

Summary

Chapter 2

Extending working lives

- Employment at older ages has been increasing in recent years. Younger cohorts have higher employment rates at each age than their predecessors.
 - Most of this increase seems to have come from increases in full-time work rather than increased prevalence of part-time working.
 - Later cohorts are not only more likely to be in work in their 50s and early 60s than previous cohorts were, but also more likely to expect to continue to work at older ages.
 - Self-reported chances of remaining in work are strongly correlated with subsequent outcomes. This suggests that higher expectations of remaining in work amongst the later cohorts could well translate into higher employment rates at older ages in the future.
- One policy change that would be expected to encourage greater labour market participation beyond age 60 is the increase in the female State Pension Age from 60 to 65. However, the evidence here suggests that knowledge of this change is low amongst those who will be affected, though those who were working in 2006 were somewhat better informed than those not working.
- There is evidence that men, in particular, respond to the financial incentives for retirement provided in their private pensions. Analysis in this chapter shows that men (though not women) who are members of defined benefit pension schemes are more likely to quit full-time work than those who are members of defined contribution schemes.
- Pre-existing health conditions are not significantly associated with subsequent movements out of work. This is perhaps not surprising given that these individuals were working in spite of their health condition in the first place. However, the onset of new major health conditions is associated with a greater probability of leaving full-time work and a lower probability of ‘phasing’ retirement.
- There is evidence of complementarities in leisure amongst couples.
 - Individuals with working partners are significantly less likely to leave full-time work than those with non-working partners.
 - However, men whose partner then subsequently retires are much more likely to also leave full-time work.
 - Those individuals of working age but out of work are more likely to return to work if their partner is working than if their partner is not working.
 - Both men and women are more likely to be working after State Pension Age if their partner is working, regardless of the age of the partner.

Introduction

- Those who re-enter work are much more likely to have only been out of work for a relatively short period of time. This is particularly true for men. Those who have been out of work for a long time are very unlikely to start working again.
- Work disability:
 - Amongst those working and not reporting a work disability, onset of work disability is higher for men, for part-time workers, for those with pre-existing major or minor health conditions, for those with the onset of a major condition and for those at the bottom of the wealth distribution.
 - Work disability is by no means a permanent state of affairs. Over one-quarter of those reporting a work disability in 2004 reported no work disability two years later. But ‘recovery’ from work disability is not random. Those who are working, those who have no major health conditions and those at the top of the wealth distribution are most likely to experience only transitory work disabilities.
 - Whilst it is true that work disability increases with age, even at older ages the proportions reporting that the degree to which their health limits ability to work is either severe or extreme are very low. Amongst those aged 70+, two-thirds say that they are either not limited or only mildly limited in the type or amount of work they could do.
 - There are strong patterns in individuals’ subjective assessments of work disability. Different socio-economic groups, and those with different health statuses, assess situations differently in terms of people’s ability to work. However, these reporting differences do not explain the socio-economic differences in work disability found above.

Chapter 3

Physical functioning in a community context

- Lower levels of personal wealth and higher levels of neighbourhood deprivation were both associated with increased risks of developing age-related impairments over a four-year period (gait speed, activities of daily living [ADLs], instrumental activities of daily living [IADLs], motor skills or mobility difficulties); negative feelings about the neighbourhood (social capital) had a smaller association that was not independent of wealth and neighbourhood deprivation. These findings were independent of educational level, aspects of health and smoking.
- Poorer personal relationships with family members were associated with onset of difficulties with mobility; those with no children were as likely to experience the onset of motor skill difficulties as those who described their relationship with their children as poor.
- Quality of personal relationships was more strongly associated with onset of motor skill or mobility problems (e.g. climbing stairs, bending or stretching) than with onset of ADLs and IADLs.

