Division, Welsh Assembly Government.

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Executive Summary

The purpose of this report is to 'monitor' the wellbeing of older people (aged 50 and over) in Wales in 2009. It aims to provide a multi-dimensional, reliable and current picture of wellbeing. It is the first in a series which will allow the Welsh Assembly Government and its partners, to monitor and respond to key trends as well as raising awareness of issues that need to be tackled. The next Monitor in the series is planned for 2011.

The Monitor reports key published data: the most relevant, up-to-date and high quality evidence based on a review by Cardiff University and importantly the voices of older people themselves via a qualitative study undertaken by Glyndŵr University.

The wellbeing indicators reported in the chapters are based on the UN Principles for Older Persons and the Welsh Assembly Government's Strategy for Older People in Wales Indicators of Change. Department of Work and Pension Opportunity Age Indicators are also included where appropriate. These indicators are reported on an all-Wales level.

Key Findings

The key findings identified by the Monitor are provided below.

Older People in Wales: a Demographic Overview

- Of the UK countries, Wales has the highest proportion of people of state pensionable age (SPA).
- In 2007, there were 349 people of SPA per 1,000 people of working age. This has been increasing since the 1970s.
- Net inward migration continues to be the main reason for population growth in Wales. North Wales attracted the largest net inflow of older people from England.
- In 2007, circulatory disease, cancer and respiratory disease accounted for just over three quarters of deaths of older people.
- The population aged 85 and over is projected to more than double in size between 2007 and 2031 (to 156,000).

Older People in Wales: Specific Groups

- 44% of older people in Wales reported having a limiting long-term illness or disability.
- In 2001 there were around 180,000 older informal carers in Wales.
- There are approximately 850 Gypsy Traveller caravans in Wales.
- At the end of June 2009, there were 1,665 asylum seekers supported in accommodation in Wales. Of these, 75 were aged 50 and over.

- People born in the 1920s and 1930s have consistently exhibited, over a very long period, larger improvements in mortality rates than those born in the years either side.

Dignity and Social Inclusion

- The risk of experiencing crime is lower amongst older people than in younger age groups.
- Following a decline from the beginning of the decade - around 12% of adults in Wales aged 50 and above now have high levels of worry about burglary, car crime and violent crime.
- For the period 2005-2007, around 3% of economically inactive people aged 50 and over in Wales believed that there was no job for them.
- In 2007-08, most adult abuse referrals concerned people aged 65 and over - of this group almost two thirds were women. Physical abuse was the most common type of reported abuse - at 32% of all cases.
- Older people in Wales are more likely to feel part of their community than younger people.

Table 1 Percentage of adults in Wales aged 50 and over with high levels of worry about crime (2001-2008)

	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Worry about burglary	15	14	11	11	10	10	11
Worry about car crime	18	16	13	13	11	11	12
Worry about violent crime	14	11	9	10	11	10	11

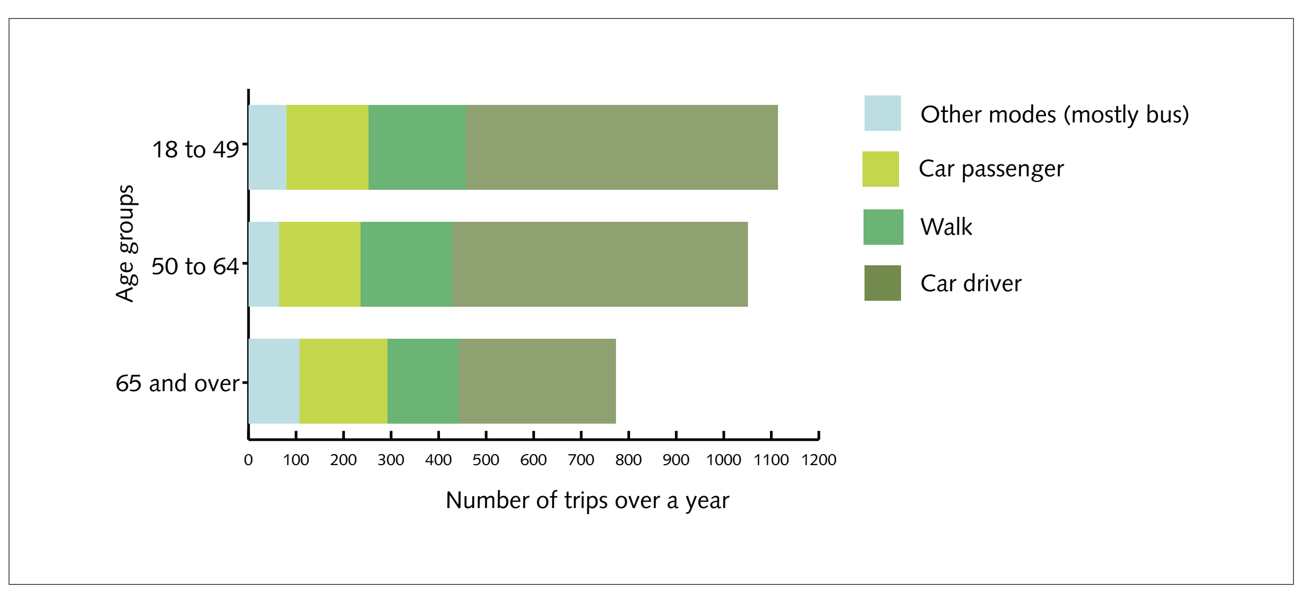
Source: British Crime Survey,Home Office

Independence and Material Wellbeing

- Around 64% of people aged 60 and over had a full driving licence in 2007/08, an increase from 45% in the mid-1990s.
- The state of repair and fitness of the housing headed by older people is a little worse than others.
- Many older people need housing adaptations, particularly grab rails, showers to replace baths and stair lifts, but few have them.

- The employment rate among those aged 50 to state pension age has risen steadily in Wales from 56.8% in 1996 to 65.8% in 2008.
- Around one in five households containing someone aged 60 or older is fuel poor - twice the rate for all households.

Figure 1 Trips per person per year, by mode of transport and age band: Wales (average 2004 to 2008)



Source: Department of Transport, National Travel Survey

Participation

- Participation in politics and decision making is more prevalent among older people. This is especially true of voting patterns.
- Older people are more likely to show an interest in politics than younger people and are generally more aware of political issues and constitutional affairs.
- Participation in interest groups and civic movements tends to diminish with age, with the 'oldest' old less likely to express their views or be politically active.
- In 2007, those aged between 45 and 79 were the most likely to have volunteered in Wales (29%). For those aged 80 and over this was 12%.

Figure 2 Voting turnout by age group (1970-2001)

Source: National Centre for Social Research, Brtish Election Study

Health and Care

- Self-reported physical health among older people gets steadily worse as they get older. There is no clear age pattern for self-reported mental health.
- The proportion of people reporting hearing or sight difficulties increases with age. Four in ten people aged 70 and over report hearing problems, while one in 10 report eyesight problems.
- The most common illnesses which older people report being treated for are high blood pressure, arthritis, heart conditions and respiratory conditions.
- Although smoking prevalence falls with age, three in 10 older men and two in 10 older women smoke.
- The proportion of people who are overweight or obese increases with age, peaking between the ages of 50 and 69, decreasing for those aged 70 and over.
- 27% of older people reported attending hospital as an outpatient during the last 3 months, and 12% as an inpatient during the last 12 months.
- Around 64,000 people received community based services, to help them live at home independently for the year ending 31 March 2007.

Table 2 SF-36 physical and mental component summary score in Wales, by age and sex (2007)*

Reported health		16-49	50-59	60-69	70+	50+
Physical Component Score	Male	53.7	48.2	43.3	38.4	43.8
	Female	53.0	46.6	43.5	35.7	41.9
	Adults	53.4	47.4	43.4	36.8	42.8
Mental Component Score	Male	51.2	50.3	51.6	51.4	51.0
	Female	48.5	48.5	50.8	49.3	49.4
	Adults	49.9	49.3	51.2	50.2	50.2

Source: Welsh Health Survey, Welsh Assembly Government

*Higher scores mean better health

Self-fulfilment and Active Ageing

- Two out of 5 (43%) older people have undertaken some form of learning during the previous 12 months.
- More older women than men take part in learning activities.
- Older people are least likely to own a computer, use the internet at home and have broadband access. For those aged 80 and over, 17% have a home computer and 12% access the internet at home.
- 29% of people aged 65 and over participate in artistic activity once a year or more.
- Religious affiliation is higher for older age groups (95% of those aged 75 and over).
- At 65, older people in Wales have shorter disability free and healthy life expectancies than the average for the UK.
- One in four older men and one in six older women take the recommended amount of physical activity.

Table 3 Life expectancy (LE), healthy life expectancy (HLE) and disability-free life expectancy (DFLE) at age 65: by country and sex (2004-06)

	Year	Life Expectancy	Healthy Life Expectancy	Disability - free Life Expectancy
Males	United Kingdom	16.9	12.8	10.1
	England	17.1	12.9	10.2
	Wales	16.7	12.3	9.5
	Scotland	15.8	12.2	9.8
	Northern Ireland	16.6	12.9	9.1
Females	United Kingdom	19.7	14.5	10.6
	England	19.9	14.7	10.7
	Wales	19.5	13.3	9.8
	Scotland	18.6	14.2	10.7
	Northern Ireland	19.5	13.8	9.0

Source: Government Actuary's Department, ONS

Developing the Evidence Base

At the end of each chapter the key information gaps specific to that topic area are highlighted. It is clearly not possible to fill all of these immediately and indeed many will require action not just from the Assembly Government but also from its partners. Some of the overarching information gaps identified are:

- Maximising use of existing longitudinal data sources such as the English Longitudinal Study of Ageing (ELSA) and the National Child Development Study (NCDS) in Wales. Also an investigation of whether a Welsh longitudinal study of older people is required to investigate causal links and transitional behaviours.
- How to make more use of existing, robust data from surveys such as the Welsh Health Survey and Living in Wales and from routine administrative statistics.
- Ensuring that key data (such as volunteering and digital inclusion) continue to be collected in Wales by the new National Survey for Wales, which will replace Living in Wales.
- Sub-analysis of many of the wellbeing indicators in this report for different groups of older people. For example, for gender, socioeconomic group, ethnic minority group etc.

- How to overcome the issue that most household surveys do not take into account people living in institutions, which includes residential care. This represents a bias in the data particularly for the 'oldest' old and the most vulnerable.

Emerging themes

This Monitor has been the first attempt in Wales to gather the published data into one source. It is not intended to be comprehensive but hopefully will provide the reader with a summary of the important issues and key challenges for older people's wellbeing in Wales and further afield. This process has consistently highlighted some overarching themes.

Firstly, there are different theoretical models which can be used for the concepts of both disability and ageing. That is the social model and the medical model. The Assembly Government has adopted the social model for both disability and ageing. However much remains to be done to explore the ramifications of these models for specific policy areas, and how this impacts on data collection, analysis and interpretation.

Secondly, there is the issue of the 'cohort' effect versus the effects of ageing. That is, are the behaviours and opinions exhibited by older people today likely to remain consistent due to the process of ageing or are they unique to their cohort and subject to change as younger cohorts age. This is important to clarify for appropriate service planning. It has been highlighted within the Monitor where appropriate, for example, in relation to voting and religious affiliation.

Thirdly, is the issue of the 'baby boomers', that is people who were born in the baby boom following the second world war until the 1960s. It is thought that this cohort will significantly differ from previous cohorts as they become older people. People in this group were born and grew up in a time which saw many significant changes in society and popular culture. It is thought that this will be a far more vocal generation regarding their rights, and this is already being seen with the first waves of this cohort entering their sixties campaigning on issues such as pension reform and the paying for care debate.

Fourthly, many of the chapters document a distinction between older people and the 'oldest' old. The latter would benefit from targeted research and analysis in order to plan and target services and interventions more effectively.

Finally, the qualitative research highlighted several themes for their respondents, summarised in the box below:

- Most respondents described social attitudes towards older people as negative.
- The majority of respondents had concerns about ageing. The most prominent were concerns about mental deterioration and maintaining independence.
- The concern most often raised related to the prospect of entering residential care.
- A wish was expressed for more freely available information detailing the entitlements for older people.
- Respondents were unhappy about the prospect of paying for health and social care needs in old age. This was perceived as discriminatory by those who had saved and been careful.
- Those in employment wanted to carry on working as long as they could (albeit with a reduction in hours).
- Respondents had age-related expectations of health. That is good health was described as 'good for my age' as opposed to good per se.
- Whereas generally GP services were perceived positively, perceptions of hospital care were variable and, in respect of older people's care in hospital, mostly negative.
- Neighbourhood and community were cited as key components regarding satisfaction with current accommodation and perceptions of security.
- In terms of social participation, respondents could be categorised as either 'joiners' or 'loners'.
- Financial security was perceived as very important, and most respondents expressed concerns about the current economic crisis.
- Respondents were generally positive about young people, especially where they had contact with young people through family, work or the local community.
- Most respondents placed importance upon a healthy diet and claimed to eat healthily.

Source: *The Voices of Older People in Wales* study (University of Glyndŵr, 2009)

There are relatively few words to do with being older that are positive, if you put them in front of a description of a person. If you say for example, "an old woman" - that's not a positive thing. The only euphemism that is positive that I can come up with at the moment is "mature" - but then all the euphemisms they come up with just wind up with meaning just old and that doesn't have much positive about it.

Chapter 1: Introduction

Launa Anderson

> " … many signs are pointing in the direction of the twenty-first century being the period during which ageing and older people will demand a fundamental reassessment of attitudes towards ageing and of the policy measurements that governments take in response to ageing. The exact shape of this 'silver century' is uncertain as yet and the ramifications of ageing are only partially visible and understood today."

Timonen (2008)[1, page 12]

1.1 Monitor

The purpose of this report is to 'monitor' the wellbeing of older people in Wales in 2009. It aims to provide a multi-dimensional, reliable and current picture of wellbeing. It is the first in a series which will allow the Welsh Assembly Government and its partners to monitor and respond to key trends. At the same time it will raise awareness of issues that need to be tackled. The next Monitor in the series is planned for 2011.

The Monitor reports key published data: the most relevant, up-to-date and high quality evidence based on a review by Cardiff University (Box 1.1); and importantly the voices of older people themselves via a qualitative study undertaken by Glyndŵr University (Box 1.2).

Box 1.1: Evidence Review

An evidence review was commissioned and was conducted by the Support Unit for Research Evidence (SURE) at Cardiff University. They searched and reviewed literature for each topic chapter (chapters 4 to 8). Before inclusion the literature was assessed for both relevance and quality. The results of this evidence review were used to compile the narrative of the chapters. Further details on the evidence review including their search strategy is provided in Appendix III.

Box 1.2: Qualitative Study

A qualitative study was commissioned and was conducted by Glyndŵr University, Wrexham. The study used the topic chapter headings to structure qualitative one-to-one interviews with 39 people aged between 50 and 91 living in Wales. However, findings from this study are not intended to be representative of all older people in Wales. The quotes and themes are used throughout the Monitor to provide insight into what these topics mean to people in their own words. Throughout the Monitor this work is referred to as the *Voices of Older People in Wales* study. Further details on this study are provided in Appendix III.

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The Monitor is organised into three introductory chapters, five topic chapters and four appendices. The chapters are based on the UN Principles for Older Persons[2] (Box 1.3) and the Welsh Assembly Government's Strategy for Older People in Wales[3] Indicators of Change (Box 1.4). Department of Work and Pensions (DWP) Opportunity Age[4] Indicators are also included where appropriate (Box 1.5). The chapters are as follows:

Chapter 1: Introduction
Chapter 2: Older People in Wales: a Demographic Overview
Chapter 3: Older People in Wales: Specific Groups
Chapter 4: Dignity and Social Inclusion
Chapter 5: Independence and Material Wellbeing
Chapter 6: Participation
Chapter 7: Health and Care
Chapter 8: Self-fulfilment and Active Ageing

These chapters were written by Assembly Government analysts (Government Social Researchers, Statisticians and Economists).

The indicators are reported on an all-Wales level, although in some cases English or UK data is used as a proxy. Where appropriate, time trend data, UK comparisons and other country comparisons are provided. Some chapters are more 'indicator rich' than others. This does not reflect the relative importance of any topic, rather it more often than not is a product of data availability. The full list of indicators is provided at Appendix I. Future monitors will allow monitoring of trends. Each chapter highlights key findings and identifies any significant evidence gaps. It is hoped that these evidence gaps will be addressed in the future by the Assembly Government, its partners and the wider research community.

Box 1.3: The United Nations Principles for Older Persons

To add life to the years that have been added to life

These principles are organised under the following headings:

Independence
Participation
Care
Self-fulfilment
Dignity

More information on these principles is available at Appendix I

Source: http://www.un.org/ageing/un_principles.html (1991), UN

Box 1.4: Welsh Assembly Government Strategy for Older People in Wales (2008-2013) - Indicators of Change

These indicators are organised under the following headings:

Social Inclusion
Material Wellbeing
Active Ageing
Social Care
Health Care
Health and Well being

More information on these indicators is available at Appendix I

Source: Strategy for Older People in Wales (2008-2013), Welsh Assembly Government

Box 1.5: Department for Work and Pensions (DWP) - Opportunity Age Indicators

These indicators are organised under the following headings:

Overall subjective wellbeing
Independence in supportive communities
Healthy active living
Fairness in work and later life
Material wellbeing
Support and care

More information on these indicators is available at Appendix I

Source: Opportunity Age Indicators: 2008 Update, DWP

1.2 Defining Older People

This Monitor includes information on people aged 50 and over, in line with the Assembly Government's policy. The rationale for this is that 50 can be an age of transition for people to older age, with changes in people's work and caring roles. By focusing on this age it can allow people to prepare for a fulfilling and independent old age. Within this population there are several ages of note such as those of state pensionable age (SPA) (60 for women and 65 for men) and over and the 'oldest old' (80 and over). All these are markers of chronological age. However, there are other ways to define age (see Box 1.6).

Box 1.6: Defining age

Chronological age - This refers to the number of years somebody has lived.

Biological age - This refers to the functioning of the body. People's bodies age at different rates which are determined by genetic, environmental and behavioural factors.

Psychological age - This refers to memory, intelligence, feelings and motivation. For example someone who believes that old age is no impediment to them may appear younger than someone with the same chronological or biological age than them who believes that it is.

Sociocultural age - This refers to society's expectations of older people. Society can place limitations on people's abilities to act in accordance with their age. For example someone may not be holding a role or performing an activity not because they can't but because society deems it inappropriate. There are roles deemed by a particular society to be culturally appropriate for older people such as grandparenting and retirement and behaviours such as bingo or gardening.

(Adapted from Cavanaugh and Whitbourne, 1999 cited in Timonen, 2008).

Also some argue that as life expectancy increases the ages used to signify 'old age' become less meaningful. "*For example Denton and Spencer (2002) proposed that the population of seniors could be delimited by using a certain number of years before death, instead of using 65 years and older as the standard marker for old age. The age at which people become seniors would then be determined by life expectancy at a particular moment*".[5, page 7]

'Older people' is the term used in this Monitor (it is the term used by the Assembly Government and widely used elsewhere) to describe this population group (i.e. 50+). Other terms have been used in the past and by other countries such as pensioners, senior citizens and seniors. Qualitative work conducted with people aged 50 and over commissioned by DWP found that for those participants who expressed a preference 'senior citizens' was the most popular term.[6.]

According to the *Voices of Older People in Wales* study (see Box 1.2). Older people perceived that society has negative attitudes towards old age:

> *There are relatively few words to do with being older that are positive, if you put them in front of a description of a person. If you say for example, "an old woman" - that's not a positive thing. The only euphemism that is positive that I can come up with at the moment is "mature" - but then all the euphemisms they come up with just wind up with meaning just old and that doesn't have much positive about it.*
>
> **Female aged 61**

In conclusion, when reading the rest of this Monitor it is important to remember that older people are a heterogeneous and diverse population. Their socioeconomic circumstances and experiences differ greatly. As well as being older people they belong to other demographic groups in relation to gender, ethnicity, religion, sexual orientation and disability. They also occupy multiple and diverse roles such as partners, parents, widows, siblings, children, friends, workers and patients etc.

1.3 Defining Wellbeing

The concept of wellbeing and its importance to society is not a new one. But it is gaining momentum as being important to the modern era and something for governments to strive to improve for their citizens. In Wales this Monitor, alongside the Children and Young People's Wellbeing Monitor (2008)[7], represent the first steps in trying to define, record and measure wellbeing at a national level. In addition, the Welsh Assembly Government's new Sustainable Development Scheme, One Wales: One Planet[8], has confirmed that the Assembly Government will measure and report on the wellbeing of Wales as its fifth headline indicator of sustainable development.

Currently the Welsh Assembly Government has signed up to the wellbeing definition developed by the UK Government's Department for Environment Food and Rural Affairs (DEFRA).[9]

> " *... a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment*".

This broad definition of wellbeing underpins all the indicators contained in this Monitor.

This Monitor provides data on a set of indicators intended to measure different dimensions of wellbeing. Both objective and subjective measures of wellbeing are reported on. Objective measures of wellbeing are material and social circumstances believed to foster wellbeing and subjective measures of wellbeing are individuals own assessment.[10] There is often an imbalance in favour of negative indicators of wellbeing. The monitor tries to address this imbalance where possible by providing positive indicators, however much work remains to be done in this area.

There is evidence to show, that on a national level, once a certain level of Gross Domestic Product (GDP) is reached, the strength of the relationship between income and reported levels of happiness weakens. This is known as the 'Easterlin Paradox', where the level of happiness increases alongside increasing income levels until income reaches a certain level.

However, when this level is reached happiness plateaus. As Richard Layard states *" … people in the West are no happier than they were fifty years ago"*.[10; 11] Therefore, it seems that although economic factors are important for happiness (an aspect of wellbeing), they are not enough on their own. In summary evidence shows that having rights, material prosperity, individual freedom and equality are important factors to national long-term subjective wellbeing.[12]

In the *Voices of Older People in Wales* study, respondents talked about physical, social and psychological factors - including independence, good health (particularly mental health), family and friends, financial security and a good environment to live in - as being important for their wellbeing.

> *The family of course, which is lovely, and nice food and nice weather [laughs] going on holiday, just things like that, spending loads of time with your family, and things like that really, simple things.*
>
> **Female aged 63**

> *Just the area where we live. The fresh air, the mountains, the sea - that's really it. It's a better community. The community spirit even though your next door neighbour is a way off … people are there for you and that's nice to know.*
>
> **Male aged 60**

An overall measure of wellbeing for older people that can be used is the CASP-19 score.[a] The CASP-19 score is derived from a set of 19 wellbeing questions and the higher the score, the higher the wellbeing.

Table 1.1 CASP-19 scores: British Household Panel Study (BHPS), GB

Age	16-49	50-64	65-79	80+
2001-2004 mean score	41	40	40	37

Source: DWP Opportunity Age

1.4 Wales

The Welsh Assembly Government's 10 year Strategy for Older People is the key driver to improve the lives of older people in Wales. The introduction of the Strategy for Older people in 2003 (first phase) challenged discrimination and negative stereotypes of ageing and celebrated longer life as an opportunity. A core feature of the strategy is its emphasis on the engagement, participation and empowerment of older people.

[a] The CASP-19 measures quality of life in four domains: C-Control: the ability to intervene actively in one's own environment; A-Autonomy: the right of an individual to be free from unwanted interference by others; S-Self-realisation: the active processes of human fulfilment; P-Pleasure: the sense of fun derived from the more active (doing) aspects of life.

The second phase of the strategy covers the period from 2008 to 2013 and builds on the first phase. It focuses on maintaining and developing engagement with older people, the economic status and contribution of older people, their wellbeing and independence and implementation of the strategy at both local and national levels. The strategy is underpinned by the UN Principles for Older Persons.

In 2008, Wales became the first country in the UK to have a dedicated Commissioner for Older People. The Commissioner is independent of the government and it is her role to defend and champion the interests of people aged 60 and over living in Wales.

Other key Welsh Assembly Government policies for the specific topic chapters are provided in boxes 1.7 to 1.11 and in Appendix IV.

Box 1.7: Key Policies relating to Dignity and Social Inclusion

The All Wales Community Cohesion Strategy

This aims to encourage communities to work together in raising awareness of cohesion issues in Wales with a view to improving relations within communities. The strategy also provides advice on mapping the changing make-up of communities in Wales to allow the Welsh Assembly Government, local authorities and other stakeholders to target resources more efficiently.

Working for Equality in Wales: Single Equality Scheme 2009-2012

The scheme aims to increase equality, diversity and access in Wales in relation to age, ethnicity, gender, disability, sexual orientation and Welsh language.

Box 1.8: Key Policies relating to Independence and Material Wellbeing

Better Homes for People in Wales

This national housing strategy provides a vision for the future of Welsh housing and a clear policy framework to facilitate action at local level. Homes should be in a good condition in safe neighbourhoods. The strategy outlines the ambitions for better housing services and a greater choice of types of housing and location.

Beating the Cold: A Fuel Poverty Action Plan

This is a Welsh Assembly Government commissioned toolkit, put together by National Energy Action Cymru and SWALEC, for local authorities to use in developing affordable Warmth Action Plans.

Box 1.9: Key Policies relating to Participation

Beyond Boundaries: Citizen Centred Local Services for Wales (2006)

This review of local service delivery in Wales was conducted by Sir Jeremy Beecham and was prompted by Making the Connections.

The National Partnership Forum for Older People

This was set up by the Welsh Assembly Government in 2004 to provide it with independent expert advice to inform policies to improve the lives of older people in Wales and plan for the implications of an ageing society.

Box 1.10: Key Policies relating to Health and Care

National Service Framework for Older People in Wales

This framework sets out national, evidence based standards for older peoples' services to improve health and social care as well as equity of access for older people across Wales.

Healthy Ageing Action Plan for Wales (2005)

This action plan is part of a range of initiatives to improve the health and lifestyles of people of all ages by encouraging healthy living among those aged 50 and over. It draws together both existing and planned public health initiatives for older people.

Box 1.11: Key Policies relating to Self-fulfilment and Active Ageing

Arts in Health and Wellbeing Strategy

In association with the Arts Council for Wales, the Welsh Assembly Government launched this strategy to increase the understanding of the role of the arts in health and wellbeing. It also provides guidance and information for the development of arts and health initiatives in Wales.

Communities@One: Digital Inclusion Strategy

The Welsh Assembly Government has put £1.3 million into assisting people in the most deprived areas of Wales to access to digital technology.

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12. Diener, E., Diener, M. and Diener, C. (1995). *Factors predicting the subjective wellbeing of nations.* In E. Diener (ed.) Culture and Wellbeing: The Collected Works of Ed Diener, Social Indicators Research Series, 38, p.43-70.

“Wellbeing - as long as I'm healthy and happy that's it - and I am - I've no complaints about life at all really... I do lead a fulfilled life but (with husband dying recently) it's a bit awkward. As he said - "when I've gone, just get on with your life... the way we always did as a couple. Lock after (our son) and he'll look after you - just like we always did" but now I'm on my own and I'm learning to do it. Apart from these sad times, life is fine”

Chapter 2: Older People in Wales: a Demographic Overview

Launa Anderson, Luned Jones, Jonathon Price and Cath Roberts

Key Findings

- Of the UK countries, Wales has the highest proportion of people of state pensionable age (SPA).
- In 2007, there were 349 people of SPA per 1,000 people of working age. This has been increasing since the 1970s.
- Net inward migration remains the main reason for population growth in Wales. North Wales attracted the largest net inflow of older people from England.
- In 2007, circulatory disease, cancer and respiratory disease accounted for just over three quarters of deaths of older people.
- The population aged 85 and over is projected to more than double in size between 2007 and 2031 (to 156,000).

The aim of this chapter is to provide a demographic context for the rest of the Monitor.

2.1 An ageing society

In common with most other developed countries, Wales has an ageing society. The proportion of older people in the population is greater than the proportion of younger people. Also the number of older people is increasing.

This 'demographic transition' has occurred due to a shift from high birth and mortality rates to low birth and mortality rates.[1]

This demographic transition has been occurring in most western societies since the late 18th century.[2] Fertility and mortality patterns in Wales are similar to England, but these have been combined with varying migration patterns. Migration moves to and from the rest of the UK are a key driver to population change in Wales, whereas high levels of inward international migration is a key driver to UK population growth.[2]

An ageing society brings challenges and a need to plan for different needs and circumstances. However, it should not be forgotten that more people living longer lives is a remarkable achievement.[1]

2.2 Population estimates

The total population of Wales is 2.98 million.[3] The age structure of Wales and the other UK countries is provided in Table 2.1. In 2007, around 19% of the population of Wales were children[a] and 21% were of state pensionable age (SPA). Of the UK countries, Wales had the highest proportion of people of pensionable age. For the UK as a whole, the number of people of SPA exceeded the number of children for the first time in 2007.

Table 2.1 Age structure, UK and constituent countries (2007) (%)

	Age group (a)			
	Children	Working age	Pensionable age to 84	Aged 85+
United Kingdom	18.9	62.2	16.8	2.1
Wales	18.7	60.3	18.7	2.4
England	18.9	62.2	16.7	2.2
Scotland	17.8	62.7	17.5	1.9
Northern Ireland	21.6	61.9	14.9	1.6

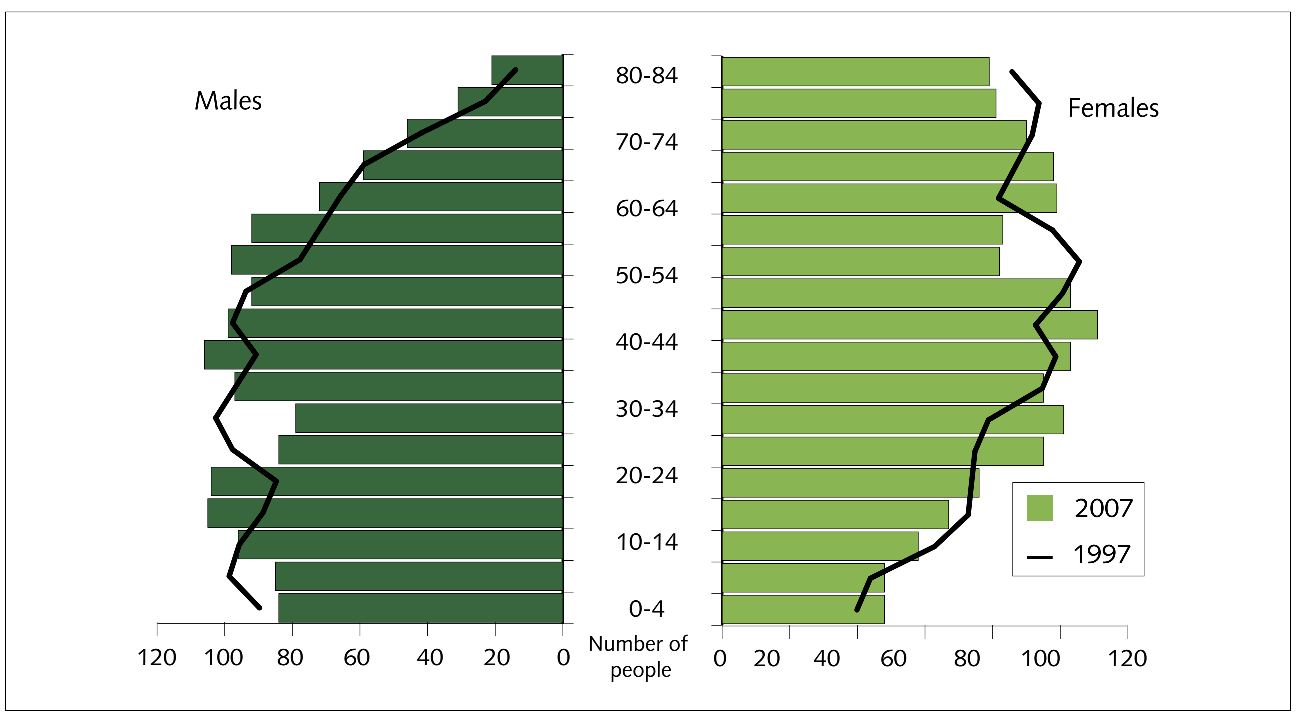
Source: Mid-year population estimates (2007), ONS, GROS, NISRA

(a) children (0-15), pensioners (females 60 and over and males 65 and over)

Figure 2.1 is a population pyramid giving a breakdown by age and gender for the years 1997 and 2007. A population pyramid with a wide base and a sharp peak at the top traditionally indicated high fertility and relatively low life expectancy. This population pyramid, however, shows a more rectangular shape, suggesting fewer children being born and an increase in the number of people living to an older age. Of those living to an older age, there are more females than males. This is due to females having a longer life expectancy than males.

[a] aged 0-15

Figure 2.1 Population of Wales, by quinary age and gender (thousands) (1997 and 2007)



Source: Mid-year Population estimates, ONS

The proportion of people who are over the age of 80 (also known as the 'oldest' old) in Wales (4.9%) is slightly higher than the UK (4.5%) or the EU average (4.3%). It is also at least one percentage point higher than 16 of the 27 EU countries (only Sweden and Italy have a higher proportion).[4]

Generally, rural areas of Wales have a higher proportion of people of SPA. Conwy is the local authority with the highest proportion of people of SPA at 27% (30,300 people) and Cardiff is the lowest at 16% (51,100 people). This is likely to be due to younger people tending to move away from rural areas to study and for work, while older people move to rural areas on retirement.

2.3 Dependency ratios

As the age structure of the population changes over time, there is a subsequent effect on the proportion of dependent people; children (aged 0-15) and older people (of SPA and above) are defined as dependent people. This proportion of dependent people to the rest of the population is known as a dependency ratio. However, care should be taken when interpreting dependency ratios as older people contribute to society and the economy through paid work, grandparenting, informal caring, voluntary work and by giving money to younger generations.[1]

Furthermore, it is has been assumed that an ageing population results in higher expenditure in health care. However, this idea has been challenged by analyses showing that the contribution of population ageing to health expenditure is relatively small.[5] This has been explained by evidence on the 'compression of morbidity' (a longer life expectancy with less time spent in ill health) and the impact of prevention on lifetime costs by lowering morbidity as well as lower costs of dying at older ages.[6]

Population projections suggest that the number of deaths will not rise in Wales over the next ten years as ageing is offset by longer longevity. As a result, the proportion of the population within a few years of death is forecast to fall. For this reason, cost pressures associated with ageing are more likely to be attributable to social changes (e.g. less family support) and the increased range of medical treatments available than to demographic factors per se.[7;8]

In addition, the number of people of SPA who are engaged in paid work is increasing (see Chapter 5: Independence and Material Wellbeing for data on this). Whether, and to what extent, this trend continues will be affected by changes in life expectancy and healthy life expectancy (or disability-free life expectancy) as well as economic circumstances (see Chapter 7: Health and Care and Chapter 8: Self-fulfilment and Active Ageing for data on life expectancy and healthy life expectancy respectively).

The dependency ratio for pensioners has been gradually increasing since 1971. In 1991 there were around 335 people of SPA per 1,000 people of working age in Wales. In 2007, the comparable figure was 349. The overall dependency ratio for pensioners is projected to increase further even allowing for any planned increases in the SPA.

2.4 Migration

Although births have outnumbered deaths in recent years, during the period 1997 to 2005 Wales experienced more deaths than births. Net inward migration has therefore been and remains the main reason for population growth.

Estimates of long-term international migration to the UK are based on the International Passenger Survey[b]. This survey includes a very small number of international migrants to/from Wales, so it is not possible to provide a breakdown of international migrants by age and gender.

However, information on migration movements within the UK are based on GP registration data, and data are available by broad age group.

[b] See Appendix II for further information this and other surveys.

Table 2.2 shows the average annual inflow, outflow and the corresponding net and total flows of migrants between England and Wales. It also shows the migration turnover rate, which is a measure of the relative frequency of migration movements within the population. The rate of movement is highest for the 16 to 24 age group indicating people moving away to/from university and for work. Total flows and turnover rates are considerably lower for the older age groups. However, the net effect of the inflows and outflows shows the higher net gain in the 45 to 64 age group (average annual net inflow of over 4,000) in Wales.

Table 2.2 Average annual cross-border migration flows with England by age group (five year average to mid-2007)

Thousands

	Population (a)	Inflow	Outflow	Net Migration	Total Migration	Turnover Rate% (b)
All ages	2,955.4	57.2	46.9	10.3	104.1	3.5
Under 16	566.5	8.5	6.2	2.4	14.7	2.6
16-24	351.5	17.8	17.7	0.1	35.6	10.1
25-44	755.7	18.2	15.1	3.1	33.3	4.4
45-64	760.4	9.2	5.1	4.1	14.2	1.9
65+	521.4	3.5	2.8	0.7	6.3	1.2

Source: UK Migration estimates, ONS

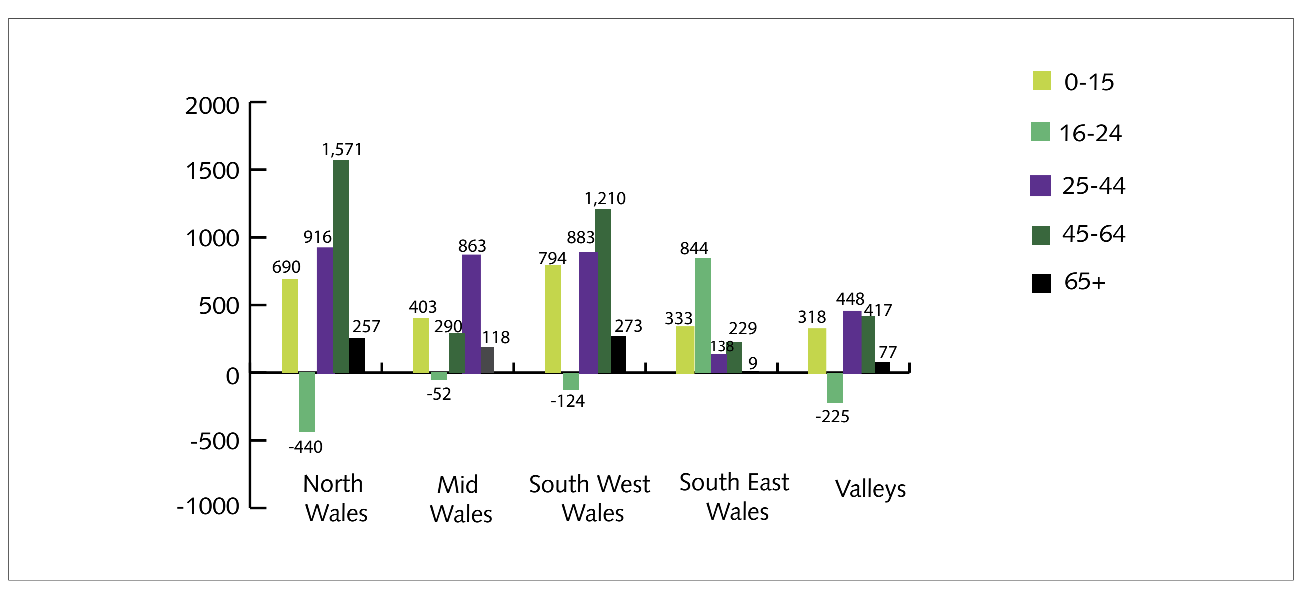
(a) Calculated as the average yearly population between year ending mid-2003 and year ending mid-2007

(b) Calculated as the sum of in-migration and out-migration as a percentage of the average mid-year population

The pattern of net migration flows from England differs significantly across Wales. Figure 2.2 shows the average annual net migration flows with England to five regions in Wales.

North Wales attracted the largest net inflows of older people from England. However, all other regions also attracted an annual net inflow of people aged 45 and older.

Figure 2.2 Average net annual cross-border migration flows with England by age and region (five year average to mid-2007)



Source: UK Migration Estimates, ONS

In terms of movements within Wales, Table 2.3 shows the average annual migration moves of people aged 45 and over within Wales.

During the period 2003 to 2007, South West Wales experienced an average annual inflow of around 290 people aged 45 and over. The Valleys also saw an average inflow of around 150 people aged 45 and older. On the other hand, South East Wales saw an average annual net outflow of around 470 people aged 45 and over each year.

Table 2.3 Average annual migration moves in Wales (persons aged 45 and older) (2003-2007)

	Inflow (a)	Outflow (b)	Net
North Wales	250	260	-20
Mid Wales	730	690	40
South West Wales	1,190	900	290
South East Wales	1,200	1,660	-470
Valleys	1,530	1,380	150

Source: UK Migration Estimates, ONS

(a) The number of people moving from other parts of Wales to each region.
(b) The number of people moving to other parts of Wales from each region.
Figures may not sum due to rounding

2.5 Mortality

In 2007 there were around 32,000 deaths in Wales. About three quarters of these were people aged 70 and over, with about half aged 80 and over.

Circulatory disease, cancer and respiratory disease accounted for just over three quarters of deaths of people aged 50 and over. Table 2.4 shows that for those in their 50s and 60s, cancer was the most common cause of death, followed by circulatory disease. For those in their 70s, circulatory disease and cancer were equally common causes, while for the oldest old (age 80 and over), circulatory disease was the commonest cause of death, followed by cancer and respiratory disease.

Table 2.4 Age-specific mortality rates per 1,000 population in Wales (2007)

Age	0-49	50-59	60-69	70-79	80+
Cause of death					
Circulatory disease	0.1	1.3	3.4	11.6	44.3
Cancer*	0.2	2.2	5.4	11.7	19.6
Respiratory disease	-	0.3	1.2	4.6	18.1
All causes of death	1.0	5.2	12.0	33.9	108.9

*Malignant neoplasms

Provisional data for 2007/08 shows that there were around 1,500 excess winter deaths[c] in Wales. Over four fifths (87%) of these deaths were in people aged 75 or over, the highest rates were for those aged 85 or over. The rate was less than 1 per 10,000 for those aged 0 to 64, 33 per 10,000 for those aged 75 to 84 and 100 per 10,000 for those aged 85 or over.[9]

[c] The number of excess winter deaths is defined by ONS as the difference between the number of deaths which occurred in the winter months of December to March and the average number of deaths occurring in the preceding August to November and the following April to July. The number of additional deaths occurring in winter varies depending on temperature, the level of disease in the population and other factors.

2.6 Population projections

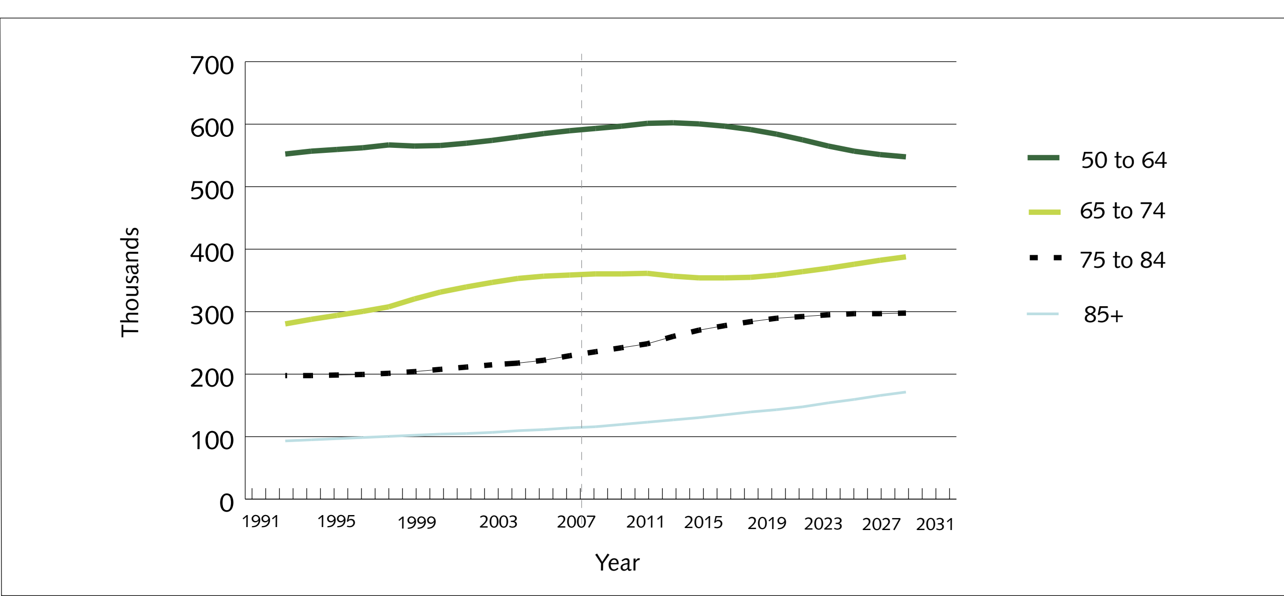
Population projections provide estimates of the size of the future population and are based on assumptions about births, deaths and migration. These assumptions are based on trends in recent years.

