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Older People's Wellbeing Monitor for Wales

Executive Summary
2009



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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)

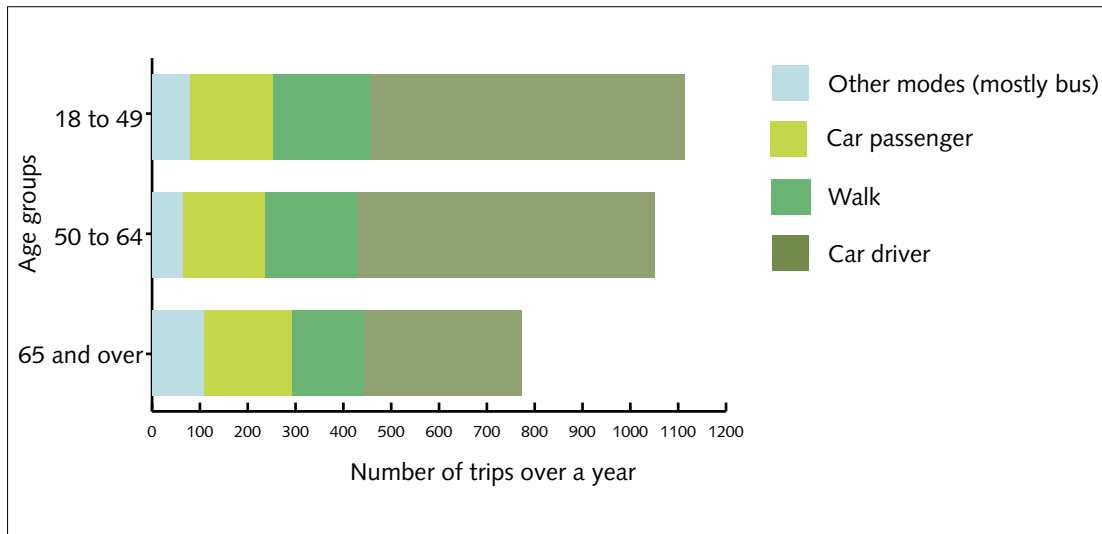
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Worry about burglary	15	14	11	11	10	10	11
Worry about car crime	18	16	13	13	11	11	12
Worry about violent crime	14	11	9	10	11	10	11

Source: Home Office, British Crime Survey

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)

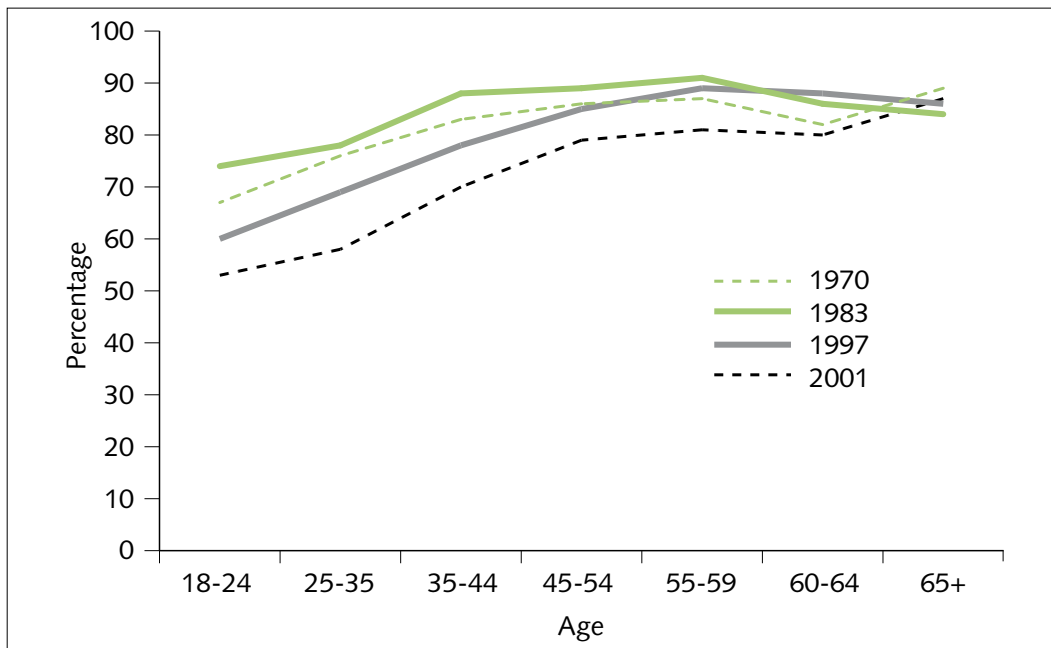


Source: Department of Transport, National Travel Survey

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, British 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

*Higher scores mean better health

Source: Welsh Health Survey 2007

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: Office for National Statistics; Government Actuary's Department

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 continue (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, to conclude 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)