- A history of difficulties with ADLs or IADLs over the four-year period was strongly associated with poorer perceptions of general health and mental health.
- There was a clear gradient in participation in six leisure activities at wave 3 according to history of difficulties; those who never reported difficulties with ADLs or IADLs were most likely to take part, those with these difficulties at the beginning and end of the period were least likely to take part and those free of difficulties at wave 1 or wave 3 formed intermediate groups.
- In multivariate models other aspects of health were shown to contribute to the relative lack of participation, notably poor vision, general health and, for women, depressive symptoms. Independent associations of difficulties with participation in activities were relatively few but were clear in relation to taking a holiday abroad (women), having a hobby, and taking a holiday in the UK (men only).
- At wave 3 people scored worst on the control and autonomy dimension of the CASP-19 quality of life scale if they had a continued history of having difficulties with both ADLs and IADLs. Even those who only experienced difficulties with motor skills scored worse than those with minimal difficulties of any kind.
- In 2006–07, help with difficulties came overwhelmingly from informal sources, particularly the respondent's spouse. However, substantial proportions of women aged 85 years and older with difficulties mentioned help from formal sources, and this may reflect both more severe difficulties and the lack of a spouse to provide support. Among those with functioning impairment, women were more likely than men to receive help from children, except for helping people aged 85 and over with respect to shopping and work around the house (children being a source of help for about half in this age group who had difficulties with these tasks).
- People who drove vehicles to which they had free access were unlikely to use other means of transport regularly. This group tended to be richer and better educated. Other means of transport considered were public transport, lifts and taxis; use of one of these was positively associated with use of the others. Those who had reported difficulties with ADLs and IADLs both in 2002–03 and four years later were least likely to be drivers and most likely never to use public transport. Having difficulty with an IADL at wave 3 was associated with greater likelihood of taking a lift at least once a week whereas having any kind of difficulty was associated with greater use of taxis compared to those who did not have difficulty, but generally use of taxis was infrequent. This suggests that transport options for those with difficulties need to be kept under review to facilitate getting out of the home.

Chapter 4

Financial resources & well-being

- Single individuals are more likely to be in income poverty than those in couples, with women who are divorced, separated or widowed having the highest risk of income poverty. Those estimated to have accumulated relatively low levels of state and private pension rights and (conditional on other observed characteristics) those who are aged below the State Pension Age are found to have a much greater risk of being in income poverty. It appears to be factors associated with old age (such as not being in the labour force and widowhood) which are significantly associated with an increased risk of income poverty – not age in itself.
- Women who are divorced, separated or widowed, and women who become so, are both found to be more likely to move into income poverty between 2002–03 and 2006–07. This is also true of those who move out of the labour force, those whose partner moves out of the labour force and those who have accumulated relatively low levels of state and private pension rights. Conversely, reaching the State Pension Age is, conditional on other observed characteristics, associated with a lower chance of moving into income poverty.
- Large increases in total wealth occurred between 2002–03 and 2006–07, with these increases being seen right across the distribution of wealth in 2002–03. The median nominal increase in total wealth over this four-year period was 39%. This has been caused by large increases in house prices boosting housing wealth: the median nominal increase in non-housing wealth was just 6%. The distribution of growth in non-housing wealth over this period is very similar among those with and those without housing wealth, suggesting little evidence of those experiencing large increases in their housing wealth choosing to save less in other forms as a result.
- One-in-nine respondents aged 50 or over in 2006–07 had estates worth more than the Inheritance Tax threshold. Over the period from 2002–03 to 2006–07, more estates appear to have moved above the Inheritance Tax threshold. However, given that the driver of the increase in wealth over this period was growth in house prices, whether or not this pattern will continue going forwards might depend heavily on the future path of house prices.
- Those individuals who are divorced, separated or widowed are found, on average, to report lower levels of well-being (measured using the GHQ-12 scale) than other individuals. This is also true of those reporting difficulties with physical functioning (an indicator of poor health). Women are found to report higher levels of quality of life (measured using the CASP-19 scale) than men (for a given marital status). Both improved self-reported well-being and increased self-reported quality of life are found to be associated with increased income.