The number of deaths is projected to fall slightly over the next few years and to remain stable at around 30,000 deaths for the period 2012 to 2021. Natural change (births less deaths) is expected to be positive during the next twenty years or so. This is due to an increase in the projected fertility rates and an expected continued increase in life expectancy.

Figure 2.3 shows the projected population for selected age groups over the next 25 years. The population aged 50 and over in Wales is projected to increase by 28.0% during the period 2007 and 2031 (to 1.42 million). The proportion of Wales' population which is aged 50 and over is projected to increase from 37.1% in 2007 to 43.0% in 2031.

The increase in the population aged 50 and over is caused by a decline in the age-specific mortality of younger age groups leading to an increase in life expectancy for both males and females. The population aged 85 and over is projected to more than double in size between 2007 and 2031 to 156,400.

Figure 2.3 Projected population by age group in Wales



Source: 2006-based National Population Projections, ONS

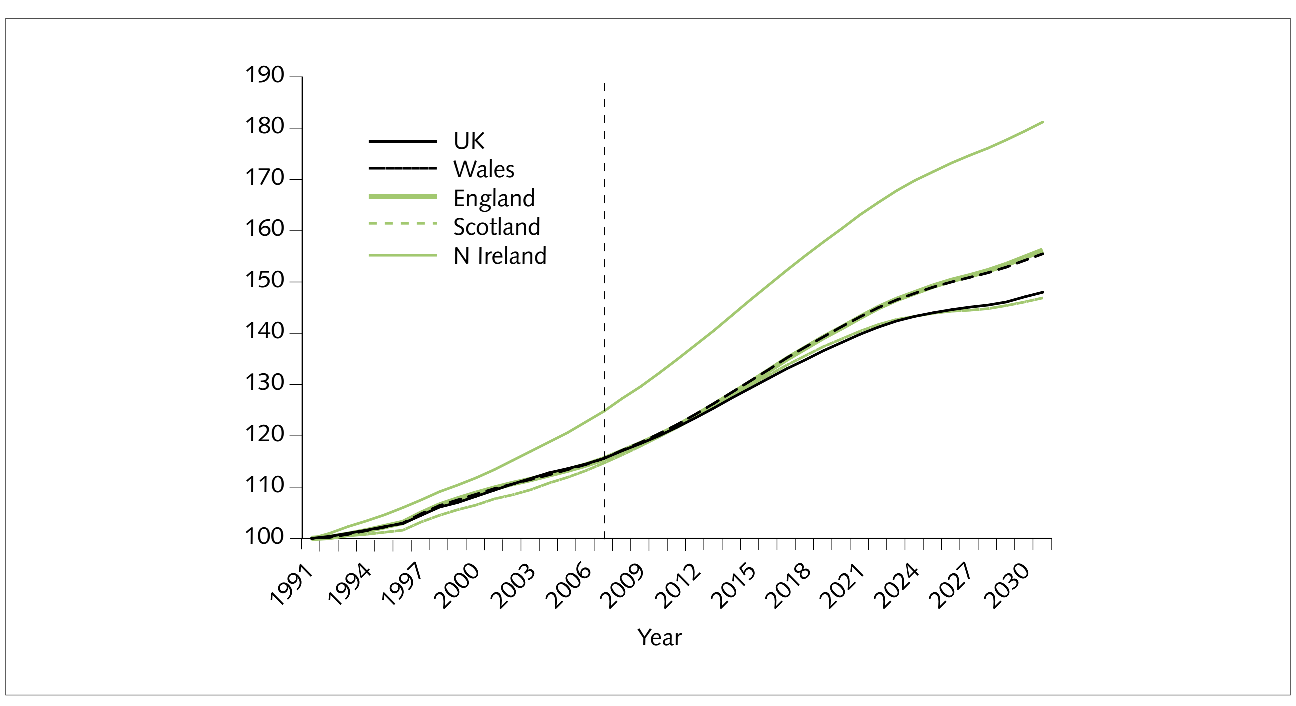
In line with the Wales projection, all local authorities are expected to see a growth in the population aged 50 and over in the period 2007 to 2031. The projected growth varies from just under 20% (Merthyr Tydfil) to just over 40% (Denbighshire). Around half of the authorities are expected to experience population growth (of the over 50s) of over 30%. The projected population growth tends to be lower in the urban and valleys authorities, with all the valleys authorities projected to see population growth (of the over 50s) in the period 2007 to 2031 under 30%.

Figure 2.4 sets the population aged 50 and over of each UK country to a base of 100 and shows how the population of each country changes relative to this base throughout the projection period.

Northern Ireland shows the highest percentage growth of all countries in the UK. Between 2007 and 2031 the population aged 50 and over in Northern Ireland is projected to increase by 45.2% to 775,700. Over the same period, it is projected that the number of people aged 50 and over in England will increase by 34.5%. The population trend seen for those aged 50 and over in Scotland is very similar to that for Wales.

Although from 1991 to 2031 Wales does experience a growth in the population aged 50 and over, it is projected to show the lowest percentage growth in the UK between 2007 and 2031 at 28.0%. Scotland shows a similar percentage growth for those aged 50 and over between 2007 and 2031 as Wales at 28.1%.

Figure 2.4 Indexed chart of people aged 50 and over, UK, Wales, Northern Ireland, Scotland and England (1991-2031)



Source: National Population Projections, ONS

2.7 Living circumstances

At the time of the 2001 Census, nearly 24% of people aged 50 and over in Wales lived alone, while 2.4% living in communal establishments.[d] Around 64.9% lived in a married/ cohabiting couple family[e], around 5.1% in a single parent family, with the remaining 3.9 not living in a family household, but living with others.

Table 2.5 provides figures on the marital status of people aged 50 and over in Wales in 2001. Over half those aged 50 and over were married with over one in five widowed. As one would expect, the proportion of widowed people increased with age to over three quarters of those aged 90 and over.

Table 2.5 Marital status of people aged 50 and over (2001) (%)

	Single	Married	Remarried	Separated	Divorced	Widowed
50+	6.7	53.6	9.5	1.3	8.7	20.2
50-59	6.8	60.6	13.4	2.1	13.2	3.9
60-69	6.0	61.2	10.0	1.2	8.9	12.8
70-79	6.7	49.0	6.0	0.6	4.5	33.2
80-89	7.4	27.1	3.9	0.3	2.2	59.1
90+	10.4	9.9	1.9	0.2	1.5	76.0

Source: 2001 Census

See Chapter 3: Older People in Wales: Specific Groups, for information on same sex civil partnerships.

2.8 Welsh speakers

Between 1991 and 2001 the Census shows an increase in the proportion of people able to speak Welsh - particularly among those aged 5 to 15. The proportion of people able to speak Welsh in the 45 to 64 and 65 to 74 age groups increased slightly over the same period. However, the proportion of those aged 75 and over able to speak Welsh fell from nearly 23% in 1991 to around 21% in 2001.

[d] According to the Census 2001, a communal establishment was defined as 'an establishment providing managed residential accommodation. Managed means full-time or part-time supervision of accommodation'. This definition includes care homes, nursing homes, hospitals, boarding schools, prisons and some types of sheltered accommodation.

[e] According to the Census 2001, a family was defined as a married or cohabiting couple with or without children or a lone-parent with child(ren). A family also included a married or cohabiting couple with their grandchild(ren) or a lone grandparent with his/her grandchild(ren) where there were no children in the intervening generation in the household. There was no age-limit on a child.

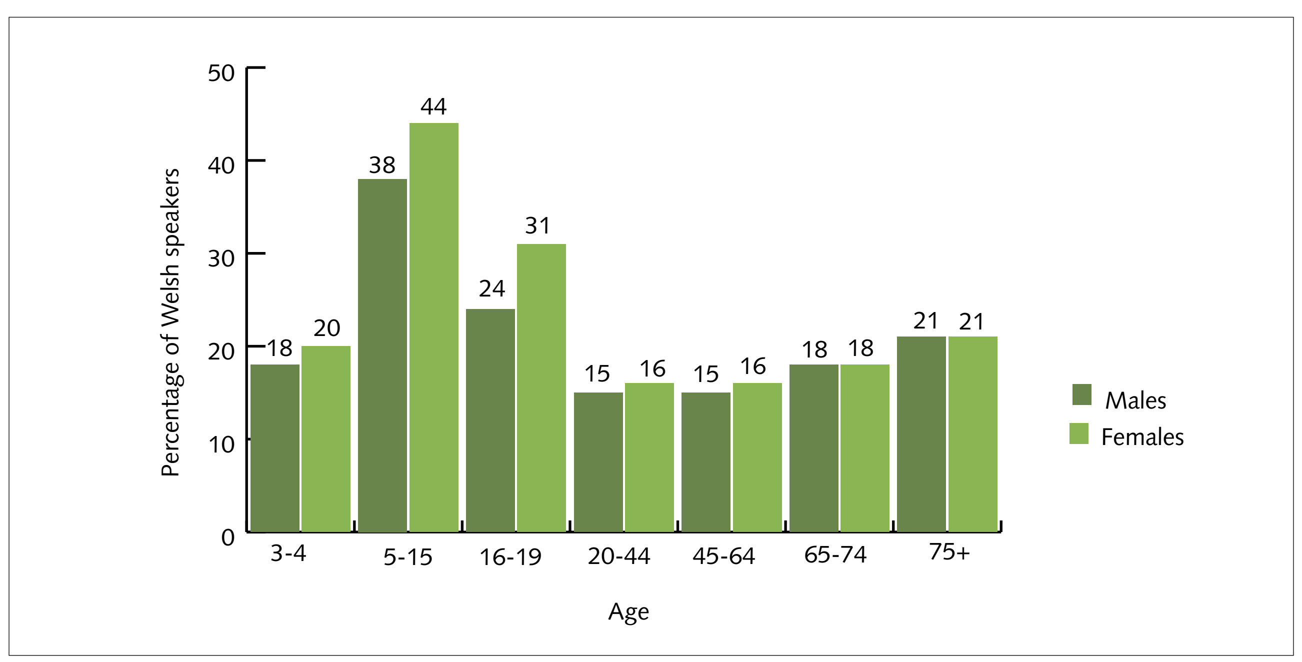
Figure 2.5 shows the proportion of Welsh speakers in each age group and by gender from the 2001 Census. This chart illustrates that the proportion of Welsh speakers was at its highest for both males and females in the 5 to 15 years old age group, where 38% of all males and 44% of all females aged between 5 and 15 were able to speak Welsh.

The older age groups had a higher proportion able to speak Welsh, for both males and females. The proportion increases from 16% of all people in the 20 to 44 years old age group to 21% of all people in the 75 and over age group.

The local authorities with the highest proportion of older people able to speak Welsh in 2001 were Gwynedd, Anglesey, Ceredigion and Carmarthenshire.

Please see Chapter 4: Dignity and Social Inclusion for information on people accessing services in Welsh.

Figure 2.5 Proportion of Welsh speakers (aged 3 and over) by age group (2001)



Source: 2001 Census

2.9 Ethnicity

Data on the ethnicity of people in Wales is available from the 2001 Census. Altogether 96.0% of all people in Wales were White British, 0.6% were White Irish and 1.3% were White Other. The other ethnic groups totalled 2.1%, the largest of these being 0.9% for Asian or Asian British. Minority ethnic groups in Wales were concentrated in the major cities of Cardiff, Swansea and Newport.

Compared with the total figures, a higher proportion of those aged 50 and over were White British (97%), and a lower proportion were Asian or Asian British (0.4%).

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Being happily married, for a long while ... and having the children and having a reasonable income, I get a fairly good pension, so all these things. If you've got a good family, you're not economically stretched and you live in such a nice place, it makes for a good wellbeing.

Chapter 3: Older People in Wales: Specific Groups

Launa Anderson

Key Findings

- 44% of older people aged 50 and over in Wales reported having a limiting long-term illness or disability.
- In 2001 there were around 180,000 older informal carers in Wales.
- There are approximately 850 Gypsy Traveller caravans in Wales.
- At the end of June 2009, there were 1,665 asylum seekers supported in accommodation in Wales. Of these 75 were aged 50 and over.
- People born in the 1920s and 1930s have consistently exhibited, over a very long period, larger improvements in mortality rates than those born in the years either side.

This chapter presents data on specific groups of older people. It is divided into the following sections:

- Disabled people
- Lesbian, Gay, Bisexual and Transgender people
- Informal carers
- Gypsy Travellers
- Asylum seekers and refugees
- People living in rural areas
- People born in the 1920s and 1930s

3.1 Disabled people

One proxy measure of disability is limiting long-term illness (LLTI). According to the Welsh Health Survey (WHS)[a] (2007) 44% of people aged 50 and over in Wales reported having an LLTI or disability which restricted their daily activities.

[a] See Apendix II for further information on this and other surveys.

The Annual Population Survey (APS)[b] (2004-07) provides information on the prevalence of disability - as defined by the Disability Discrimination Act (DDA)[c] - for people of working age. This survey showed that in 2007 the percentage of disabled people (under the DDA definition) increased with age. Over one third of people aged between 55 and 60/65 had a disability in Wales.[1]

For the year ending 31 March 2008, 81,823 people in Wales were registered as having a physical or sensory disability, of whom 71% were aged 65 or over. There were 14,137 people on the register for learning disabilities, of whom 6% were aged 65 or over.

People with certain conditions can experience both shortened life spans and premature ageing. For example, people with Down's Syndrome tend to have an average life expectancy of 50 to 60 years. They also tend to experience health problems associated with ageing at a younger age than most of the rest of the population.[2]

See Chapter 7: Health and Care and Chapter 8: Self-fulfilment and Active Ageing, for more information on disability and life expectancies respectively.

Box 3.1: The Social Model of Disability

In 2002, the Welsh Assembly Government adopted the Social Model of Disability as the foundation for its work on disability. This model encourages society to consider the concept of disability in a different way. The basis for the model is that the loss or limitation of opportunities to take part in society on an equal level with others is due to social and environmental barriers, rather than the disability itself. This is in contrast to the medical model of disability which places greater emphasis on disabled people's impairment as the overriding reason for them not being able to participate fully.[3]

For the purposes of the Monitor, it is acknowledged that many sources of data or analysis have not adopted this model. Nonetheless, it is important to include them. It is also important to acknowledge that not all areas of research into older people's wellbeing have been analysed in relation to the social model of disability, for example: dementia[4]; learning difficulties[5] and housing.[6] This may be an area for further investigation and is therefore identified as a key information gap.

[b] See Appendix II for further information on this and other surveys.

[c] The Disability Discrimination Act (DDA) (1995) defines disability as "a physical or mental impairment, which has substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".

3.2 Lesbian, Gay, Bisexual and Transgender (LGBT)

The 2007 Equalities Review by the Cabinet Office highlighted a lack of data on the number of lesbian, gay, bisexual and transgendered[d] people in the UK.[7]

Estimates for the UK LGB population are around 5 to 7%.[9]

A report by the Older LGBT Network in Wales estimates that the number of LGBT people in Wales over the aged of 50 is likely to be over 50,000.[10]

There were 7,169 civil partnerships[e] formed in the UK by same sex couples in 2008. In Wales, 137 male and 145 female partnerships were formed. The average age at formation of partnership in Wales was 41 years. In Wales, 113 people aged 50 and over became civil partners in 2008 and there were 12 civil dissolutions.

The Office for National Statistics (ONS) is taking steps to improve the availability and quality of data on LGBT people.[11]

3.3 Informal carers

An informal (or an unpaid) carer can perform varying levels of care. This can range from an intensive level of care - e.g. cleaning and feeding an individual - to emotional care - e.g. being the only person an individual can talk to.[12]

The most recent reliable data on informal care comes from the 2001 Census. This shows there were 183,035 informal carers aged 50 or over in Wales (101,010 women and 82,025 men).[f] That figure represents 18% of all older people and 54% of all those in Wales providing informal care. Of these:

- 102,194 were providing between one and 19 hours of care a week,
- 23,059 were providing between 20 and 49 hours
- 57,782 were providing 50 or more hours.

[d] According to the Welsh Assembly Government Single Equality Scheme, the definition of transgender is as follows: "This refers to someone who experiences 'gender dysphoria' between their sexed body and society's construction of gender role. It can also refer to someone who consciously 'plays with' gender/sex role norms. A transgender person may or may not choose to alter their bodies with hormone therapy or surgery."

Currently ONS has adopted a broad definition of trans[8] as: "an umbrella term referring to individuals whose gender identity or gender expression falls outside of the stereotypical gender norms (for the sex assigned to them at birth)."

[e] The Civil Partnership Act 2004 came into force on 5 December 2005 in the UK, the first day couples could give notice of their intention to form a civil partnership. The Act enables same sex couples aged 16 and over to obtain legal recognition of their relationship. The first day that couples could normally form a partnership was 19 December 2005 in Northern Ireland, 20 December 2005 in Scotland and 21 December 2005 in England and Wales.

[f] The 2001 Census asked the following question: Do you look after, or give any help or support to family members, friends, neighbours or others because of: long-term physical or mental ill-health or disability or problems related to old age? (Do not count anything you do as part of your paid employment, tick time spent in a typical week). Response categories: No; Yes, 1 - 19 hours a week; Yes, 20 - 49 hours a week; Yes, 50+ hours a week.

Levels of caring peaked for those aged 50 to 54 providing between one and 19 hours of care a week (13,891 men and 18,138 women). The numbers of carers declined with age for both men and women. However, by the age of 85 and over, 767 men and 546 women were providing 50 or more hours of care a week. Nineteen per cent (35,068) of all carers over 50 reported not being in good health themselves.

Older carers and their wellbeing have been investigated using the 2001 Census.[13] For those aged 65 and over, less than a third rated themselves as in good health and for those aged 85 and over a third rated their health as not good. Also using the 2001 Census data, it was found that the proportion of pensioners in poor health providing many hours of informal care was greater in disadvantaged areas than advantaged areas.[12]

The English Longitudinal Study of Ageing (ELSA)[g] compared the lives of carers and non-carers. It found that a move into caring was associated with a significant drop in earnings and income compared with those who were non-carers. The study found few differences between carers and non-carers in the ability to access a car and use public transport. Those who were carers took fewer foreign holidays than non-carers.[14]

Overall, the study also found few differences in health between carers and non-carers. Possible explanations are that a person needs to be in good health to take on the caring role or that they do not accurately report their own health issues. Those carers providing heavier levels of care had lower quality of life scores compared with non-carers.[14]

3.4 Gypsy Travellers

Little information is available on the number of Gypsy Travellers in Wales. However, the population of older Gypsy Travellers is likely to be relatively small. One source is the Gypsy and Traveller caravan count[h]. The January 2009 count found 850 Gypsy Traveller caravans in Wales.[15] This provides an indication on the size of population. As this is a count of caravans and not individuals, it is not possible to provide accurate information of the number of older Gypsy Travellers.

Some evidence suggests that Gypsy Travellers have a shorter life expectancy than the general population (around 10 to 15 years less).[16] This research programme also conducted qualitative research with Gypsy Travellers in Wales, one of whom noted that '*Gypsies don't get old*'.[17] The research programme concluded that out of the three populations considered (ethnic minorities, refugees and asylum seekers and Gypsy Travellers in Wales) Gypsy Travellers had the worst health profile.

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[g] See Appendix II for further information on this and other surveys.

[h] This is a count of caravans and not people. It is likely to be an underestimate and does not take into account Gypsy Travellers living in houses.

3.5 Asylum seekers and refugees

The population of asylum seekers and refugees living in Wales is small. They tend to be concentrated in the urban areas of Cardiff, Swansea, Newport and Wrexham. At the end of June 2009 there were 1,665 asylum seekers supported in accommodation in Wales. Of these asylum seekers 75 were aged 50 or over.[i]

In relation to their wellbeing, practitioners note that refugees may become frail at an earlier chronological age due to their experiences.[18]

3.6 People living in rural areas

Chapter 2: Older People in Wales: A Demographic Overview highlights that rural areas of Wales have a higher proportion of people of state pensionable age (SPA).

Rurality is a complex concept with no universally accepted definition. According to the National Statistics classification, there are nine local authorities in Wales (out of 22), which could be considered rural, that is with population density below the Wales average of 140 persons per square kilometre. These are the Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Powys, Ceredigion, Pembrokeshire, Carmarthenshire, and Monmouthshire. However local authorities in Wales consist of a mix of rural and urban areas and so there will be 'rural people' in non-rural authorities and 'urban people' in rural authorities.[19]

Data from the Welsh Index of Multiple Deprivation (WIMD)[j] shows that rural Wales has significant numbers of deprived people, although with lower deprivation rates than the Wales average.[19]

3.7 People born in the 1920s and 1930s

A documented cohort effect shows that those born in the 1920s and 1930s are extremely resilient. They have consistently exhibited, over a very long period, larger improvements in mortality rates than those born in the years either side. Various explanations have been put forward for this, including:

- Differences in smoking patterns between generations.
- Better diet and environmental conditions during and after the Second World War.
- Differing birth rates, with those born in periods of low birth rate facing less competition for resources as they age.
- Benefits from the introduction in the late 1940s of the Welfare State.[20]

[i] Data supplied by the Home Office - September 2009
[j] The Welsh Index of Multiple Depreviation (WIMD) is the official measure of depreviation for small areas in Wales

Key Information Gaps

- Research into the social model of disability versus the medical model of disability for older people.
- More research into the lives of older carers in Wales.
- Reliable data on the LGBT older community in Wales.
- Reliable data on the older refugee and asylum seeker population in Wales.
- Reliable data on the older Gypsy Traveller community in Wales.
- Further research into the reasons behind the resilience displayed by the 1920s/1930s cohort.

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“Yes, people in the community treat me well, I feel I am being treated as an equal in all areas and wherever I go, but I think that some of these computer services don’t treat people properly, things on-line like the pressure coming from companies to pay direct debit, gas and electricity etc, they penalise you for not doing so, they use my money to pay for things, they want you to bank on-line, my bank is just down the road and I don’t need to bank on-line.”

Chapter 4: Dignity and Social Inclusion

Beverley Morgan and Alan Jackson

Key Findings

- The risk of experiencing crime is lower among older people than in younger age groups.
- Following a decline from the beginning of the decade - around 12% of adults in Wales aged 50 and above have high levels of worry about burglary, car crime and violent crime.
- For the period 2005-2007, around 3% of economically inactive people aged 50 and over in Wales believed that there was no job for them.
- In 2007-08, most adult abuse referrals concerned people aged 65 and over - of this group almost two thirds were women. Physical abuse was the most common type of reported abuse - at 32% of all cases.
- Older respondents are more likely to feel part of their community than younger respondents.

This chapter focuses on the UN Principles for Older Persons relating to dignity and the Welsh Assembly Government's Strategy for Older People Social Inclusion Indicator of Change. Specifically, the chapter reports on the extent to which older people in Wales are:

- Living in dignity
- Free from exploitation, physical and mental abuse
- Treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and are valued independently of their economic contribution
- Socially included
- Living in security
- Living in fear of crime

4.1 Dignity

Research shows that dignity is central to the concerns of older people. Specifically, dignity can be seen as a multi-faceted concept involving dignity of identity (self respect/esteem, integrity and trust), human rights (equality and human entitlement to dignity) and autonomy (independence, self-determination, freedom of choice and control).[1]

This section on dignity explores the following:

- Elder abuse
- Age discrimination
- Social attitudes towards older people
- Older people's views on dignity.

4.1.1 Elder abuse

Being free from exploitation, as well as physical and mental abuse, is central to ensuring the health and wellbeing of older people in Wales.[a] Measuring the prevalence of elder abuse, however, is problematic and estimates of the extent of this problem (at a UK and Wales level) often vary.

A key source of data on adult and elder abuse in Wales is the Care and Social Services Inspectorate Wales (CSSIW) Protection of Vulnerable Adults (POVA) Monitoring Report 2007-08. The latest report provides an analysis of key findings for the year ending 31 March 2008.[b]

In 2007-08, there were 4,251 completed referrals of allegations of adult abuse in Wales. The most common victims of alleged abuse in Wales during this period were older women.[2] Specifically, the report states: "Most adult abuse referrals concern people aged 65 and over, and of this group almost two thirds are women".[2: page 11] This includes older people who are mentally ill. After the category older people, "people with a learning disability make up the next largest group of people referred".[2: page 11]

The largest proportion of alleged victims lived in their own home in the community. However, the proportion of the population living in residential or nursing care homes in Wales who were identified as alleged victims was "significantly high" [2: page 2] - at 6%. Most victims were white. The proportion of referrals for people from a black or minority ethnic community "is less than would be expected" [2: page 2] - at 1.3%).

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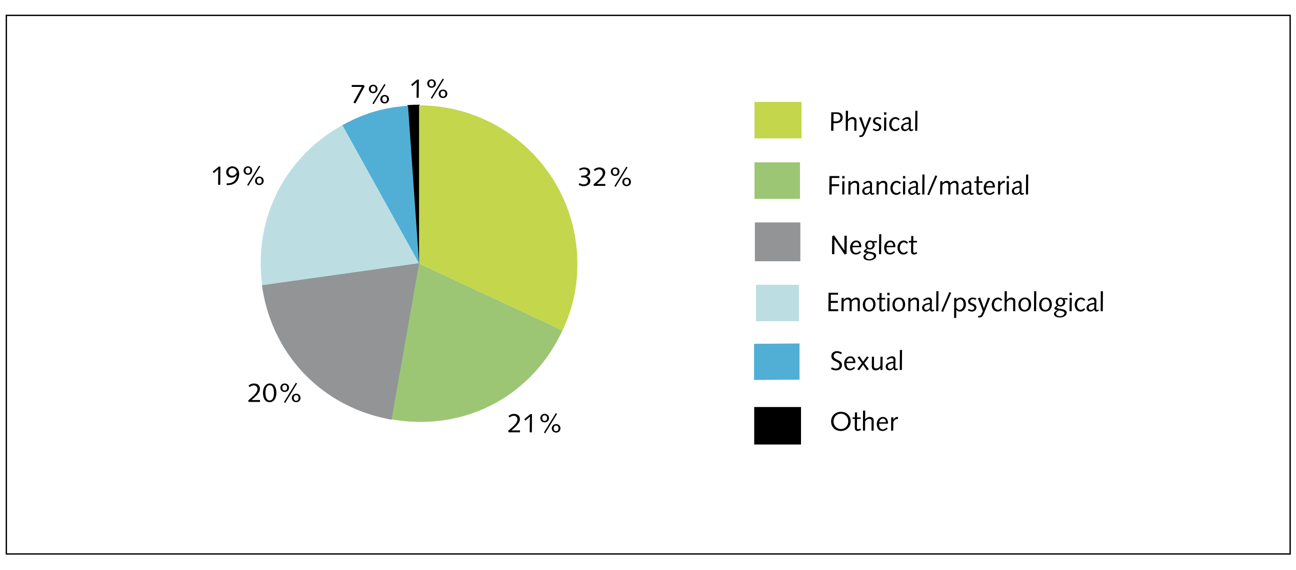
[a] The main forms of abuse of vulnerable adults are: physical abuse; sexual abuse; psychological abuse; financial or material abuse; neglect or acts of omission; discriminatory abuse (Department of Health, 2000). The charity Action on Elder Abuse defines elder abuse as: "A single or repeated act of lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person."

[b] The CSSIW report collects reports of abuse from services users in Wales.

Figure 4.1 shows the most frequently reported types of abuse. At 32%, physical abuse was the most common type.

Figure 4.1 Percentage of adult referrals, by type of abuse, year ending 31 March 2008

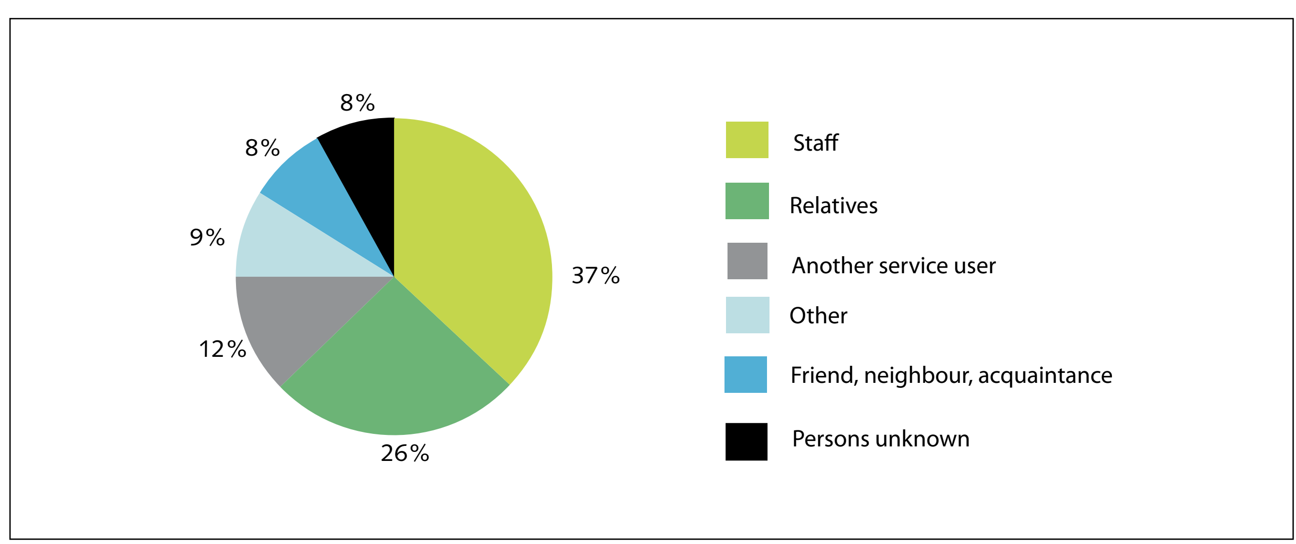


Source: CSSIW Protection of Vulnerable Adults Monitoring Report 2007-08

Across all types of abuse, there were similar levels of cases involving male and female perpetrators (40% and 38% respectively).

In 2007-08, "37% of allegations concerned staff while 26% were in respect of relatives".[2: page 15] This reverses the situation in 2006-07, when "relatives made up the largest group accused of abuse (33%), followed by allegations against staff (29%)"[2: page 15] - see Figure 4.2.

Figure 4.2 Percentage of referrals, by person alleged responsible for abuse, year ending 31 March 2008



Source: CSSIW Protection of Vulnerable Adults Monitoring Report 2007-08

These figures echo findings from the UK National Prevalence Study of Elder Mistreatment which found that in most cases perpetrators are known to older victims of abuse and that women are significantly more likely to experience mistreatment than men.[3;4;5] [c]

This study also found that neglect dominates the prevalence figures for those aged 85 and over - especially for women - for whom neglect increases sharply with age. Those in bad or very bad health were more likely to have experienced neglect, as were those who suffered from a limiting long-term illness. This is partly explained by the definition of neglect, which assumes that the respondent has dependency or disability related needs. In particular, neglect is associated with poor quality of life and with depression.[3;4]

4.1.2 Financial abuse

The UK National Prevalence Study of Elder Mistreatment found that financial abuse[d] increases with age for men, but not for women. However, financial abuse is significantly more prevalent for people living on their own. Divorced or separated women were at higher risk, along with men and women in poor health. Women who reported feeling lonely were more likely to experience financial abuse, but this was not found for men. Both men and women who received home care services (or who were in touch with professionals) were more likely to have experienced financial abuse. Family, other than partners, are the most common perpetrators.[3;4]

4.1.3 Social attitudes towards older people

Social attitudes towards older people are likely to impact on people's overall sense of wellbeing. Some respondents included in the *Voices of Older People in Wales* qualitative study had experienced negative social attitudes in relation to their old age. Some said they were often ignored by society or seen as a "nuisance":

> *"Society tends to ignore us…we are tolerated and not offered respect or civility … although I think that attitudes are changing. Sometimes though as a mature person you are treated with impatience especially in shops, I have had experiences when young shop assistants cannot be bothered to serve me."*

Male aged 73

[c] See Appendix II for further information on this and other surveys

[d] This study defined financial abuse as: one or more instance of financial abuse in the past year by a family member, close friend or care worker

- stole money, possessions or property
- attempted to steal money, possessions or property
- made you give money, possessions or property
- tried to make you give money, possessions or property
- used fraud to take money, possessions or property
- tried to use fraud to take money, possessions or property
- taken or kept power of attorney
- tried to take or keep power of attorney

In particular, some older people were concerned that their needs were being ignored in the move to provide on-line services:

> *"Yes, people in the community treat me well, I feel I am being treated as an equal in all areas and wherever I go, but I think that some of these computer services don't treat people properly, things on-line like the pressure coming from companies to pay direct debit, gas and electricity etc, they penalise you for not doing so, they use my money to pay for things, they want you to bank on-line, my bank is just down the road and I don't need to bank on-line."*

Male aged 75

It should be noted, however, that other respondents commented on positive societal attitudes towards older people:

> *"I don't really perceive any negativity really, I don't see myself as old, to be honest I'm probably worse than some younger people - if an older guy is driving slow I'll hear myself shouting something like come on you old bastard you know. xxx tells me off … that's life isn't it … I'll be that old bastard in ten years (ha ha ha)."*

Male aged 63

Specifically, respondents recognised the need for mutual respect:

> *"Well, I think when you're talking about younger people, if you treat them fairly they're pretty good back to you, you get the odd rotten one, but if you treat people one way, they'll treat you back the same, it's as you respect them isn't it?"*

Female aged 76

4.1.4 Age discrimination

Being able to participate in society and not be discriminated against because of age is likely to be crucial to an older person's overall sense of dignity and wellbeing. It is important to note that there are both direct and indirect forms of discrimination[e]. The national household survey Living in Wales (LiW) has collected data on levels of discrimination, harassment or victimisation. According to the 2008 LiW, experience of discrimination, harassment or victimisation[f] is much lower among older people than it is among young age groups. As shown in Figure 4.3, young adults (aged 16 to 24) were three times more likely to have experienced such an incident than pensioners aged 60/65 and over. [6: page 8]

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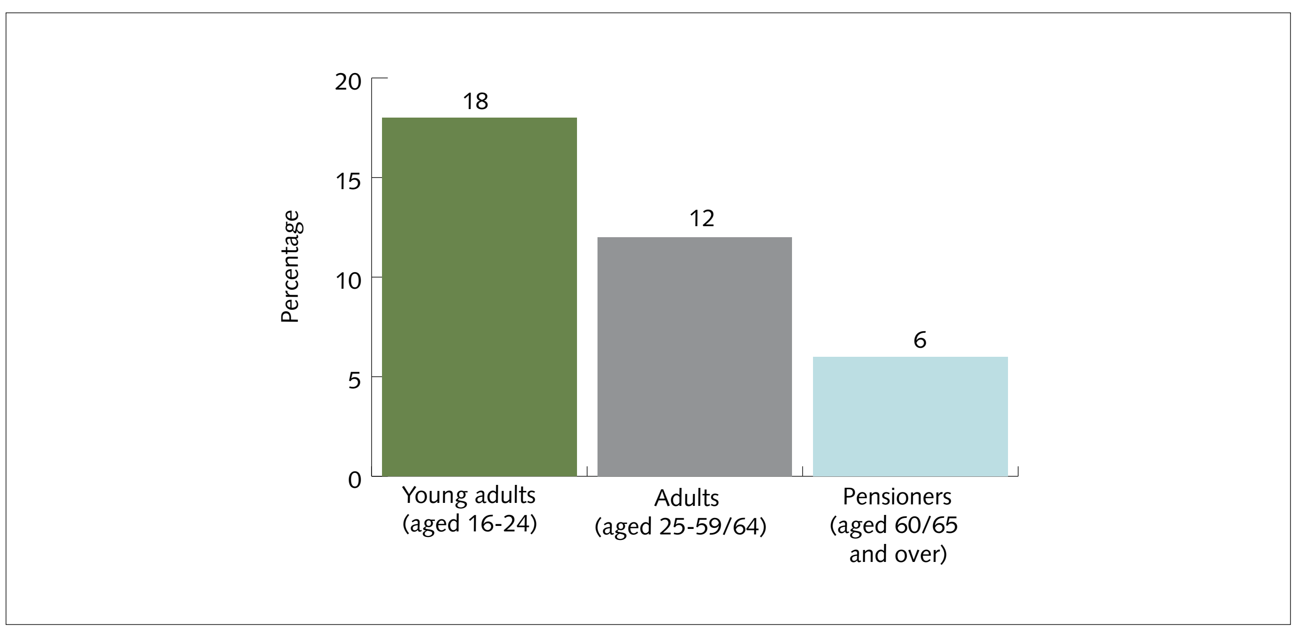
[e] There are different types of discrimination, such as direct, indirect, harassment and victimisation. Examples of *direct discrimination* include: an employer refusing to offer a job to a young candidate, even though the candidate has the skills and competencies required for it; an employee being passed for promotion, and not allowed to attend meetings unaccompanied because they look young for their age; a general work culture tolerating people telling ageist jokes, bullying or name calling, which could count as harassment on the grounds of age. Examples of *indirect discrimination* include: an employer insisting that all candidates for a job have to meet a physical fitness test (that younger candidates can meet more easily) even though it is not required for the job; a job advert requiring 10 years' experience in a relevant field, when two or three years' experience would be adequate for the job. (Equality and Human Rights Commission).

[f] Question asked in Living in Wales (for years 2005 to 2008) to collect data on levels of discrimination, harassment or victimisation include: "In the last five years, have you suffered any form of discrimination, harassment or victimisation?" and "What do you think was the reason for this discrimination, harassment or victimisation?"

Figure 4.3 Respondents who have experienced discrimination, harassment or victimisation in the last five years, by age band (2008)



Source: Living in Wales

Of those respondents who had experienced discrimination, harassment or victimisation in the last five years, the most commonly selected reason was anti-social behaviour (21%), followed by race (16%) and problems with neighbours or common disputes (14%). A fifth of respondents who suffered such an incident said they did not know why they had been discriminated against, harassed or victimised.[6]

4.1.5 Age discrimination and access to the workforce

Access to employment has a positive impact on a range of outcomes during an individual's lifetime.[7] In contrast, unemployment is associated with "ill health, higher mortality rates, unhealthy lifestyles, and lower levels of psychological well-being."[7: page 34] While Chapter 5: Independence and Material Wellbeing, discusses employment and inactivity rates among older people in more detail, the following part of this chapter explores the extent to which older people in Wales face discrimination when accessing the workforce.

Measuring age discrimination among older people in Wales is difficult, not least because of limited sources of data, and the need to use proxy indicators in some instances. One proxy indicator of age discrimination in the labour market that can be used in a Welsh context is "the percentage of economically inactive older people who believe there is no job for them". The DWP have reported on a similar proxy indicator, recognising that if older people "are not participating in the labour market because they believe that no work is available, this may reflect expectations of discrimination".[7: page 35]

Data from the Labour Force Survey[g] (LFS) for 2005 show that 2.8% of people aged 50 and over in Great Britain would like to work, but are inactive because they believe no work is available (compared with 1.3% of 16 to 49 year olds).

Data for Wales (from the Annual Population Survey[h]) show that for the period 2005-07, 2.8% of economically inactive people aged 50 and over believed there was no job for them. This is higher than the equivalent figure for those aged 16 to 49 years in Wales - which was just under 1% (see Table 4.1). For the over 50s, however, the percentage of people who believe there is no job for them has been falling since the beginning of the decade, from a figure of 6.5% for the period 2001-03. Monitoring this trend in the future will be particularly important in light of the current recession.

Table 4.1 Percentage of economically inactive in Wales who believe there is no job for them (2001-2007)

	16-49	50+
2001-2003	1.6	6.5
2002-2004	1.1	5.9
2003-2005	0.9	4.4
2004-2006	0.7	3.8
2005-2007	0.9	2.8

Source: Annual Population Survey, ONS

The ability of older people to participate in the workforce is likely to depend on their skills and qualifications. This subject is covered in further detail in Chapter 8: Self-fulfilment and Active Ageing.

4.1.6 Access to services and language of choice

LiW 2007 data are able to report on respondent access to different service areas in Wales - and the extent to which they were able to access the service in their language of choice. Two services are provided as examples - dental practice and train services.

Seventy-two per cent of 50 to 59/64 year-olds and 70% of 60/65 to 79 year-olds were able to access a dental practice using the language of their choice. The equivalent figure for the 16 to 49 age group was 72%.

[g] See Appendix II for further information on this and other surveys

[h] See Appendix II for further information on this and other surveys

In terms of access to train services, 61% of 50 to 59/64 year-olds and 57% of 60/65 to 79 year-olds were able to use the language of their choice. The equivalent figure for the 16 to 49 age group was 70%.

More information on dental services is provided in Chapter 7: Health and Care and transport in Chapter 5: Independence and Material Wellbeing.

4.1.7 Older people's views on dignity

As noted earlier, dignity is a multi-faceted concept involving identity, human rights and autonomy. Research suggests that older people often have their dignity jeopardised rather than enhanced - and that a loss of self-esteem can often arise from being patronised and excluded from decision-making.[1;8]

Several respondents included in the *Voices of Older People in Wales* study gave examples of how their dignity had been jeopardised. These tended to involve "a loss of control" and "exclusion from decision making", as this respondent observed:

> *"I don't feel that I have control over things that affect my life. More and more things interfere with people's lives these days."*

Male aged 57

Similarly, another stated:

> *"Overall, I've no doubt that their requirements for looking after old people are met but for me I would much prefer to have a bigger say in the matter, whether that would be wrong I'm not sure but I don't get an awful lot of say in the matter."*

Male aged 91

One woman cited an example of when she and her spouse were in hospital at the same time. Knowing that her spouse was particularly ill, she had asked members of staff "*if somebody would take me in the wheelchair*" so that she could tell them she "*was alright*". Unfortunately, she was not taken to their ward until later that week, by which time they had died:

> *"…Eventually they said I could go on Friday afternoon and I was wheeled there on the Friday afternoon. My* [spouse] *was lying in the bed and I put my hand on* [theirs] *and* [it] *was stone cold.* [s/he] *had been dead for hours and I'm the one who found it out. I had been asking all week, I wanted* [them] *to know that I was alright, that's all I wanted was for* [them] *to know I was alright."*

Female aged 82

On the other hand, other respondents gave examples where they were happy with the way in which they (or relatives) had been treated in a nursing or care environment. As one respondent said:

> *"I have an aunt in a nursing home round here where she is treated absolutely wonderfully, nothing is too much bother, treated with dignity and respect where my aunt is, always clean and clothes co-ordinating…"*

Female aged 72

Information on people accessing health and social care services and dignity in care is discussed further in Chapter 7: Health and Care.

4.2 Social Inclusion

This part of the chapter explores social inclusion in relation to older people in Wales. It focuses on:

- Social networks
- Social isolation and loneliness
- Belonging and trust in the local community
- Older people's experiences (and fear of) crime.

