CENTRE FOR AGEING BETTER

Inequalities in later life

The issue and the implications for policy and practice

Centre for Ageing Better

December 2017

Introduction

Amongst people aged between 46 and 65 years old, those in the highest 20% income bracket have a household income about three times greater than the bottom 20%. For people aged between 66 and 85 the difference is more than double.

A good later life is something we should expect for everyone. It should not be conditional on where we live or how much money we have, nor should our gender, race, disability or sexuality determine the quality of our later life. And yet, for too many of us, the experience of later life is difficult and challenging. As a society, we are very far away from this aspiration.

The Centre for Ageing Better (Ageing Better) commissioned a scoping review of the evidence on the nature of inequalities in later life in England. This review illustrates stark contrasts in people's experiences of later life in terms of health, financial security and social connections. Whilst the literature paints a vivid picture of inequalities in these outcomes, there is also an astonishing lack of evidence relating to the inequalities in later life experienced by Black and minority ethnic groups, LGBT groups and people with disabilities.

Failure to address these inequalities risks a future where an even smaller group of people experience a good later life. We need to better understand our increasingly diverse ageing population and do more to tackle the causes and symptoms of inequality in later life. Some issues, such as health inequalities and disparities in life expectancy, are well known but remain persistent and enduring and can have a hugely damaging effect on wellbeing in later life. We should not be blind to or fatalistic about inequalities in later life. There are actions we can take now to change things. It is never too late to intervene to ensure a good later life for all.

This report sets out the key insights from the review and Ageing Better's view on their implications. It is designed to stimulate debate and action to tackle inequalities, in order that more people enjoy a good later life now and in the future.

Influences on inequalities in later life

Whilst there are a range of influences on inequalities in later life, the most compelling evidence relates to our **circumstances and experiences across the life course** and the **combination of multiple factors that shape people's experiences in later life** (intersectionality).

Inequalities in later life can be the product of cumulative advantage or disadvantage over time. People born at a similar point in time may have very different outcomes in later life due to experiences over the life course. For example, poor education and work opportunities, along with weak social connections may have long-term consequences for people's income, health and wellbeing in later life. This can be compounded when people reach later life by factors such as reduced income in retirement and the impact of multiple long-term conditions. Looking at the life course is a useful lens through which to think about solutions, namely when and how to intervene to reduce inequalities in later life.

Multiple factors combine and overlap to influence individual and group experiences of later life. Intersectionality describes the simultaneous impact of characteristics, such as gender, poverty and disadvantage and sexual orientation. It considers the many personal identities and power hierarchies and systems that contribute to discrimination and disadvantage. Intersectionality offers a holistic account of people's experiences of disadvantage and discrimination in later life and has the potential to offer solutions that are better suited to our increasingly diverse older population.

Health

There is a substantial body of evidence on inequalities in physical and mental health in later life that relates to general health, specific conditions and particular 'at risk' groups. But there are still huge gaps in the evidence, including relatively few studies that focus on health inequalities and older Black and minority ethnic groups or older people who identify as LGBT.

There is strong evidence to link health outcomes with socio-economic factors (often measured by levels of education and income and in some cases, housing tenure). People who are poorer in later life have worse health, across a wide range of physical and mental health conditions, than those who are affluent. The influence of poverty and disadvantage on health inequalities in later life is broadly consistent over time: a person's early life continues to shape their health in later life. Societal changes (such as rising education levels) and social mobility can influence how much people are affected by health conditions. Evidence points to a close correlation between objective and self-reported measures of health.

A person aged 71 in the richest wealth quintile has an average walking speed of 0.91 metres per second compared to 0.75 metres per second for someone in the poorest wealth quintile. These differences persist over time and into advanced old age.

Several studies focus on older people's access to and use of health care services, pointing to chronological age being a barrier to treatment for a range of physical and mental health conditions. Where you live is another influential factor, with older people living in disadvantaged areas having less access to health care than those living in more affluent communities.