Chapter 5

Investigating the dynamics of social detachment in older age

- Approximately half of older people were at risk of social detachment (disadvantaged on at least one of the six indicators of participation) and around 7% showed signs of social detachment (disadvantaged on at least three of the six indicators of participation) at a given point in time.
- One in ten (10%) older people experienced social detachment at least once across three biennial observations. Half of them (4.5% of all older people) experienced persistent social detachment – detached in at least two of the three waves.
- The duration of social detachment does matter: quality of life (as measured by CASP-19, the government's indicator of subjective well-being) consistently reduces with the duration of social detachment. Other measures of well-being also decrease the longer social detachment lasts.
- The characteristics most strongly associated with a longer duration of social detachment were those related to family composition, specifically not living with a partner. Older people living alone, those living with their children only (i.e. without a partner) and those living with other people but not with partner or children were at risk of longer-lasting social detachment (the odds 3.5 to 8 times higher than for people living with their partner).
- Other demographic characteristics that increase the odds of sustained social detachment include having a low level of education (the odds for those with CSE education or lower are 2.5 times higher than those with a high level of education) and being male (the odds 1.5 times higher than for females).
- General health also had an independent association with persistent social detachment. The odds of being persistently detached were three times higher for those reporting poor health than for those reporting excellent health.
- Material resources were significantly related to the risk of persistent social detachment. Older people on low income, those suffering from material deprivation and those living in poor housing were markedly more likely to be affected by longer-lasting social detachment.
- Also, older people who lacked access to various services, transport, financial products or modern communication technologies faced an increased risk of prolonged social detachment (in each case the odds were 1.5 to 2 times higher than for people who had access).
- Age itself has been found not to have an independent effect on the persistence of social detachment. The effect of age disappears when family type is controlled for; this is partly because the oldest people (aged 80 years and over) tend to live alone more frequently.

Chapter 6

Resilience in older age: a depression-related approach

- Resilience, the ability of people to resist adversity and flourish under it, existed irrespective of the way it was measured.
- Resilient older people were more satisfied with their lives and had a better quality of life than non-resilient older people.
- Resilient older people expected to live longer than their non-resilient counterparts.
- Age and socio-economic status did not seem to be much related to resilience but further exploration on this issue is needed.
- Sex, marital status and social support were related to resilience cross-sectionally but not longitudinally. Further evaluation of these factors as correlates of resilience is required.

Chapter 7

Anthropometric measures and health

- In men aged 50 to 55 and women aged 50 to 67 (at wave 1), BMI increased significantly between wave 0 and wave 2. BMI in women changed more over time than men's BMI. In men and women aged 50 to 74 (at wave 1), mean waist circumference increased significantly between wave 0 and wave 2.
- Increases in prevalence of moderate or severe back pain over a four-year period were associated with obesity and high waist circumference (at wave 0) among men and women but also with being overweight or having medium waist circumference among women.
- Neither BMI nor waist circumference reported at wave 0 was related to the prevalence rates of those who have fallen and had serious injuries occurring in any of the subsequent waves of data collection.
- Increased prevalence of reported shortness of breath over the four-year period was found among people who were either overweight or obese or had a high waist circumference at wave 0.
- Men and women who were obese or had high waist circumference at wave 0 had the highest increase over time (wave 1 to wave 3) in the prevalence of arthritis.
- Among overweight men and women and obese women, mean walking speed decreased significantly from wave 1 to wave 3. Men with low waist circumference and women with medium waist circumference had the greatest decrease in mean walking speed over four years.
- Greater waist circumference at wave 0 was related to higher odds of having cardiovascular disease at wave 3 in both men and women. These effects were independent of all covariates examined.