Social inclusion is the opposite of social exclusion. Social exclusion "is a term used to describe the experience of individuals who are unable to play a full part in society because of the range of disadvantages they face - be it through a lack of employment, low skills, poor health or discrimination".[9]

Social exclusion in old age has been described as "a multi-dimensional phenomenon" comprising exclusion from material resources, exclusion from social relations, exclusion from civic activities, exclusion from basic services and neighbourhood exclusion.[10]

The nature of social exclusion in later life is complex.[11] There is strong evidence to suggest that transitions and major life events play a major part in generating social exclusion in later life. Such events include widowhood, the adjustment to living alone and the loss of close family members, friends and neighbours. The breakdown of family relationships, the onset of chronic ill health, withdrawal from the labour market and the experience of crime may also contribute to social exclusion.[11]

Indeed, a range of factors is likely to impact on the extent to which an individual experiences social exclusion. For example, analysis of the 1999 Poverty and Social Exclusion (PSE) survey[i] (for England, Wales and Scotland) suggests two distinct groups of pensioners in terms

[i] See Appendix II for further information on this and other surveys

of their experience of poverty and social exclusion. One “better off group” consists of younger pensioners living in pensioner couple households, and a second “worse off group” - often female pensioners living alone. The latter experience much higher levels of poverty and social exclusion.[12]

4.2.1 Social networks and older people

Good social relationships and social support are central to an individual's quality of life and sense of wellbeing.[13;14;11] Social networks can play a direct and indirect role in providing practical support for older people.[15] Good social relationships can also contribute to better health for older people.[7] According to the 2006 English Longitudinal Survey of Ageing (ELSA), “the odds of being persistently [socially] detached were three times higher for those reporting poor health than for those reporting excellent health.”[16] [j]

One indicator of intergenerational contact and community interaction/isolation is older people's frequency of contact with family, friends and neighbours. According to the 2005 Health Survey for England (HSE)[k], levels of contact with friends were more likely to be low among men and among those in the lowest income groups.[17] Men were also more likely than women to report low levels of contact with family members.[17] By contrast, women were more likely than men to report participating in at least one organised association.[18] Evidence from the ELSA suggests that adult children play a central role in the social networks of older people. More than half the 2002 ELSA sample saw their children at least once a week.[18]

According to the 1999 PSE survey, pensioners in England, Wales and Scotland are less likely to have at least daily contact with their social network (80%) than non-pensioners (88%).[12] The 2002/03 European Study of Adult Wellbeing (ESAW)[l] found that older respondents (all of whom were over 50) had fewer social resources than younger respondents, and fewer available family members.[14] This was the case across all European countries participating in the study.[m]

The same study found that living arrangements were a strong indicator of social resources and the availability of family in all participating countries. "Older people living alone had the lowest levels of social resources, and those living with members of the younger generation had the highest levels of available family".[14: Page 6] Specifically, according to the 1999 PSE survey, "being widowed young has a profound impact on poverty, exclusion and wellbeing".[12: page 20] By contrast, never married women (unlike never married men) tend to have high involvement with social organisations.[19]

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[j] See Appendix II for further information on this and other surveys

[k] See Appendix II for further information on this and other surveys

[l] See Appendix II for further information on this and other surveys

[m] Countries participating in the 2002/03 European Study of Adult Wellbeing were: Britain (England, Scotland and Wales); Austria; Italy; Luxembourg; the Netherlands; and Sweden

Place of residence is likely to play a crucial role in determining the extent to which older people participate in social networks. For example, respondents who live in affluent areas are less likely to have low levels of social activity (independent of individual demographic and socio-economic characteristics).[20] Individuals' perceptions of their area as neighbourly and having good facilities are also independently associated with lower likelihood of having low social activities.[20]

A recent qualitative study among minority ethnic groups in Manchester found that interactions with neighbours and family were particularly important for older people. The study also found that these neighbourhood interactions took on even greater importance for those lacking family contacts.[21] Physical impairment coupled with a lack of adequately designed buildings or appropriate transport also impacts on people's access to social resources and relationships.

Contact with friends and family was seen as central to the concept of wellbeing among respondents included in the *Voices of Older People in Wales* study. A number of respondents said that they would be lonely if it "*wasn't for the kids*" or "*going out and seeing people*" (Female aged 78; Female aged 53). Friends and neighbours were especially important for those who did not have relatives living close by. A loss of friends in older age was cited as a particularly negative aspect of ageing.

Evidence from ESAW on the differences between the social resources of those working and those not working implies that major changes may occur in access to family, friends and community social resources when people retire. In particular, work was associated with increased availability of family, but decreased levels of interaction with friends and neighbours.[14]

Among respondents included in the *Voices of Older People in Wales* study, some recognised the social opportunities which work provided. As one man commented: "*I don't really enjoy the work itself, but there are many things about the work, like travelling around, meeting different people each time. Like the one-to-one contact with people in my work*" (Male aged 57).

Respondents highlighted seeing (and looking after) grandchildren as a positive "social opportunity". This is especially important given that the Millennium Cohort Study (MCS)[n] recently estimated that grandparents were providing childcare for 35% of five year-olds in Wales. This is the highest rate out of all four UK countries. The equivalent figures are 25% in England, 33% in Scotland and 34% in Northern Ireland.[22: page 89]
On average, grandparents provided just over nine hours of childcare a week for non-working mothers and just over eight hours for working mothers.[22: page 83]

[n] See Appendix II for further information on this and other surveys

Social networks generally also refer to contact with friends and neighbours through involvement in community groups and religious organisations. For further discussion, please see Chapter 8: Self-fulfilment and Active Ageing.

4.2.2 Loneliness and older people

Feelings of social isolation and loneliness[o] are likely to be central to an older person's sense of wellbeing. There is strong evidence from the 2004 ELSA to suggest that contact with friends and family is associated with lower levels of loneliness.[23] According to a recent study,[24] loneliness is "the single most important predictor of psychological distress". The same study found that not knowing neighbours increases the probability of depression. Similarly, a 2001/02 study of older people in deprived neighbourhoods in England found that informal relationships play a key supportive role in preventing social exclusion in old age.[25]

According to the 2004 ELSA, people aged 80 and over are the most vulnerable to loneliness. While more women than men report feeling lonely, this difference lessens with age. This same study found a socioeconomic gradient in loneliness and that living with a partner (and feeling her or him very close) lowers rates of loneliness.

While contact with children is an important correlate of loneliness, having children but not feeling close to any of them is associated with higher rates of loneliness than being childless.[23] Findings from the 2001 ONS Omnibus Survey for England, Wales and Scotland[p] suggest that widowhood, in particular, increases the vulnerability of older people to loneliness. [26;27] See Table 2.5 in Chapter 2 for data on widowhood in Wales.

Material resources are significantly related to the risk of persistent social detachment. Data from the 2006 ELSA show that older people on low income, suffering from material deprivation and living in poor housing were markedly more likely to be affected by "longer-lasting social detachment".[16] This is discussed further in Chapter 8: Self-fulfillment and Active Ageing.

4.2.3 Belonging and trust in the local community

The extent to which older people feel part of their community and trust members of their community (such as neighbours) is another indicator of social inclusion and wellbeing. The 2008 LiW survey collected data from respondents on attitudes to their neighbourhood and how far they agreed or disagreed with a selection of statements regarding their

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[o] Loneliness can be defined as a subjective feeling of lack or loss of companionship and social isolation can be seen as an objective absence or inadequate level of contact with a social network (Cattan et al., 2005).

[p] See Appendix II for further information on this and other surveys.

neighbourhood and neighbours. Results show that 85% of respondents feel that they belong to their neighbourhood. Over four in every five think that "friendships with their neighbours mean a lot to them", that they are "willing to work with their neighbours to improve their neighbourhood" and that they are "similar to others in their neighbourhoods".[6]

According to the 2008 LiW survey, older respondents are more likely to feel part of their community than young respondents. Forty-four per cent of respondents aged under 50 strongly agreed that they felt part of their community, compared to 58% of 50 to 59/64 year-olds, 67% of those aged 60/65 to 79 and 72% of those aged 80 and over.

The 2008 LiW survey also asked respondents what they liked and disliked about living in their neighbourhood. Fifty-four per cent of respondents aged 50 to 59/64 and 50% of respondents aged 60/65 to 79 cited that it was "quiet" as the main reason for liking their neighbourhood. Being close to public transport was cited by 19% of those aged 50 to 59/64 and 22% of those aged 60/64 to 79. The equivalent figure for those aged under 50 was 15%.

A UK study involving secondary analysis of the 2000 General Household Survey (GHS)[q] explored three forms of neighbourly contact in later life: frequent conversations, doing favours and receiving favours. Socioeconomic assets (such as home and car ownership) increase the likelihood both of having done a favour for a neighbour and of having received a favour. In later life, men are more likely than women to have frequent conversations with their neighbours.

However, there is a link between gender and household composition in the exchange of favours. Among women, living alone increases the likelihood of providing and receiving favours. "Among men, living alone decreases engagement in these forms of neighbourly social interaction".[28]

According to the 2001 GHS, 79% of all elderly people (those aged 65 and over) in Britain saw a relative or friend at least once a week, while 2% said they did not see relatives or friends at all. Seventy-eight per cent of elderly people in Britain said they chatted to neighbours at least once a week, while 14% said they never chatted to neighbours.[29]

4.2.4 Being a victim of crime

Older people's experience of crime is a key indicator of wellbeing. It has been recognised that their experience of crime can directly impact on their wellbeing through "the loss of material possessions and, in the case of physical assault, through deterioration in health".[7]

[q] See Appendix II for further information on this and other surveys

A Home Office study found that the health of older victims of burglary declined faster than non-victims of a similar age. Two years after the burglary, older victims were 2.4 times more likely to have died (or be in residential care) than their neighbours who had not been burgled.[30] Similarly, a recent survey of ageing revealed that perceptions of problems in the area (such as noise, crime, air quality, rubbish/litter, graffiti, traffic) were predictive of poorer health among older people in Britain.[31]

It is important to note, however, that the risk of experiencing crime among older people tends to be lower than among younger age groups.[7] Findings from the British Crime Survey (BCS)[r] at an England and Wales level in 2004/05, for example, show that 6% of people aged 16 to 49 were victims of violence, compared to 1% of those aged 50 and over. Similarly, when the household reference person was aged 16 to 49, 4% of households were victims of burglary - compared to 2% of households where the household reference person was aged 50 and over. [7: page 17]

Data from the BCS also show that younger people are much more likely to be victims of violent crime than older people. In 2007/08, 13.4% of men and 6.4% of women in England and Wales aged 16 to 24 were victims of violence. This compares with 0.8% of men and 0.4% of women aged 65 to 74. The equivalent figures for those aged over 75 were 0.3% of men and 0.2% of women.[32: page 78] The BCS 2008/09 data show similar findings.[33]

The BCS also provides data on the risk of victimisation for personal and household crime among those aged 50 and over in Wales. Additional analysis of the BCS is underway to provide this data.

4.2.5 Being a victim of anti-social behaviour

Being a victim of anti-social behaviour is another important indicator of older people's wellbeing. The 2008 LiW survey collected data on the extent to which households have experienced discrimination, harassment or victimisation. Of those respondents who had experienced discrimination, harassment or victimisation in the last five years, anti-social behaviour was the most commonly selected reason (21%).[6] See section 4.1.4 for further detail.

The 2005 LiW survey also provides data on households in Wales that have suffered noise pollution: 7% of respondents aged 60/65 to 79 stated that road traffic noise was a serious problem, while 17% stated that it was a slight problem. The equivalent figures for the 50 to 59/64 age group were 10% (serious problem) and 20% (slight problem).

[r] See Appendix II for further information on this and other surveys

4.2.6 Fear of crime

Fear of crime, and in particular a perceived risk of crime, can impact considerably on an older person's lifestyle, and can directly and indirectly affect their overall health and wellbeing.[7] A study of older people attending walking schemes in England and Scotland, for example, showed that perceived barriers to neighbourhood walking (such as "worries about personal safety") may be associated with lower physical activity levels.[34]

Although fear of crime is an important issue, evidence suggests that fear of crime reduces as age increases. The BCS is a key source of information on fear of crime among adults living in England and Wales. Data from the 2007/08 BCS shows that in England and Wales fear of crime is higher among younger age groups.[32]

In Wales, the 2007/08 BCS survey shows that 11% of adults aged 50 and over have a "high level of worry" about burglary and violent crime, while 12% have a "high level of worry" about car crime (see Table 4.2). The percentage of adults aged 50 and over in Wales with a high level of worry about crime has remained relatively stable in the last five years (since 2003/04).

Table 4.2 Percentage of adults in Wales aged 50 and over with high levels of worry about crime (2001-2008)

	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Worry about burglary	15	14	11	11	10	10	11
Worry about car crime	18	16	13	13	11	11	12
Worry about violent crime	14	11	9	10	11	10	11

Source: Home Office, British Crime Survey

When the over fifties age group is broken down there is little evidence to suggest that 'older' older people are more likely to worry about crime. For example, there is little difference in the percentage of people with a high level of worry about burglary, car crime or violent crime in the 50 to 59 age group compared with older age groups (see Table 4.3).

Table 4.3 Percentage of older people in Wales with a high level of worry about burglary, violent crime and car crime (2007/08)

Age group	Worry about burglary	Worry about violent crime	Worry about car crime	Unweighted base (number of respondents) (a)
50-59	12	12	14	693
60-69	12	11	11	752
70-79	10	10	7	555
80-89	13	9	8	270

Source: Home Office, British Crime Survey

(a) Unweighted bases refer to high levels of worry about burglary. Bases for violent crime will be similar but for car crime they will be slightly lower as these are based on those residing in households owning, or with regular use of, a vehicle only. Since April 2008, this question has only been asked of a quarter of the sample and therefore bases for the year ending December 2008 will be lower than in previous years.

Older people's experiences of crime, in particular their fear of crime, are likely to differ by gender, socioeconomic background and by where they live.[7] A survey of older adults living in Gloucestershire and their concerns for retirement revealed, that while fears about health were commonplace, 19% of respondents reported fear of crime, while 11% of respondents reported fear of loneliness.[35]

Respondents included in the *Voices of Older People in Wales* qualitative study also associated ageing with increased vulnerability. One aspect of this perceived vulnerability was increased fear of crime. As these respondents stated:

> *"I wouldn't go out in the dark on my own - I would be nervous of going out then … I used to start 6am in the morning - I used to be in the bus stop in the dark - now that I'm older you do feel a little bit … I'm not as bad as some though … just nervous of anyone that's out … the odd person what are they called muggers … to rob you … It's mostly what you read in the papers and on telly isn't it. I don't know anyone who's been mugged."*

Female aged 78

> *"You do feel vulnerable as you get older. It's a terrible thing but you really have to tell yourself to mind your own business, otherwise you are going to get knocked about. Up until ten years ago, when I was 50, if somebody was doing something that they shouldn't be doing - I would tell them 'don't do that - what do you think you're doing?' now I won't get involved".*

Male aged 60

Feelings of vulnerability and isolation may also explain greater levels of fear of crime among certain groups of older people. There is some evidence to suggest, for example, that older people who live in areas of material deprivation and have low access to social capital are more likely to raise concerns around fear of crime. [36;11s] Respondents included in the *Voices of Older People in Wales* qualitative research often cited neighbourhood and community as key components of satisfaction with accommodation and perceptions of security. Feeling safe and secure is often associated with knowing and socialising with "good neighbours" and living in a quiet neighbourhood. As this respondent comments:

> *"I am very happy with where I live. I feel very comfortable. Where I live I am fortunate that it is very safe here, we occasionally have a noise sometimes of people going home on a Friday night or Saturday night, but that does not really interfere with me."*
>
> **Male aged 75**

In contrast, older people expressed concern or fear about unknown young people from outside the area who might congregate in groups or gangs. As one respondent commented:

> *"If there's a gang of boys - sometimes they look a bit threatening - it depends on the situation but I'm not that worried about them because I'm used to teenagers … If it was dark and it was a gang I'd be worried then perhaps - but not in daylight."*
>
> **Female aged 50**

However, it should also be noted that there was little real experience of such gangs of young people amongst the respondent group. Respondents also commented on the need for information on reliable trades people they would "feel safe about inviting into their homes". This was also noted by respondents included in a recent study of ageing in rural communities in Wales.[38] See Chapter 3 for further discussion of people living in rural areas.

4.2.7 Perceptions of anti-social behaviour

The BCS provides data on perceptions of anti-social behaviour among older people in Wales. Table 4.4 gives the percentage of older people in Wales perceiving high levels of anti-social behaviour in their area (i.e. the percentage of people saying that anti-social behaviour is a very/fairly big problem in their area). Of those aged 50 and over, data suggest that the 50 to 59 age group in Wales has the highest level of perceived anti-social behaviour, followed by the 60 to 69 age group, the 70 to 79 age group and then the 80 to 89 age group.

[s] "The key indicators of social capital include social relations, formal and informal social networks, group membership, trust, reciprocity and civic engagement. Social capital is generally understood as the property of the group rather than the property of the individual."[37: page 3]

Table 4.4 Percentage of older people in Wales with a high level of perceived anti-social behaviour (2007/08)

Age group	Unweighted base (number of respondents)	High level of perceived anti-social behaviour (a)
50-59	20	668
60-69	15	720
70-79	7	535
80-89	4	246

Source: Home Office, British Crime Survey

(a) The difference between the 70 to 79 and 80 to 89 age group is not statistically significant.

4.2.8 Perceptions of safety

The 2008 LiW survey shows that in general respondents felt safer in daylight than after dark, and that they felt safer at home after dark than they did in their nearest town or city centre after dark.[6] Eighty-five per cent of people said they felt "very safe" at home in daylight, with less than 1% feeling either "very unsafe" or "fairly unsafe". For the 50 to 59/64 age group, 87% stated that they felt "very safe" at home in the daylight. For the 80 and over age group, this figure was 83%.

In contrast, 23% of respondents felt "very unsafe" when walking in their nearest town or city centre after dark. However, it is important to note that this figure varies with age. The equivalent figure for respondents aged 16 to 29 feeling either "very safe" or "fairly safe" was 59%, compared with 35% of respondents aged 70 and over.

Key Information Gaps

- Representative data on older people's contact with family, friends and neighbours in Wales.
- Data on the prevalence of elder mistreatment (abuse and neglect) - in particular sexual abuse.
- Representative data and research on loneliness and levels of social isolation in Wales.
- Data on age discrimination across different sectors - including discrimination in the workplace, education, access to services and health and social care settings.
- Research on the wellbeing and dignity of the forthcoming cohort of older men in Wales - who are currently unskilled and/or long term unemployed.

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I enjoy work, although it doesn't pay much, worked here for 7 years, got the job through New Deal for disability. I could have a disability pension, (but) I like to get out and work … [my employers] don't discriminate on age and disability they recognise the knowledge we hold.

Chapter 5: Independence and Material Wellbeing

Mike Harmer, John Morris and Henry Small

Key Findings

- Around 64% of people aged 60 and over had a full driving licence in 2007/08, an increase from 45% in the mid 1990s.
- The state of repair and fitness of housing headed by older people is a little worse than for other age groups.
- Many older people need housing adaptations, particularly grab rails, showers to replace baths and stairlifts, but few have them.
- The employment rate among those aged 50 to state pension age has risen steadily in Wales from 56.8% in 1996 to 65.8% in 2008.
- Around one in five households containing someone aged 60 or older is fuel poor - twice the rate for all households.

This chapter focuses on the UN Principles for Older Persons relating to Independence and the Welsh Assembly Government's Strategy for Older People Material Wellbeing Indicator of Change. Specifically, the chapter reports on:

- Transport
- Housing
- Employment
- Income and Wealth
- Poverty

Health status is also important for older people's independence and material wellbeing and is referred to where appropriate. However, more information on health status is provided in Chapter 7: Health and Care.

5.1 Independence

Good health, mobility and being able to live in your own home are commonly associated with being independent. Older people consistently raise these issues as being central to their quality of life. They soon feel a loss of independence if their health declines significantly or their control and choice over housing and transport is restricted.[1]

This section of the chapter considers:

- Transport
- Housing

5.1.1 Transport

There is a wealth of literature demonstrating just how important it is for older people to maintain a capacity to travel.[2] It helps to maintain family and social networks, provides leisure and recreational opportunities and gives independent access to essential services - notably shops and doctors' surgeries.

Transport use is determined by a range of factors which are influenced by age, rather than by age in itself. This leads to significant diversity in transport and travel among older people, even those of similar ages. Life events are the main factors influencing the way older people travel and use transport, namely:[3]

- The transition to retirement or semi-retirement often reduces the need to commute at peak hours or travel extensively for work. On the other hand, this transition gives older people more choice about when to travel and presents more opportunities for leisure travel.
- Declining health, depending on the nature and severity of the decline, can lead older people to modify their approach to, or stop, driving. Poor health can also present barriers to using public transport.
- Other life events impacting on transport needs are poor health of family or friends, the death of a spouse or partner, and children leaving home.

Other factors affecting transport use are:

- The cost of transport, including private and public transport, with the latter affected by concessionary fares.
- Local transport infrastructure and accessibility issues relating to an older person's neighbourhood.
- Fear of crime, particularly if using public transport. (Please see Chapter 4: Dignity and Social Inclusion for data on fear of crime).

5.1.2 Trips

Analysing travel by older people (50 and over) shows that on average they make more trips for personal purposes (shopping, personal business, leisure, and visiting friends) than younger people. Table 5.1 shows the total number of trips declines as people get older, with the average dropping from over 1,100 trips a year for the 18 to 49 age group to under

800 trips for the 65 and over group. The distance travelled falls a bit more, proportionately, from an average of just over 9,000 miles a year to just under 5,000 miles for the 65 and over age group. This fall arises from the fall in commuting and business travel together with trips for education (which only affects people under 30) and trips taking children to and from school (termed 'escort education' trips).

Table 5.1 Number of trips per person per year, by purpose and mode by age band: Wales (average 2004 to 2008)

	18 to 49	50 to 64	65 and over
By trip purpose			
Commuting and business	306	230	21
Education and escort education	90	23	12
Shopping	206	264	286
Other escort	110	77	45
Other personal business	93	128	134
Visit friends	168	167	139
Leisure and just walking	139	163	136
By mode of transport			
Car driver	657	623	330
Car passenger	173	171	185
Walk	205	193	151
Other modes (mostly bus)	79	64	107
All trips	1,113	1,051	773

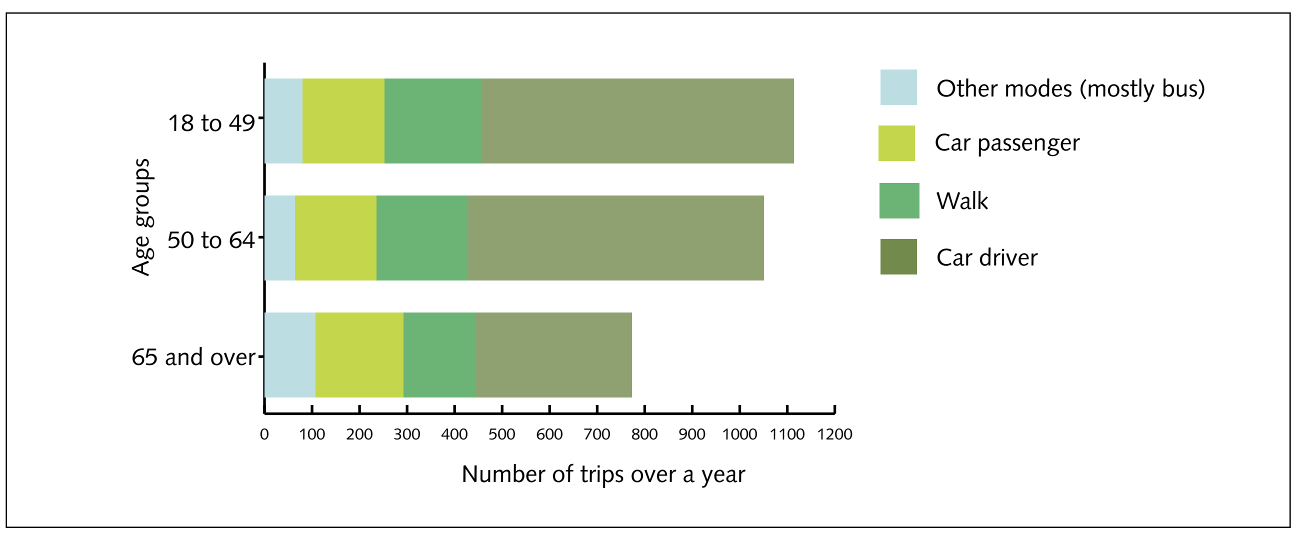
Source: Department for Transport, National Travel Survey

Looking in more detail shows that trips to visit friends decline for those aged 65 and over; and that trips for leisure and just walking are at the same level for the oldest and youngest groups, and highest for those aged 50 to 64.

Figure 5.1 shows that the decline in the overall number of trips for the oldest age group is associated with a large fall in trips made as a car driver. The number of walking trips also falls. Evidence from the 2007 Living in Wales (LiW) survey[4][a] shows that this is associated with higher levels of self-declared long term illness. Among people with no such illness, age does not seem to affect the frequency of walking. It also shows that bus trips which account for most of 'other modes', increase for people aged 65 and over compared with younger groups.

[a] See Appendix 11 for further information on this and other surveys

Figure 5.1 Trips per person per year, by mode of transport and age band: Wales (average 2004 to 2008)



Source: Department for Transport, National Travel Survey

5.1.3 Car access and use

The fall in the number of trips by older people as a car driver partly reflects their access to a motor vehicle. The Annual Population Survey (APS)[b] (2006) shows for example that 91% of men aged between 30 and 64 live in households with access to a motor vehicle compared with 80% of those aged 65 and over. Access drops away sharply for those in their 80s, down to 69% of men aged 80 to 84 and 54% of men aged 85 to 89.

The survey shows that 88% of women aged between 30 and 64 live in households with access to a motor vehicle, compared with 59% of those aged 65 and over. Their access declines sooner than for men with 78% of women aged 65 to 69 with access to a vehicle, dropping to 29% of those aged 85 to 89.

Despite this, an increasing proportion of those aged 60 and over have a full driving licence. The proportion of those aged 60 and over with a licence has risen from around 45% of this age group in the mid 1990s to 64% in 2007/08. The proportion of those aged 60 and over holding licences is lower than the 30 to 49 and 50 to 59 age groups, where over 80% have held licences since the late 1990s.

The proportion of those aged 60 and over holding licences is growing because those entering this age group are more likely to have a licence than the older people in the group. This is offset through people in this age group losing their licences, for example through ill-health.

5.1.4 Public transport

The alternative to car use is public transport, and older people are more likely to use public transport, mostly buses, than younger age groups.

[b] See Appendix 11 for further information on this and other surveys

The LiW survey showed that in 2007, for respondents aged 60 and over, 24% of men and 35% of women had used a bus in the previous seven days. Train use was 2% of men and 3% of women. Comparing this with younger age groups, 25% of men under 30 and 13% of men between 30 and 59 had used the bus in the previous seven days. Bus use is higher for women at 28% for those under 30 and 17% to 18% of women aged 30 to 59.

Factors affecting bus use include access to a private motor vehicle, the ease with which people can get to a bus stop, the frequency of buses and the presence of a concessionary bus pass scheme.

The LiW survey (2007) suggests that around 85% of those aged 60 and over (not just bus pass holders) live less than 14 minutes walk from a bus stop. Seventy-one per cent of this age group have a walk of six minutes or less. Only 4% did not know how long it would take to walk to their nearest bus stop.

Of the group who could walk to a bus stop in less than 14 minutes, just under half (47%), stated there was a bus service leaving twice an hour or more frequently (weekday, off-peak frequency). A further part of this age group, just over a fifth (23%), stated that they had a bus service frequency of once an hour. Nineteen per cent did not know the frequency of their nearest bus service.

Overall, looking at the take-up of concessionary fares, in 2007, 74% of respondents to the LiW survey aged 60 and over had a concessionary bus pass (70% of men and 78% of women). Many people who hold a bus pass do not use it frequently - 39% of this group had used their pass in the 'last seven days'. However, among the 26% of respondents aged 60 and over without a bus pass, only 3% of this group had used a bus in the last seven days.

5.1.5 Transport and access to services

For older people, how easily they can access transport can have an impact on their quality of life. Some live in areas where access to key services is difficult, particularly for those with no access to a car and who are therefore more reliant on walking or public transport.

The Welsh Index of Multiple Deprivation (WIMD) 2008 can be used to estimate the number of people in Wales living in areas with potential access problems, by age and sex. We cannot find out more about their personal circumstances, for example the proportion who do not have access to a private car. Other factors relevant to access to services are also ignored, for example it is not possible to reflect the way that older people tend to walk more slowly than younger people.

The services chosen here as relevant to older people are:

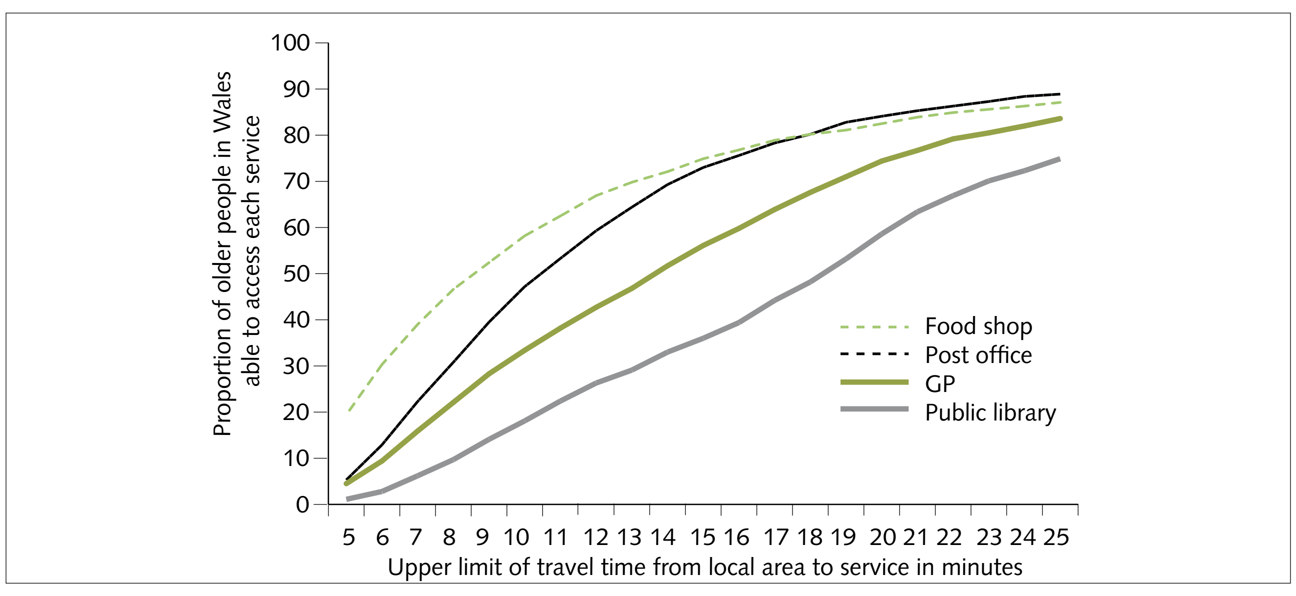
- Food shop
- GP surgery

- Post office
- Public library

The time taken to get to a service is by walking or using public bus services or both; it relates to the average time from the addresses across each local neighbourhood (around 1,500 people). The proportion able to access each service will vary depending on how we define the cut-off for the time taken to travel to the relevant service (shop, GP surgery etc). For example, fewer people will be able to access these services in a travel time of less than five minutes, than in a travel time of less than 20 minutes.

Figure 5.2 shows an estimate of the proportion of the total population, aged 65 and over, who are able to get key services within a given travel time.

Figure 5.2 Proportion of people in Wales living in neighbourhoods where they are able to access services by walking or by public transport within a given time limit; by type of service and for given travel time limits, in minutes: all people aged 65 and over (2008)



Source: Welsh Index of Multiple Deprivation 2008, ONS: LSOA population estimates

Neighbourhood is Lower Level Super Output area (LSOA);
Travel time is average time to specified service for addresses within the LSOA
Travel is either by walking, or by public transport timetable for weekdays, off-peak during the day

As an example, Figure 5.2 shows that 58% of people aged 65 and over could get to a food shop in less than 10 minutes by walking or using public transport. This proportion rises to 83% if the time taken to get to the food shop is increased to less than 20 minutes by walking or by public transport.

This analysis shows that the proportion of people aged 65 and over potentially able to access services rises along with the length of time available for travel by walking or by public transport. However, a substantial minority of this population are unable to access these services by walking or by public transport even with relatively long travel times.

5.1.6 Housing

Adequate housing is a basic human need which older people can provide for themselves if they have sufficient income and capacity, or which others (particularly family and friends) can help them with. The quality of the housing older people occupy - and its suitability for their changing age-related needs - has long been a concern for policymakers. It is becoming increasingly important as the number of older people grows. In 2004 it was estimated that 20% of all people in private households and 32% of all 'Household Reference Persons' (HRPs) were of pensionable age[c]. See Chapter 2: Older People in Wales: A Demographic Overview for more information on the age structure of Wales.

One way to test the quality of older people's housing is to see whether it is 'fit for human habitation'[d]. The most recently available data for Wales[5] relate to the position in 2004. In that year 4.8% (57,700) occupied first homes were 'unfit', down from 8.5% (98,200) six years earlier and 19.5% (199,000) respectively in 1986.

Table 5.2 Fitness of dwelling by age and sex of the Household Reference Person (HRP) (2004)

Age	Sex	Unfit		Fit	
		Count	Row %	Count	Row %
49 and below	Male	11,418	4.0	275,657	96.0
	Female	13,399	5.2	244,951	94.8
50-59	Male	5,919	4.4	129,690	95.6
	Female	6,961	6.8	94,914	93.2
60-64	Male	1,320	2.0	63,585	98.0
	Female	3,048	8.1	34,457	91.9
65-74	Male	4,999	4.1	116,302	95.9
	Female	3,307	4.6	68,782	95.4
75+	Male	2,517	4.0	60,913	96.0
	Female	4,041	6.0	62,886	94.0
Total	Male	26,173	3.9	646,137	96.1
	female	30,755	5.7	505,991	94.3

Source: Living in Wales

Note: counts of fewer than 5,000 may be statistically unreliable

[c] The HRP is defined as the person in whose name the home is owned or rented. If it is jointly owned or rented the HRP is the person who earns the most, If there are equal incomes, the HRP is the eldest.

[d] A judgement of whether the house meets a minimum standard on each of 11 characteristics: 1. Disrepair; 2. Dampness; 3. Food preparation; 4. WC; 5. Bath/shower/washbasin; 6. Structural stability; 7. Heating; 8. Ventilation; 9. Drainage; 10. Water supply; 11. Lighting.

Table 5.2 shows quite small differences in the rates of unfit or defective housing occupied by households with heads in the different age bands, but consistently higher rates for females than males in all age groups.

Recent, rapid and large reductions in the proportion of the stock failing the 'fitness standard' means that on this measure Wales has relatively few households overall now living in unfit housing. However, more than half of these households are headed by someone aged 50 or over.

Although an important measure, 'fitness' is a fairly crude way of looking at housing. Consequently, this has led to the introduction of a more detailed assessment linked to the health effects of the dwelling on its occupants. This known as the Housing Health and Safety System (HHSRS).[e]

5.1.7 Housing repairs

Another way of assessing housing quality is to look at whether older people's homes need repair work and, if so, how costly such repairs are. Table 5.3 provides this picture at 2004.

Table 5.3 Age of Household Reference Person (HRP) by dwellings repair cost (%) (2004)

Age of household reference person	No repairs required	Repairs costing £1-£999	Repairs costing £1,000-£4,999	Repairs costing £5,000 and over	Average repair cost
18-29	13.7	48.1	32.0	6.2	£1,399
30-44	23.0	41.5	29.7	5.9	£1,398
45-64	29.8	40.1	23.2	6.9	£1,403
65+	29.7	42.3	23.0	5.0	£1,167
Total	26.4	41.8	25.7	6.0	£1,338

Source: Welsh Assembly Government

The data in Table 5.3 suggests that houses headed by older people aged 65 and over are probably in marginally better condition than those headed by younger people. However, although the repair needs may not be any greater, this says nothing about the suitability of the housing. For older people to 'age in place' as most would like, their houses must be appropriate to their changing health and other circumstances.

[e] The final assessment of 'fitness', and the first assessment against the HHSRS, were carried out as part of the 2008 Living in Wales housing condition survey and results will be known in 2010.

5.1.8 Housing adaptations

Generally speaking, as people age they spend more of their time in the home or close to it. With the potential for increasing frailty and impaired mobility, it is important that older people should feel safe and secure in this more restricted setting. The HHSRS will, in time, provide a robust measure of the degree of risk faced by occupants in their home. For example, whether the home presents significant risk of falling or tripping because of floor covering, stair design or absence of handrails.

One way of judging how people feel about the suitability and implicitly the safety of their home is to ask them whether their home has been adapted, or contains any adaptations, to meet any needs arising from disability. Similarly we can ask them if they have any unmet needs.

The 2008 LiW survey found that for people aged 50 and over with an LLTI, disability or infirmity:

- 34% needed a grab rail
- 14.5% needed a shower to replace the bath
- 11.4% needed a stair lift
- 10.5% needed a toilet on the living floor

The extent to which these needs have been met suggests something about the adaptability of the home to changing requirements, the availability of money to do the work, and how soon the work gets done. However, if needs are unmet, this indicates unsuitability and, in most cases, quite serious health risks.

Numerically, the greatest unmet needs are for:

- grab rails (needed but not available to 21,348 older people)
- shower to replace bath (20,899 older people)
- a stairlift (19,912 older people).

5.2 Material Wellbeing

This section explores material wellbeing. It focuses on:

- Employment
- Income and wealth
- Poverty and fuel poverty

5.2.1 Employment

The 2008 Annual Population Survey (APS)[f] estimates that 3.7% of those above state pensionable age (SPA) were working full-time and 6.3% part-time. This compares with 53% and 17% of those of working age. Clearly, therefore, few people continue to do paid work after 60/65.

However, the employment rate among those aged 50 to SPA has risen steadily in Wales from 56.8% in 1996 to 65.8% in 2008. This rise in employment in recent years has been most marked among employees, with a smaller increase - relative to the UK - in self-employment.

Table 5.4 Employment by type, 50+ (thousands) (2003 and 2007)

	Employees		Self-employed		Total	
	Wales	UK	Wales	UK	Wales	UK
2003	262	5,723	69	1,353	332	7,076
2007	292	6,200	72	1,466	364	7,666
Percentage change	11.4	8.3	3.7	8.4	9.8	8.3

Source: ONS, Annual Population Survey

These figures are supported by evidence from the English Longitudinal Study of Ageing (ELSA)[g] which shows that employment at older ages has increased in recent years. Most of this growth seems to have come from increases in full-time work rather than part-time. Later cohorts are not only more likely to work in their 50s and early 60s, but also more likely to expect to continue to work at older ages.[6]

ELSA also found a U-shaped curve for labour market inactivity rates for older people younger than the SPA. People with the lowest and highest wealth are unlikely to be working, while those in the middle of the wealth distribution range are most likely to be working.[7]

Employment is important for more than material wellbeing as respondents from the *Voices of Older People in Wales* study - many of whom were working - illustrates. Most appear to enjoy working and would prefer to work past 65, although possibly with reduced hours.

> *"I enjoy my work and I'll go on working until I'm at least 70 - I haven't got all that much time to go … it's something I can do from home so there's no need to … and I can carry on … maybe not to such great extent after I'm 65, but I can still do it … it is full time and I would like to ease off a little as I get older."*

Male aged 59

[f] See Appendix II for further information on this and other surveys

[g] See Appendix II for further information on this and other surveys

"I enjoy work, although it doesn't pay much, worked here for 7 years, got the job through New Deal for disability. I could have a disability pension, (but) I like to get out and work … [my employers] *don't discriminate on age and disability they recognise the knowledge we hold."*

Male aged 55

Even when the participants do not really enjoy working, they value the social opportunities which work provides.

"I don't really enjoy the work itself but there are many things about the work, like travelling around, meeting different people each time, I like the one to one contact with people in my work, I like the independence I have, I enjoy that, to the degree that any one enjoys work I am happy. I'm sure a time will come when I may think of retirement but since I am happy working I hope it continues for many a year to come."

Male aged 57

Some older, female respondents had stopped working because of caring responsibilities.

"I retired from there because my mother at the time was turned 80 and she kept falling so I was trying to give up and spend more time with her really. I would have [carried on working] *if I hadn't been responsible for my mother, I would have worked longer."*

Female aged 78

5.2.2 Work related training and education

Table 5.5 shows that in 2008, 16.7% of those aged 50 and over in Wales undertook job related training.

Other aspects of education are covered in Chapter 8: Self-fulfilment and Active Ageing.

Table 5.5 Percentage of adults aged 50 and over who had undertaken job related training in the previous three months (2002-2008)

	2002	2003	2004	2005	2006	2007	2008
Males	13.5	13.6	12.8	13.5	13.5	12.8	13.8
Females	18.6	17.5	19.4	19.3	20.2	20.0	20.9
Persons	15.7	15.2	15.6	15.9	16.3	15.7	16.7

Source: ONS, Welsh Local Labour Force Survey, Annual Population Survey

(a) Includes males aged 50-64 and females aged 50-59

5.2.3 Income and wealth

The full-time mean gross weekly earnings of employees aged 50 or over are appreciably higher than those of all ages, in part reflecting levels of seniority within firms and organisations. However, average earnings at all ages for Wales are lower than for the UK as a whole (see Table 5.6).

Table 5.6 Full-time mean gross weekly earnings (2004-2008)

50 and over	2004	2005	2006	2007	2008
Wales	£456.5	£489.2	£495.5	£510.4	£546.5
UK	£506.6	£531.7	£555.9	£568.5	£596.6
All ages					
Wales	£438.3	£454.8	£466.2	£472.0	£498.1
UK	£498.2	£516.4	£534.9	£550.3	£574.3

Source: ONS, Annual Survey of Hours and Earnings

Whether in work or not, most respondents to the *Voices of Older People in Wales* study said they could manage financially:

> *"I've got my pension and some money in the bank, you know enough to be getting on with."*

Female aged 82

Furthermore, no participants spontaneously reported having debts other than mortgages. They talked about 'managing' and 'getting by' and many described themselves as 'thrifty' and having few expensive habits:

> *"At the moment I'm OK … I'm fortunate because apart from my mortgage I don't have any debt. I'm very much a child of rationing. If I didn't have the money, I didn't spend it. I live quite an old fashioned life. I cook my meals from scratch and relatively rarely buy new clothes."*

Female aged 61

5.2.4 Poverty

Poverty is a difficult concept to define and measure. The European Union's working definition is: "Persons, families and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the Member State to which they live".[h]

This begs the questions:

- What is the minimum acceptable way of life in each country?
- What are the necessary material, cultural and social resources?
- How do we measure individual circumstances?

The conventional and pragmatic approach is to focus on relative income, partly because in advanced economies income provides a lot of the capacity for experiencing any particular way of life. The income threshold below which households are commonly viewed as being poor in the UK is below 60% of median household income (see Box 5.1).

Box 5.1: Relative Low Income Measure of Poverty

This measures whether the poorest people are keeping pace with the growth of incomes in the economy as a whole.