Across a range of measures, robust evidence exists of the strong association between socio-economic status and inequalities in life expectancy, healthy life expectancy and disability free life expectancy. The most advantaged groups tend to live longer in better health and without functional impairment than those who experience poverty and disadvantage. The same pattern is also reflected when specific health conditions are considered. Depending on the condition, inequalities in survival also relate closely to a person's age, sex and ethnicity. Evidence suggests that people's perceptions of their social status and their future life expectancy relate to their actual chances of survival.

There is powerful evidence that connects inequalities in mortality and survival to where we live, with disadvantaged areas associated with higher mortality and lower chances of survival. While average life expectancies for men and women have increased over time, there has not been an equivalent reduction in area based inequalities in life expectancy. For men, this has

remained relatively unchanged for many years, for women there has been a modest reduction in area-based inequalities in recent years. Again, the picture is similar in relation to specific health conditions, with inequalities in survival relating closely to age, sex and ethnicity.

In 2013-2015, the highest life expectancy in England for men at age 65 was in Kensington and Chelsea (21.4 years). The lowest was in Manchester (15.8 years). For women, the highest life expectancy in England at age 65 was in Camden (23.9 years) and again lowest in Manchester (18.8 years).

Implications

- **Health and wellbeing interventions across the life course and in later life must explicitly seek to reduce inequalities**. Addressing poverty and disadvantage earlier in life will have positive impacts on later life health and wellbeing outcomes and on other outcomes, such as financial security. We need to better understand what can be done later in life to reverse or reduce the effects of disadvantage on health outcomes, life expectancy and healthy life expectancy.

- Those with the greatest need in later life do not always have access to appropriate services and treatments – more advocacy and support is needed, as well as more targeting of the most disadvantaged communities. **Health services need to address the inequalities in access to services by age**. This may require challenging unconscious age bias among health care professionals as well as internalised ageism among older people themselves, which means levels of disability and ill health are seen as 'normal for someone my age'.

- Despite the public health focus on health inequalities in recent years, the lack of change in area based inequalities in life expectancy is shocking. **We need a more explicit focus on inequalities in regional and local policies, with a focus on new ideas and solutions as well as shared learning about what works in other places**.

Financial security

There is powerful evidence of gender inequalities in financial insecurity in later life, with women facing specific and enduring challenges related to their ability to save for retirement.

Family circumstances influence the life course and working patterns of women more profoundly than men. Women of working age still do the majority of caring for children and other family members. Women are more likely, than men, to be in part-time work. Analysis shows that women who work part-time for most of their working lives are no better off in later life than women who have shorter part-time careers or those who spend most of their time caring for their family.

Only 36% of women aged 65 to 69 years received the full state pension in 2014 with most receiving over 50% but less than 100% of its value.

Experiences of poverty and disadvantage across the life course, categorised by worklessness and low-paid, insecure work, have a strong influence over people's financial security in later life. Not only does this make it difficult for people to have an adequate retirement income, evidence suggests that the most disadvantaged are the least likely to be working longer into later life.

Although based on a small number of studies, there is evidence that people from Black and minority ethnic groups are less likely to receive a private pension and more likely to receive pension credits than white men. Bangladeshi and Pakistani people appear to be the most vulnerable to financial insecurity in later life, especially women.

Implications

- **Government policies and employer practices need to change to enable women to stay in or return to the labour market and continue to work into later life**. This could be through the provision of good quality, part-time work; increasing the quality, affordability and availability of childcare and supporting employers to do more to help carers stay in work and return to work.

- **State pension and auto-enrolment pension schemes should not penalise those without an uninterrupted, full-time employment history**. Reforms could include further reducing the contribution years for a full state pension for certain groups; and reducing the earnings limit for auto-enrolment so more low and part-time earners can be included, as well as those who earn over the threshold from more than one job.

- **Information, advice and guidance services need to be better resourced so that they reach those most at risk of financial insecurity in later life**, at key points across the life course.