- Men and women who were obese or overweight at wave 0 had significantly lower quality of life scores than normal weight people in any of the subsequent waves. Increased waist circumference (at wave 0) was related to lower quality of life scores at wave 3 in women only.
- Normal weight and overweight men and obese women had a greater increase over time in the prevalence rates of depression.
- Greater waist circumference is associated with increased risk of death in men and women. Being underweight is associated with increased risk of death in men but not women.

Chapter 8

Mortality and healthy life expectancy

- Risk of death was higher for men than women for all ages studied here. In a multivariate analysis adjusting for demographic, behavioural and socio-economic factors, men aged 50 and over had on average an 83% higher risk of dying (hazard ratio 1.83, 95% confidence intervals [CI] 1.59–2.11).
- Risk of death was lower for those living with a partner (married or not) than those living without a partner, and for those who were married compared with those who were not. In a multivariate analysis those who were widowed had a 39% greater risk, those who were separated or divorced a 62% greater risk and those who had never married a 76% greater risk, compared with those currently married.
- The incidence of mortality was strongly patterned by the three socio-economic indicators examined here: level of qualifications, occupational class and wealth. In bivariate analyses stratified by age and sex:
 - There were more deaths among those without qualifications and fewer among those with a degree or higher qualification, compared with those with an ‘intermediate’ level of qualification.
 - Those in routine and manual occupations had a higher risk of death than those in intermediate occupations, while those in managerial and professional occupations had a lower risk.
 - Risk of mortality by wealth was similarly graded, with those in the richest wealth quintile having the lowest risk and those in the poorest wealth quintile having the highest risk.
- In multivariate analyses, where all three socio-economic measures (qualifications, occupational class and wealth) were included in a joint model, together with demographic and lifestyle measures, wealth was the only socio-economic measure that predicted risk of mortality. This may be because wealth is a more accurate marker of socio-economic position at older ages than the other measures, or because the effects of education and occupational class operate through wealth.
- The three lifestyle factors examined, physical activity, smoking and drinking alcohol, were all associated with risk of mortality in multivariate analyses accounting for demographic and socio-economic effects:

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- Those who were physically inactive had twice the risk of death compared with those who had the highest level of physical activity (hazard ratio 2.01, 95% CI 1.56–2.59).
- Compared with those who had never smoked, ex-smokers had a 20% greater risk of mortality and current smokers had a 74% greater risk of mortality.
- Compared with those who never drink alcohol and those who drink daily, occasional drinkers had a reduced risk of mortality (hazard ratio 0.79, 95% CI 0.67–0.92, in comparison with those who never drink alcohol).
- Although these analyses are longitudinal, the interpretation of the strength of these associations should be made cautiously, because behaviours may change after the onset of disease, but before mortality.
- Analysis of deaths by the month of year in which they occur shows the expected excess occurring in the winter months of December to March compared with other months (8.5% of deaths in those months were excess ‘winter’ deaths). An unusual peak of deaths occurred in the month of October and if these deaths are excluded from the analysis, the estimate of excess winter mortality increases to 14.7% of deaths occurring in the period December to March, which is 5.9% of all deaths.
- The excess of deaths in winter months was not clearly patterned by age, cohabiting status, central heating, quality of accommodation or socio-economic position.
- Three estimates of life spent in good health were used: life expectancy with excellent or good health (rather than fair or poor health); life expectancy without a limiting illness; and healthy life expectancy, estimated using measures of mobility, activities of daily living and instrumental activities of daily living:
 - For all three measures, at older ages an increasing proportion of life expectancy is spent without good health. For example, men aged 50–54 are estimated to spend 21% of their remaining life with a disability, compared with 36% for men aged 75–79, while for women in the same age groups the figures are 27% and 46%, respectively.
 - The three measures used give different estimates of the proportion of life to be spent unwell or disabled. For example, men aged 50–54 are estimated to spend 8.2 years with fair or poor self-rated health, 10.3 years with a limiting long-standing illness and 6 years with a disability. This is not surprising, because they represent different dimensions of health, but this sensitivity to the measure used is important for policy.