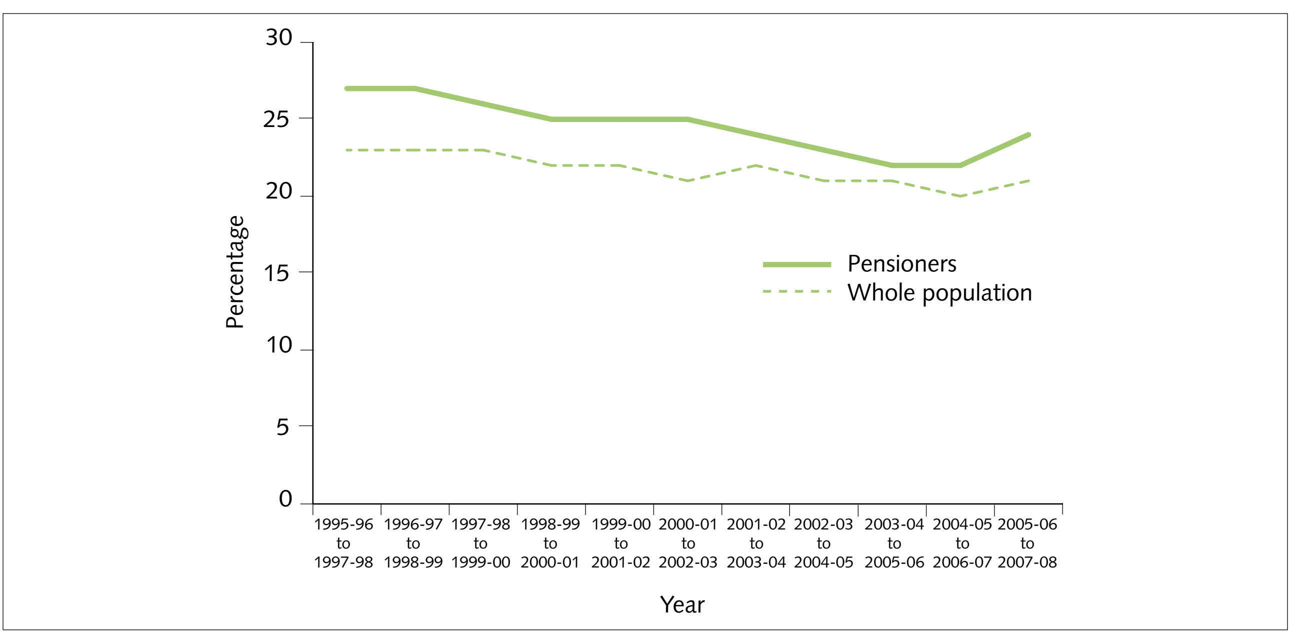
This indicator measures the number of older people living in households below 60% of contemporary median equivalised household income (excluding income tax and council tax). This is to account for the different expenditure needs of different sorts and sizes of households. It compares the incomes of the less well off in a society with those of the 'typical household'.

Relative low income can be calculated before housing costs (BHC) or after housing costs (AHC), where housing costs include rent or mortgage interest; buildings insurance payments; and water charges. The AHC measure can account for variations in the unavoidable costs of paying for adequate shelter. Income is usually measured as weekly income.

According to the relative poverty measure, a higher proportion of pensioners than all individuals living in Welsh households are poor when income is assessed 'before housing costs' (Figure 5.3).

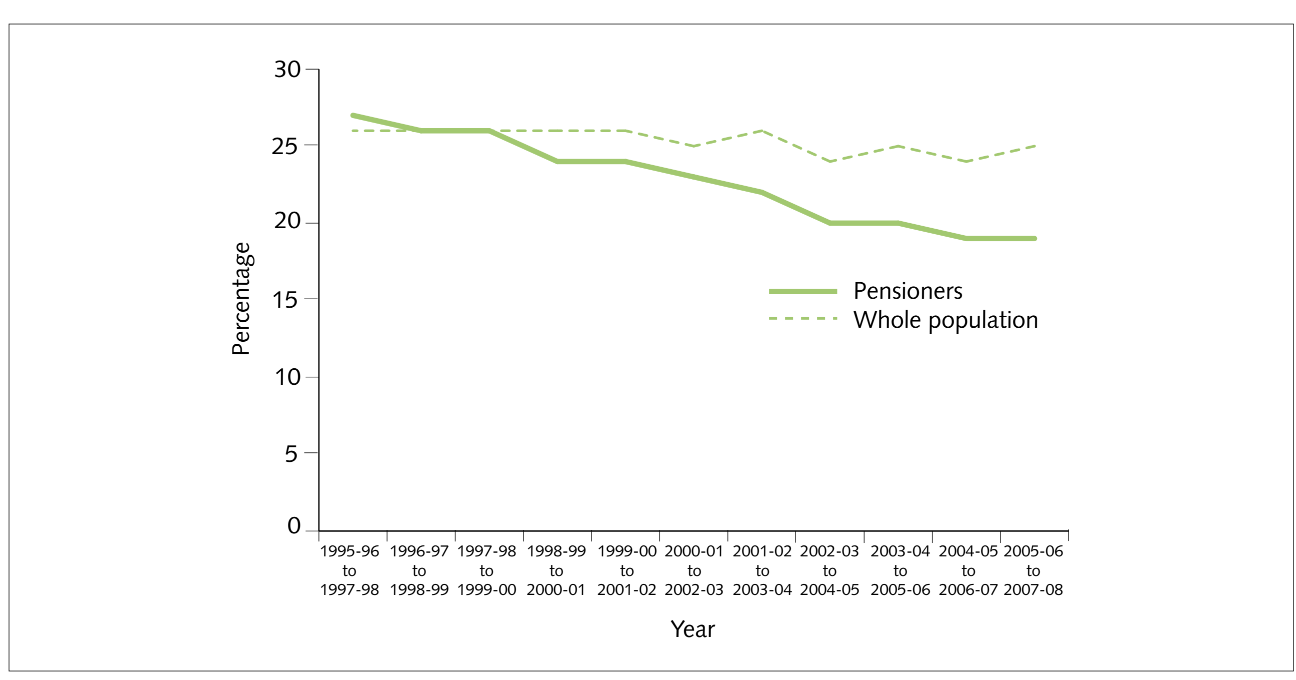
[h] European Commission (1975) Anti Poverty Programme

Figure 5.3 Percentage of people in Wales living in households with incomes below 60% of the median (before housing costs) (1995-2008)



However, looking at incomes 'after housing costs' shows a different picture (Figure 5.4). Figure 5.4 shows a divergence in poverty between pensioners and all individuals since parity in 1998/99. By 2006/07 the poverty rate for pensioner households after housing costs was 19% and around five percentage points lower than for all households. At this date the Welsh pensioner poverty rate on the AHC measure was marginally higher than for UK pensioner households as a whole, having been for many years below it.

Figure 5.4 Percentage of people in Wales living in households with incomes below 60% of the median (after housing costs) (1995-2008)



It is possible that the recent trend towards a lower rate of pensioner poverty than for all Welsh households reflects the rising real cost of housing to those with mortgages, whereas many older owners own outright or have only small mortgages to pay.

The evidence suggests that amongst older people the poorest are divorced, separated or widowed women and men who are divorced and who never married.[8] Single pensioners generally are more likely to be in income poverty than pensioner couples, irrespective of age.

According to the Poverty and Social Exclusion survey[i], these general statements mask two very different groups of pensioners. Firstly, a 'better off' group made up mostly of younger pensioners living in pensioner couple households. Secondly a 'worse off' group who are commonly older female pensioners living alone, experiencing much higher levels of poverty and social exclusion.[9]

However, while this pattern holds if only low income is examined, almost all other measures of poverty, deprivation and exclusion show that the older the pensioner the less likely they are to be poor. Reported deprivation also decreases with age. Older pensioners are less likely to be deprived of necessities due to a lack of money, less likely to have had to borrow money, less likely to have restricted utility use and less likely to view themselves as poor.

By contrast, older pensioners are more likely to report that they cannot afford to pay for elderly services (home helps etc). They also have lower levels of participation in civic activities - for example club membership and voting.[9] (For more information see Chapter 6: Participation).

5.2.5 Fuel poverty

Older people need warmer homes to maintain health and comfort. This is partly because of age-related physiological changes and decreased resilience to cold and 'flu viruses. It is also partly because they typically spend far more time than younger people at home.

In recent years the concept of 'fuel poverty' has gained wide currency to describe the position of households which need to spend a large proportion of their income on fuel to maintain a heating regime adequate to safeguarding their comfort and health - with sacrifices having to be made on other kinds of spending if their incomes are low. Fuel poverty among older people can be viewed as one indicator of poverty conceived in the wider sense. Box 5.2 describes and defines the concept.

[i] See Appendix II for further information on this and other surveys.

Box 5.2: Fuel Poverty

A household is judged to be 'fuel poor' if it would need to spend more than 10% of its income on all fuel - to heat particular rooms within the home to a specified minimum temperature for set periods during the day and night, to provide hot water and to cook. The need for older people to have a higher 'heating regime' than other households has been built into the definition.

Fuel poverty arises through the interaction of three factors:

- the energy efficiency of the dwelling
- how much income the household has
- fuel prices

A poor household in a very energy efficient home may not need to use much fuel and hence may not be 'fuel poor', but generally, partly because most UK housing is still relatively energy inefficient, poor households are also 'fuel poor'.

Fuel poverty is generally calculated according to a 'full income' definition and a 'basic income' definition. 'Full' income includes as part of household income any housing benefit (HB) or Income Support for Mortgage Interest (ISMI) payments. This is the definition against which UK fuel poverty targets are set. 'Basic' income does not include HB or ISMI.

The prevalence of fuel poverty for various types of households is difficult to gauge. This is because it relies on assessing the detailed characteristics of the dwelling in conjunction with fuel prices and accurate and detailed household income figures. Any such estimates are always, therefore, quite approximate.

The latest reliable figures for Wales come from the 2004 LiW survey of households and the allied survey of dwellings.[10] The survey estimated that 134,000 Welsh households (11% of all households) were fuel poor in 2004 on the full income definition. Under the basic income definition 167,000 households (14%) of the total, were fuel poor. The findings below are all reported on the basis of 'full income'.

Households are viewed as particularly vulnerable to the adverse effects of cold homes if they contain someone under 16, someone aged 60 or over, someone who is long-term sick or disabled, or if they contain a combination of people in these categories. Of the 11% of households classified as fuel poor in 2004, 14.2% of these were 'non-vulnerable' households and 85.8% were 'vulnerable' households.

Table 5.7 demonstrates that the highest fuel poverty risks lie with single pensioner households, followed by single non-pensioner households.

Table 5.7 Household composition and fuel poverty (2004)

	Fuel poor		Not fuel poor		Total	
	No. households (000s)	%	No. households (000s)	%	No. households (000s)	%
Single pensioner	41	23.2	136	76.8	177	100.0
Married couple pensioner	17	8.3	186	91.7	203	100.0
Single person, not a pensioner	26	21.1	98	78.9	124	100.0
Two adult, not pensioners, without children	13	7.5	160	92.5	173	100.0
Single parent	16	13.3	105	86.7	121	100.0
Two adult, with children	16	4.8	313	95.2	328	100.0
Other	*		*		83	100.0
Total	134	11.0	1,076	89.0	1,209	100.0

Source: Welsh Assembly Government

Note: statistics with a percentage standard error of greater than 20% are not reported, due to their unreliability. These statistics have been replaced by an asterisk.

Finally, Table 5.8 shows a gradual rise in the prevalence of fuel poverty with age. Those least able to counter the effects of a cold home in a physiological sense are the most likely to be fuel poor if they pay to heat it adequately.

Table 5.8 Age of Household Reference Person (HRP) and fuel poverty (2004)

	Fuel poor		Not fuel poor		Total	
	No. households (000s)	%	No. households (000s)	%	No. households (000s)	%
16-34	13	6.1	196	93.9	209	100.0
35-49	23	7.0	313	93.0	337	100.0
50-59	31	13.1	206	86.9	237	100.0
60-74	40	13.6	255	86.4	296	100.0
75+	26	19.8	105	80.2	130	100.0
Total	134	11.0	1,076	89.0	1,209	100.0

Source: Welsh Assembly Government

Key Information Gaps

- More evidence is needed on the experiences of older people in Wales in relation to ‘ageing in place’ and moving.
- More evidence is needed on the wealth of older people, particularly housing wealth and attitudes towards using wealth in old age.

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Through Christian Aid I went on a procession, I have done many things with them … I am not a member of Amnesty International but I have written letters and cards for them when the needs arise, if anything happens that I do not agree with I write to my MP, or a member of the Welsh Assembly Government, and every time Christian Aid send some protest card to send to the Prime Minister I read it and more often than not, send it, things like poverty, injustice, I have also marched against the Iraq war, and against the jubilee when that was going on.

Chapter 6: Participation

Jamie Smith

Key Findings

- Participation in politics and decision making is more prevalent among older people. This is especially true of voting patterns.
- Older people are more likely to show an interest in politics than younger people and are generally more aware of political issues and constitutional affairs.
- Participation in interest groups and civic movements tends to diminish with age, with the 'oldest' old less likely to express their views or be politically active.
- In 2007, those aged between 45 and 79 were the most likely to have volunteered in Wales (29%). For those aged 80 and over this was 12%.

The following chapter focuses on the UN Principles for Older Persons relating to Participation. It considers both active and passive civic participation as well as volunteering. Specifically, this chapter focuses on:

- Voting habits
- Elected representatives
- Lobbying, political activism and group membership
- Volunteering

It is acknowledged that the evidence base for this chapter is not extensive or indeed robust in certain respects. However, the data that is available is presented below and, where gaps exist, these are identified.

6.1 Political and Democratic Participation

As the population continues to age (not only in Wales but far wider), age related differences in political participation are becoming more pronounced and more significant. Participation in the political and democratic process, for adult citizens of all ages, is a way to express views on important issues for their own wellbeing and that of their communities. Social and political research literature and electoral statistics generally agree that political participation increases as people get older,[1] although one recent work has challenged the conventional wisdom.[2] As a general indication, voting representation among older people in the 2001 and 2005 general elections was notably higher than for younger people and showed a significant improvement over the four years (Table 6.1).

Table 6.1 Voting in the 2001 and 2005 General Elections by broad age group (%)

Age	2001	2005
18-54	63	61
55-59	71	79
60-64	77	83
65-74	81	84
75+	83	85

Source: National Centre for Social Research, British Social Attitudes

Employment status and grade of employment (especially retirement), education levels, socioeconomic status, geography, experience of crime and health status are all important in determining people's interest in politics and decision making. These factors also influence their propensity to become politically disengaged.[3] Age is a key influence on how people experience these factors. Cohort effects may be important too. For example, is the tendency to vote in old age based on the tendency to vote at a younger age or does participation increase for older people irrespective of their habits when younger?

For the purposes of this chapter, a distinction is made between active and passive political participation - terms that are explained in the relevant sections.

6.2 Active Participation

This section looks at political and democratic participation through voting, elected representatives and lobbying, political activism and group membership.

6.2.1 Voting

Election turnout statistics do not support detailed analysis by age group at the Wales level. As a broad indication at the UK level, Figure 6.1 illustrates electoral turnout at selected UK general elections between 1970 and 2001.

Figure 6.1 Voting turnout by age group (1970-2001)

Source: National Centre for Social Research, British Election Study

The most obvious message here is that turnout at each of these elections was clearly higher among older age groups - although the 1983 election showed a slightly different pattern, when the 35 to 44 age group recorded the strongest turnout. However, while turnout has clearly decreased on the whole, the decrease has been smaller among older people and smallest of all in the 65 and over age group. This trend indicates a more consistent level of active participation in voting among older people.

Analysis of the 1999 National Assembly for Wales election results[4] shows a strong polarisation of voter participation between older and younger age groups. For example, people aged 65 and over displayed the lowest proportion of abstention - 30%, compared with around 60% for people aged between 18 and 34. Interestingly, this study suggests that disenchantment and low levels of participation in younger age groups tend to exaggerate turnout and engagement in older age groups.

In the 2003 National Assembly for Wales election[5], overall turnout was remarkably low at 38%. This was eight percentage points lower than at the 1999 elections and 23 percentage points below the Welsh turnout in the 2001 UK general election. The follow-up survey and results analysis[5] again showed strong age differentiation in voting, concluding that the poor turnout was mainly caused by non-voting among younger age groups, while older age groups remained consistently engaged.

As Table 6.2 shows, for those aged 55 and over and 65 and over, the turnout was a full 20 percentage points higher than the next largest group (45 to 54). Moreover, participation fell through the progressively younger age groups.

Table 6.2 Voting in the 2003 National Assembly for Wales elections by age

Did you manage to vote at the National Assembly election on 1 May (2003)?

	All	18-24	25-34	35-44	45-54	55-64	65+
Yes	37	16	21	30	36	56	57
No	62	84	79	70	63	44	43
Don't Know	*	*	0	0	0	0	0

Source: GfK NOP Social Research

Base = 1,153; * represents <0.5%

A similar pattern of variation was observed in the 2007 Assembly elections. The follow-up opinion study and results analysis for the Electoral Commission[6] showed that among the 1,000 respondents 60% of those aged over 55 had voted in the Assembly Elections. This compared with 37% of those aged 35 to 54 and 30% of those aged 18 to 34. The variation in those registered to vote, however, was far less marked.

The 2007 election study[6] also questioned respondents about their voting frequency in UK general elections, National Assembly elections and local council elections. The most significant observations here are that 'always vote' is the majority response for the over 55 age group in each type of election. Moreover, the gap between the 55 and over and 35 to 54 age group is consistently around 20 percentage points in the 'always vote' category. General elections are awarded greater relative importance for all age groups.

Table 6.3 Frequency of voting at elections by age group (%)

	Total	18-34	35-54	55+
General Elections				
Always vote	67	46	64	82
Sometimes vote	23	32	27	14
Never vote	8	15	8	5
Ineligible to vote	2	6	1	-
Welsh Assembly Elections				
Always vote	50	32	45	66
Sometimes vote	25	32	29	18
Never vote	20	28	23	14
Ineligible to vote	3	8	1	1
Don't know	1	-	1	-
Local Elections				
Always vote	49	27	44	67
Sometimes vote	29	32	34	22
Never vote	20	35	22	10
Ineligible to vote	1	6	-	-

Source: GfK NOP Social Research

The study examined other aspects of the Assembly elections in which strong age differentiation was observed. How to register to vote, satisfaction with the registration process, knowledge of when one can register and knowledge of the different methods were all markedly different in the 55 and over age group compared with the 18 to 34 and 35 to 54 age groups.

Research undertaken in 2008 to support the work of the All Wales Convention (AWC)[7,a] provides some useful additional analysis of voting behaviour in Wales. Of the 593 people aged 55 and over included in the sample, 420 (71%) claimed to 'always' vote in the National Assembly for Wales elections. Fourteen per cent and 12% respectively claiming they only 'sometimes' or 'never' vote. In the 35 to 54 age group, the corresponding proportions were 51%, 21% and 26%. In the 16 to 34 age group, the majority response was 'never' (41%).

On the strength of this evidence, 55 and over appears to be the most politically active age group in Wales. This reflects the pattern of political interest and awareness demonstrated in the preceding section and the general conclusions about election turnout detailed

[a] The All Wales convention is a body whose aims are to increase understanding of how the National Assembly works at the moment; and gauge options on the National Assembly for Wales having more law-making powers.

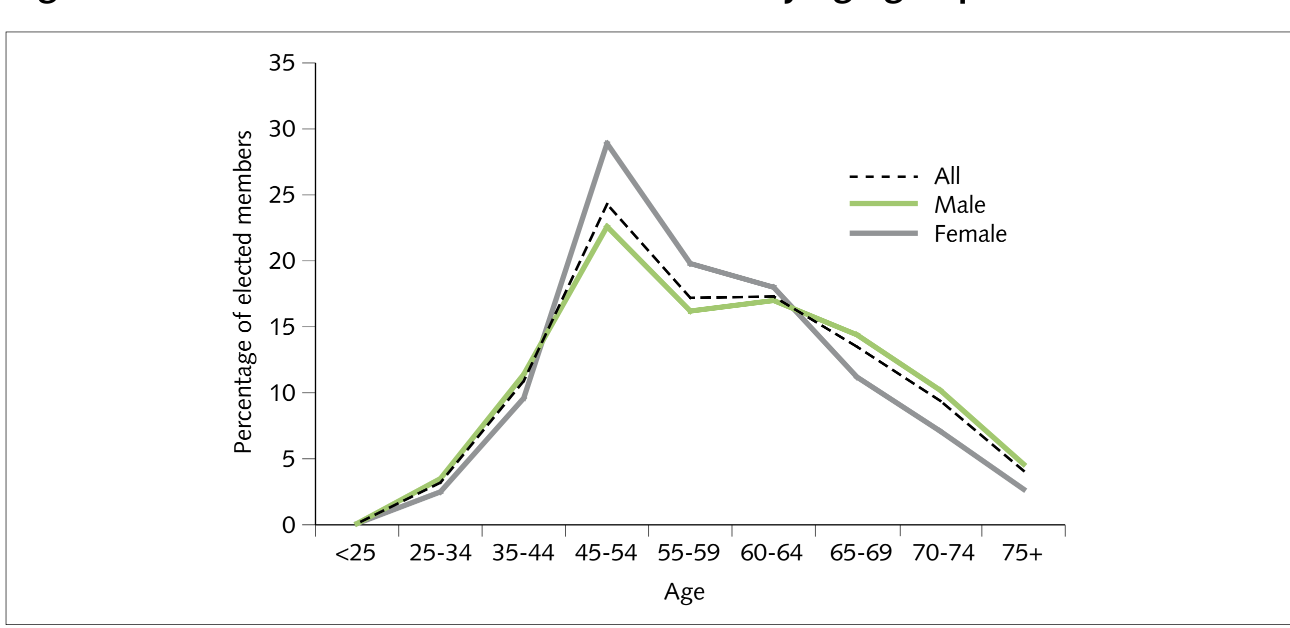
immediately above. A similar, but less pronounced, pattern was also observed for UK general elections, where 85% of people aged 55 and over claimed they 'always' vote. The data do not support analysis of voting patterns within the 65 and over age group, which would possibly reveal the age at which participation begins to reduce.

This relative disproportionate representation of older people in elections has important implications. On the one hand, if the patterns observed in the National Assembly for Wales and other elections are due to 'life cycle' or ageing effects (i.e. where a person's political interest automatically increases with age, as they become tax-payers, mortgage holders, tenants, parents, patients, etc) the age-differentiated pattern of voting is unlikely to change much over time. Conversely, the pattern may be due to 'cohort' or 'generational effects', such that young people differ fundamentally from older people in their political perceptions, attitudes and voting behaviour and will retain these differences as they grow older. If this is the case, then the current cohort of older people, who are ostensibly active in expressing their political views by voting, will eventually be replaced by a more disengaged group and the impact on election turnout will be significant.

6.2.2 Elected representatives

The Censuses of Councillors in Wales reported on by the Welsh Local Government Association (WLGA)[8] are the best source of evidence on older people's participation in local politics as elected representatives. In the 2004 Census, the average age of a Welsh councillor was 57, compared with 59 in 2001. The same Census also showed that 25.5% of councillors were aged 65 or over, down from 35.6% in 2001 (although numerical values were not published alongside proportions in 2004). Figure 6.2, based on the 2001 Census of Councillors, shows the proportions in each age group for all members, with a breakdown by gender as well.

Figure 6.2 Council elected members in Wales by age group (2001)



Source: 2001 Census of Councillors

It is clear that the older age groups in the survey (45 to 54 up to 75 and over, which do not match exactly the definitions in this Monitor) are more represented than younger age groups. The only notable gender difference occurs in the 45 to 54 age group. The most represented age group among councillors is 45 to 59 (around 19% of all councillors), with representation generally declining thereafter. Notably, representation of 75 and over year-olds, at around 4.5%, was higher than either the under 25s or the 25 to 34 age groups at 0.2 and 1.6% for all councillors respectively.

The flip-side to this evidence on representation of older people in proportional terms is the actual numbers and proportions of all older people that stand for election (vis-à-vis the equivalent for younger people) and whether age is a driver or barrier to doing so.

Equivalent census data are not available for Assembly Members, MPs or other elected bodies.

6.2.3 Lobbying, political activism and group membership

There is limited robust data on lobbying, political activism and group membership for older people in Wales. However, these activities represent important aspects of participation. Many third sector and grass roots organisations in Wales play an important representational and advocacy role.[b] Chapter 4: Dignity and Social Inclusion provides information on social networks.

Results from the *Voices of Older People in Wales* study show that as well as caring and providing help, issues that cause strong feelings of concern or annoyance also tend to motivate political activism. (For example, '*If something bothers me in my neighbourhood yes*' - Female aged 76). Some subjects cited emotive terms such as "injustice" and "horrendous" when talking about why they participated in pressure groups. They used similar words when explaining why they had complained or lobbied about an issue of importance to them (Female aged 73, Female aged 61, Male aged 73).

In relation to civic participation, two respondents (a single, retired female aged 73 and a 75 year old widow in residential care) articulated two very different sets of perceptions and approaches to participation. The first, a proactive and confident approach, describes the vast amount of activity done. The second, a more reactive and reserved approach, explains how she only says something when she feels it is absolutely necessary.

> *"Through Christian Aid I went on a procession, I have done many things with them…I am not a member of Amnesty International but I have written letters and cards for them when the needs arise, if anything happens that I do not agree with I write to my MP, or a member of the Welsh Assembly Government, and every time Christian Aid send some protest card to send to the Prime Minister I read it and more often than not, send it, things like poverty, injustice, I have also marched against the Iraq war, and against the jubilee when that was going on."*

Female aged 73

[b] See www.olderpeoplewales.com for further information

"There's a lot of older people here … there's one woman who's a bit of nuisance really, she takes over, they don't get a chance to speak …but I can't do anything about it … if I've got to (speak out) yes … if it's got to be but not unless it's essential".

Female aged 75

The study identified particularly strong feelings around participation in civic activities at local level and whether people's voices were heard on matters that affect them. The following two quotes from people aged over 65 indicate feelings of responsibility and an awareness of how to engage effectively with political bodies:

"Oh yes, if I don't like something I'll say, I'm in constant contact with the local authority…I don't let anything go past me."

Female aged 77

"I do have my say in matters concerning my own life, so there is an element of control at this local level … services do listen and do what they can do to assist me, they are friendly and courteous … I feel I have a voice and the experience of services I have recently received have been good."

Male aged 68

The 1999 Poverty and Social Exclusion (PSE) survey[3,c] found that "older pensioners were least likely to be involved in civic affairs in the last three years (26% of singles and 16% of couples). Older pensioners - especially single pensioners - were also less likely than younger pensioners to have presented their views to a local councillor, urged someone outside their family to vote, urged someone to contact a local councillor, or been an officer of an organisation or club. However, no major differences were observed between poor and non-poor pensioners in terms of past civic engagement". Overall 13% of pensioners were not involved in any activities.

With regard to civic engagement at the time of the PSE survey, older single pensioners were least likely to be involved (53% cited none of the activities listed). Older pensioners were also less likely than other pensioners to be members of:

- a religious group or church (13%)
- a tenants' or residents' association (5%)
- a voluntary service group (2%)
- a sports club (1%)
- another group or organisation (5%).

However, the survey also found that, compared with non-poor single pensioners, poor single pensioners, were more likely to be members of:

- a social club (15%)
- or a tenants' or residents' association (12%).

[c] See Appendix II for further information on this and other surveys

The study also showed that many older poorer pensioners had greater health problems than more affluent counterparts which made it difficult for them to participate in activities.

The English Longitudinal Study of Ageing (ELSA)[9,d] found that older people in (or retired from) managerial and professional groups were more likely to be members of organisations other than social clubs (for which the opposite is true).

A 2004 study based on the British Household Panel Survey (BHPS)[10, e] examined involvement in political organisations, environmental pressure groups, the Women's Institute, etc, from the perspective of gender differences among people aged 60 or over. The study concluded overall that women are slightly more likely to be part of civic interest groups (24% of women compared with 18% of men), including pressure groups and political organisations.

6.3 Passive Participation

Passive participation is defined here as activity not directly involving voting or representation on political bodies, but instead indicating an interest in politics and current affairs. This could mean caring about what decisions are made and how, or possessing knowledge, to whatever extent, of how the political system works.

The AWC (All Wales Convention)[4] research provides a valuable insight into older people's attitudes to and participation in politics. Compared with younger age groups, the sample of older people indicated a generally keen interest in politics. Fifty-six per cent of those aged 55 to 64 indicated a 'great deal' or 'fair amount' of interest, with the 65 to 74 and 75 and over categories also recording over 50% each. This is markedly different from younger age groups, which recorded between 16% and 40% for the same variable.

Similar comments can be made for self-reported knowledge of how Wales is governed. Fifty-four per cent of people aged 55 and over said they had either a 'great deal' or 'fair amount' of knowledge, compared with 43% in the 35 to 54 and 32% in the 16 to 34 age groups. Over 55s also had the smallest proportion of people with no knowledge at all.

The AWC research tested respondents' level of interest further by asking if they had seen, heard or read anything recently about possible changes to the powers of the National Assembly for Wales. Although the majority responded 'no' in each age group, those aged 55 or over recorded a markedly higher proportion responding 'yes' (39%, compared with 14% and 23% for 16 to 34 and 35 to 54 year olds respectively).

Related questions on preferred sources of information about Welsh politics and current affairs did not show any significant age differentiation. However, the research identified TV and UK (rather than Welsh) newspapers as the main sources of information for older people.

[d] See Appendix II for further information on this and other surveys

[e] See Appendix II for further information on this and other surveys

As for satisfaction with the Welsh Assembly Government, older people appear the least likely to have no opinion on the matter.

Although this evidence implies that age is a dominant factor in shaping people's political interests and opinions, age may simply be a proxy for other social and economic factors that change over time.

While this is a difficult question to address, a national Canadian report on their older people from 2007[11] showed that political interest (measured by people searching for information on politics or a political issue) is possibly better explained by levels of educational attainment than age. In the Canadian report, younger cohorts (25 to 54) were found to have a greater level of interest in political issues than those aged 55 or over. When analysed in relation to educational attainment levels, this age differentiation all but disappeared. People who had not completed high school, irrespective of age, displayed common tendencies, as did university graduates.

6.4 Volunteering

Volunteering can help reduce loneliness and provide a strong social support network.[12]

The Living in Wales (LiW) survey provides general information about volunteering to help people, clubs and organisations. In 2007, the percentages of respondents who had volunteered in this way in the last three years were as follows:

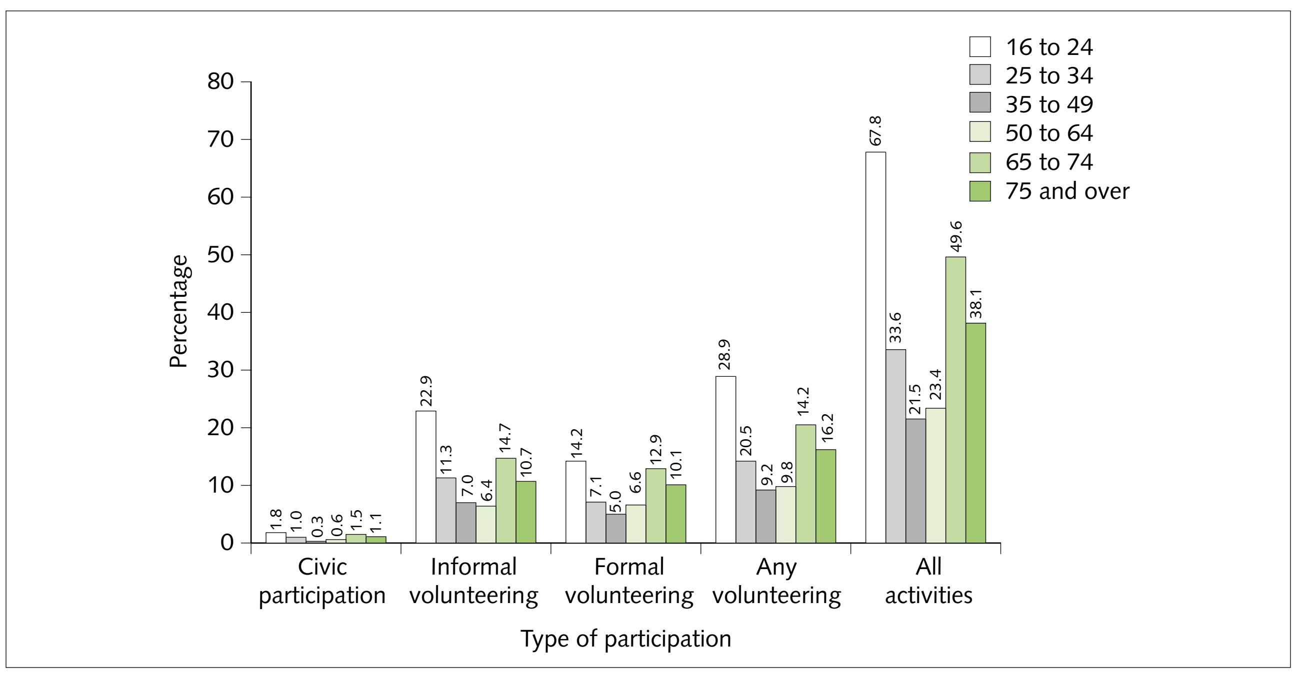
- 20% of 16 to 24 year olds
- 23% of 25 to 44 year olds
- 29% of 45 to 49 year olds
- 29% of 50 to 59/64 year olds
- 29% of 60/65 to 79 year olds
- And 12% of people aged 80 and over.

This shows that volunteering was highest for those aged between 45 and 79. For the 45 to 49 year olds, the most popular categories were: friends, relatives or other members of the community (38%) and youth/children's activities (outside school) (22%). For those aged 50 to 59/64, the most popular categories were: friends, relatives or other members of the community (43%) and health, disability and social welfare (18%). For those aged 60/65 to 79, the most popular categories were friends, relatives or other members of the community (38%) and religious (22%).

Data from the Department for Communities and Local Government's Citizenship Survey (2007/08)[f], provides data on participation in civic and voluntary activities for England and Wales (Figure 6.3).

[f] See Appendix II for further information on this and other surveys

Figure 6.3 Participation in civic and volunteering activities by age group in England and Wales (2007/08)



Source: DCLG Citizenship Survey

Base = 2,018 respondents

The main characteristics of the data are the comparable lack of age polarisation when compared, for example, with voting behaviour. For both informal and formal volunteering, the younger and older age groups show the highest levels of participation:

- Volunteering is highest among 16 to 24 year olds
- The 65 to 74 and 75 and over age groups exhibit the next highest levels of volunteering.

The importance of volunteering, both in economic and social terms, was highlighted in a research report by the Institute of Volunteering Research in 2007.[13] This included over 400 volunteers aged over 50 from 25 organisations in various sectors in the UK.

Among other things, the study found that people from professional, 'middle class' backgrounds were more likely to volunteer and that the majority (52%) of volunteers had not done any voluntary work before the age of 50. Gender differences were identified in relation to the type of volunteering undertaken, with more men than women in the environmental field and more women than men in the education, social welfare and heritage-type groups.

Having more time available on retirement was the main reason cited for volunteering, but 'talking to people' and having existing links with an organisation were also cited as important motivating factors. The survey showed that putting skills to good use was an important factor in deciding which organisation to volunteer for. Similarly some volunteers cited lack of opportunity to use their skills as a frustration.

Similar conclusions were drawn by the Joseph Rowntree Foundation in 2005[14] in a study of volunteering in retirement:

"For some, it [volunteering] was a mini world of work allowing the exercise of skills, already finely honed during paid employment, fitting nicely in the constellation of other activities. For them and others, it was a way of gaining important psychological and emotional rewards". (p.25).

The concluding sections of this study spelt out the social importance of volunteering as an alternative to the traditional view of retirement as being 'put out to grass' and forced into a societal role of diminished responsibility and importance. However, as with voting, the older people get, the less they tend to volunteer, specifically in the 70 and over age group. Emphasised also was the strength of the contribution of older people from the point of view of the organisations themselves.

Key Information Gaps

- Research on the significant minority of older people who do not vote (or otherwise actively participate in politics and decision-making).
- Long-term longitudinal studies of voting behaviour, political attitudes and perceptions, to provide insight into the cohort and/or ageing effects identified.
- Systematic and consistent collection and publication of voting turnout statistics by age groups and for all types of elections.
- Qualitative research into older elected representatives' motivations, perceptions and attitudes.
- Research into how older people engage with local services.
- Robust information on the level of civic participation and membership of interest groups among older people in Wales.
- Systematic collection and publication of data on volunteering among older people in Wales.
- Research into the role of the media and passive participation.

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"[I'm] quite fit and able - I can walk, clean the windows - I'm fit but I do see doctor quite a bit - I'm on medication for high blood pressure, cholesterol, blood sugar and thyroxin and inhalers - sounds bad but they all keep me fit - physically fit … I don't really think of myself as old - I'm only 71 …"

Chapter 7: Health and Care

Kaori Onoda, Cath Roberts and Robin Jones

Key Findings

- Self-reported physical health among older people gets steadily worse as they get older. There is no clear age pattern for self-reported mental health.
- The proportion of people reporting hearing or sight difficulties increases with age. Four in ten people aged 70 and over report hearing problems, while one in 10 report eyesight problems.
- The most common illnesses which older people report being treated for are high blood pressure, arthritis, heart conditions and respiratory conditions.
- Although smoking prevalence falls with age, three in 10 older men and two in 10 older women smoke.
- The proportion of people who are overweight or obese increases with age, peaking between the ages of 50 and 69, decreasing for those aged 70 and over.
- 27% of older people reported attending hospital as an outpatient during the last 3 months, and 12% as an inpatient during the last 12 months.
- Around 64,000 people received community based services, to help them live at home independently for the year ending 31 March 2007.

This chapter focuses on the UN principles for Older Persons relating to Care and the Welsh Assembly Government's Strategy for Older People Health Indicator of Change. Specifically the chapter reports on:

- Health status, illness and other conditions
- Mental health
- Lifestyle behaviours
- Health and social services use

Please note that physical activity, sport and life expectancies are discussed in Chapter 8: Self-fulfilment and Active Ageing. Data on excess winter mortality are provided in Chapter 2: Older People in Wales: a Demographic Overview and information on carers is provided in Chapter 3: Older People in Wales: Specific Groups.

7.1 Health

As noted in Chapter 2: Older People in Wales: A Demographic Overview, Wales has a growing population of older people. As people get older, it is important that the added years are accompanied by good health. The benefits of good health are clear:

- improved quality of life for individuals
- more opportunities to remain active in family and community life
- maintained independence
- less need for health and care services.

In contrast, declining health (particularly in relation to mobility) can have a detrimental effect on older people's lives[1] which can be made worse by social and/or environmental barriers. Chapter 3: Older People in Wales: Specific groups, provides information on the Social Model of Disability and data on both disability-free and healthy life expectancies are provided in Chapter 8: Self-fulfilment and Active Ageing.

This section on health explores the following:

- Self-reported health
- Limiting long-term illness (LLTI) and disability
- Physical illnesses/conditions
- Falls and fractures
- Hearing and sight impairments
- Incontinence
- Mental health
- Smoking, alcohol and substance misuse
- Diet and nutrition
- Dental health
- Bodyweight
- Sexual health.

7.1.1 Self-reported health

Self-reported health is an important indicator of the general health of the population. In older people, self-assessment of poor overall health has been associated with increased risk of mortality and found to be predictive of functional decline.[2]

The Welsh Health Survey (WHS)[a] asks respondents about their own perception of physical and mental health and the impact it has on their daily lives.

The latest WHS data show that self-reported physical health among people aged 50 and over gets steadily worse as they get older (Table 7.1). However, the survey found no clear age pattern for self-reported mental health. The mean average physical and mental component scores for women were slightly lower than those for men, indicating that women had poorer perceptions of their health and wellbeing than men.

Table 7.1 SF-36 physical and mental component summary score in Wales, by age and sex (2007)*

		16-49	50-59	60-69	70+	50+
Physical Component Score	Male	53.7	48.2	43.3	38.4	43.8
	Female	53.0	46.6	43.5	35.7	41.9
	Adults	53.4	47.4	43.4	36.8	42.8
Mental Component Score	Male	51.2	50.3	51.6	51.4	51.0
	Female	48.5	48.5	50.8	49.3	49.4
	Adults	49.9	49.3	51.2	50.2	50.2

Source: Welsh Health Survey

*higher scores mean better health

7.1.2 Limiting long-term illness (LLTI) and disability

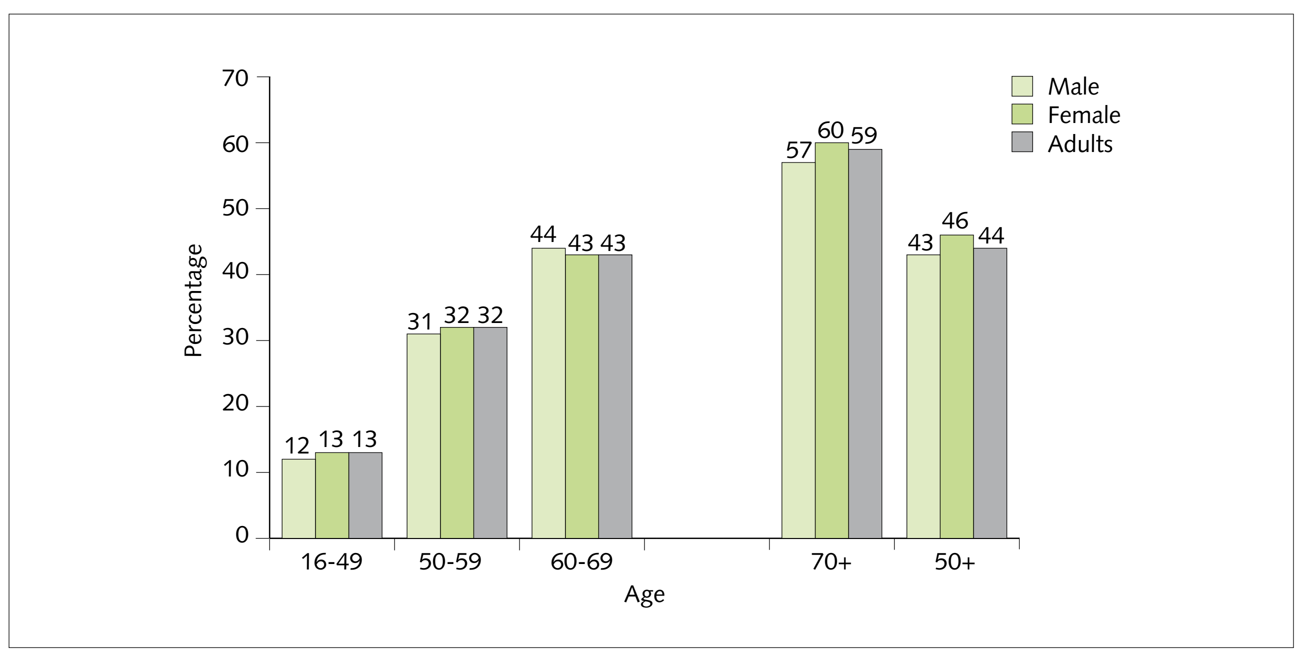
Older people can find it harder to maintain their independence and wellbeing when they are faced with conditions which increasingly limit their ability to do things for themselves. Not surprisingly, physical and mental health problems are among the main reasons why people enter residential care (see Section 7.2.8 for further details).

Nearly one in two people (44%) aged 50 and over in Wales reported having a LLTI or disability which restricted their daily activities (Figure 7.1).[b] Self-reported LLTI increases with age, especially as respondents were told specifically to 'include problems which are due to old age'. There was little gender difference for most age groups. The most commonly reported problems were musculoskeletal.

[a] The results reflect people's own understanding of their health rather than a clinical assessment of their medical condition. See Appendix II for information on this and other surveys.

[b] Limiting long-term illness: WHS questionnaire asked if the adult has 'any ling-term illness, health problem or disability' which limits their daily activities or the work they can do. Adults were asked to include problems due to old age and, if responding positively, asked for the main cause of this limitation.