Social connections

Age is one risk factor for loneliness and social isolation but there are other risk factors in later life and across the life course. Whilst both the quantity and quality of social connections are important, evidence suggests that quantity is important for younger adults, while for people in mid and later life quality is more important.

When it comes to inequality and social connections in later life, the evidence base is limited. The range of ways social connections are described and analysed also makes it difficult to draw conclusions from the findings.

Where you live, health and disability, and how much money you have influences the extent and quality of your social connections in later life. Where older people's perceptions of their neighbourhood are poor, this impacts negatively on their social connections. In rural areas, where older people are over-represented, limited public transport and opportunities for social participation can increase the risk of social isolation particularly amongst men. Health conditions such as visual impairment or depression are related to poorer social connections and greater risk of social isolation in later life. Higher education and wealth are associated with better social connections and greater participation in leisure activities in later life.

Older people who report low 'neighbourliness' where they live have nearly three fewer social contacts per month than those who perceive their area as having high 'neighbourliness'.

From the limited evidence base, there is no evidence of ethnic differences in the provision of informal support to family members in later life, although there is some evidence that older women from Black and minority ethnic groups face barriers to accessing support services. For LGB groups, personal histories and experiences of coming out, combined with discriminatory attitudes from others can impact negatively on the quality of social connections in later life. However, studies highlight that whilst sexuality is an aspect of identity that can shape social connections, other characteristics (such as gender, health and where you live) overlap and can have equal or greater influence.

Implications

- The government should devise a population-wide measure of loneliness (which is a subjective state and could be self-reported through a national survey) which would signal the importance of the issue; act as a baseline; enable analysis of those most at risk; and inform interventions and policy solutions.

- Interventions aimed at preventing or reducing loneliness and social isolation or increasing the quality of social connections in later life, should have explicit consideration of inequalities. For example:

    - **Place based approaches**, such as age-friendly communities, need to consider the implications for disadvantaged communities and those groups who face the greatest social, economic and physical barriers to forming and sustaining quality social connections.

    - **Preventive measures** across the life course, particularly around transitions, need to be better informed by an understanding of the causes and patterns of loneliness and social isolation and how these interact with inequalities.

Conclusion

Much of the evidence of inequalities in later life is unambiguous – where you live, your health and your income all significantly impact on wellbeing. This is not just a phenomenon of later life, for many, it is a consequence of cumulative poverty and disadvantage across the life course. It is important to highlight that poverty and disadvantage, more than age, is the greatest predictor of inequality in outcomes. A focus on inequalities caused by poverty and disadvantage should be explicitly at the root of any policy and practice solutions.

The reality of inequalities in later life is that multiple, interrelated factors shape our experience. When targeting policies and interventions, it is important not to over or under play individual characteristics and identities. We must have a more sophisticated understanding of the experiences among older cohorts, so we can develop appropriately tailored and targeted responses.

There is a staggering lack of evidence for some groups and certain aspects of inequalities. We have ignored or overlooked the diversity of our ageing population, arguably through focusing primarily on the differences between young and old.

The findings from this evidence review are a stark reminder of the disparities in our experiences of later life. For some, this means poor health, financial insecurity, weak social connections and ultimately a shortened life. These inequalities are shocking and have sustained over time, despite policy and practice interventions. Given the persistence of inequalities and that our ageing population is becoming increasingly diverse, we must not ignore this anymore.

Bibliography

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What can you do to help?

Practitioners and people who make decisions tell us that not enough is being done to respond to the ageing population. There's a lot you can do with us to change this:

DEEPEN YOUR UNDERSTANDING

Share and apply insight and evidence of what people in later life want and what works in practice

MAKE A COMMITMENT

Prioritise ageing in your organisation – grasp the opportunities as well as tackle the challenges of demographic change

TAKE ACTION

Create change by trying out new approaches in partnership with us

We need to act now to improve later lives today and for future generations.
Join us in making that change.

This report is available at **www.ageing-better.org.uk** | For more info email **info@ageing-better.org.uk**

The Centre for Ageing Better received £50 million from the Big Lottery Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.