Figure 7.1 Percentage who reported having a LLTI or disability in Wales, by age and sex (2007)



Source: Welsh Health Survey

The 2001 Census data indicate that the proportion of older people aged 65 to 74 who have a LLTI was higher in Wales (50%), North England (50%) and Northern Ireland (49%) than in Scotland (46%) and other regions of England (34% to 46%).[3]

2001 Census data on self-reported general health for Wales and England shows that older people in Wales tend to perceive their health to be poorer than for those in England[4].[c] Similarly, people aged 65 and over in England were more likely than their Welsh counterparts to rate their health as 'good'. The reverse was true for poor health, with people in Wales more likely to rate their health as 'not good'.

Older people appear to have age-related expectations of health, often describing their health as 'good for my age' as opposed to good per se. Older people tend to see a LLTI or disability as part of the ageing process, but this does not necessarily reflect perceptions of their own health.[2,4]

As a respondent in the V*oices of Older People in Wales* qualitative study observed, the specific disease or disability seems to be much less important than its impact on day-to-day functioning:

> *"[I'm] quite fit and able - I can walk, clean the windows - I'm fit but I do see doctor quite a bit - I'm on medication for high blood pressure, cholesterol, blood sugar and thyroxin and inhalers - sounds bad but they all keep me fit - physically fit … I don't really think of myself as old - I'm only 71 …"*

Female aged 71

[c] The 2001 Census included a new question on health. Residents were asked to rate their health as either 'good', 'fairly good' or 'not good' over the past year

In essence, it is the inability to lead a 'normal life' that determines self-perceived health and wellbeing.

During the year ending 31 March 2008, 81,823 people in Wales were on registers of people with physical or sensory disabilities, of whom 71% were aged over 65 (Table 7.2).[d] Table 7.2 shows that 75% of those registered as visually impaired were aged over 65.[5]

Table 7.2 Number on local authority registers of people with sensory disabilities, physical disability only or learning disabilities, aged 65+ at 31 March 2008

	65+	All ages
Severely sight impaired	6,739	8,889
Sight impaired	6,542	8,925
Deaf with speech	719	1,564
Deaf without speech	185	782
Hard of hearing	7,953	9,873
Physical disability only (b)	35,907	51,790
Learning disabilities	877	14,137

Source: Local Government Data Unit Wales

(a) People with multiple disabilities are counted only once
(b) Based on data provided by 20 authorities

See Chapter 3: Older People in Wales: Specific groups for more information on disabled older people.

Recent analysis of trends in disability amongst those aged 65 and over (in 12 OECD countries) suggests it is not possible to draw firm conclusions on the direction of trends in severe disability among elderly people in the UK since the early or mid 1990s because different sources give diverging results.[6]

However, there is strong evidence to suggest older people from low socioeconomic groups have higher rates of ill health and disability than those from more affluent groups.[7,8] Specifically, a recent systematic review of the social determinants of older people's health found that low social class and low income were strongly associated with poor health outcomes.[9]

The English Longitudinal Study of Ageing (ELSA)[e] found evidence for an occupational class gradient in the prevalence of some health outcomes, including heart disease, respiratory illness, self-reported health, LLTI and mental health. Men and women in routine or manual occupational class households were most likely to report having each of these

[d] Registration of disabilities is voluntary and figures may therefore underestimate the prevalence of disability. Registration of blindness (now using the preferred terminology 'severely sight impaired') is, however, a pre-condition for the receipt of certain financial benefits and the numbers of registered blind people may therefore be more reliable than those for partial sight ('sight impaired') or other disabilities.

[e] See Appendix II for further information on this and other surveys

conditions. In contrast men and women in professional or managerial households were least likely to report having them.

The study found that these inequalities in health were more marked at younger ages. For example, in the 50 to 59 age group, men in routine and manual occupations were twice as likely to have a LLTI as men in professional or managerial occupations. But among men aged 75 or over there was little difference between the two groups in the proportions suffering from a LLTI.[10]

A similar pattern appeared for heart disease, hypertension, diabetes, arthritis and respiratory illness, although generally more so for men than for women. There is a suggestion that this variation in inequality by age is a consequence of those in routine and manual occupational classes reaching a state of poor health a decade or two earlier than their peers in more advantaged social positions. Around a third of men in routine and manual jobs in the 50 to 59 age group report a LLTI, while rates for men in the professional and managerial groups have low levels until 75 and over for example for those aged 60 to 74, just over a quarter report a LLTI.[11]

Additional analysis of ELSA also showed a strong socioeconomic gradient in the prevalence of impaired balance in older people.[11]

7.1.3 Physical illnesses/conditions

2007 WHS data show that the percentage who report being treated for specified illnesses generally increases with age (Figure 7.3). The most common of the selected illnesses reported by people aged 50 and over was high blood pressure (38%), followed by arthritis (26%), heart conditions (19%) and respiratory illnesses (18%). Nearly half of people aged 50 and over reported being treated for two or more illnesses.

Table 7.3 Percentage who reported being treated for specific illnesses in Wales, by age (2007)

		16-49	50-59	60-69	70+	50+
Currently being treated for:	High blood pressure	4	24	40	53	38
	Arthritis	3	17	26	36	26
	Heart conditions (a) excluding high blood pressure	2	8	16	33	19
	Respiratory conditions (b)	10	13	19	23	18
	Diabetes	2	6	12	16	11
	2 or more illnesses	11	30	44	57	44
Ever treated for:	Stroke	0	2	4	9	5

Source: Welsh Health Survey

(a) Included if respondents reported ever having been treated for a heart attack, or currently being treated for angina, heart failure or 'another heart condition'

(b) Includes asthma, pleurisy, bronchitis or 'another respiratory illness'

A higher percentage of women than men reported being treated for specified illnesses.[8] The reverse was true in the case of heart conditions and there was little difference for diabetes. There was little change in the rates of most illnesses over the last four survey years of the WHS.[8]

Table 7.4 shows cancer incidence data from the Welsh Cancer Intelligence and Surveillance Unit (WCISU).[f] The prevalence of all cancer increases with age. Prostate cancer is the most commonly diagnosed cancer in men aged 50 and over in Wales, with over 2,500 cases diagnosed in 2007. The most common cancer in women aged 50 and over is breast cancer, with over 2,000 cases diagnosed in 2007. Both cancers accounts for nearly 30% of all diagnosed cancers.

Table 7.4 Incidence figures of specific cancers in Wales, by sex and age (2007)

	Males					Females				
Selected Cancer	15-49	50-59	60-69	70+	50+	15-49	50-59	60-69	70+	50+
Colorectal	50	143	356	693	1,192	48	114	222	591	927
Lung	28	135	383	817	1,335	23	107	244	568	919
Breast	-	-	-	-	-	396	542	652	867	2,061
Prostate	23	253	786	1,490	2,529	-	-	-	-	-
All neoplasms (excluding non-melanoma skin cancer)	588	1,106	2,591	5,036	8,733	986	1,291	2,021	4,081	7,393

Source: Welsh Cancer Intelligence & Surveillance Unit

7.1.4 Falls and fractures

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged above 75 in the UK.[12] The 2005 Health Survey for England (HSE) reported 23% of men and 29% of women aged 65 and over had fallen at least once in the last 12 months, with a sharp rise among those aged 80 and over.[13] Risk factors associated with falls include:

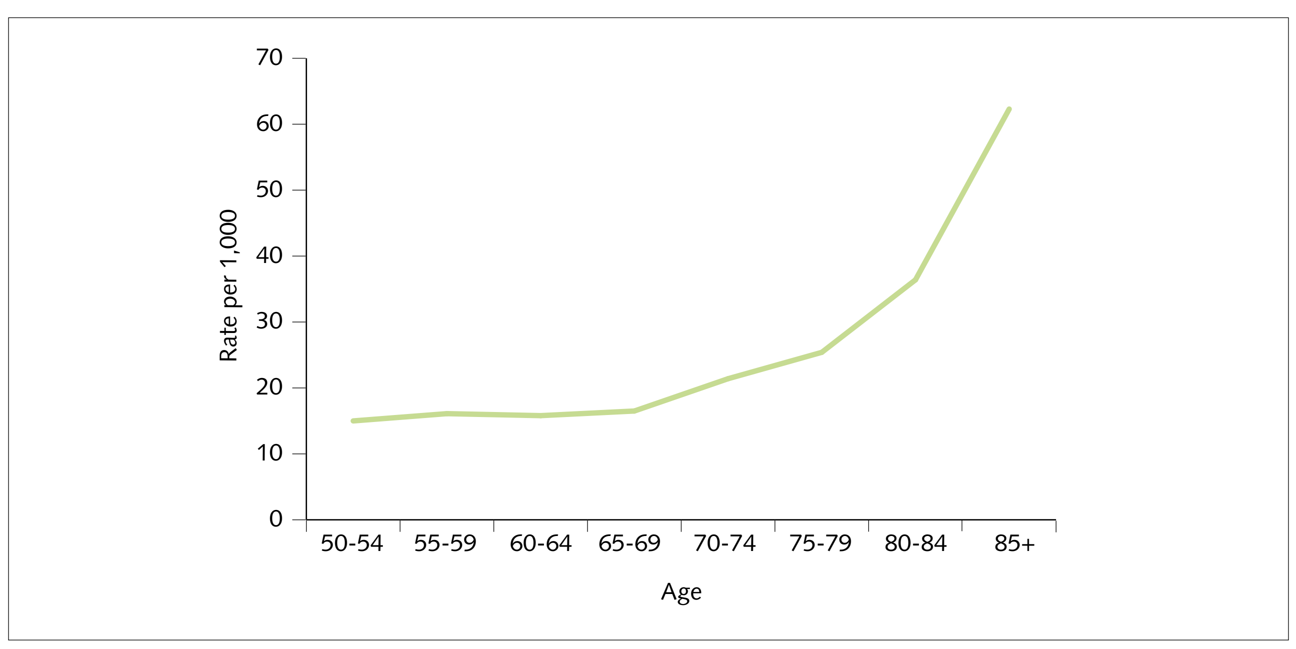
- age
- LLTI
- a person's general health questionnaire score (measuring wellbeing)
- impaired physical performance scores

[f] The WCISU register all incidence of cancer for the resident population of Wales wherever they are treated. Incidence refers to the number of newly diagnosed cases of cancer over a specified amount of time.

- disease of the nervous system
- stroke and depression.[13]

Fractures are one of the most debilitating results of all falls in older people. Figure 7.2 shows a sharp increase in the age-specific rate for those aged 80 and over attending accident and emergency (A&E) departments with a main diagnosis of fracture.

Figure 7.2 Estimated age specific rate (per 1,000) for persons attending A&E with fracture, Wales (2004)



Source: AWISS (All Wales Injury Surveillance System)

Among fractures, hip fracture is a major cause of morbidity and mortality. The Chief Medical Officer for Wales Annual report for 2007[14] reports a relatively stable trend over the past years in the number of EASR (estimated age specific rate)[g] or hip fractures for people aged over 75 years (Table 7.5).

Table 7.5 Hip fractures for people aged over 75 years, Wales (2001-2006): Death rate per 100,000 population

	2001	2002	2003	2004	2005	2006
Hip Fractures	1215.1	1247.8	1304.5	1227.3	1230.6	1201.2

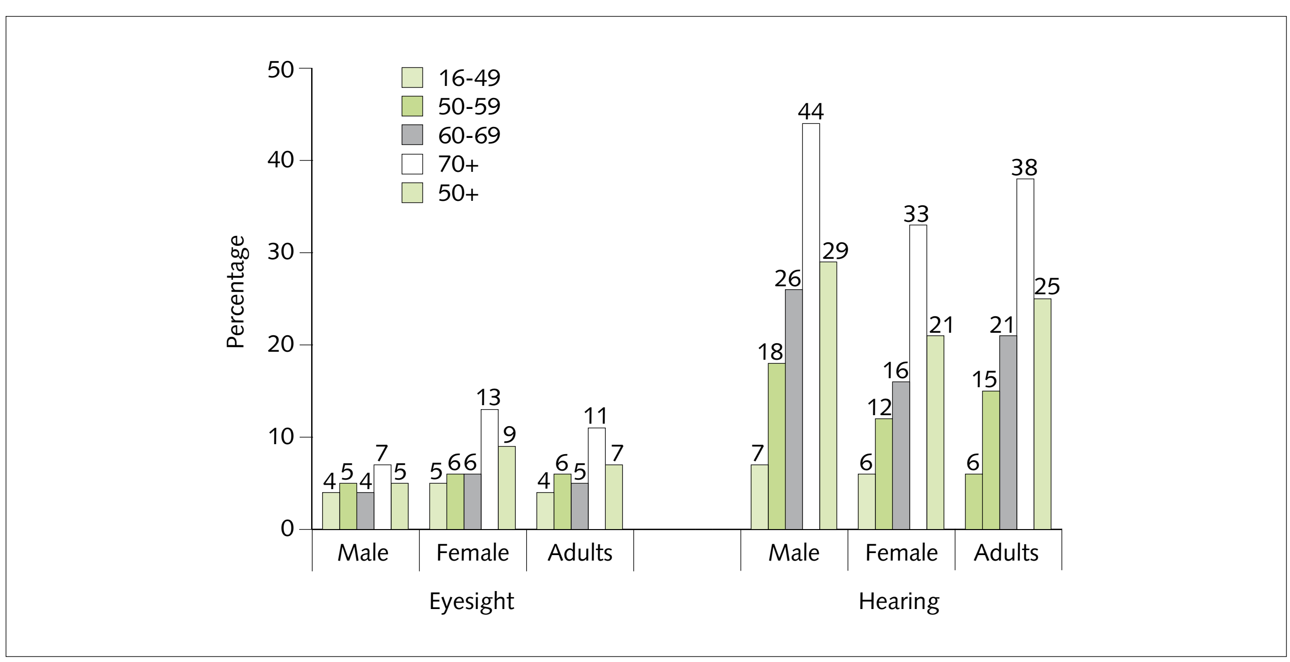
Source: Health Solutions Wales

[g] EASR: Annual mortality rates age-standardised to the European population.

7.1.5 Hearing and sight impairments

Many people may start to lose their hearing and sight as they get older which can impact considerably on daily living and quality of life.[15,16] As shown in Figure 7.3, the proportion of people reporting hearing or sight difficulties increases sharply among the older age groups. Four in 10 people aged 70 and over reported hearing problems, while one in 10 reported sight problems. See section 7.2.1 for details of cataract operations.

Figure 7.3 Percentage who reported having difficulty with their eyesight[(a)] or hearing[(b)] in Wales, by age and sex (2007)



Source: Welsh Health Survey

(a) Respondents were asked whether their eyesight was good enough to see the face of someone across a room, with glasses or contact lenses, if they usually wore them
(b) Respondents were asked whether they had difficulity with their hearing, wihout a hearing aid if they usually wore one.

7.1.6 Incontinence

Incontinence affects older people's personal hygiene and overall health as well as being psychologically distressing and causing social difficulties. Although it is not a life-threatening condition, its impact on older people's quality of life and loss of dignity should not be underestimated. It is difficult to gauge an accurate prevalence of the condition due to poor reporting.

In the UK, the best information available is from a Royal College of Physicians report in 1995.[17] It estimates that between one in 10 and one in five women and between one in 14 and one in 10 men aged 65 and over living at home cannot control their bladders as they would wish. These rates increase among older people living in institutional care settings.

More recently, HSE (2005) found that 21% of men and 22% of women aged 65 and over in England reported that they suffered from bladder problems. Both prevalence and

severity increased with age. More women than men reported using an incontinence aid (69% compared with 28%).[2]

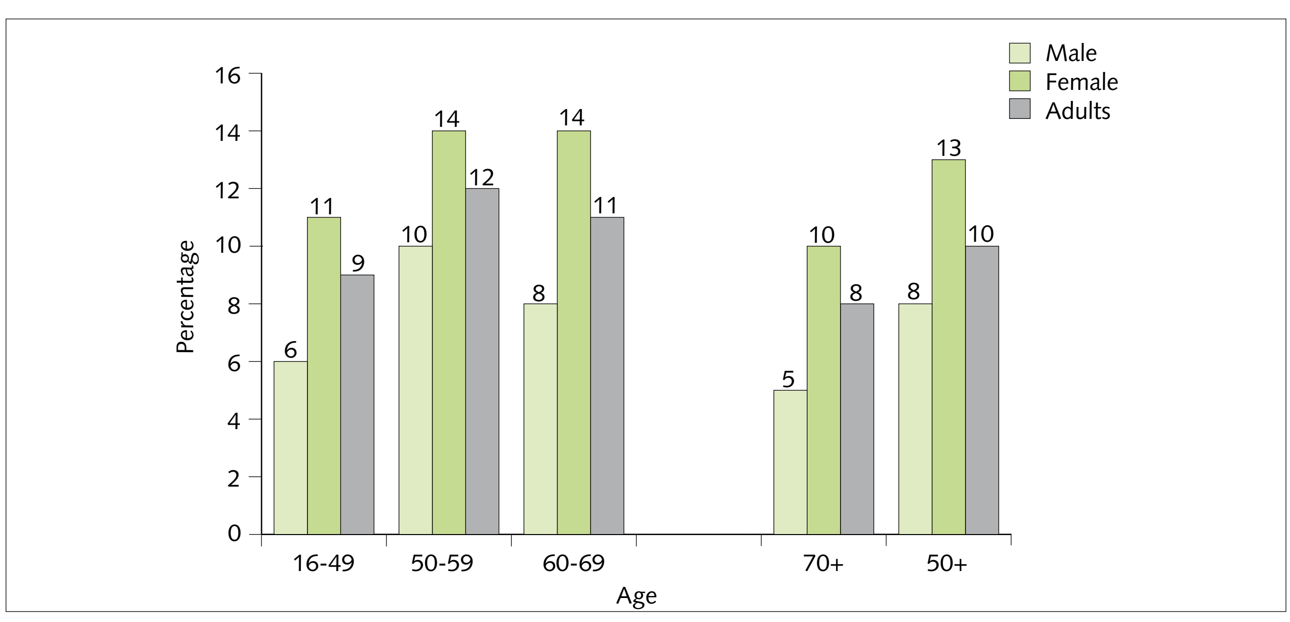
Faecal incontinence is less common. However, its prevalence in people living at home aged 65 and over is about 15%, and about 25% for those living in institutional care settings.[17]

7.1.7 Mental health

Mental health problems in older people, including dementia, can cause unhappiness and difficulties for both individuals and their families. While the majority of older people experience good mental health and wellbeing, a significant minority do not.

Figure 7.4 shows that one in 10 people aged 50 and over in Wales reported being treated for mental illness in 2007. More women are treated for mental health problems than men, a pattern that is consistent across all age groups.

Figure 7.4 Percentage who reported currently being treated for mental illness,[(a)] by age and sex (2007)



Source: Welsh Health Survey

(a) includes depression, anxiety or 'another mental illness'

However, the prevalence of older people with mental health problems may be greater than reported. The UK Inquiry into Mental Health and Well Being in Later Life, for example, suggests that only a third of older people with depression ever discuss it with their GP, while only half of them are diagnosed and treated, primarily with anti-depressants.[18]

Data from the 2000 ONS Psychiatric Morbidity Survey (on those aged 60 to 74 in Great Britain) suggested that the prevalence of common mental disorders decreased with age, but that this was much more pronounced in men than in women.[19] Furthermore, older people were three times more likely to have mental health problems if they had ever experienced a financial crisis than if they had not (29% compared with 9%).

Older people were about twice as likely to have mental health problems if they had ever experienced serious illness, injury or assault (14% compared with 7%). The same was true if they had experienced separation or divorce (18% compared with 9%) - than if they had not.[19]

The same study found that people with a longstanding physical health problem were more likely than those without to have a mental health problem. Moreover, the likelihood of having a mental health problem increased with the increasing extent of physical health problems.[19]

It is estimated that around 37,000 people over 65 in Wales have dementia.[20]

The *Voices of Older People in Wales* qualitative study indicates that deterioration of mental health is strongly linked to fear of losing independence and dignity and becoming dependent upon others, as the following comments show:

> *"I'd hate to lose my mind or anything as I get older. I've seen people get very frustrated with conditions like that."*
>
> **Male aged 70**

> *"Having seen my mother go through dementia I think that's the thing I worry about most - as people are living longer and possibly kept alive longer there's going to be large group of people over 90 who will be incapable of looking after themselves."*
>
> **Female aged 62**

There have been approximately 300 deaths from suicide per year in Wales between 1996 and 2006.[21] Most suicides occurred among men (around three quarters), with a peak age of 20 to 39. However, women aged between 40 and 54 had the highest suicide rates.

A recent qualitative study has suggested three broad themes pertinent to the experiences of older people who have recently attempted suicide.[22]

- struggle - and coming to terms with getting older
- control - in particular, participants feeling they had lost control over important aspects of their lives
- visibility - the experience of becoming less visible to others, often characterised by feelings of isolation, loneliness, a general sense of being distanced from the outside world, a loss of friends and loved ones, a diminishing social circle and detachment from the wider community.[22]

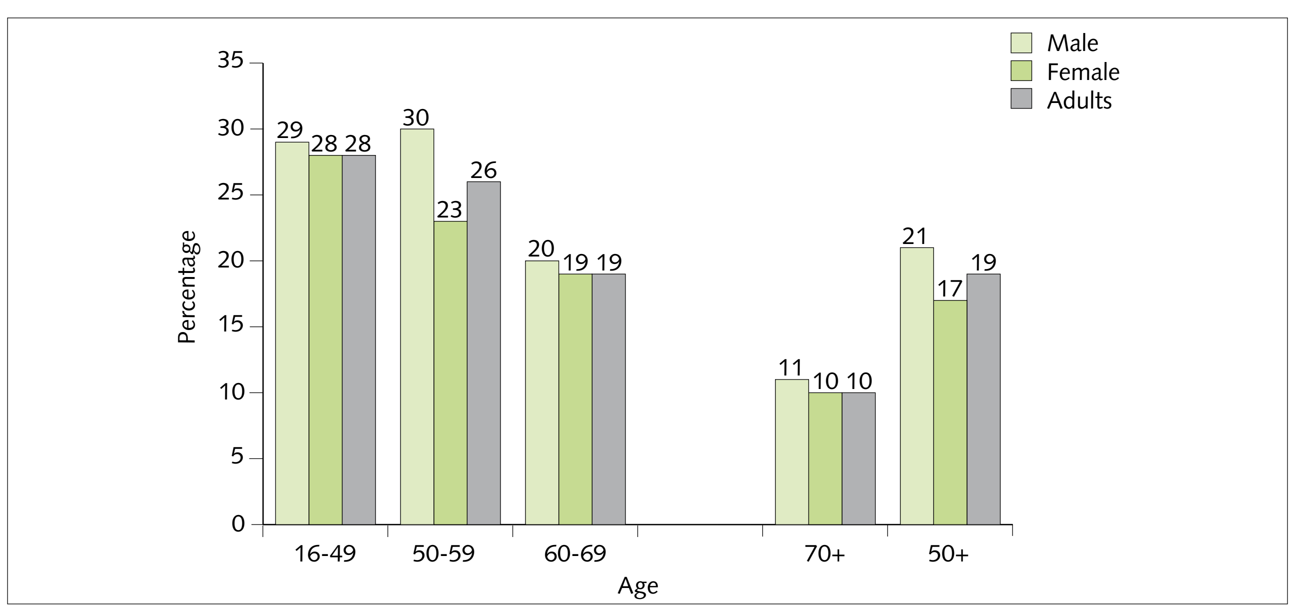
Information on social isolation and loneliness is provided in Chapter 4: Dignity and Social Inclusion.

7.1.8 Smoking, alcohol and substance misuse

The impact of continued smoking at older ages and its risks of illness and death is widely recognised.[23,24] According to ELSA, compared with those who had never smoked, ex smokers had a 20% greater risk of mortality while current smokers had a 74% greater risk of mortality.[23]

The 2007 WHS found that, although smoking prevalence falls with age, three in 10 men and two in 10 women in their 50s in Wales still smoke (Figure 7.5).

Figure 7.5 Percentage who reported being a current smoker by age and sex (2007)



Source: Welsh Health Survey

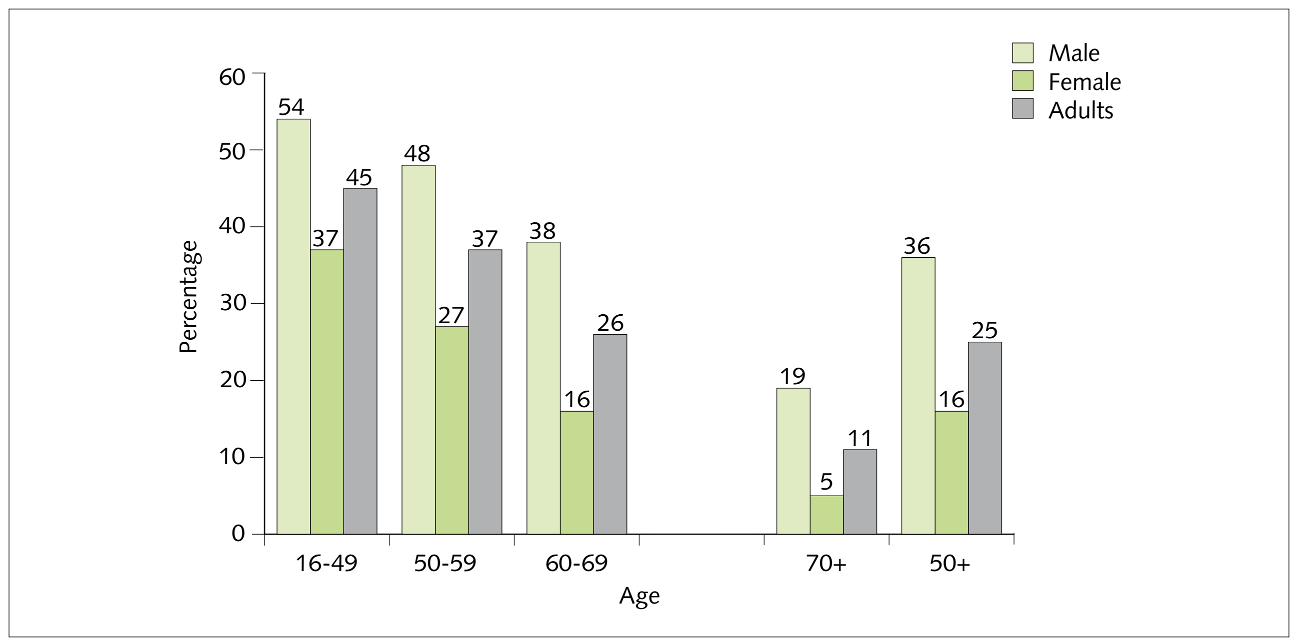
The relationship between alcohol intake and health outcomes is relatively complex. For example, evidence from ELSA shows that in middle aged and older men and women in England, moderate levels of alcohol consumption were associated with better cognitive health than abstinence.[25]

However, prolonged excessive alcohol intake can contribute to liver disease, high blood pressure and a number of specific cancers.[26] There is also evidence to suggest that people aged between 55 and 74 have the highest rates of alcohol-related deaths in the UK.[27]

In Wales, while alcohol consumption decreases with age, almost one in two men and three in 10 women in their 50s reported drinking above recommended daily guidelines, including binge drinking[h] (Figure 7.6).

[h] The Department of Health guidelines about sensible drinking are that men should not drink more than 3-4 units of alcohol per day, and women no more than 2-3 units[29]. Definition of binge drinking is men drinking more than 8 units and women more than 6 units in a single session.

Figure 7.6 Percentage who reported drinking above guidelines on at least one day in the past week in Wales, by age and sex (2007)



Source: Welsh Health Survey

There were 15,301 referrals for alcohol misuse in Wales in 2007/08 (55% of all referrals). Of these 18.5% were people aged 50 and over.[28] Table 7.6 shows that men have a higher number of referrals than women in all age groups.

Table 7.6 Number of referrals seen at treatment agencies for alcohol misuse in Wales, by age and sex (2007/08)

	Under 15	15-19	20-29	30-39	40-49	50-59	60+
Male	125	849	2,264	2,719	2,404	1,284	531
Female	149	479	866	1,170	1,450	693	318

Source: Welsh National Database for Substance Misuse

The 2002/03 European Study of Adult Wellbeing (ESAW)[i] found that the UK and Italy had the lowest risk behaviour among older people aged 50 to 90 in terms of alcohol consumption. Austria had the highest risk for this age group.

In terms of smoking, the UK and the Netherlands reported the highest levels of smoking among the 50 to 90 age group, while Luxembourg, Austria and Italy had the lowest proportions of smokers.[30]

Accidental or intentional misuse of prescription drugs can be a particular risk for older people, as they take more medications than younger age groups. However, there are currently no data available on prescription (or illicit) drug misuse in later life.

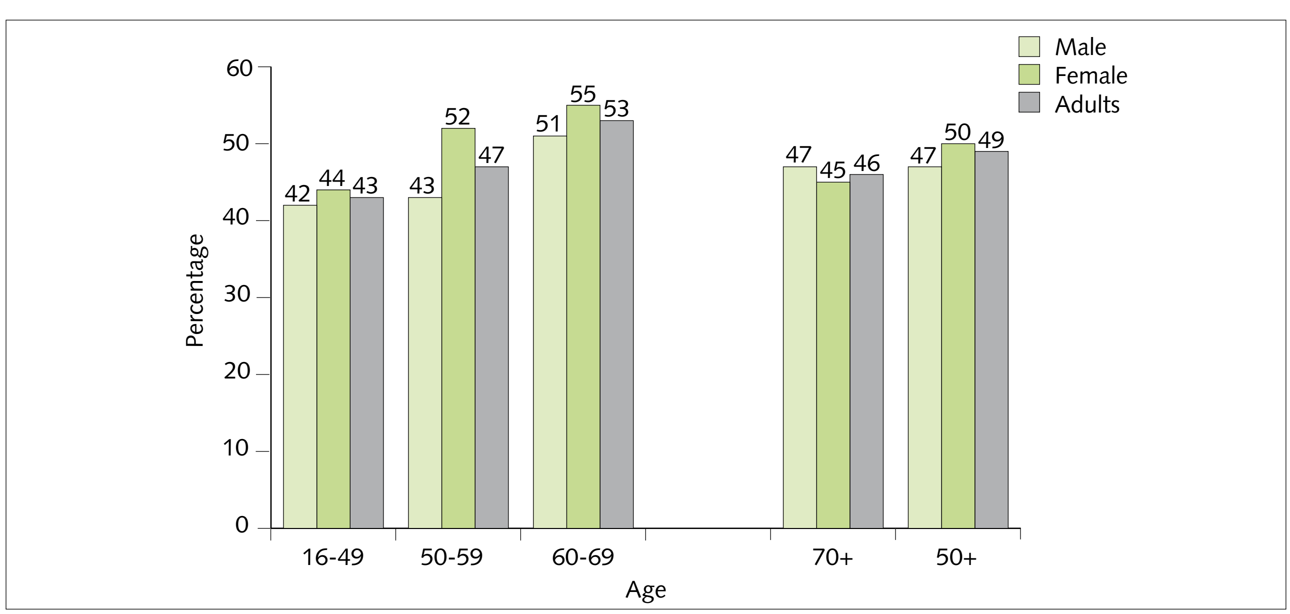
[i] See Appendix II for further information on this and other surveys

7.1.9 Diet and nutrition

Good nutrition is not only essential for the maintenance of health, but also for recovery from illness. A poor diet high in sugar, salt and saturated fat and low in fruit and vegetables is linked to the development of dental decay, diabetes, cardiovascular disease and certain cancers.[31]

Figure 7.7 shows that approximately half those aged 50 and over living in private households in Wales reported eating the recommended amount of five or more portions of fruit and vegetables a day. These proportions fluctuate with age, but are at their highest levels in the 60 to 69 age range. For those aged 50 and over, women are slightly more likely than men to have eaten five or more portions of fruit and vegetables the previous day.

Figure 7.7 Percentage who reported eating five or more portions of fruit and vegetables the previous day in Wales, by age and sex (2007)



Source: Welsh Health Survey

Malnutrition is estimated to affect 10% of people over the age of 65.[32] Older people are more likely to suffer from malnutrition, especially those using health and social services.

The largest nutritional screening survey[j] - carried out in 2007 - found that between 19% and 30% of all people admitted to hospitals, care homes or mental health units in the UK were at risk of malnutrition.[33] Barriers to good nutrition in older age can include functional ability, socioeconomic status, poor dentition, smoking and lack of access to social support.[31]

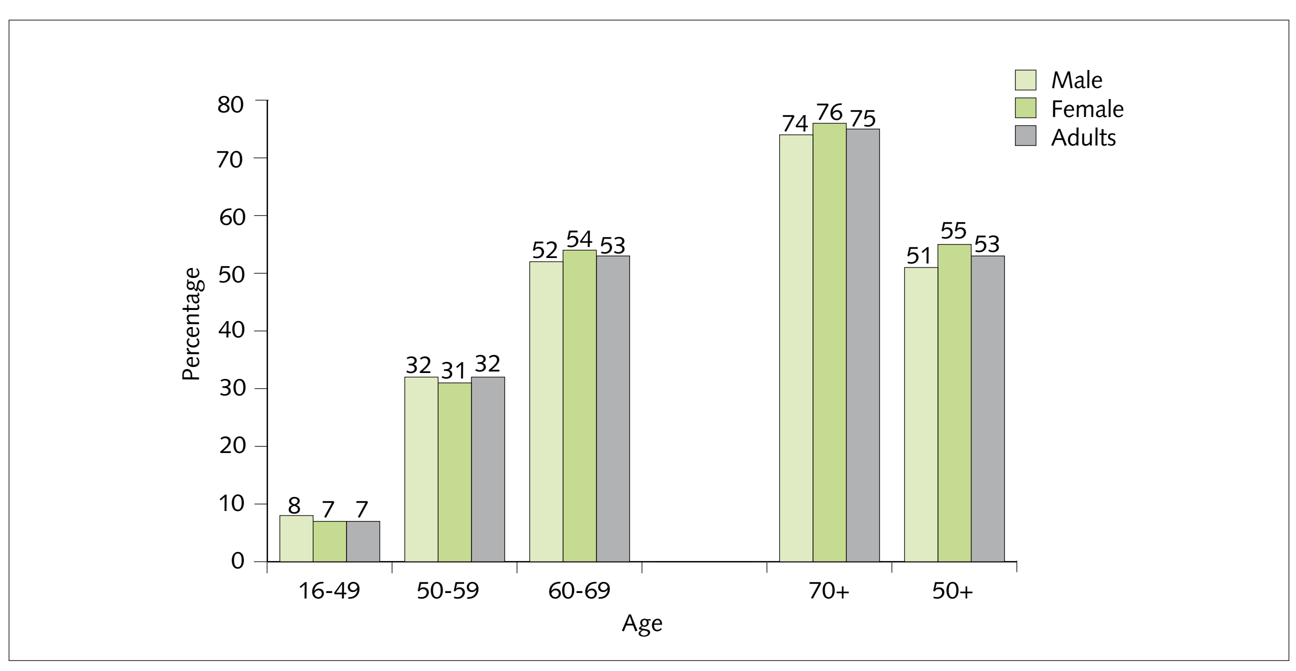
[j] Nutrition Screening Survey in the UK 2008 was undertaken by the British Association for Parenteral and Enteral Nutrition (BAPEN) during 1-3 July 2008 reflecting the prevalence of malnutrition during the summer. 130 hospitals, 75 care homes and 17 mental health units in the UK completed general questionnaires and anonymous patient questionnaires using 'Malnutrition Universal Screening Tool (MUST)'.

7.1.10 Dental health

The presence, number and distribution of natural teeth can affect the ability to eat certain foods, affecting nutrient intakes and some nutritional status.[34]

In Wales, half of those aged 50 and over reported having fewer than 21 teeth (Figure 7.8). Also, WHS data on the use of selected health services shows that the percentage of people using dentists decreases among people aged 60 and over (see Table 7.7).

Figure 7.8 Percentage who reported having fewer than 21 teeth[(a)] in Wales, by age and sex (2007)



Source: Welsh Health Survey

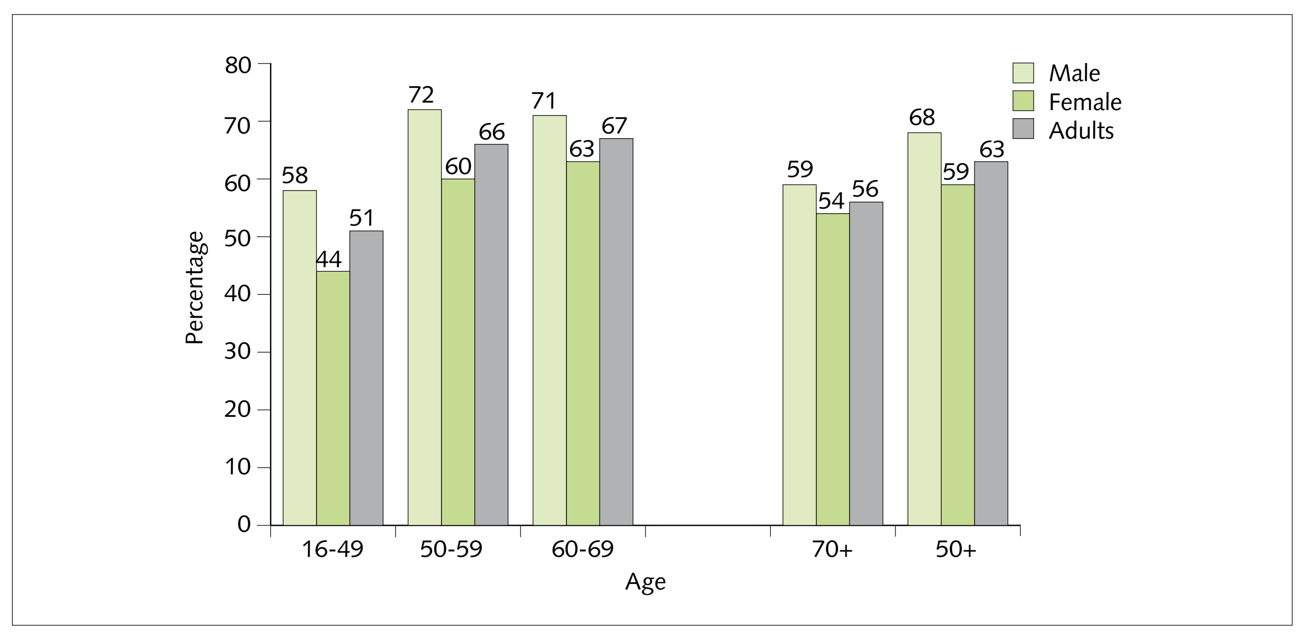
(a) Respondents were asked how many of their own natural teeth they had, with filled and capped teeth counting as their own but not false nor dentures

7.1.11 Bodyweight

Being overweight or underweight can have a detrimental effect on older people's health and wellbeing.

In Wales, the proportion of people who report being overweight or obese increases with age, peaking between the ages of 50 and 69, then decreasing for the 70 and over age groups (Figure 7.9). Approximately half of those below the age of 50 are overweight or obese, compared with two thirds of those aged 50 to 69.

Figure 7.9 Percentage who were overweight or obese[(a)], in Wales, by age and sex (2007)



Source: Welsh Health Survey

(a) Respondents were asked to report their height and their weight. In order to define overweight or obesity, the Body Mass Index (BMI) was calculated

While obesity remains an issue, care must be taken to ensure that bodyweight is maintained as older people can find it difficult to put weight back on once they have lost it.[24] Data from the 2007 WHS show that 1% to 2% of people aged 50 and over living in private households are underweight.[8] Being underweight among the 'oldest' old, especially those living in long term care establishments, can be a serious issue.

7.1.12 Sexual health

There is a paucity of data on older people's sexual health and indeed around older people and sexuality more generally. However, some evidence suggests that barriers exist for older people in terms of discussing their sexual health needs (if they are experiencing problems) or asserting their right to privacy if they live with family or in a residential home.[35]

The lack of open discussion about sexual health in later life may mask the potential risk of Sexual Transmitted Infections (STIs) among older people. There is also little awareness of the needs of lesbian, gay and bisexual (LGB) older people. Chapter 3: Older People in Wales: Specific groups provides information on the older LGB community in Wales.

7.2 Care

This part of the chapter explores the concept of care in relation to older people in Wales. It focuses on:

- Use of hospital services
- Use of GP services
- Use of other selected health services
- Influenza and pneumococcal immunisation
- Smoking cessation services
- Delayed transfers of care
- Community based social services
- Residential care
- End of life and palliative care
- Dignity in care.

It reports on the use of health and social services by older people. However, it is important to acknowledge the limitations of using utilisation rates to reflect need and access. Overall, there is lack of data on social care, and so it is difficult to know whether health and social services meet older people's needs. Utilisation can reflect need, but it is not possible to analyse the reasons why need is not met.

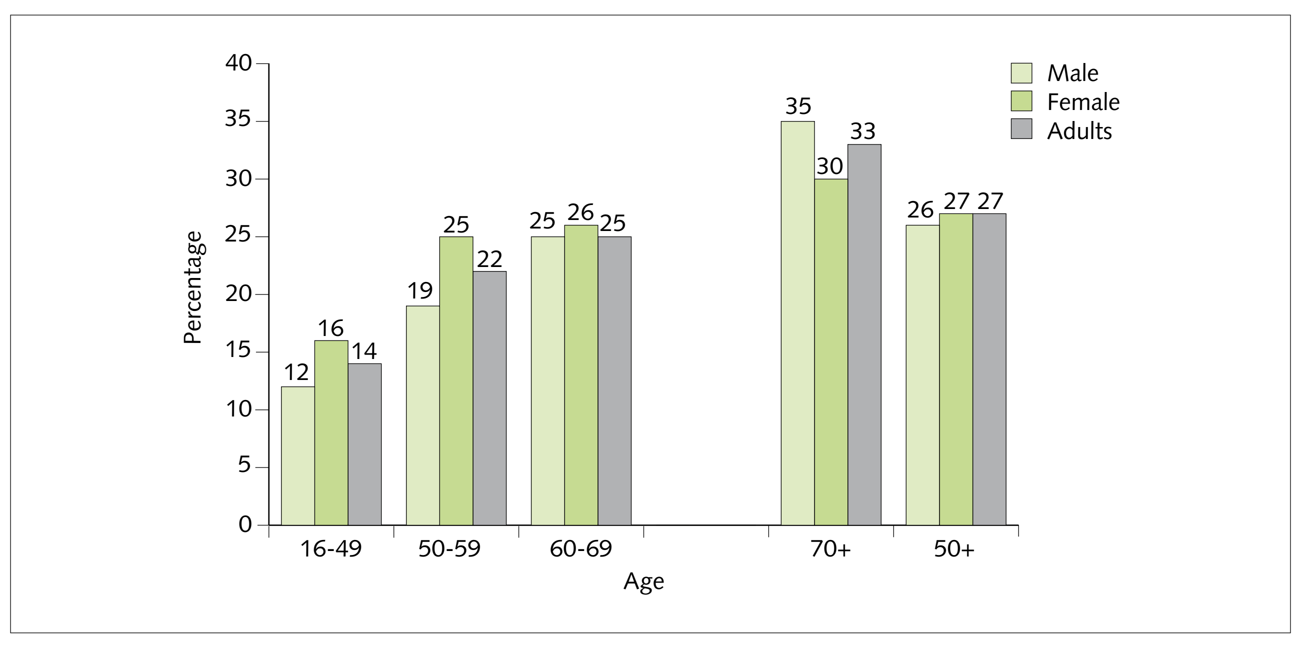
The issue of informal carers is covered in Chapter 3: Older People in Wales: Specific groups.

7.2.1 Use of hospital services

Figures 7.10 and 7.11 show the proportion of people reported attending the outpatient department or being in hospital as an inpatient. In 2007, 27% of people aged 50 and over reported attending hospital as an outpatient in the previous three months. Twelve per cent attended as an inpatient in the previous 12 months.

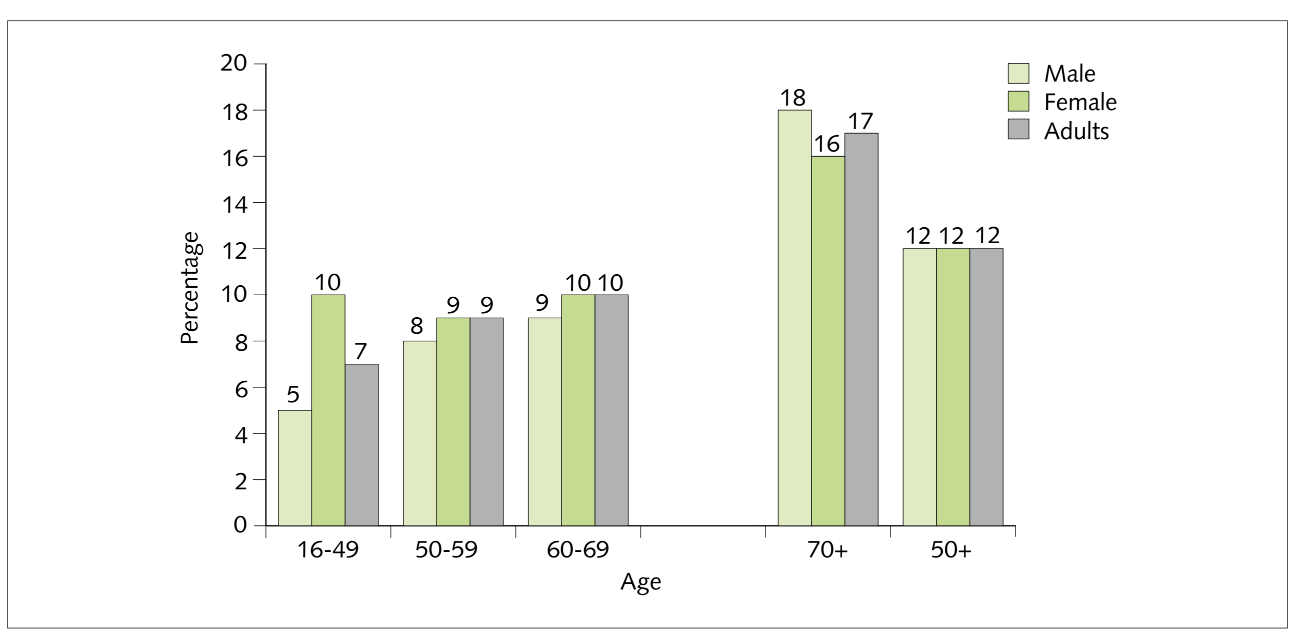
The percentage of adults using hospital services generally increased with age, with the exception of Accident and Emergency (A&E) and needing to visit hospital after an accident, injury or poisoning. The over 70s were twice as likely to use outpatient services as the under 50s. People aged over 70 were more likely to use inpatient services too.

Figure 7.10 Percentage who reported attending the outpatient department of a hospital in the previous three months in Wales, by age and sex (2007)



Source: Welsh Health Survey

Figure 7.11 Percentage who reported being in hospital as an inpatient in the previous twelve months in Wales, by age and sex (2007)



Source: Welsh Health Survey

An analysis of the UK General Household Survey (GHS)[k] shows that the proportion of the 'oldest' old (those aged 85 and over) visiting hospital as an outpatient in the three months prior to interview doubled between the early 1980s and the early 2000s. This is a more rapid

[k] See Appendix II for further formation on this and other surveys

increase than the population aged 65 and over. Visits to the GP and hospital outpatient departments among the 'oldest' old are mainly associated with the presence of a LLTI and only weakly associated with other socioeconomic characteristics.[36]

In 2006, there were 1,325 hip and knee replacements per 100,000 population aged 65 and over (compared with 503 per 100,000 in 1991). Similarly, there were 2,791 per 100,000 cataract replacement operations carried out in 2006. This is nearly three times the 1991 rate of 1,044 per 100,000.[14]

Rural Wales has a higher proportion of older people than urban areas. Evidence suggests that health problems among older people in rural areas can be made worse by isolation and poor public transport.[37]

7.2.2 Use of GP services

According to the WHS (2007) the percentage of people talking to a GP and seeing a practice nurse increased with age. Twenty-five per cent of people aged 70 and over had recently talked to a GP about their own health. This compares with 21% for those 50 and over, 20% for those aged 60 to 69, 18% for those aged 50 to 69, and 13% for those under 50. There was little gender difference for those aged 50 and over.

Analysis of GHS[I] data for the UK (those aged 85 years and over) showed no clear trend change between the early 1980s and the early 2000s in the proportion of the 'oldest' old visiting a GP within two weeks of interview.[36]

7.2.3 Use of other selected health services

Early intervention and management of minor and chronic health conditions is important to help maintain independence, reduce the risk of health crises and the need for care home admission.

According to the WHS (2007) the percentage of adults using chiropodists and opticians increases with age, while for dentists it decreases (Table 7.7). The percentage of men using pharmacists increases with age, whereas use remains at a similar level among women across the age groups. The percentage of men and women using health visitors, district or other community nurses also increases with age.

[I] See Appendix II for further formation on this and other surveys

Table 7.7 Percentage who reported using selected health services in the past twelve months in Wales, by age and sex (2007)

Selected health service		16-49	50-59	60-69	70+	50+
Pharmacist	Males	63	76	83	86	81
	Female	83	85	88	85	86
Dentist	Male	66	72	68	55	66
	Female	77	76	72	52	66
Optician	Male	31	48	53	63	54
	Female	47	58	61	67	62
Health visitor, district or community nurse	Male	8	12	19	23	18
	Female	22	18	22	28	23
Chiropodist	Male	2	4	11	25	13
	Female	4	11	17	43	24
Physiotherapist	Male	7	11	8	9	9
	Female	8	11	9	11	11

Source: Welsh Health Survey

7.2.4 Influenza and pneumococcal immunisation

During the winter of 2007-08, uptake of influenza immunisation was 64% in people aged 65 or over in Wales. This was below the national uptake target of 70%.[38] Between 2004 and 2006 there had been an average increase of 5 percentage points in the proportion of the over 65s having the 'flu jab. Just over 44% of people in Wales aged 65 or over had been immunised against pneumococcal disease at any time in the previous 10 years (as at July 2006). Across Wales, however, the rate varies from 25% to 64% per cent.[38]

Evidence from a recent qualitative study of people aged 65 and over in Wales suggested that many older people did not feel vulnerable to influenza (regardless of their age) and this influenced their views on immunisation.[39] The same study found that individual prompts, particularly from GPs, seemed to be the most significant motivators to attend for immunisation.[39]

7.2.5 Smoking cessation services

For smoking prevalence among older people, see 7.1.8. A total of 9,375 people contacted the All Wales Smoking Cessation Service (AWSCS) and participated in the treatment programme in 2006/07. Most were aged 35 to 59 (66%) followed by those aged 60 and

over (17%). Just two per cent were aged 18 and under. More women (59%) participated in the treatment programme than men (41%).[40] However, many people quit smoking by other methods.

7.2.6 Delayed transfers of care (DToC)

The arrangements for transferring patients to a more appropriate care setting vary according to individual needs, but can be complex and can sometimes lead to delays.

Some DToC is likely in any system, it is argued that being delayed in hospital may lead to a significant loss of independence, especially among vulnerable older people.[41]

Some evidence suggests that the number of DToC cases increases with age. For instance, data from the DToC Database in December 2004 showed over two thirds of DToC occurred in patients aged 75 and over.[4] There has been a small improvement in Wales. The DToC per 1,000 population aged over 75 for social care reasons during 2007/08 was 7.01 compared with 7.69 the previous year.[42]

On a related subject, a systematic review of older people's views showed that few participated in planning their hospital discharge.[43] Also, few expressions of discontent with this situation were consistent across studies. This review suggests that explanations for low levels of participation in planning for hospital discharge relate to the following factors:

- Perceived power and status (doctors seen to be in charge)
- Features of hospital organisation, atmosphere and staff behaviour
- Low level of patient health and energy due to illness
- Negative experience of 'the system' in hospital
- Education, social standing and communication divide

7.2.7 Community based social services

Provision of community care services is crucial for older people - especially those with chronic conditions - to maintain their health, independence and home life. Local authority social services departments are responsible for assessing people's need for community care services, arranging or providing these services and providing financial support for those who need places in care homes.[m]

[m] Community care services include a range of services provided either directly by or on behalf of local authorities by the private or voluntary sector. These can include meals on wheels, provision of aids to help with ordinary tasks of daily living, night sitting services, respite care, and care in a care home.

Participants included in the *Voices of Older People in Wales* qualitative study expressed a strong desire to continue living at home. Older people were particularly concerned about the prospect of going into a residential or nursing home.

For the year ending 31 March 2007, just over 64,000 people received community based services (to help people live at home independently) in Wales.[44] The equivalent figure for those aged 18 to 64 was just under 24,000 (Table 7.8). People aged 85 and over were twice as likely as those aged between 65 and 74 to use community based services, and three times as likely to use home care or meals-on-wheels.

Table 7.8 Number of people receiving selected community-based social services in Wales, by age (2006/07)

		65-74	75-84	85+	65 +	18-64
Selected Community-based services	Home care	3,181	8,232	9,171	20,584	
	Day Care	1,695	3,247	3,223	7,183	
	Meals	1,008	3,271	3,792	8,071	
	Equipment and adaptations	6,435	10,003	6,261	16,103	
Total community-based					64,136	23,936

Source: Local Government Data Unit Wales

Direct payments are intended to enable people to make their own arrangements for care. The number of people aged 65 years and over receiving direct payments increased from 59 in 2004/05 to 317 in 2007/08.[44]

The number of people aged 65 or over receiving more than five hours of homecare a week is much higher than the number under the age of 65 (Table 7.9). During a sample week in September of the financial year 2006-07, just under 20,000 people aged 65 and over received home care services. About 40% received fewer than five hours per week, while 5.5% received 20 hours or more.

Table 7.9 Number of people receiving home care in Wales, by hours received, time per week, by age (2006/07, week ending 30 September) [(a)]

Clients receiving home care	18-64	65+
< 5 hours	1,844	8,504
5-9 hours	1,081	5,893
10-19 hours	879	4,449
≥ 20 hours	1,078	1,100
Total	4,882	19,946

Source: Source: Local Government Data Unit Wales

[(a)] Hours are counted from the client's perspective, e.g. if two members of staff are present during one hour, only one hour of service is counted although two hours of staff input are provided

The number of people aged 65 and over receiving home care from their local authority almost halved in Wales between 1994 and 2001, falling from 41,000 to 22,000. Since then, the numbers have remained fairly steady.[3]

While the data on providing community social services are routinely collected in Wales, it is not clear how the services are meeting older people's needs. Indeed, an Equality issues in Wales review found little evidence on older people and quality in the provision of social care.[45]

7.2.8 Residential care

People generally enter care homes because they can no longer live independently. For older people, physical and mental health problems are the main reasons for entering residential care. Carer related problems ('carer stresses') are also important reasons why older people go into residential care.[46] A recent systematic review of international literature conducted by the Social Care Institute for Excellence[43] shows the main reasons for people aged 60 and over entering residential care include:

- Safety and the need to be looked after
- Poor mobility (in particular, being unable to walk)
- Poor eyesight
- Loneliness
- The desire to avoid being a burden to others.

The range of fears and anxieties reported before entering residential care include:

- Loss of control over their lives
- Adjusting to communal living
- Not getting on with other residents
- Boredom and being cut off from home
- Poor hygiene in care homes
- General uncertainty and worry about how things will be.

A review of the quality of life in care homes in the UK was recently undertaken in collaboration with older people and representatives of the care home sector.[47] Evidence from this review suggested that keeping a sense of identity is key to retaining self-esteem and a good quality of life. It also found that residents often want to be useful, and that they should be encouraged to use the skills and experience that they bring to the home.

According to the 2001 Census, almost 6% of women and 2.6% of men aged 65 over were residents in communal establishments in Wales.[n]

7.2.9 End of life and palliative care

As more people live into old age, end of life and palliative care become increasingly important for health and social service providers as well as older people themselves. The majority of older people prefer to die at home, although some may wish to access more support - in a hospice for example - as death becomes imminent.[48]

Most research on death and dying is exploratory in nature. It looks into quality and nature of dying in care homes or community hospitals[49] and/or the development and improvement of practice.[47] There is little research into the views of the terminally ill on their expectations and wishes regarding end of life care. This is in part a result of the difficulties in collecting data from a group with high rates of rapid attrition and withdrawal.[48]

7.2.10 Dignity in care

Dignity is salient to the concerns of older people and to the provision of health and welfare services,[50,51] UK and international research with older people, their carers and care workers has identified dignity with overlapping issues such as respect, privacy, autonomy and self-worth.[50,52]

[n] According to the census 2001, a communal establishment was defined as 'an establishment providing managed residential accommodation. Managed means full-time or part-time supervision of accommodation'. This definition includes care homes, nursing homes, hospitals, boading schools, prisons and some types of sheltered accommodation

The 'Dignity in Care' Guide developed by the Social Care Institute for Excellence[51] has identified several factors responsible for the absence of dignity in care, such as:

- bureaucracy
- staff shortage
- poor management and lack of leadership
- absence of appropriate training and induction
- difficulties with recruitment and retention leading to overuse of temporary staff.

There are also wider societal issues, including ageism, other forms of discrimination and abuse. See Chapter 4: Dignity and Social Inclusion for further information on dignity.

Key Information Gaps

- Data on prescription (or illicit) drug misuse later in life.
- Evidence on whether current health and social services are meet older people's needs.
- Evidence on older people and their dignity in health and social care.
- Data on falls for older people in Wales.
- Research into older people's sexuality and sexual health.
- Information on palliative care and research into attitudes and preparation towards death.

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Full time student in my final year of studies for BA (Hons) Public and Social Policy degree at our local college … opportunity was there 4/5 years ago so grabbed it with both hands. Started late in life as I had to do National Service at 18 and when I left had to earn a living. Would like to do, if I get the qualifications, other doors may open and I would like to do a Master's degree

Chapter 8: Self-fulfilment and Active Ageing

Authors: Robert Willis, Luned Jones and Glyn Jones

Key Findings

- Two out of five (43%) older people have taken part in some form of learning during the previous 12 months.
- More older women than men take part in learning activities.
- Older people are least likely to own a computer, use the internet at home and have broadband access. For those aged 80 and over, 17% have a home computer and 12% access the internet at home.
- 29% of people aged 65 and over participate in artistic activity once a year or more.
- Religious affiliation is higher for older age groups (95% of those aged 75 and over).
- At 65, older people in Wales have shorter Disability Free Life Expectancy and Healthy Life Expectancy than the average for the UK.
- One in four men and one in six women aged 50 and older take the recommended amount of physical activity.

This chapter focuses on the UN Principles for Older Persons relating to Self fulfilment and the Welsh Assembly Government's Strategy for Older People Active Ageing Indicator of Change. Specifically the chapter reports on:

- Education and learning
- Digital inclusion
- Hobbies and recreation
- Religion and spirituality
- Sport and physical activity
- Disability-free and healthy life expectancies.

8.1 Self-fulfilment

This section considers:

- Education and learning
- Digital inclusion

- Hobbies and recreation
- Religion and spirituality

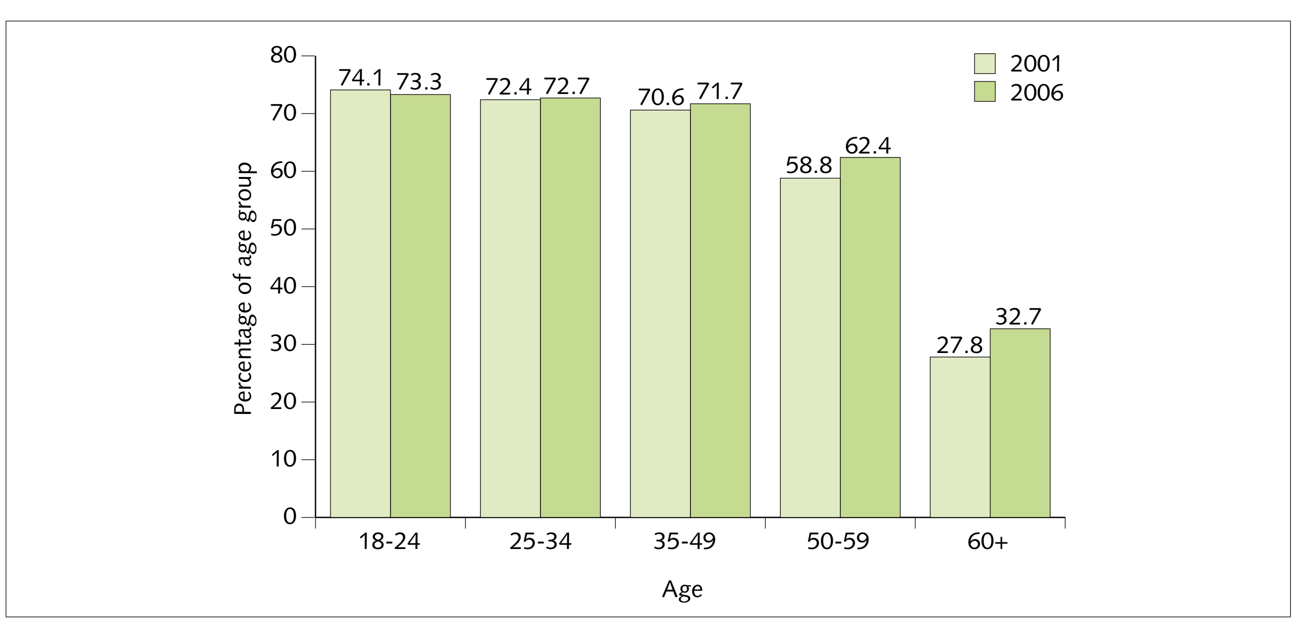
8.1.1 Adult learning

Data from the 2006 Annual Population Survey (APS)[a] show that around two in five (44%) older people (50 and over) in Wales undertook some form of learning in the previous 12 months. This includes taught or 'formal' courses, as well as non-taught, or study such as self-learning through a book or in the office (also known as 'informal' learning).

Eighteen per cent of older people had undertaken a combination of taught and non-taught learning. Six per cent of older people had been involved only in taught courses. Twenty per cent had undertaken only non-taught study.

The propensity to undertake learning fell sharply for those aged 60 and over. Around six in 10 aged 50 to 59 engaged in some form of learning compared with around three in 10 of those 60 and over.

Figure 8.1 Percentage of people participating in some form of learning in the past 12 months (2001 and 2006)



Source: ONS, Annual Population Survey

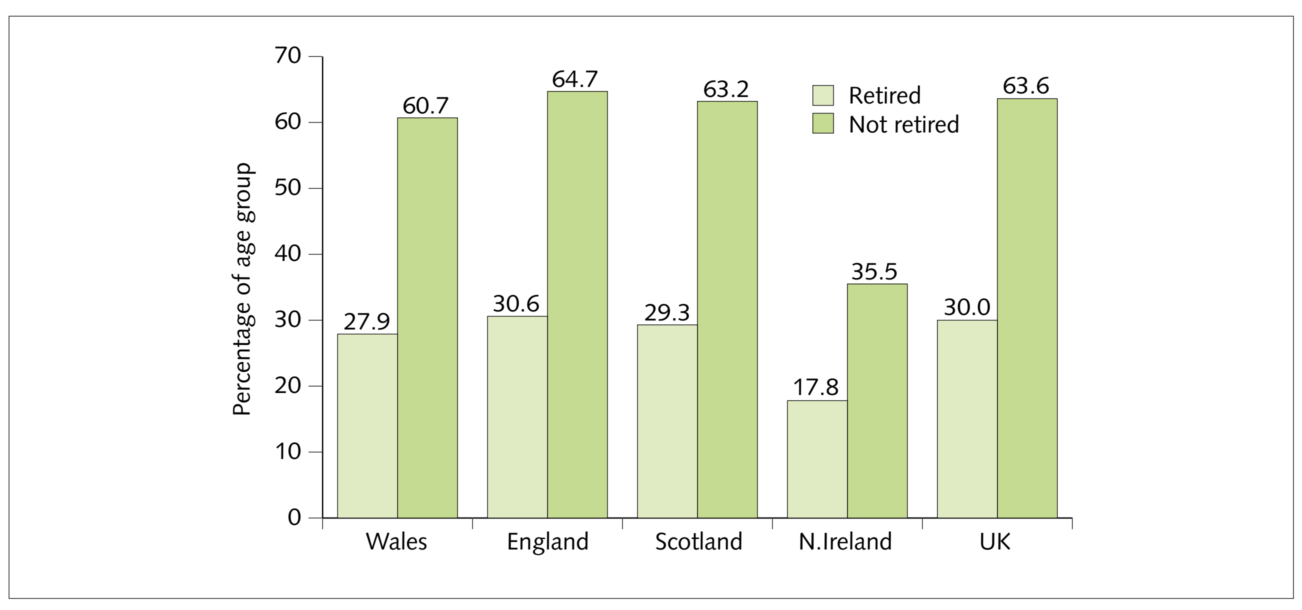
Between 2001 and 2006, the proportion of older people in learning increased by four to five percentage points. This is higher than the increase in other age groups, but it not known how much of this is due to a 'cohort effect' - that is people who were more engaged in training in the younger age groups becoming older rather than a significant increase in take-up of learning by older people.

[a] See Appendix II for further Information on this and other surveys

As with other age groups, older people who are more highly qualified or from higher socioeconomic groups are more likely to engage in learning. More specifically for older people, retired people are far less likely to engage in learning than those still economically active. Just 28% of retired older people were involved in learning over the previous 12 months, compared with 61% of those not retired. More information on work based training is provided in Chapter 5: Independence and Material Wellbeing.

Older people in Wales, whether retired or not, are less likely to have engaged in learning than across the UK as a whole and in comparison with other UK countries. Only Northern Ireland has a lower rate of participation by older people. Sixty-four per cent of non-retired people and 30% of retired people had undertaken learning of some sort across the UK.

Figure 8.2 Percentage of persons aged 50 or above undertaking some form of learning in past 12 months (2006)



Source: ONS, Annual Population Survey

In the *Voices of Older People in Wales* qualitative study, many of the participants talked about learning through 'informal' means:

> *"Well I read and I knit or sew, I potter in the garden, I try and keep active …* [training and education?] *Oh I don't know, at 88 I don't know really (laughs)."*
>
> **Female aged 88**

Others, however, talked about formal education they were involved in:

> *"Full time student in my final year of studies for BA (Hons) Public and Social Policy degree at our local college … opportunity was there 4/5 years ago so grabbed it with both hands. Started late in life as I had to do National Service at 18 and when I left had to earn a living. Would like to do, if I get the qualifications, other doors may open and I would like to do a Master's degree."*
>
> **Male aged 73**

In addition, one participant mentioned his dissatisfaction at the opportunities for formal learning:

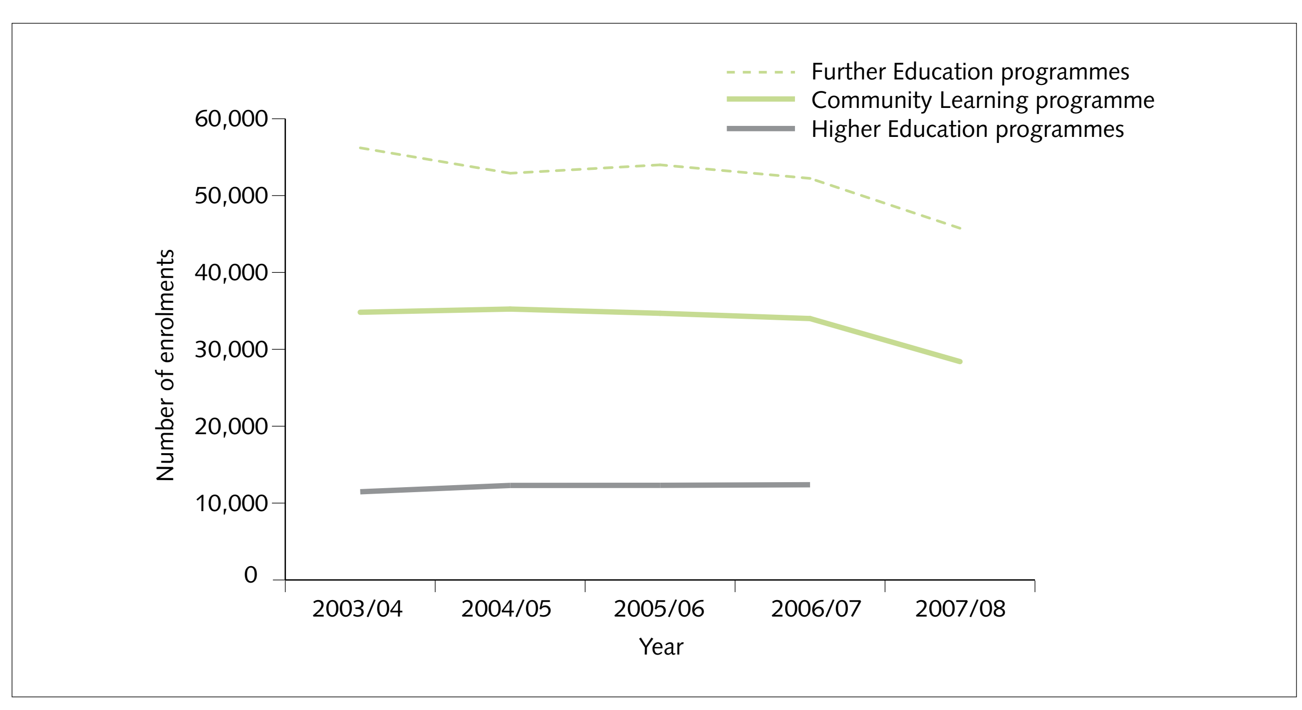
"The only thing I would say is that night class subject choices are a bit limited - they tend to offer occupational stuff like welding - I think they could offer more stuff for people that is totally different to their working life."

Male aged 64

8.1.2 Further Education, Community Learning and Higher Education

Administrative data enables us to monitor enrolments on formal learning programmes in post-16 settings. Figure 8.3 shows that in 2007/08, over 45,000 people aged 50 and over enrolled on Further Education (FE) learning programmes. A further 28,400 enrolled on Community Learning programmes and over 12,000 in Higher Education (HE).

Figure 8.3 Enrolments in learning programmes by learners aged 50 and over (2003-2008)



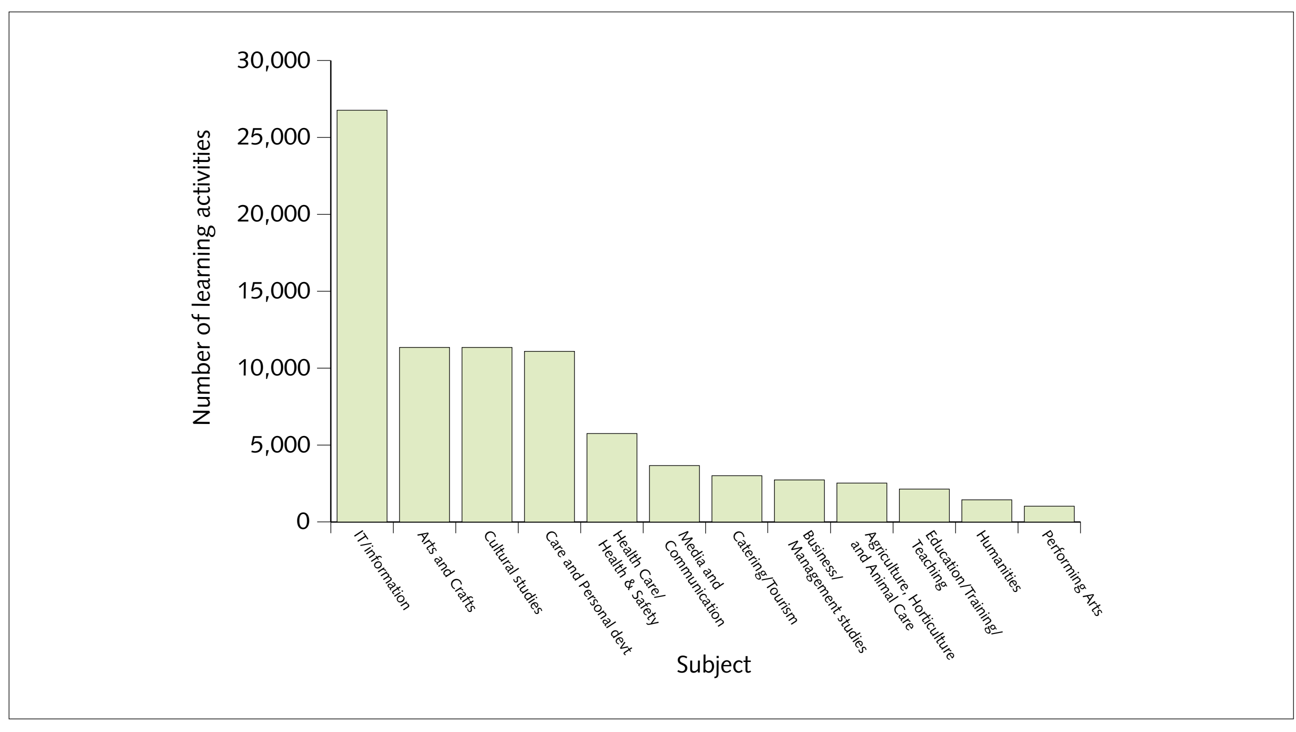
Source: Lifelong Learning Wales Record and Higher Education Statistics Agency

In terms of FE, the number of older learners fell between 2003/04 and 2007/08, most significantly between 2006/07 and 2007/08. However, this is in line with a fall in overall learner numbers. The proportion of FE enrolments accounted for by older people (a fifth) has changed little over the past few years. Most enrolments are part-time (fewer than 500 were full-time). Nearly two-thirds of enrolments were by women.

The FE provision accounts for over 87,000 individual learning activities (i.e. separate qualifications such as a GCSE or OCN[b] credit). Figure 8.4 shows the most popular subjects for learning activities by older people are:

- Information Technology (IT)
- Arts and Craft
- Cultural Studies
- Care/Personal development

Figure 8.4 Most popular FE learning activities undertaken by older people, by subject (subjects with more than 1,000 activities) (2007/08)



Source: Lifelong Learning Wales Record

Learning activities at FE institutions are still predominantly classroom-based, especially for the under 20 age group. For the 20 to 59 age group around two-thirds of activities are in the classroom, but with an increase in distance learning, e-learning and other settings such as the workplace. The age group after the under-20s which is least likely to be engaged in distance learning is the over 60s.

[b] GCSE - General Certificate of Secondary Education. OCN - Open College Network.

Table 8.1 Method of delivery of learning activities at FE institutions by age (2007/08)

Age Group	Method of Delivery					
	Classroom	Distance (Not e-learning)	Drop-in/ open learning centre	E-Learning	Other including workshop and workplace	Total
Under 20	86	3	1	2	9	100
20-24	68	10	2	4	17	100
25-39	67	12	3	6	12	100
40-49	64	14	3	8	11	100
50-59	68	10	3	8	11	100
60+	76	3	3	6	12	100
Age not Specified	80	3	2	2	13	100
Total	**77**	**7**	**2**	**4**	**11**	**100**

Source: Lifelong Learning Wales Record

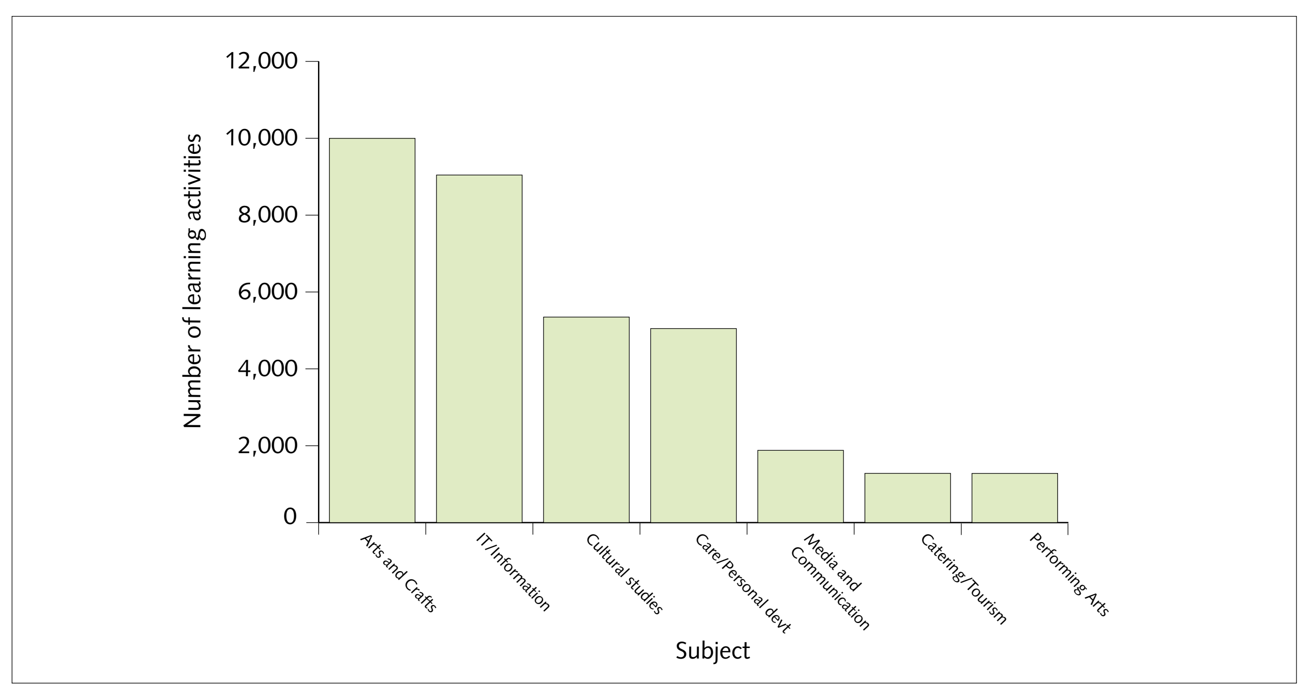
(a) Includes work-based learning (WBL) subsidiaries of FE institutions

(b) LEA community learning has been included where there is a formal enrolment with an FE institution

(c) Age is as at 31 August 2007

Around half of all local education authority (LEA) Community Learning activities are undertaken by older people and this percentage has increased a little in recent years. Numbers on Community Learning remained steady from 2003/04 until a substantial fall in 2007/08.

Figure 8.5 Most popular LEA Community Learning activities undertaken by older people by subject (subjects with more than 1,000 activities) (2007/08)



Source: Lifelong Learning Wales Record

Figure 8.5 shows that the most popular Community Learning activities among older people are Arts and Craft and IT. In these subjects (as well as others) older people formed a majority of learners:

- Humanities activities — 71% of learning
- Arts and Crafts — 68%
- IT and Information — 63%
- Manufacturing/Production work — 62%
- Media/Communication/Publishing — 55%
- Sports, Games and Recreation — 55%
- Engineering — 53%

Community Learning activity is still heavily classroom-based with very little difference across age groups. Around 90% of activity was recorded as being in classrooms with very little use of distance or e-learning methods.

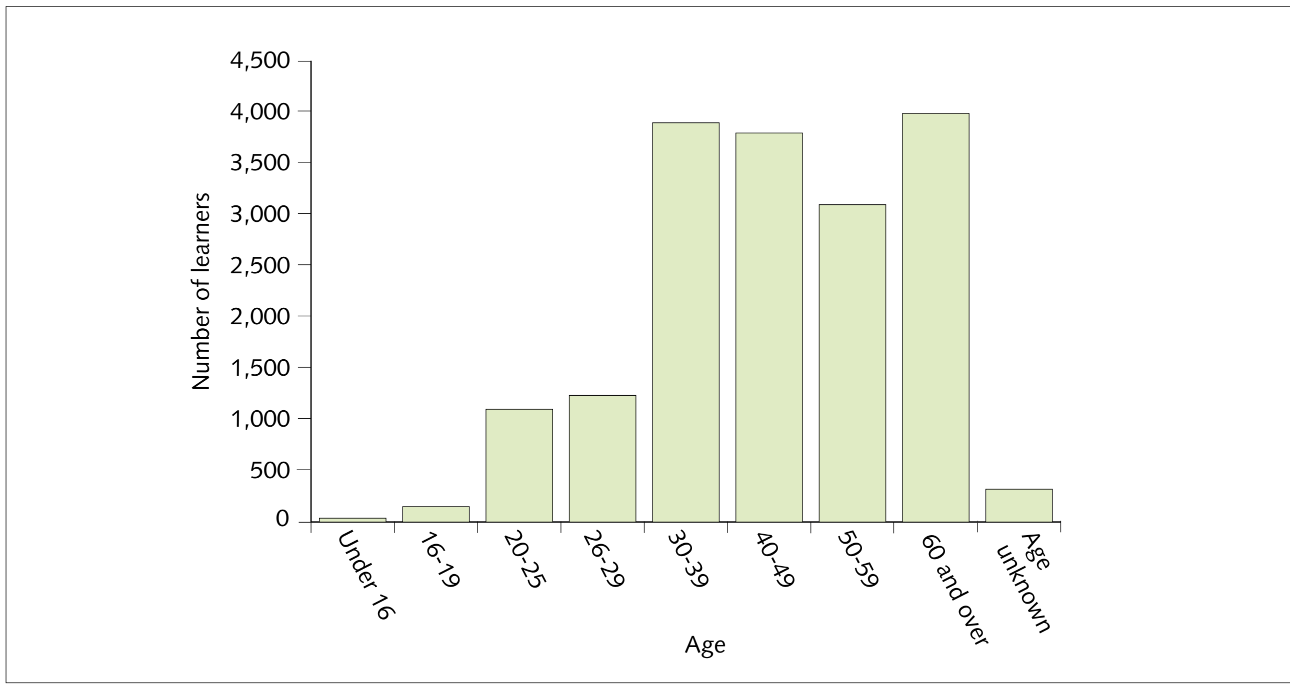
Older people are less likely to be enrolled in HE than FE or Community Learning, with just 1% of the population aged 50 or over being enrolled in HE. While the percentage has changed little over the years, the numbers involved have increased - from 9,000 in 2000/01 to 12,400 in 2006/07. This is in line with increasing HE numbers generally.

Ninety-five per cent of uptake by older people is part-time and 24% is through distance learning. (Source: HESA)

8.1.3 Welsh for Adults

Welsh for Adults is a national programme allowing those over school leaving age, especially people in the workplace, to acquire Welsh language skills. Over 7,000 people aged 50 and over enrolled for Welsh for Adults in 2007/08 - accounting for around 40% of provision. The 60 and over group represent the highest proportion of Welsh for Adults learners (see Figure 8.6).

Figure 8.6 Welsh for Adults learners (2007/08)



Source: Lifelong Learning Wales Record and Higher Education Statistics Agency

8.1.4 Basic Skills

The 2004 National Basic Skills Survey for Wales[c] conducted literacy and numeracy assessments up to the age of 65. The survey showed lower rates of literacy and numeracy for 50 to 65 year olds compared with the population as a whole. Just under a third (31%) of older people in the sample had low levels of literacy (i.e 'below entry level'), while 59% had low numeracy skills. This compares with 25% and 53% for the population as a whole.

The English Longitudinal Study of Ageing (ELSA)[d] investigated both numeracy and literacy levels. They found more literacy and numeracy impairment for the older members (80 and over) of their sample than younger (under 60s). They also found a gender difference, with women more likely to show numeracy impairment than literacy and men more likely to show literacy impairment than numeracy. Overall they found that around 12% of their sample were impaired in literacy, around 12% impaired in numeracy and around 4% impaired in both.[1]

[c] See Appendix II for further information on this and other surveys
[d] See Appendix II for further information on this and other surveys

8.1.5 Digital inclusion

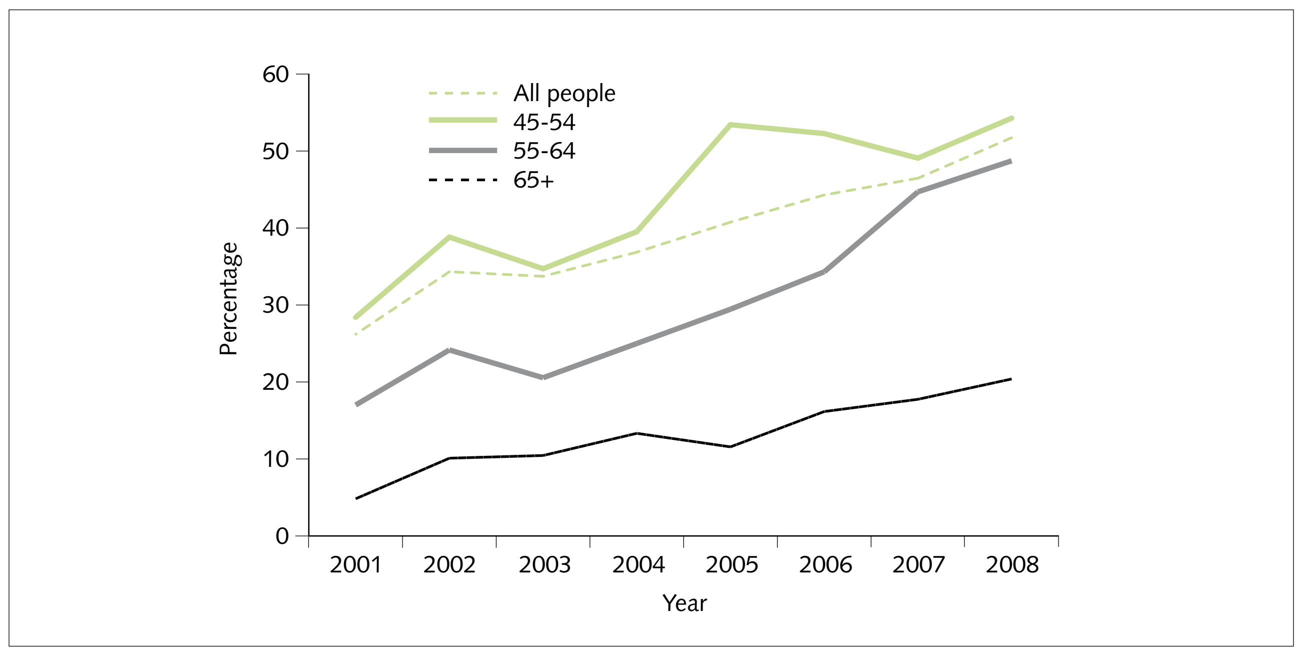
Being able to access computers and the internet provides many benefits to older people - such as staying in touch with others, shopping online and taking advantage of good deals.

According to the Beaufort Omnibus Survey[e], figures for using a personal computer and the internet at home show a striking difference between the 55 to 64 year age group and those aged 65 and older in Wales. Usage among the 55 to 64 age group is only slightly lower than that for all people (see Figures 8.7 and 8.8). However, these data are collected via an omnibus survey, so the sample size is small and this should be borne in mind in when considering the findings. Nonetheless, it provides a useful insight into digital inclusion.

In 2008, 49% of 55 to 64 year olds reported using a personal computer in the previous four weeks, compared with 20% of those aged over 65. The figure for all people was 52%. For use of internet at home in the previous four weeks, the figures were 41% and 19% respectively (49% for the population as a whole).

Between 2005 and 2008, home use of a personal computer and internet by those aged 65 and over virtually doubled - from 12% to 20% and 9% to 19%, respectively.

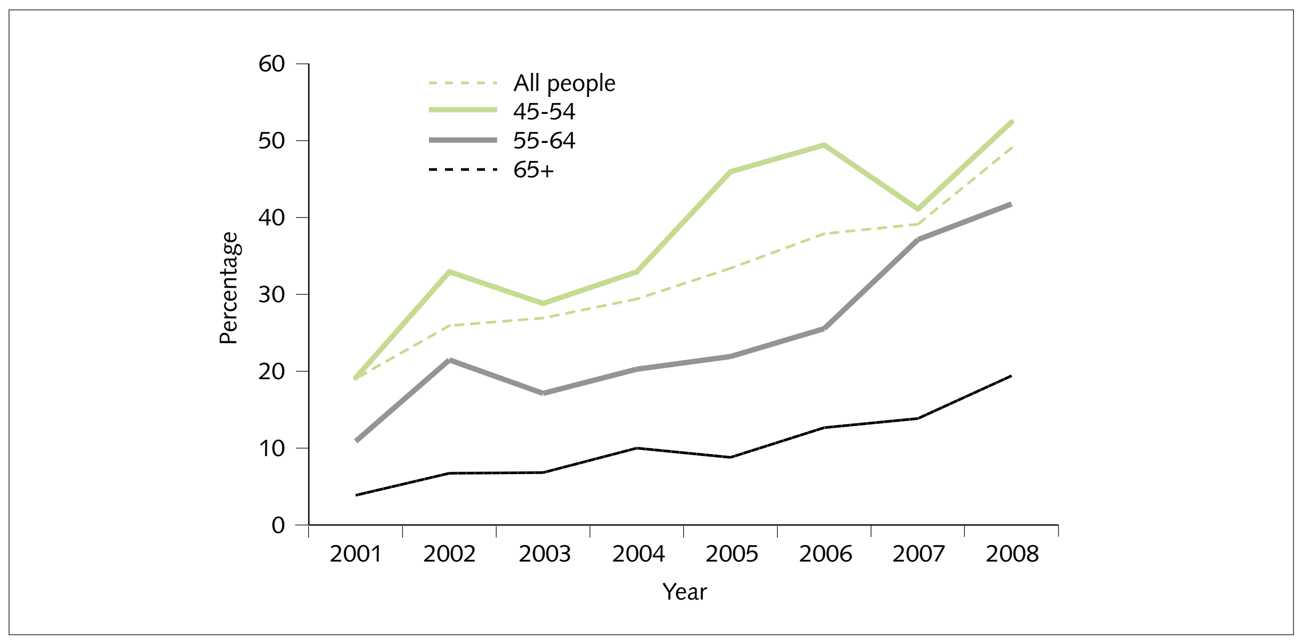
Figure 8.7 Percentage of people using a personal computer at home within the last four weeks (2001-2008)



Source: Beaufort Omnibus Survey

[e] See Appendix II for further information on this and other surveys

Figure 8.8: Percentage of people using the internet at home within the last four weeks (2001-2008)



Source: Beaufort Omnibus Survey

The Living in Wales survey for 2008 also provides data on whether a household has a personal computer at home, whether a household has internet access and whether it is via broadband.

Table 8.2 Computer ownership and internet access (%) (2008)

Age	Personal computer at home	Household internet access	Internet access via broadband
0-49	84	76	93
50-59/64	77	70	91
60/65-79	44	36	81
80+	17	12	70
Total	70	59	90

Source: Living in Wales

Table 8.2 shows a decline with age for owning a computer, accessing the internet at home and (for those with internet access) broadband access.

The data presented here does not take into account the usage of computers and internet access outside the home (for example, free access in public libraries).

Respondents in the *Voices of Older People* in Wales study talked about using the internet for online shopping. They also spoke about relatives who used the internet on their behalf, as the quotes below illustrate:

> *"Internet shopping and sudden our green grocer, our local green grocer has gone online and I can now order from him, it's £15s worth so I can now have my veg delivered. With online shopping, I didn't like to order the fruit and veg because you like to pick your own but I shall have to trust the local man to pick it for me."*
>
> **Female aged 81**

> *"If I don't know of anything I need here locally I'll ask my son and he says "hold on mum" and two minutes, two seconds almost later, the answer comes…yes he Googles it and Wikipedia is it or something."*
>
> **Female aged 77**

8.1.6 Hobbies and social participation

Research suggests that older people living in affluent areas are less likely to have low levels of social activity (independent of individual demographic and socioeconomic characteristics). People's perceptions of an area as neighbourly and having good facilities are also independently associated with a lower likelihood of low social activities.[2]

The European Study of Adult Wellbeing (ESAW)[f] found very similar patterns of activities for all participating countries.[g] The study found that the variety in activities was influenced by different ages, living arrangements, income and education.[3]

The *Voices of Older People in Wales* qualitative study provides an insight into older people's hobbies and attendance at social clubs. As the quotations illustrate, this links to social inclusion and civic participation/volunteering discussed in Chapter 4: Dignity and Social Inclusion and Chapter 6: Participation, respectively.

The study concluded that the respondents fell into two broad groups - 'joiners' and 'loners'. People perceived relationships with family, friends and neighbours as very important, particularly for the 'loners' (who often lived alone). The 'joiners' were mainly older female respondents in small close knit communities. These respondents often belonged to church-related and women's associations. Social activities/participation for respondents was primarily at the local level.

> *"Socially I see people probably about 3 or 4 times a week may be. My parents are still alive, I don't see them very often because they're in Mid Wales … I go to the cinema, I go out for meals, I also go to a gym and walking."*
>
> **Female aged 50**

> *"Well when I play golf I see them so that's three times maybe four times if I go up to the golf club for a drink, when I play Bridge with people, go out with my brother in*

[f] See Appendix II for further nformation on this and other surveys.
[g] Britain (including Scotland, England and Wales), Austria, Italy, Luxembourg, the Netherlands and Sweden.

law sometimes for a drink … three or four times a week for golf and maybe I would go and play bridge somewhere, I go to a quiz every fortnight so I'm out quite often and then of course we go on walks and rides in the car and so on so I'm out quite a lot really."

Male aged 79

8.1.7 Arts participation and attendance

Attendance at, and participation in the arts, can be important for older people, for a number of reasons. These reasons include socialising, being independent enough to do so, to carry on doing things that they enjoyed when younger, as a means of identity and self expression, and for pure enjoyment.

Age is only one factor in determining levels of attendance and participation in the arts. Other factors which may affect attendance and participation in the arts include socioeconomic status, region of Wales and gender.

Analysis of the General Household Survey (GHS)[h] and the British Household Panel Survey (BHPS)[i] found that social organisational membership (such as leisure, community and religious activities) is linked to both health and material resources. For example, evidence suggests that those with higher levels of material and health resources are most likely to benefit from social organisational capital.

However, these factors only partly explain the low levels of social organisational membership of older divorced men. The authors also found a high level of involvement in social organisations among never married women, but not among never married men.[4]

According to evidence from ELSA, around 50% of people aged 50 and over say that they go to the cinema, opera or theatre, or visit an art gallery or museum. Almost all say that they eat out sometimes. Those in older age groups, poorer health or more routine or manual occupational groups are less likely to participate in these activities.[5]

The Poverty and Social Exclusion Survey[j] found that one in five pensioners could not afford to participate in at least one common social activity.[6]

Participation restriction has been found to increase for the 'oldest' old. A study looking into why this is found several barriers, the most commonly cited barrier being lack of mobility.[7]

The Beaufort Omnibus Survey collects data on participation in the arts by older people on behalf of the Arts Council for Wales. However, the sample size is small and this should be borne in mind when considering the data. Nonetheless, it provides a useful insight into participation levels.

[h] See Appendix II for further information on this and other surveys
[i] See Appendix II for further information on this and other surveys
[j] See Appendix II for further information on this and other surveys

In 2008, 79% of all adults attended an arts event at least once a year. The percentage was slightly lower for those aged 45 to 64 (at 76%) and lower still for those aged 65 and over (62%). Of those aged 65 and over who attended an arts event, the most popular were an art or craft exhibition, a carnival or street art performance, a musical and the cinema.

In 2008, 31% of all adults participated in an arts event at least once a year. The percentage was slightly higher for those aged 45 to 64 (at 33%), and slightly lower for those aged 65 and over (29%). Of those aged 65 and over who participated in an arts event, the most popular activity was visual arts and crafts. This was also the most popular activity for all adults, however it was a predominantly female activity with 24% of women taking part compared to 10% of men.

8.1.8 Reading

According to the Arts Council of Wales (2007 Beaufort Omnibus Survey), two thirds of adults surveyed said they finish reading a book at least once a year. Around 68% of those aged 45 to 64 and around 65% aged 65 and over said they finished reading a book at least once a year.

Around 58% of adults said they buy a book at least once a year. The equivalent figures for those aged 45 to 64 and 65 and over were 59% and 54% respectively.

In terms of reading Welsh books, 5% of all adults said they finished reading a Welsh book at least once a year. The equivalent proportions for those aged 45 to 64 and those aged 65 and over were higher at 6% and 9% respectively. However, these figures should be treated with caution due to the small sample size of the Beaufort Omnibus Survey.

In the *Voices of Older People in Wales* qualitative study, many respondents talked about reading:

> *"I like walking in the hills, reading and listening to music."*
>
> **Female aged 53**

> *"Well I read and I knit or sew…"*
>
> **Female aged 88**

> *"I read, watch TV and like my jigsaws…"*
>
> **Female aged 72**

> *"I couldn't live without reading, a good night's sleep, a plate of spaghetti bolognaise."*
>
> **Male aged 57**

The data from the Beaufort Omnibus Survey and the findings from the *Voices of Older People in Wales* study suggest that age is no barrier to reading.

8.1.9 TV viewing

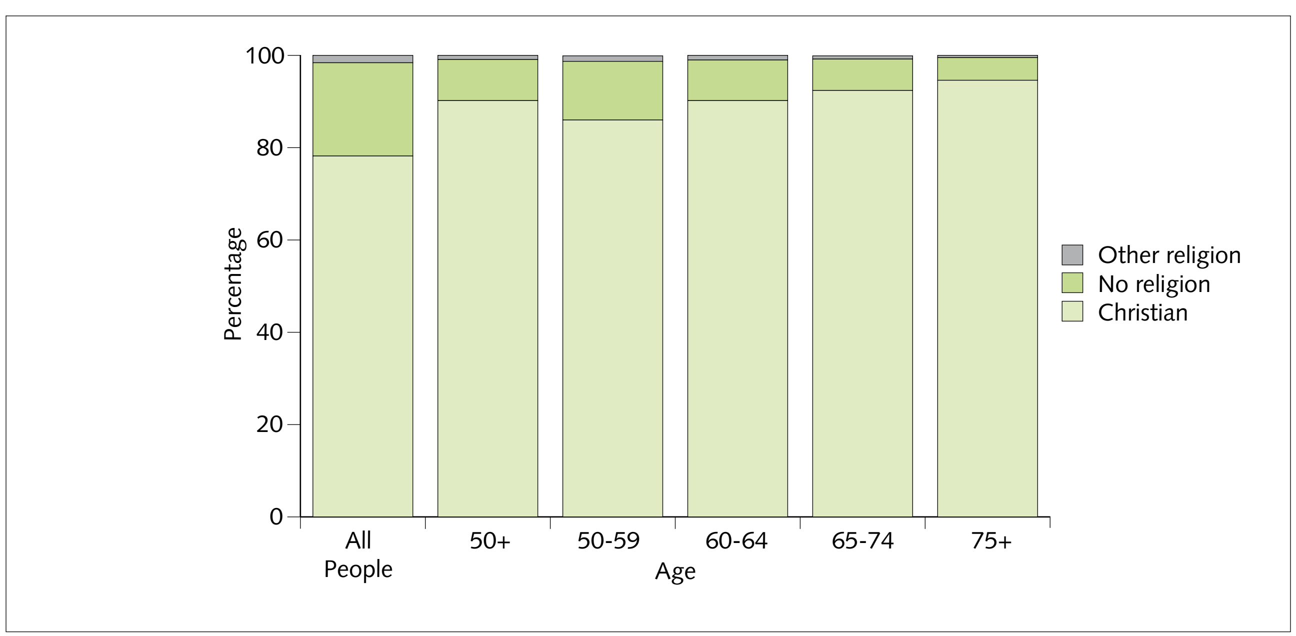
Data on time spent watching TV, videos and DVDs on a daily basis is available for the whole of Great Britain from the 2005 Time Use Diary Study.[k]

This study indicates that all age groups watch TV, videos and DVDs on average for 157 minutes a day. The figure for the 65 and over age group is the highest at an average of 226 minutes a day. The next highest is for the 45 to 64 year olds at 159 minutes a day followed by the16 to 24 age group at 138 minutes.

8.1.10 Religion and spirituality

A voluntary question on religious affiliation was asked in the 2001 Census for the first time[l]. Figure 8.9 provides a summary of religious affiliation for people by age group in Wales.

Figure 8.9: Religion by age in Wales (2001)



Source: 2001 Census

The figure is based on those who answered the voluntary religion question

As Figure 8.9 shows, at the time of the Census, most people in Wales gave their religion as Christian. It also indicates that the proportion of people who regard themselves as Christian increases with age. Around 78% of the whole population regarded themselves as Christian, while 20% stated that they had no religion. For those aged 50 and older the corresponding figures were 90% and 9% respectively. The proportion of Christians increased from 86% of those aged 50 to 59 to 95% of those aged 75 and over. In contrast, the proportion of people with no religion fell from 9% of those aged 50 to 59 to 5% of those 75 and over.

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[k] See Appendix II for further nformation on this and other surveys

[l] It asked "What is your religion" with tick box options of: None; Christian; Buddhist; Hindu; Jewish; Muslim; Sikh; Any other religion, please write in

Only 1% of people aged 50 and over belonged to another religion in Wales, with Muslims representing the largest of these groups.

Although the age split in religious affiliation is clear, it is less obvious whether this is a result of ageing or a cohort effect. For example, it could be that the process of ageing - facing mortality and experiencing the death of friends and relatives - heightens the role of religion in life. Alternatively, it may be that people continue their religious affiliations through their life. If the latter is the case, then it cannot be assumed that future cohorts will demonstrate similar levels of religious affiliation.

It is important to note that these data are for religious affiliation only. It is not about beliefs or practice.

The *Voices of Older People in Wales* study provides a useful insight into the importance of church and other religious activities for some of the female respondents. This quotation is from a respondent living in a care home who talks about the loss she feels about no longer attending church:

> *"Well I can't really can I am bound in here you know … I miss my church dreadfully I do miss church…someone used to come once a month to give us communion and take a service and I looked forward to that but it doesn't happen … I do miss the church … I was a Sunday school teacher at 14."*
>
> **Female aged 82**

8.2 Active Ageing

According to the International Council on Active Aging, active ageing is described as: "Living life to the fullest extent, for as long as possible. Physical and mental health, mobility, hope, family and friends support an active ageing lifestyle".[8] This section considers:

- Disability-free and healthy life expectancies
- Physical activity and participation in sports

Other aspects of active ageing are considered throughout the chapters of the Monitor.

Research with older people has found that the most common perceptions of active ageing were:

- having/maintaining physical health and functioning
- leisure and social activities
- mental functioning and activity
- social relationships and contacts.[9]

8.2.1 Disability-Free and Healthy Life Expectancy

Please see Chapter 2: Older People in Wales: A Demographic Overview for more information on life expectancy and mortality. Key illnesses are discussed in Chapter 7: Health and Care.

Healthy Life Expectancy (HLE) is defined as years spent in good or fairly good self-perceived general health. Disability-Free Life Expectancy (DFLE) is defined as years spent free from limiting long-term illness (LLTI).

Analysis has shown a large variation - 14 years of healthy life - in the time spent free of activity limitations in men and women at 50 years of age within the 25 EU countries in 2005. Generally citizens of the 15 established EU countries have longer and healthier lives than in most of the ten new member states.[10]

A large MRC funded study begun in 1991 (with people aged 65 followed up at two, six and 10 year intervals) investigated the impact of different diseases on both life expectancy and DFLE. It found that more disability-free life years were gained than total life years in people who were free of stroke, cognitive impairment, arthritis, and/or visual impairment at baseline.[11]

Table 8.3 Life expectancy (LE), healthy life expectancy (HLE) and disability-free life expectancy (DFLE) at age 65: by country and sex (2004-06)

		Life Expectancy	Healthy Life Expectancy	Disability-Free Life Expectancy
Males	United Kingdom	16.9	12.8	10.1
	England	17.1	12.9	10.2
	Wales	16.7	12.3	9.5
	Scotland	15.8	12.2	9.8
	Northern Ireland	16.6	12.9	9.1
Females	United Kingdom	19.7	14.5	10.6
	England	19.9	14.7	10.7
	Wales	19.5	13.3	9.8
	Scotland	18.6	14.2	10.7
	Northern Ireland	19.5	13.8	9.0

Source: ONS, Government Actuary's Department

In 2004-2005, at age 65, life expectancy for males in Wales was 16.7 extra years. This compares with 17.1 for England and 16.9 for the UK. For females in Wales, life expectancy was 19.5, compared with 19.9 for England and 19.7 for the UK.

HLE for 65 year old males in Wales was 0.5 years less than for the UK. HLE for 65 year old females in Wales was 0.2 years less than for the UK.

DFLE for 65 year old males in Wales was 0.6 years less than for the UK. DFLE for 65 year old females was 0.8 years less than for the UK.

England consistently scores highest (or equal first) for LE, HLE and DFLE for both males and females. This when compared with Wales, Scotland and Northern Ireland may reflect greater affluence in England and, possibly, better access to medical services.

8.2.2 Sport and physical activity

Physical activity is important for older people's wellbeing. For example, according to Andrews[12], the health benefits of regular exercise include a reduced incidence of:

- coronary heart disease
- hypertension
- non-insulin dependent diabetes mellitus
- colon cancer
- depression and anxiety.

In addition, increased physical activity:

- increases bone mineral content
- reduces the risk of osteoporitic fractures
- helps to maintain appropriate body weight
- and increases longevity.

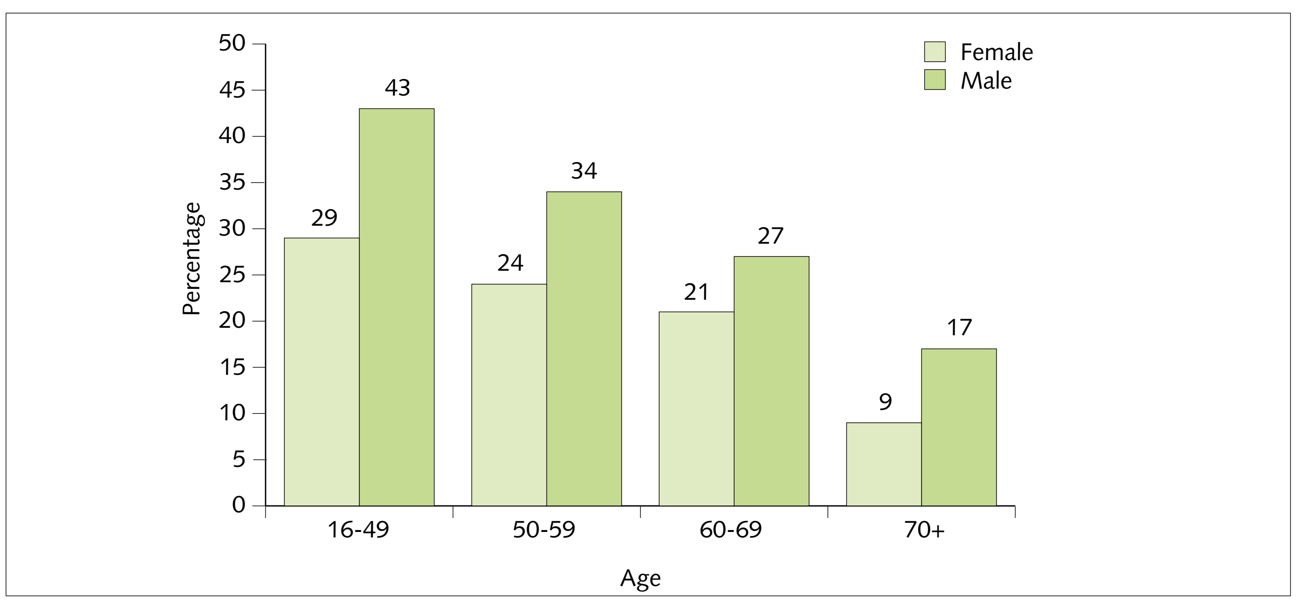
Even nonagenarians (i.e. those over 90 years old) can achieve improvements in strength which can prevent them from falling beneath functionally important thresholds.[13]

Additional evidence for the importance of physical activity for older people is provided by ELSA. In its cohort, those who were physically inactive had twice the risk of death compared with those who had the highest level of physical activity.[14]

Figure 8.10 shows the percentage of adults in Wales meeting the current physical activity guidelines[m].

[m] Adults should undertake at least 30 minutes of physical activity of at least moderate intensity at least 5 days a week

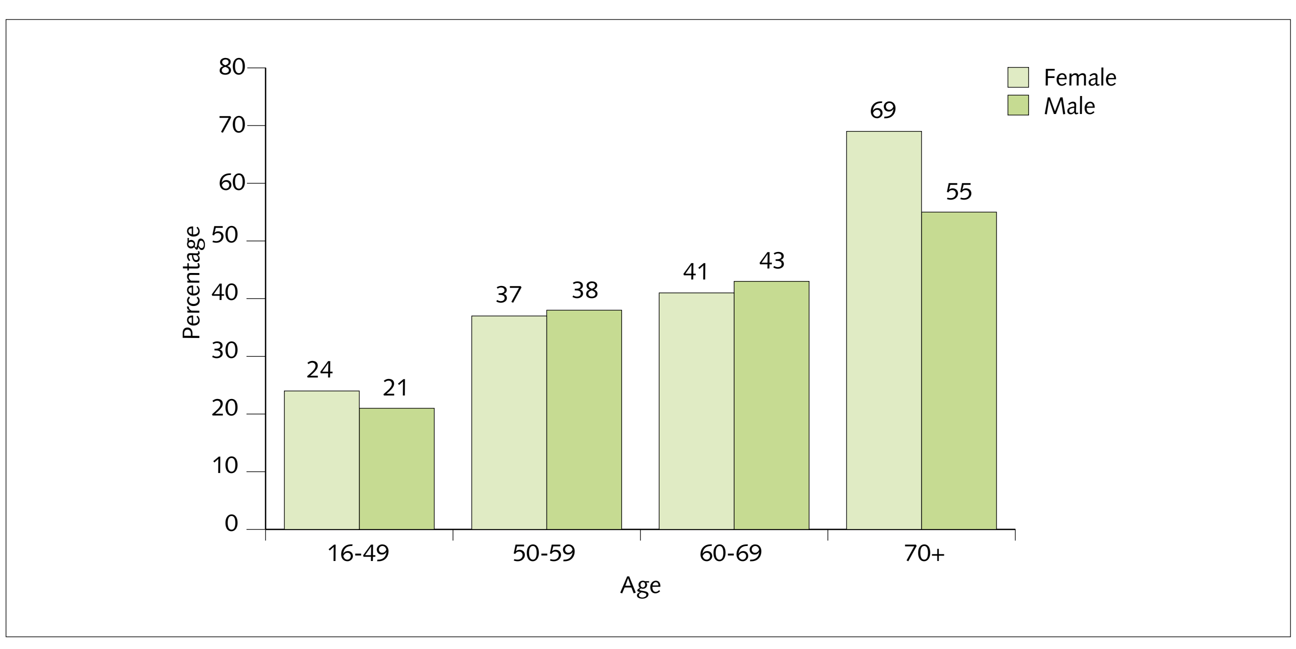
Figure 8.10 Percentage of adults reporting having had at least 30 minutes of moderate or vigorous exercise on 5+ days (2007)



Source: Welsh Health Survey

Figure 8.10 shows a steep fall in the percentage of individuals reporting that they exercised at the recommended level as they get older. For men, there is a decline from 43% of 16 to 49 year olds taking the recommended amount of exercise to 27% of those aged 50 and older. For women, the decline is from 29% to 17% for the same age groups. A clear gender split is evident across all age groups, with more men reporting that they meet the physical activity guidelines than women.

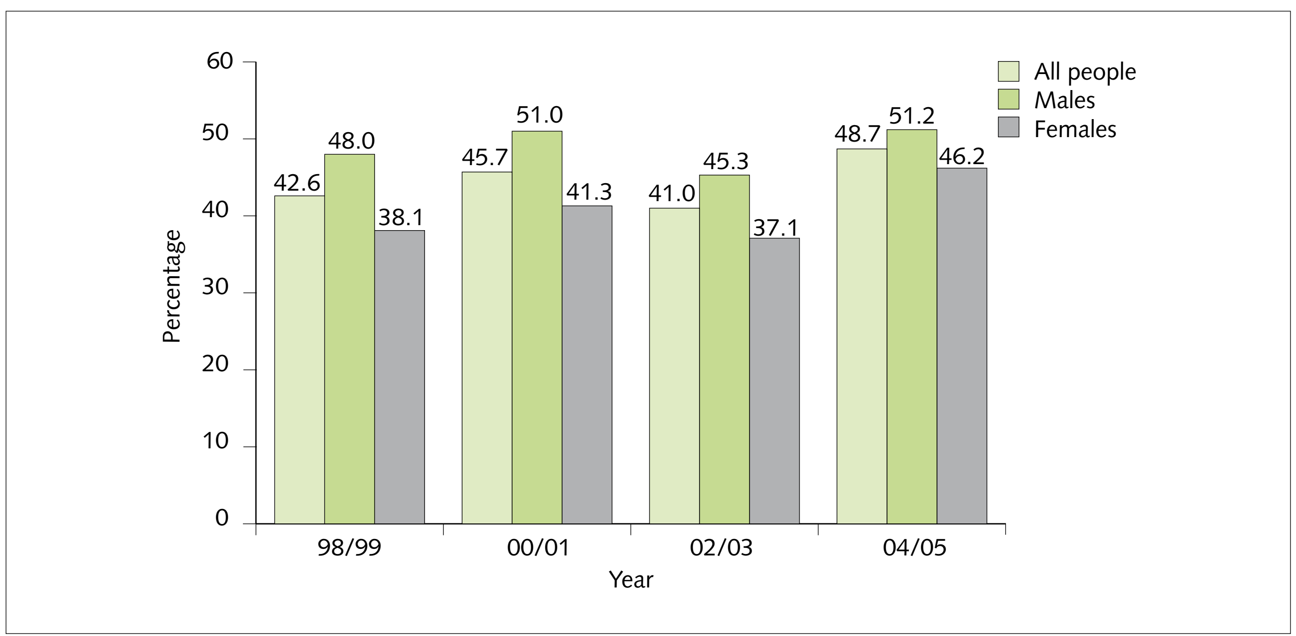
Figure 8.11: Percentage of adults reporting zero days of at least 30 minutes of moderate or vigorous exercise on 5+ days (2007)



Source: Welsh Health Survey

Perhaps of more concern is the percentage who report zero days of moderate or vigorous exercise in the past week (Figure 8.11). This rises from 21% of men and 24% of women in the 16 to 49 age group, to 45% of men and 50% of women in the 50 and older age group. For those aged over 70, over half of men, and two thirds of women, reported taking too little exercise to benefit their health.

Figure 8.12: Participation in sport or activity in past four weeks, people aged 50 and over (1998-2005)



Source: Sports Council for Wales, Adults' Sports Participation Surveys

Figure 8.12 shows that - apart from in the 2002/03 survey - sport or activity participation rates for older people in Wales have generally increased. In 2004/05, slightly less than half adults aged 50 and older participated in a sport or activity in the previous four weeks. The proportion was slightly higher for men than for women. This gender split is evident for all time periods.

The most popular activity was walking (over two miles) at around 40%. Swimming was the next most popular sport with participation levels in the previous four weeks of around 6% for men and 8% for women.

Those who had not participated in any form of sports or physical activity during the last four weeks were also asked what their reasons for non-participation were. For those aged 50 and older, the most common responses were ‘not fit enough’ (39%) and ‘too old’ (33%). Other common reasons were ‘not enough time’ (12%) and ‘illness/disability’ (7%).[n]

[n] Note that respondents could select more than one reason for non-participation

According to the *Voices of Older People in Wales* study, some respondents reported adopting less active pastimes as they grew older.

> *"I used to do more active things but I can't do what I used to do, but you know I keep busy."*
>
> **Female aged 88**

> *"My only hobby really is walking and reading - you get that as you get older."*
>
> **Male aged 80**

There is some evidence of a socioeconomic divide among men as regards their joining of clubs. A study using the BHPS found that older working class men have a low likelihood of engaging in community and religious organisations and sports clubs, but a higher likelihood of being members of a social club. It also found that men in the highest social groups are more involved in sports clubs and in civic and religious organisations. The reasons for this may be to promote their physical health and to benefit the community respectively.

There was no indication that lack of resources prevents membership of sports or social clubs, but the authors suggest further investigation as to why membership rates fall so sharply with age.

Finally, divorced men have the lowest level of involvement in 'any' organisation and are particularly unlikely to be members of sports clubs or religious organisations.[15]

According to the SCW survey (2004/05), around 8% of adults aged 50 and over were members of sports clubs. Males were almost twice as likely to be members as females.

Furthermore around 1% of adults volunteered in sport in 2004/05, mostly to help in administration, coaching, catering, transport or in an some undefined role. They were almost as likely to work with the under 17s as with the older age groups, but often worked with a wide age range.

8.2.3 Free swimming

In 2004, the Welsh Assembly Government introduced a free swimming scheme for people aged 60 and over. This scheme (and a similar one for children) is known as the Free Swimming Initiative (FSI). Data collected to monitor this initiative are presented below.

The number of free and structured swims[o] has increased over time for the 60 years and over age group. At the end of the 2005-06 financial year, there were 518,300 recorded free swims in Wales for this age group. The number increased by 7% to 553,500 at the

[o] A structured swim includes activities such as "Aquafit" or swimming lessons

end of the 2006-07 financial year, before falling slightly to 534,600 in 2007-08. The male/female ratio was relatively equal during 2006-07 and 2007-08. Data are not available for the number of older people taking advantage of the FSI.

Structured swims for those aged 60 years and over have increased in popularity since the FSI began. During 2005-06, there were 25,200 recorded structured swims in the 60 years and over age group. This increased to 61,700 in the end of the 2007-08 financial year. The type of structured swim was recorded in 2007-08, showing that AquaFit/therapy was by far the most popular type of structured swim.

Key Information Gaps

- Research into the barriers and facilitators for older people and physical activity and sport.
- Data on older people's use of museums, art galleries, and public libraries.
- Data on religious practice and spirituality for older people in Wales, including data on how many individuals attend a place of worship, and barriers to accessing places of worship.
- More systematic data collection on arts participation and hobbies.

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Glossary

ACW	Arts Council for Wales
A&E	Accident and Emergency
AHC	After Housing Costs
APS	Annual Population Survey
AWC	All Wales Convention
AWISS	All Wales Injury Surveillance System
AWSCS	All Wales Smoking Cessation Service
BCS	British Crime Survey
BHC	Before Housing Costs
BHPS	British Household Panel Survey
BMI	Body Mass Index
CAPI	Computer Assisted Personal Interviewing
CASP-19	Control, Autonomy, Self-realisation, Pleasure
CSSIW	Care and Social Services Inspectorate Wales
DDA	Disability Discrimination Act
DEFRA	Department for Environment, Food and Rural Affairs
DFLE	Disability Free Life Expectancy
DToC	Delayed Transfers of Care
DWP	Department for Work and Pensions
EASR	European Age Standardised Rate
ELSA	English Longitudinal Study of Ageing
ESAW	European Study of Adult Well-being
EU	European Union
FE	Further Education
FSI	Free Swimming Initiative
GCSE	General Certificate of Secondary Education
GDP	Gross Domestic Product
GHS	General Household Survey
GP	General Practitioner
GROS	General Register Office for Scotland
HB	Housing Benefit
HE	Higher Education
HESA	Higher Education Statistics Agency
HLE	Healthy Life Expectancy
HRP	Household Reference Person

HBAI	Households Below Average Income
HHSRS	Housing Health and Safety Rating System
HSE	Health Survey for England
ISMI	Income Support for Mortgage Interest
IT	Information Technology
JRF	Joseph Rowntree Foundation
LE	Life Expectancy
LEA	Local Education Authority
LFS	Labour Force Survey
LGBT	Lesbian, Gay, Bisexual and Transgender
LGDU	Local Government Data Unit
LiW	Living in Wales survey
LLWR	Lifelong Learning Wales Record
LLTI	Limiting Long Term Illness
MCS	Millennium Cohort Survey
MP	Member of Parliament
NASS	National Asylum Support Service
NCHR&D	National Care Homes Research and Development forum
NISRA	Northern Ireland Statistics and Research Agency
NPHS	National Public Health Service
OCN	Open College Network
ONS	Office for National Statistics
PAF	Postcode Address File
POVA	Protection of Vulnerable Adults
PSE	Poverty and Social Exclusion survey
RCP	Royal College of Physicians
SCW	Sports Council for Wales
SHS	Scottish Household Survey
SPA	State Pension Age
STI	Sexual Transmitted Infection
UN	United Nations
WAG	Welsh Assembly Government
WCISU	Welsh Cancer Intelligence and Surveillance Unit
WIMD	Welsh Index of Multiple Deprivation
WHS	Welsh Health Survey
WLGA	Welsh Local Government Association

Appendix I

Wellbeing Indicators

UN Principles for Older Persons

Independence

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.

3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

4. Older persons should have access to appropriate educational and training programmes.

5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

6. Older persons should be able to reside at home for as long as possible.

Participation

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

9. Older persons should be able to form movements or associations of older persons.

Care

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

11. Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.

13. Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfilment

15. Older persons should be able to pursue opportunities for the full development of their potential.

16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

18. Older persons should be treated fairly regardless or age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Welsh Assembly Government, Older People's Strategy Indicators of Change

Social Inclusion

1. Fear of crime: percentage of people aged 50+ who report that their lives are greatly affected by fear of crime.

In addition, the following two measures will be included if existing data can be used:

- Contact with friends and family;
- Access to transport

Material Wellbeing

2. Employment rate: those in employment as a percentage of the population, in three age groups:

    a. 16-59/64 (available for all-Wales and by local authority).

    b. 50-59/64 (available at all-Wales level).

    c. 60/65+ (available at all Wales level).

3. Older people in work related education/training: percentage of people aged 50+ who had taken part in any education or training connected with their job, or any job that they might do in the future, during a three-month period.

Active Ageing

4. Participation in sport or leisure activities: participation by people aged 50+ in any sport or activity during a four-week period.

Social Care

5. Receipt of community based services helping people to live at home: rate of people aged 65+ helped to live at home per 1,000 population aged 65+.

6. Housing that is unfit or in a defective state: proportion of women aged 60+ and men aged 65+ who live in households classed as (a) unfit and (b) defective.

Health Care

7. Access to selected surgical procedures: rates per 1,000 population aged 65 or over of:

    a hip replacements: and

    b knee replacements.

Health and Well being

8. Healthy life expectancy at 65+: average number of years that a person aged 65 can expect to live in good or fairly good health, based on people's own assessment of their general health.

9. Disability free life expectancy at 65+: average number of years that a person aged 65 can expect to live free from limiting long-standing illness.

Please note that a full report on the progress against these indicators is provided in - Welsh Assembly Government (2009). *Older People in Wales*, SB 57/2009. Cardiff: Welsh Assembly Government.

Department for Work and Pensions: Opportunity Age indicators

Overall subjective wellbeing

1. Subjective wellbeing

Independence in supportive communities

2. Housing that falls below the set standard of decency
3. Ownership of consumer durables
4. Fear of crime
5. Experience of crime
6. Contact with friends and relatives
7. Access to goods and services
8. Access to motor vehicle/using public transport
9. Trips made

Healthy active living

10. Healthy and disability free life expectancy
11. Life expectancy
12. Mental health
13. Long standing illness
14. Access to treatment
15. Adult learning
16. Sport, leisure and volunteering

Fairness in work and later life

17. Employment
18. Older people's belief about the availability of work
19. Work related training/education
20. Voting

Material wellbeing

21. Median income
22. Wealth
23. Relative low income
24. Absolute low income
25. Persistent low income
26. People contributing to a non-state pension

Support and care

27. Satisfaction with home care
28. Direct payments
29. Receiving a community based services
30. Receiving intensive home care
31. Receiving home adaptations or equipment
32. Care for carers
33. Care home standards

Chapter 4: Dignity and Social Inclusion

	Indicator	UN Principles for Older Persons	Welsh Assembly Government's Strategy for Older People Indicator of Change	DWP Opportunity Age Indicator
1	Referrals for allegations of adult abuse	✓		
2	Experience of discrimination, harassment or victimisation	✓		
3	Beliefs about availability of work			✓
4	Ability to access services in the Welsh language	✓		
5	Looking after grandchildren		✓	✓
6	Feeling of neighbourhood belonging			
7	Experience of crime[a]	✓		✓
8	Fear of crime	✓	✓	✓
9	Perception of anti-social behaviour	✓		
10	Perception of safety	✓		

[a] Please note that the data for indicator 7 are presented at an England and Wales level due to data availability

Chapter 5: Independence and Material Wellbeing				
	Indicator	UN Principles for Older Persons	Welsh Assembly Government's Strategy for Older People Indicator of Change	DWP Opportunity Age Indicator
11	Trips taken			✓
12	Car access and use	✓		✓
13	Public transport use	✓		✓
14	Transport and access to services	✓		✓
15	Standard of housing	✓	✓	✓
16	Housing repairs	✓		
17	Housing adaptations	✓		✓
18	Employment rate	✓	✓	✓
19	Work related training and education	✓	✓	
20	Income	✓		✓
21	Income poverty	✓		✓
22	Fuel poverty	✓		

	Indicator	UN Principles for Older Persons	Welsh Assembly Government's Strategy for Older People Indicator of Change	DWP Opportunity Age Indicator
Chapter 6: Participation				
23	Voting			✓
24	Elected representatives	✓		
25	Interest and knowledge of politics	✓		
26	Volunteering	✓		✓
Chapter 7: Health and Care				
27	Self reported health status			
28	Limiting long-term illness (LLTI)			✓
29	Treatment for specific illnesses			
30	Disability[b]			
31	Incidence of cancer			

[b] Information on disability is also provided in chapter 3.

	Indicator	UN Principles for Older Persons	Welsh Assembly Government's Strategy for Older People Indicator of Change	DWP Opportunity Age Indicator
32	Fractures			
33	Eyesight impairment			
34	Hearing impairment			
35	Mental health			✓
36	Suicide			✓
37	Smoking			
38	Alcohol misuse			
39	Eating 5 or more fruit and vegetables a day			
40	Having fewer than 21 teeth			
41	Bodyweight			
42	Use of hospital services	✓	✓	✓
43	Use of GP services	✓		

	Indicator	UN Principles for Older Persons	Welsh Assembly Government's Strategy for Older People Indicator of Change	DWP Opportunity Age Indicator
44	Use of other services	✓		✓
45	Influenza and pneumococcal immunisation	✓		
46	Use of smoking cessation services	✓		
47	Delayed Transfers of Care			
48	Community based services	✓	✓	✓
49	Home care services	✓		✓
50	Residential care	✓		
Chapter 8: Self-fulfilment and Active Ageing				
51	Learning activity	✓		✓
52	Enrolment in FE, HE and community learning	✓		✓
53	Learning Welsh	✓		✓
54	Basic skills			
55	Digital inclusion			

	Indicator	UN Principles for Older Persons	Welsh Assembly Government's Strategy for Older People Indicator of Change	DWP Opportunity Age Indicator
56	Arts participation and attendance			✓
57	Reading			
58	Religious affiliation	✓		
59	Life expectancy			✓
60	Disability free and healthy life expectancy		✓	✓
61	Physical activity			✓
62	Sports participation		✓	✓
60	Disability free and healthy life expectancy		✓	✓
61	Physical activity			✓
62	Sports participation		✓	✓

Please note that those indicators without a tick have been identified during the course of developing the Monitor.

Key Surveys used in the Monitor

Title	Description	Frequency	Geographical coverage	Link
Adults' Sport and Physical Participation Survey	Since 1987, the Sports Council for Wales has undertaken regular surveys of sports participation. Results are published in the Council's Sports Update series. Until 1998 the questionnaire was administered as part of the Welsh Omnibus survey which is conducted once a quarter among 1,000 Welsh adults aged 15+. Since 1998, the total sample has been approximately 22,000 made up of a quota sample of 1,000 face-to-face interviews in each of the 22 local authorities with 60 separate sample points per authority per year. Sample points are enumeration districts which are selected with probability proportionate to population and to be representative of ACORN classification in each authority. Within each sample point quotas are set on age, gender and working status to fully ensure a representative sample in each local authority. Weighting is applied to the sample on key demographic variables to correct any slight shortfalls in quotas, and to provide representative all-Wales figures the data is weighted to be reflective of the size of each local authority.	Every two years	Wales	www.sports-council-wales.org.uk

Title	Description	Frequency	Geographical coverage	Link
All Wales Convention (AWC)	This research included a two-stage survey. The first phase survey was conducted in December 2008. The objectives for this phase were to measure understanding of the Assembly's powers, awareness of the possible changes to these powers and support for extending the powers in a referendum. In total, a representative sample of 1,650 people, aged 16 years and over, was interviewed by telephone. The average interview length was 12 minutes. The second phase was undertaken in June and July 2009. To enable comparisons with the first wave of the survey, the questionnaire and objectives remained largely unchanged, although an additional objective was to establish what factors, if any, would influence voting behaviour in the possible referendum on giving the Assembly further powers. This meant the questionnaire was slightly longer than in the first phase and, so in order to keep the research cost neutral, the sample size for the second phase was cut to 1,553 people, aged 16 years and over.	One-off	Wales	www.allwalesconvention.org

Title	Description	Frequency	Geographical coverage	Link
Annual Population Survey (APS)	This is a combined survey of households in Great Britain. Its purpose is to provide information on key social and socioeconomic variables between the 10 yearly censuses, with particular emphasis on providing information relating to small geographical areas. The APS combines results from the Labour Force Survey (LFS) and the English, Welsh and Scottish Labour Force Survey boosts. Around 20,000 households in Wales are included in the survey, which is conducted through face-to-face and telephone interviews. The target sample size for each local authority is a minimum of 875 economically active adults except for targets of 700 in the Isle of Anglesey and Ceredigion, 575 in Blaenau Gwent and 500 in Merthyr Tydfil. The APS has been incorporated into the Integrated Household Survey (Continuous Population Survey) since January 2008.	Annual	Great Britain	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Annual Survey of Hours and Earnings (ASHE)	This survey is mainly based on a 1% sample of employees on the Inland Revenue PAYE (pay as you earn) register for February, though it is also supplemented by additional random samples drawn from the Inland Revenue PAYE register in April to cover employees that have either moved into the job market or changed jobs between the time of selection and the survey date. The 2008 survey is based on approximately 146,000 returns. The data is weighted to be representative of the general population. This weighting calculation is based on the Labour Force Survey.	Annual	UK	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Beaufort Omnibus survey	Questions on arts participation and attendance have been included in the Beaufort Omnibus survey since 1993. This Omnibus Survey is designed to be representative of the adult population resident in Wales aged 16 and over. The primary sampling unit is local authority and a series of sampling points are selected in each one such that a minimum of 68 interviewing points throughout Wales are selected with probability proportional to resident population. Within each sampling point, interlocking quota controls of age and social class within gender are employed for the selection of respondents. Quotas are set to reflect the demographic profile of Welsh residents and no more than one person per household is interviewed. A fresh sample is selected for each survey within substantially the same interviewing locations. Interviews are conducted in the homes of respondents using CAPI (Computer Assisted Personal Interviewing). Approximately 1,000 interviews are conducted on each year. This data is then weighted to be representative of the Welsh population.	Annual	Wales	www.artswales.org

Title	Description	Frequency	Geographical coverage	Link
British Crime Survey (BCS)	The BCS is carried out in England and Wales (Scotland and Northern Ireland conduct their own) and enquires about actual experiences of crime as well perceptions and attitudes towards crime. The survey collects information about: the victims of crime; the circumstances in which incidents occur; and the behaviour of offenders in committing crimes. The fieldwork consists of face-to-face interviews with adults living in private households. The survey includes crimes not reported to the police and is therefore an important alternative to police statistics. It interviews approximately 50,000 people aged 16 or over every year which includes around 47,000 interviews in the main survey, with an additional boost to the number of interviews with 16 to 24 year olds. The sample is designed to provide adequate numbers (around 1,000 interviews) in each Police Force Area. In 2007 the main survey involved 45,830 adults in the main survey including 4,132 in Wales.	Continuous	England and Wales	www.homeoffice.gov.uk

Title	Description	Frequency	Geographical coverage	Link
British Election Studies/ British General Election Studies	The British Election Studies (BES) (sometimes known as the British General Election Studies or BGES) are a collection of surveys, the main aim of which is to measure changing electoral attitudes and behaviour in Britain. They also measure the political attitudes of the electorate at various stages of an election campaign and during the lifetime of a term of Government. The surveys have taken place in some form at every election since 1964. They consist of a representative cross-section of between 2,000 and 4,000 voters who are surveyed at general elections to gauge their voting behaviour and views.	After a general election	Great Britain	www.nesstar.esds.ac.uk www.bes 2009-10.org

Title	Description	Frequency	Geographical coverage	Link
British Household Panel Survey (BHPS)	The BHPS is a panel survey of individuals living in private households in the UK which began in 1991. An annual face-to-face interview is carried out with all household members aged 16 and over. 11 to 15 year old children are also interviewed. The survey follows the same representative sample of individuals (the panel) over a period of years. The wave 1 panel consists of approximately 5,500 households and 10,300 individuals drawn from 250 areas of Great Britain. Additional samples of 1,500 households in each of Scotland and Wales were added to the main sample in 1999, and in 2001 a sample of 2,000 households was added in Northern Ireland (making the panel suitable for UK-wide research This survey will be incorporated into the UK Household Longitudinal Survey entitled 'Understanding Society' with data collection beginning in 2009	Annual	UK	www.iser.essex ac.uk

Title	Description	Frequency	Geographical coverage	Link
Census	The UK Census provides information relating to all households and individuals. This information informs policy development at a central and local government level and allows for more efficient targeting of resources. The Census collects detailed information from all individuals on topics ranging from education to health to transport. It is a self-completion form which provides information relating to Census day. The results represent 100 per cent of the population as it is on Census day. The results are, however, estimates as some people are missed by the Census and not everyone answers every question. The missing information is imputed on the basis of evidence from people and households of similar types. In England and Wales, the Census is planned and carried out by the Office for National Statistics (ONS).	Every ten years	UK	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Citizenship Survey	The survey started in 2001 as the Home Office Citizenship Survey and was renamed the Citizenship Survey in 2006 when it was taken over by the Department for Communities and Local Government. Approximately 10,000 adults in England and Wales (plus an additional boost sample of 5,000 adults from minority ethnic groups) are asked questions covering a wide range of issues, including race equality, faith, feelings about their community, volunteering and participation.	Every two years	England and Wales	www.communities.gov.uk
English Longitudinal Study of Ageing (ELSA)	ELSA is a large-scale, longitudinal cohort study which aims to follow a panel of people aged 50 and over to examine and investigate all possible factors involved with ageing; whether social, economic or environmental. Originally based upon the 1998, 1999 and 2001 Health Survey for England data, the study looks at a wide variety of issues to examine the effect that relationships between different factors have on ageing and retirement preparation and also more generally at how people age. So far, three waves of data collection using different methods including face-to-face interviews and physical measurements, have taken place. Wave 1 started off with approximately 12,000 people ending in Wave 3 with just under 10,000 people.	Longitudinal with follow-up waves since 2002	England and Wales	www.ifs.org.uk/elsa

Title	Description	Frequency	Geographical coverage	Link
European Study of Adult Well-being (ESAW)	The study was carried out in 2002-2003 in six European countries - Austria, Italy, Luxembourg, the Netherlands, Sweden and the United Kingdom. The survey consisted of face-to-face interviews (using a structured questionnaire) with national samples of 1,800-2,500 non-institutionalised subjects (that is, not hospitalised nor in long-term care facilities) aged 50-90. The study aims to build a European socio-cultural model able to identify which main factors, along with personal characteristics and culture, exert a direct causal contribution to the outcome variable ageing well. The European Commission funded the original project.	One-off	Austria, Italy, Luxembourg, the Netherlands, Sweden and the United Kingdom.	www.esaw.bangor.ac.uk

Title	Description	Frequency	Geographical coverage	Link
General Household Survey (GHS)	The General Household Survey (GHS) is an inter-departmental multi-purpose survey carried out by the ONS on approximately 9,000 households and 16,000 adults aged 16 and over. Interviews are conducted face-to-face CAPI. The household questionnaire is completed by one respondent, the 'Household Reference Person', on behalf of the household. The individual questionnaire is completed by all adults aged 16 and over who are resident in each responding household and some information was collected by proxy about children in the household. Data are collected on five core topics: education; employment; health; housing; population and family information. Other areas such as leisure, household burglary, smoking and drinking are covered periodically.	Annual	Great Britain	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
	The GHS has run continuously since 1971, with the exception of 1997 to 1998 when the survey was reviewed and 1999 to 2000 when it was re-developed. Since January 2008, the GHS has been incorporated into the Integrated Household Survey (Continuous Population Survey)			
Gypsy and Traveller Caravan Count (GTCC)	The GTCC provides data on the number of Gypsy and Traveller caravans in Wales on both authorised and unauthorised sites. It also provides information on the pitches available on Gypsy sites provided by local authorities. The data are based on a twice-yearly count carried out by local authorities in Wales during the months of January and July each year.	Twice yearly	Wales	www.wales.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Health Survey for England (HSE)	The Health Survey for England comprises a series of annual surveys beginning in 1991. The series is part of an overall programme of surveys commissioned by the Department of Health and designed to provide regular information on various aspects of the nation's health. All surveys have covered the adult population aged 16 and over living in private households in England. The survey aims to: provide annual data about the nation's health; estimate the proportion of the population with specific health conditions; estimate the prevalence of risk factors associated with those conditions; assess the frequency with which combinations of risk factors occur. It is designed to be representative of people of different age, gender, geographic area and socio-demographic circumstances in England. The 1991 and 1992 surveys had a limited population sample of about 3,000 and 4,000 adults respectively. For 1993 to 1996 adult sample was boosted to about 16,000 to enable analysis by socioeconomic characteristics and health regions.	Annual	England	www.dh.gov.uk/

Title	Description	Frequency	Geographical coverage	Link
	The HSE 2005 included a general population sample of adults and children, representative of the whole population at both England and regional level, and a boost sample of older people aged 65 and over using 11,520 additional addresses at the same 720 postcode sectors as the core sample.			
Integrated Household Survey (IHS) (Continuous Population Survey (CPS))	The IHS integrates several UK Government surveys: • Labour Force Survey • Annual Population Survey • General Household Survey • Expenditure and Food Survey • National Statistics Opinions (Omnibus) Survey Work is continuing on the comprehensive incorporation of these surveys.	Annual from 2008	UK	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
International Passenger Survey (IPS)	Passengers are sampled on all major routes in and out of the UK, and travellers on these routes make up around 90 per cent of all travellers entering and leaving the UK. The sampling procedures for air, sea and tunnel passengers are slightly different but the underlying principle for each is similar. In the absence of a readily available sampling frame, time shifts or crossings are sampled at the first stage. During these shifts or crossings, the travellers are counted as they pass a particular point (for example, after passing through passport control) then travellers are systematically chosen at fixed intervals from a random start Interviewing is carried out throughout the year and over a quarter of a million face-to-face interviews are conducted each year, and represents about 1 in every 500 passengers.	Annual	UK	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Labour Force Survey (LFS)	The LFS is a quarterly sample survey of households living at private addresses in Great Britain. The survey collects data on respondents' personal circumstances and their labour market status during a specific reference period, normally a period of one week or four weeks (depending on the topic) immediately prior to the interview. The LFS is based on a systematic random sample design which makes it representative of the whole of Great Britain. Each quarter's LFS sample of 60,000 private households is made up of 5 'waves', each of approximately 12,000 households. The LFS is carried out under a European Union Directive and uses internationally agreed concepts and definitions. It is the source of the internationally comparable (International Labour Organisation) measure known as 'ILO unemployment'	Quarterly	Great Britain	www.esds.ac.uk

Title	Description	Frequency	Geographical coverage	Link
Living in Wales (LiW)	Living in Wales provides statistical information about households in Wales. The survey is carried out through face-to-face interviews with the household reference person or appropriate adult using addresses sampled through the Postcode Address File (PAF). The sampling is designed to achieve at least 300 interviews per local authority area each year, and as near to 1,000 over three years as possible. The survey explores all aspects of life in Wales from experiences of accident and emergency services to housing history and tenure. 2008 was the last year which the survey was conducted.	Annual	Wales	www.wales.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Living in Wales - Property Survey (LiWPS)	This survey replaced the Welsh House Condition Survey. The property survey of the LiW survey looks specifically at housing issues across Wales e.g. conditions, standards and experiences of fuel poverty. The survey has so far taken place on an ad-hoc basis approximately every four/five years with a sample of around 2,500 properties being included. The properties are inspected to establish what condition they are in and the estimated cost of repair.	Ad-hoc	Wales	www.wales.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Longitudinal Survey of England and Wales (LSEW)	The ONS Longitudinal Survey samples approximately 1% of the population of England and Wales who have been born on four specific (confidential) dates of the year. Interviewees are identified through Census records which also provide information regarding household members, births, deaths and cancer registrations. The original sample was taken from the 1971 Census based on four birth dates. The recorded information has then been added to from the subsequent Censuses. New births and immigrants born on the four dates are also sampled and added. There are currently around 1 million individuals within the survey sample database.	Longitudinal	England and Wales	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Loneliness, Social Isolation and Living Alone in Later Life project	This project, using a combination of quantitative and qualitative approaches, investigated three key dimensions of social participation: loneliness, isolation and living alone in later life. The project includes a nationally representative survey of older people (aged 65 years and over) living in the community in Great Britain. The survey was based upon participants included in the ONS Omnibus Survey. Participants in the index survey aged 65 or over were invited by ONS to participate in a shared 'Quality of Life' module which was administered at a second interview. The module included questions on loneliness and isolation; measures of social activity and social contact used by the GHS as well as key demographic and health data. Of the 1,299 participants approached, 999 took part (77% response rate).	One-off	Great Britain	www.esrcsocietytoday.ac.uk/

Title	Description	Frequency	Geographical coverage	Link
Millennium Cohort Study (MCS)	This is a major longitudinal study, managed by the Centre for Longitudinal Studies (CLS) at the Institute of Education, on behalf of the ESRC and a range of government departments and devolved administrations. The study follows the lives of a sample of nearly 19,000 babies born in England and Wales in 2000/01, and in 2000/02 in Scotland and Northern Ireland and charts their early social, economic and health circumstances. In Wales, there have been four sweeps of data collection across 73 Welsh wards. Interviews have been conducted with the families and assessments taken of the children at around the ages of nine months (2,760 babies, sweep 1); three years (2,232 children, sweep 2); and five years (2,200 children, sweep 3). The fourth data collection sweep took place in summer 2008 when the children were approximately seven years old.	Longitudinal study, four sweeps to date.	Great Britain	www.cls.ioe.ac.uk

Title	Description	Frequency	Geographical coverage	Link
National Assembly for Wales elections	The Electoral Commission has produced six reports on elections held in Wales since the Commission's office was established in Wales in 2001. The sixth report provides details about elections to the National Assembly for Wales in May 2007. The 2007 election report is based on a quota telephone survey of 1,000 residents of Wales undertaken in May 2007. Quotas were set on three demographic questions: age, gender, working status and whether the participant had voted. The resultant data is weighted to the profile of Welsh residents by age, gender, working status and turnout at the May elections. The reports identify and comment on key issues that emerge during the course of a specific elections to the National Assembly for Wales, including planning for the elections. The primary focus is on the administration of the elections and voter experience. The reports also make comparisons with previous elections in Wales.	Ah-hoc basis to coincide with elections	Wales	www.electoralcommission.org.uk

Title	Description	Frequency	Geographical coverage	Link
National Child Development Study (NCDS)	The NCDS (or the 1958 cohort study as it is sometimes known) is a continuous longitudinal survey following the lives of all the people born in England, Scotland and Wales in one week in March 1958. Starting life as the Perinatal Mortality Survey, the NCDS has undertaken seven follow-ups of the 1958 cohort in order to monitor their physical, educational, social and economic development. The 1958 Cohort are now aged 51 and will be monitored as they grow older and head towards retirement. The timing of the seven follow up studies has depended very much upon available funding meaning there are time gaps in data.	Longitudinal, ten sweeps to date: 1958; 1965; 1969; 1974; 1978; 1981; 1991; 2000; 2004 and 2009	Great Britain	www.cls.ioe.ac.uk

Title	Description	Frequency	Geographical coverage	Link
National Census of Local Authority Councillors	The survey provides a snapshot of democratic representation in Welsh local government and analysis of trends over time. The survey collects data about the following information about councillors, such as: background information (such as age and ethnicity); their work; broad issues (such as their motivations and re-election intentions).	Ah-hoc	Wales	www.lga.gov.uk

Title	Description	Frequency	Geographical coverage	Link
National Longitudinal Survey of Publicly -Funded Admissions, 1995/96	The 1995/96 National Longitudinal Survey of Publicly-Funded Admissions is part of a series of large-scale surveys of care homes undertake by the Personal Social Services Research Unit (PSSRU) over the past 20 years The three parts of the study consist of the cross-sectional survey, a survey of 2,500 elderly people admitted to permanent residential and nursing home care with local authority financial support, and a longitudinal follow-up to the admissions survey. Information was collected on residents': • personal characteristics, health, dependency and charges at the time of admission • circumstances prior to admission • subsequent moves and survival, health and dependency at 6, 18, 30 and 42 months after admission.	One off (part of a series of large-scale surveys of care homes)	England	www.pssru.ac.uk

Title	Description	Frequency	Geographical coverage	Link
National Travel Survey (NTS)	The NTS is run by the Department of Transport and investigates all aspects of travel such as access to transport and associated social inclusion issues, the affect income has on transport habits and road safety issues. Data is collected through face-to-face surveys and a self-completion one-week travel diary with approximately 5,000 households sampled per year. The aim of the survey is to allow for development of better transport policy across the UK.	Continuous	Great Britain	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Nutritional Screening Survey in the UK	The largest nutritional screening survey, Nutrition Screening Survey in the UK 2007 was carried out by the British Association for Parenteral and Enteral Nutrition (BAPEN). The survey was carried out in July 2008 reflecting the prevalence of 'malnutrition' during the summer. Reporters from 130 hospitals, 75 care homes and 17 mental health units in the UK completed a general questionnaire and an anonymous patient questionnaire as part of a national audit on nutritional screening using criteria based on the 'Malnutrition Universal Screening Tool' ('MUST') in all care settings. Data were collected on patients during the first three days of admission to hospitals and acute mental health units, and on residents admitted to care homes and long stay/rehabilitation mental health units in the previous six months.	Annual	UK	www.bapen.org.uk

Title	Description	Frequency	Geographical coverage	Link
ONS Omnibus Survey	The ONS Omnibus Survey is a multi-purpose survey conducted on a monthly basis in England, Wales and Scotland. Set up in 1990, the survey is based on interviews, with a sample of 1,800 adults per survey month. Each month the survey is composed of separate topic modules, which allow researchers to buy one or more questions on any topic. Over 300 question modules have been included to date, including contraception, tobacco consumption and changes to family income. The survey provides a fast, cost-effective and reliable way of obtaining information on a variety of topics too brief to warrant a survey of their own. The smallest spatial unit for which data are made available is by postal sector.	Monthly	Great Britain	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
Poverty and Social Exclusion Survey of Britain (PSE)	The Poverty and Social Exclusion Survey of Britain (PSE) was undertaken by the Office for National Statistics in 1999 as a follow-up survey of a sample of respondents to the 1998/99 General Household Survey. Topics covered: • Income poverty • Lack of socially perceived necessities • Subjective poverty • Social exclusion - Exclusion from the labour market - Service exclusion - Non-participation in social activities - Social isolation - Lack of social support - Civil and political disengagement There were three types of data collection: face-to-face interviews, a self-completion module and a card sorting exercise. 1,534 people participated of the 2,431 eligible.	One-off	Great Britain	www.jrf.org.uk

Title	Description	Frequency	Geographical coverage	Link
Psychiatric Morbidity Among Adults Living in Private Households survey	The Psychiatric Morbidity Among Adults Living in Private Households survey forms part of a series of psychiatric morbidity surveys among different population groups. This particular survey was conducted in 1993 and repeated in 2000. The survey covers people aged 16 to 74 years living in private households in England, Wales and Scotland. The sample is drawn from the small-user PAF using a two stage approach. Initially postcode sectors were stratified on the basis of socioeconomic status within region and 438 sectors selected with a probability proportional to size. Then, within each selected sector, 36 addresses were randomly selected for inclusion in the survey.	Ad-hoc	Great Britain	www.ons.gov.uk

Title	Description	Frequency	Geographical coverage	Link
	Topics covered in the survey included: assessments of neurotic symptoms and disorders, psychoses, personality disorder, and substance misuse and dependence; general health and service use; intellectual functioning; suicidal thoughts and attempts and stressful life events; social networks and social support; activities of daily living and the need for informal care; socio-demographic and general background data including employment, finances and accommodation.			
Study of Older Volunteers in 25 Organisations	The study was designed to provide information for organisations, funding bodies and government departments concerned with increasing and enhancing opportunities for older people who volunteer. The project consisted of a postal survey of 449 volunteers aged 50 plus volunteering in 25 organisations across the UK working in the fields of social welfare, education, heritage and environment; and visits to 20 of the 25 organisations. Since the sample is not representative of all individuals aged 50 plus who volunteer, the findings are specific to the sample only.	One-off	UK	www.ivr.org.uk

Title	Description	Frequency	Geographical coverage	Link
UK Households Longitudinal Study ('Under-standing Society')	This survey, due to make its first report in 2010, is an incorporation and replacement of the British Household Panel Survey (BHPS). The survey will look to follow a sample of around 40,000 households and 100,000 individuals, starting in 2009 and continuing on an annual basis. This is the largest survey of its kind in the UK and will look to gather data on all aspects of family life, from psychological attributes and abilities to illicit behaviour. The survey will be supported by an Innovation Panel who will test new innovative methods of the main survey. The survey also consists of an ethnicity focused element in order to gather and understand more about ethnic minority groups.	Longitudinal	UK	www.understandingsociety.org.uk

Title	Description	Frequency	Geographical coverage	Link
UK Study of Abuse and Neglect of Older People: prevalence survey	The UK Study of Abuse and Neglect of Older People, carried out by the National Centre for Social Research (NatCen) and King's College London (KCL), was commissioned by Comic Relief and the Department of Health. Over 2,100 people in England, Scotland, Wales and Northern Ireland took part in the survey between March and September 2006. The survey included people aged 66 and over living in private households (including sheltered accommodation).	One-off	UK	www.dh.gov.uk/

Title	Description	Frequency	Geographical coverage	Link
Welsh Health Survey (WHS)	The WHS provides estimates of health status, health determinants and health service use which contribute to setting and monitoring targets and indicators in the health strategies and National Service Framework. Since 2003, the WHS has been run on an annual basis. The samples for the current WHS series have been taken from the small users version of the PAF. This is stratified by unitary authority so that a target of at least 600 adults in each authority could be achieved. The size of the responding sample is in the region of 14,000 adults and 3,000 children each year. A household interview is: - conducted with a responsible adult in the household - self-completion questionnaires filled in by adults and children in the household	Annual	Wales	www.wales.gov.uk

Title	Description	Frequency	Geographical coverage	Link
	For each household a face-to-face interview is conducted with one adult member, to identify all the members of the household and the Household Reference Person (HRP). Following this, paper self-completion questionnaires are left to be completed by each adult member aged 16 years or more, and up to 2 children per household.			
Welsh House Condition Survey (WHCS)	The aim of the 1998 Welsh House Condition Survey (WHCS) was to assess the Welsh housing stock in terms of its state of repair and the prevalence of unfitness. Similar surveys have been carried out in Wales since 1968, the latest two were in 1993 and 1986. Similar surveys are also carried out in England, Scotland and Northern Ireland. The 1998 WHCS was designed to produce results for Wales as a whole and for individual unitary authorities in Wales. The Welsh House Condition Survey was superseded by the Living in Wales Property Survey.	Ad-hoc	Wales	www.wales.gov.uk

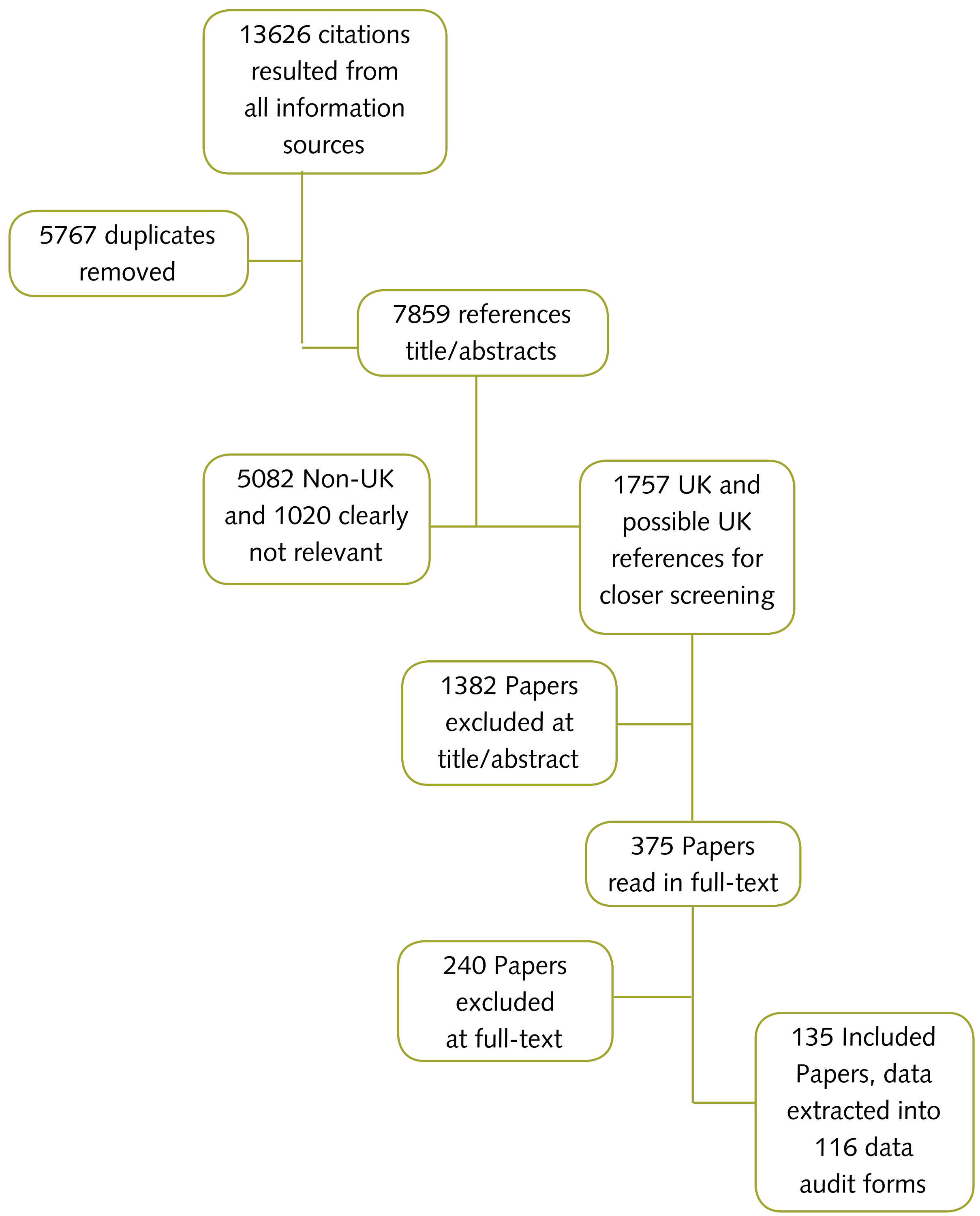
Commissioned Research

This Monitor was supported by two pieces of commissioned work; an evidence review and a qualitative study.

1. Evidence Review

The Evidence Review was undertaken by the Support Unit for Research Evidence (SURE) based within Cardiff University. Specifically the work was conducted by Ruth Turley, Fiona Morgan, Dr Helen Morgan and Dr Alison Weightman.

SURE conducted a literature review on papers relevant to each of the chapters of the Monitor. The literature generated in the search was rigorously and comprehensively reviewed to collect and collate relevant material. Individual data audit forms were then completed; extracting the characteristics and results, and assessing quality of each identified piece of literature. The forms were then compiled into a final report for the authors to use. Not all of these data audit forms were used in the compilation of the Monitor.



A range of information sources were used for the evidence review. The following databases were used:

British Nursing Index; CINAHL (Cumulative Index to Nursing and Allied Health Literature); Science Citation Index; Medline; Medline in Process; Embase; ASSIA (Applied Social Sciences Index and Abstracts); Community Wise; Social Science Citation Index; Social Care Online; Social Services Abstracts; Sociological Abstracts; Age Line; ABI Inform; PsycINFO; Health Management Information Consortium (HMIC); SiGLE.

The following websites were searched:

Age Concern www.ageconcern.org.uk/; Age Alliance Wales www.agealliancewales.org.uk; British Geriatrics Society www.bgs.org.uk/; British Society of Gerodontology www.gerodontology.com/; Care and Repair www.careandrepair-england.org.uk/;
Care Council for Wales www.ccwales.org.uk/; Data Unit Wales http://www.dataunitwales.gov.uk/; HOWIS www.wales.nhs.uk/; International Federation on Ageing www.ifa-fiv.org/;
Help the Aged www.helptheaged.org.uk/; Joseph Rowntree Foundation http://www.jrf.org.uk/; National Public Health Service for Wales www.wales.nhs.uk/sites3/home.cfm?orgid=719; Office for National Statistics (ONS) www.statistics.gov.uk/; Older People & Ageing Research & Development Network (OPAN Cymru) www.opanwales.org.uk/; Prime Cymru www.prime-cymru.co.uk/; Wales Centre for Health www.wales.nhs.uk/sites3/home.cfm?OrgID=568; Welsh Assembly Government wales.gov.uk; Department of Health (including the Department for Work and Pensions) www.dh.gov.uk/; Scottish Executive www.scotland.gov.uk/Home; Wales Centre for Intergenerational Practice www.ccip.org.uk/; World Health Organization www.who.int/; WHO Health Evidence Network www.euro.who.int/HEN

Bibliographies of key texts were checked for further potentially relevant papers. Key experts were also consulted through online discussion groups below to identify further potential published, unpublished or ongoing studies: Health Equity Network www.jiscmail.ac.uk/; Evidence Based Health www.jiscmail.ac.uk/lists/EVIDENCE-BASED-HEALTH.html; Health Services Research www.jiscmail.ac.uk/cgi-bin/webadmin?A0=HEALTH-SERVICES-RESEARCH; Advice and Support in Qualitative evidence Synthesis https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=asqus.

Please note that not all of these identified papers were included in the Monitor. Those which were included are referenced at the end of each chapter alongside any additional papers identified by the chapter authors.

2. Qualitative Study: *Voices of Older People in Wales*

The qualitative study was undertaken by researchers based at Glyndŵr University, Wrexham. Specifically by Professor Odette Parry and Emily Warren from the Social Research Inclusion Unit (SIRU) and Professor Ros Carnwell and Sally Baker from the Centre for Health and Community Research.

Interviews were conducted with 39 people across Wales, aged 50 to 91, the full demographics are provided below:

- 39 interviews;
- 9 counties - Anglesey, Cardiff, Conwy, Denbighshire, Flintshire, Gwynedd, Powys, Swansea and Wrexham;

- 2 were divorced, 19 were married, 7 were single and 11 were widowed;
- 6 were aged 50 to 59, 12 were aged 60 to 69, 16 were aged 70 to 79, 4 were aged 80 to 89 and 1 was aged over 90;
- 22 were women and 17 were men;
- 12 were employed, 24 were retired and 3 were self-employed;
- 28 considered themselves not disabled and 11 disabled;
- 4 were in a nursing home, 30 owned their own home, 2 had a mortgage on their home and 1 was renting their home from a housing association.

38 face-to-face and one telephone interview were conducted by 7 researchers. 9 interviews were conducted in Welsh and 30 in English. Interviews took place between 31st January and 3rd March 2009. The data coding was done using the qualitative software NVivo Version 8.

The topic guide used for the interviews was as follows:

Dignity and Social Inclusion

- Perception of comfort and personal safety
- Key threats to personal safety (and safety of older people more generally)
- Experience of discrimination if any (across all life - social, psychological, emotional, material, physical-domains)
- Personal needs and to what extent these are respected/met
- Perceived voice in matters affecting your life

Independence and Material Wellbeing

- Accommodation (adequacy, warmth and safety)
- Occupational satisfaction: (paid work, voluntary work, recreation/hobbies)
- Material comfort: financial circumstances
- Nutrition and clothing
- Social opportunities and networks
- Health status and needs
- Opportunities (to work, train, education, engage in recreation/hobbies)
- Retirement choices
- Future anticipations/aspirations/concerns

Participation

- Participation in community events/activities
- Relationships with younger generations
- Involvement in community/local/national services/movements
- Perceived opportunities for, barriers to and facilitators of, participation

Care

- Social/health/wellbeing/care needs
- Extent to which these are met
- Use and adequacy of current (social/community/health care and legal) services
- Barriers and facilitators regarding access to services
- Quality of and dignity provided in institutional care or sheltered accommodation, where used
- Perceived gaps in care provision

Self-fulfilment and Active Ageing

- Perceived key contributing factors to wellbeing and whether these are met/attained
- Perceived involvement in and control over decisions/circumstances affecting life
- Worries and concerns
- Perceived societal 'attitudes' towards older people

Key Policies

Policy	Description
A Road Less Travelled - A Draft Gypsy Traveller Strategy Consultation Document (2009)	The aim of this strategy is to realise the Welsh Assembly Government's commitment to the Gypsy Traveller community, to ensure equality of opportunity for Gypsies and Travellers in Wales; to think about new ways in which we can enable Gypsy and Traveller communities to access resources not always available to them by ensuring our services are flexible enough to respond to the needs of Gypsies and Travellers.
All Wales Community Cohesion Strategy (2009)	Aims to encourage communities to work together in raising awareness of cohesion issues in Wales with a view to improving relations within communities. The Strategy also provides advice on mapping the changing make up of communities in Wales to allow the Welsh Assembly Government, local authorities and other stakeholders to target resources more efficiently.
Arts in Health and Wellbeing Strategy (2009)	In association with the Arts Council for Wales, the Welsh Assembly Government launched this strategy which aims to increase understanding of the role of the arts in health and wellbeing in Wales as well as providing guidance and information for the development of arts and health initiatives.
Beating the Cold: A fuel poverty action plan	Beating the Cold is a Welsh Assembly Government commissioned toolkit, put together by National Energy Action Cymru and SWALEC, for local authorities to use in developing Affordable Warmth Action Plans in their areas.
Beyond Boundaries: Citizen Centred Local Services for Wales (2006)	This is a review of local service delivery in Wales undertaken by Sir Jeremy Beecham. The plan has grown out of the Making the Connections plan.
CADW: Free entry scheme	This initiative allows people 60 and over who are resident in Wales free entry to all CADW sites in Wales.

Climbing Higher: Creating An Active Wales. A 5 Year Strategic Action Plan Consultation Document	The Welsh Assembly Government is committed to increasing levels of physical activity and creating an environment that supports and provides opportunities for safe healthy activities. Building on Climbing Higher, this 5 Year Strategic Action Plan 'Creating an Active Wales' has been developed by a cross departmental group within the Welsh Assembly Government, advised by a broad range of key stakeholders. The focus of this plan will be to increase levels of physical activity so as to deliver improvements in health and wellbeing. Evidence indicates that the most significant health benefits from increasing levels of physical activity are achieved through moderate increases in physical activity for inactive people. A key aim for moving forward will be to focus on encouraging and supporting the least active people in Wales to build some activity into their everyday lives. Many of these opportunities, such as walking and cycling, are free or low cost to access.
Communities @ One: Digital Inclusion Strategy	The Welsh Assembly Government has put £1.3million into assisting people in the most deprived area of Wales gain access to digital technology.
Concessionary Bus Fares for the Elderly and Disabled	Financial support is provided by the Welsh Assembly Government to enable local authorities in Wales to provide free travel on registered local bus services for residents of Wales aged over 60 years and disabled of any age. The support also provides free travel on local buses by companions to disabled persons. Provision also exists to allow those persons eligible for a bus pass but unable to use a bus because of a disability, to be able to receive passes for other more accessible forms of transport. Local Authorities have discretion to issue travel tokens to enable disabled concessionary bus pass holders to use other forms of transport.
Designed for Life (2005)	The Assembly Government 10 year strategy for health and social care in Wales, the main overall focus of which is to improve quality of life for the citizens of Wales through good partnership working and addressing inequalities.

Designed to Add Value - A Third Dimension for One Wales (2008)	Part of the Strategic Action Plan for the Voluntary Sector Scheme, this new plan builds upon the key themes identified in the Strategic Action Plan and gives direction to the third sector in supporting health and social care in Wales.
Dignity in Care Programme for Wales (2007)	The main focus of this programme is to raise the profile of ensuring dignity in care for older people in NHS trusts across Wales through research, education and training. The Welsh Assembly Government has provided £2000 to each trust, along with resources and materials, to raise awareness of this issue amongst staff.
Disabled Facilities Grant	The DFG is a means-tested mandatory grant given out by local authorities to those in need of housing adaptations. Its aim is to allow people to remain in their own home wherever possible. Advice on the DFG is given by Care and Repair Cymru.
Food and Well Being Reducing inequalities through a nutrition strategy for Wales (2003)	This strategy aims to improve the health of the population and reduce inequalities by tackling the underlying causes of ill-health in Wales. A national strategy for Wales will provide direction and context for the development of local strategies to meet these aims.
Free Swimming for Older People	In November 2004, the Welsh Assembly Government launched the 60+ Free Swimming scheme for older people. People aged 60+ are able to use public pools for free outside school holidays. Some local authorities have extended the scheme, providing 60+ Free Swimming all year around.
Fulfilled Lives, Supportive Communities (Social Service Strategy for Wales) (2008)	Grown out of the 'Designed for Life Action Plan', the Strategy lays out a 10 year plan with the main objective of modernising social services in order to provide more accessible, personalised care for people. The main focus of the modernisation is to ensure that people are supported earlier and can retain their independence for longer.
Healthy Ageing Action Plan for Wales (2005)	Part of a range of initiatives aimed to improve the health and lifestyle of people of all ages, the Health Ageing Action Plan aims to engage with those 50 and over to encourage healthy living. The document brings together existing and proposed health promotion initiatives for older people.

Home Energy Efficiency Scheme	Managed by the Eaga Partnership on behalf of the Welsh Assembly Government, HEES funds insulation and heating measures to help reduce fuel bills and improve the energy efficiency within homes across Wales. People in Wales aged 60 and over are specifically provided for under HEES guidelines.
In Safe Hands: Implementing Adult Protection Procedures (2009)	This is aimed specifically at protecting vulnerable adults from financial abuse in their homes, and is an update of more overarching procedures produced in 2000. This new update is aimed specifically at keeping people safe from financial abuse including “theft, fraud, pressure around wills, property or inheritance, misuse or misappropriation of benefits”.
Keep Well This Winter Initiative	Part of the Health Challenge Wales plan, the Keep Well This Winter Initiative gives advice on how to stay warm and well through the winter. The main focus of the initiative is the flu vaccination programme for older people available free across Wales.
Lifetime Homes	The Lifetime Homes standards were adopted by the Welsh Assembly Government in 2001. Lifetime Homes sets a development quality requirement for new build public sector housing in Wales to ensure flexibility across a lifetime, for example, in being able to fit adaptations if needed.
National Dementia Action Plan for Wales	Developing services for people suffering from dementia is a priority. According to the Alzheimer's Society, there are 37,000 people with dementia in Wales. This is set to rise by 35% over the next 20 years with one in three people over 65 expected to die with a form of dementia. In recognition of the need to both improve care and plan for people with dementia, in October 2008 the Minister for Health and Social Services established a new Task and Finish Group to oversee the development of a National Dementia Plan for Wales. The Group was chaired by Ian Thomas, Director of the Alzheimer’s Society in Wales and brought together health professionals and experts. The resultant consultation document, called the ‘National Dementia Action Plan for Wales’, takes the form of advice to the Welsh Assembly Government from the Task and Finish Group.

National Homelessness Strategy for Wales (2006-2008)	This Strategy sets out how the Welsh Assembly Government intends to tackle homelessness in Wales. It has been developed in the light of extensive consultation. It succeeds and builds on the Strategy first published in April 2003. It is produced as a statement of aims and intentions, and is supported by an Action Plan. Homelessness can only be tackled by a partnership approach at local and national level. This Strategy sets out how the Welsh Assembly Government intends to work with other public, voluntary and private agencies, and homeless people themselves, to prevent homelessness and alleviate it where it cannot be avoided. The Assembly Government is developing its policies within the framework of 'Making the Connections'. Services must be planned to connect so that they address these other problems alongside meeting their housing need. Homelessness is very often linked to other aspects of social disadvantage. We need to become much smarter at working jointly across boundaries to intervene to help people address these problems and break the cycle of deprivation.
National Museum for Wales - Free Entry Scheme	Since 2001, the National Museum for Wales, supported by the Welsh Assembly Government, has run its free entry for all to its eight museum sites across Wales.
National Partnership Forum (2004)	The National Partnership Forum for Older People was set up in 2004 by the Welsh Assembly Government to provide it with independent expert advice to help inform policies to improve the lives of older people in Wales and plan for the implications of an ageing society.
National Service Framework for Older People in Wales (2006)	Arising from the Older People's Strategy for Wales, the NSF will set national, evidence based standards for older peoples' services in order to improve health and social care and equity of access for older people across Wales.
Older Persons Commissioner for Wales (2008)	The Older Persons' Commissioner for Wales began work in Wales in 2008 and is the first post of its kind in the UK. The Commissioner, acting as a champion for older people, has responsibility to ensure the interests of older people in Wales, aged 60 or over, are safeguarded and promoted.

Rapid Response Adaptations Programme	Administered by Care and Repair Cymru, the RRAP is designed to respond to the most urgent referrals for minor adaptations such as ramps or handrails that will allow a person to return home after a hospital stay. Rapid adaptations negate the need for long spells in hospital or residential care.
ReAct: Redundancy Action Scheme (2009)	ReAct was set up to assist people who had been made redundant in Wales to retrain and get back into employment in the shortest time possible through funding employers to recruit and train staff.
Refugee Housing Action Plan (2006)	The Refugee Housing Action Plan, written by the Housing Sub Group of the All Wales Refugee Policy Forum identifies actions that will be taken to address the housing and related support needs of refugees. The plan also provides information on relevant law and policy.
Refugee Inclusion Strategy (2008)	The Refugee Inclusion Strategy aims to break down barriers that are preventing refugees from becoming fully active members of society. The objective of refugee inclusion is the establishment of mutual and responsible relationships between refugees and their communities, civil society and government.
Service Improvement Plan (2008-2011)	The SIP was set up in response to international evidence calling for a vast improvement in the sustainable and long term delivery of co-ordinated, comprehensive and consistent Chronic Conditions Management (CCM) services in communities across Wales.
Single Equality Scheme (2009-2012)	The updated Single Equality Scheme was launched in March 2009 and will run until March 2012. The Scheme aims to increase equality, diversity and access in Wales in relation to age, ethnicity, gender, disability, sexual orientation and Welsh language.
Strategy for Intergenerational Practice (2008)	Arising from the Strategy for Older People, the Strategy for Intergenerational Practice encourages engagement and integration amongst different generations, promoting cohesive communities across Wales.

Sustainable Homes: A National Housing Strategy for Wales Consultation (2009)	This aims to promote an approach to housing supply and management that will build a more sustainable future, improve communities and people's lives, and is structured around six principles: • Providing the right mix of housing; • Using housing as a catalyst to improve lives; • Strengthening communities; • Radically reducing the ecological footprint; • Ensuring better services; and • Delivering together. Following this consultation the National Housing Strategy will be implemented through an action plan to be developed in 2009/10.
Taking Everyone Into Account - Financial Inclusion Strategy for Wales	The Welsh Assembly Government has long recognised that financial exclusion and over-indebtedness are issues that need serious consideration and concerted action. In 2005 the Review of Over-indebtedness was published; and in August 2007 a Financial Inclusion Unit was established to develop Wales' first Financial Inclusion Strategy. The need for a Welsh Assembly Government in these testing times is clear. Devolution allows us to use the powers at our disposal so that we can minimise the effect on Wales of the global economic downturn. The Assembly Government is therefore well placed to address the wider implications of the economic downturn and we are bringing forward a broad programme of business and skills support, alongside wider business issues such as leadership, innovation, and business planning.
The Art of Good Health Action Plan	This action plan has grown out of the Arts in Health and Wellbeing Strategy. This new plan will be a guidance document on promoting and developing successful arts and health projects across Wales.
The Third Dimension: A Strategic Action Plan for the Voluntary Sector Scheme (2008)	The Assembly Government's strategy and programme of action that will underpin its support for, and working relationship with, the third sector. Its production affirms the importance of collaboration and the vital contribution the sector makes to the prosperity and quality of life.

Wales: Active Community programme	Launched in 2003, the programme is managed by the Wales Council for Voluntary Action which has funded 27 projects supporting volunteering and community involvement across Wales.
Wales Housing Quality Standards	The WHQS is the Welsh Assembly Government standard that all social landlords housing stock in Wales is required to meet by 2012.
Wales Public Service Time Bank	The Time Bank aims to promote the sharing of resources and skills across organisations in a fair and auditable way. The principle is that for every hour, day or week that an organisation 'gives' by loaning a staff member to another organisation is time that can then be banked as credit and 'spent' when needed
Wales Spatial Plan	This 20 year plan has the following agenda, overall role, purpose and principles: • Making sure that decisions are taken with regard to their impact beyond the immediate sectoral or administrative boundaries and that the core values of sustainable development govern everything we do. • Setting the context for local and community planning. • Influencing where money is spent by the Welsh Assembly Government through an understanding of the roles of and interactions between places. • Providing a clear evidence base for the public, private and third sectors to develop policy and action.
Walking and Cycling Action Plan (2009-2013)	The plan aims to encourage people of all ages across Wales to alter their behaviour and walk and cycle more often. The plan outlines funding and ideas for schemes such as Sustrans, Let's Walk Cymru and 'Bike it'.

Welsh Language Task Group on Health and Social Services	Established in 2000 in response to concerns about the lack of health services available for patients and their families through the medium of Welsh. The task group aims to increase and sustain the presence of Welsh Language across NHS trusts in Wales.
Working Together to Reduce Harm - The Substance Misuse Strategy for Wales (2008-2018)	This is the Welsh Assembly Governments 10 year strategy setting out a national agenda to tackle and reduce the harms caused to children, families, individuals and older persons across Wales caused by substance misuse. The strategy aims to reduce harm whilst educating, supporting and treating those affected by substance misuse.