ATTITUDES AND ASPIRATIONS OF OLDER PEOPLE: A QUALITATIVE STUDY

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3.3 Public services 60
  3.3.1 Provision of services 60
  3.3.2 Transport 61
  3.3.3 Care and health services 61
  3.3.4 Housing and the local environment 63
  3.3.5 Support received from and provided to families 64

4 Consultation and involvement 67
  4.1 Perceptions of government 67
  4.2 Consultation 70
    4.2.1 Attitudes to consultation 70
    4.2.2 Expectations from consultation 73
    4.2.3 Forms of consultation 74
    4.2.4 Barriers to consultation 76
  4.3 Participation 78
    4.3.1 Attitudes to citizenship 78
    4.3.2 Participation through active engagement 79
    4.3.3 Awareness and involvement in organisations representing older people 81
    4.3.4 Barriers to participation 82

5 Conclusions and reflections 83
  5.1 Diversity and the need for comparative research 83
  5.2 Ageing in a changing society 84
  5.3 Supporting aspirations 85
    5.3.1 Active ageing 86
    5.3.2 Health and social care 86
    5.3.3 Consultation and involvement 88

Appendix A Methodology 91
Appendix B Sampling criteria 95
Appendix C Topic guides 97
Appendix D Pen portraits 103
References 123
Other Research Reports available 125
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SUMMARY

Background
The Local Government Centre, Warwick University was commissioned in October 1998 by the Department of Social Security to conduct a programme of research on behalf of the Inter-Ministerial Group on Older People to inform their work. The programme of research examines older people’s attitudes and aspirations, their lifestyles, their relations with local, regional and national government and their views on how they are represented. The research focuses on the following three themes identified by the Inter-Ministerial Group:

• Active ageing - employment, retirement, mentoring, volunteering, intergenerational activities, lifelong learning and the impact of age discrimination.
• Health and social care - health and social care as well as housing, transport, safety and services to promote independence.
• Consultation and involvement - how government can involve older people in decision making at local, regional and national levels and what older people feel about how they are represented.

The research comprises two interconnected parts: firstly a literature review was conducted to ascertain what was already known about the attitudes and aspirations of older people, focusing on UK literature produced during the last ten years. This also identified gaps in the literature in terms of the coverage of particular subjects and the perspectives of different groups of older people. The review is published as a companion volume to this report.¹

One of the key themes that emerged from the literature review was the diversity of attitudes and aspirations held by older people. Age alone is an inadequate predictor of attitudes and aspirations; many other factors come into play. Wealth, health status, gender, mobility and living status each mediate the effect of age. When discussing attitudes it is also important to recognise that these also change over time. The way older people experience later life can also be shaped by their attitude to life in general. Experiences are thus reflecting, as well as informing, older people’s attitudes.

The review informed a second phase of qualitative research on the attitudes and aspirations of older people, using focus groups and individual in-depth interviews, which is reported in this volume. The qualitative research therefore concentrated on those issues on which less research

had already been carried out. These included aspects of active ageing, such as lifelong learning and work in retirement, independence and older people’s own attitudes to consultation and involvement.

Qualitative research is particularly effective when exploring complex issues, attitudes, beliefs and decision-making processes. It yields understanding and provides an indication of the range of views that are held. However, it cannot provide statistical evidence that is representative of the general population. The qualitative research phase explored older people’s views on the key issues of interest through talking directly to a range of older people. This enabled the research to ground older people’s views in their lifestyles and experience, and thus provided context and insight in order to understand some of the different factors influencing the attitudes and aspirations of older people.

Methodology

The qualitative research involved 15 focus group discussions of between six and eight older people and 20 in-depth interviews with a total of 96 people aged 50 and over across the UK. Three of the focus groups (and five in-depth interviews) were carried out with Asian and Afro-Caribbean men and women. The groups covered a range of older people. Sampling criteria included location, level of independence, retirement status, income, health, gender and ethnicity.

The focus groups allowed for a broad ranging exploration of key issues, related to the three themes of interest to the Inter-Ministerial Group. In-depth interviews with one or two participants from each focus group provided case study data. This data was used to construct pen-portraits of respondents that help to explain and contextualise some of the focus group discussions. The in-depth interviews also allowed for some of the attitudes emerging from the focus groups to be explored in greater depth with individual respondents.

This research contributes to the existing literature by adding the strong voices of a broad range of older people around the issues of involving and consulting older people and the ways in which older people can be supported in their efforts to enjoy an active and independent older age. The key findings are summarised below.

Active ageing

Attitudes towards work

Most older people in the study felt that they got a lot out of work and didn’t necessarily feel ready to stop either before or at the state pension age. These people thought opportunities to work in some form should be available after retirement, albeit in different jobs and for different lengths of time to previous employment. However for some groups, particularly those in arduous or mundane work or highly paid professionals, retirement was seen as a positive opportunity (Section 2.1.1).

Ageism and age discrimination

Notwithstanding positive attitudes to work, many respondents felt that there was discrimination against older people in the workforce and a
negative attitude to the value of older workers. However some positive changes in the labour market were noticed and welcomed, including schemes run by large retailers that sought to employ older workers, although no one in the study was working for any such organisation (Section 2.1.2).

**The changing work environment**

The majority of respondents felt there was limited respect for age and experience in the workplace and that the current work environment favoured youth, qualifications and technological skills, as opposed to experience. Some participants felt that adapting to aspects of the changing work culture such as new technologies and the end of a ‘job for life’ required active support and understanding. People’s outlook had an impact on their views of work, but structural factors such as opportunities available to them, also had a significant role to play (Section 2.1.3).

**The concept of retirement**

Participants’ understanding of what retirement means was very variable. For example, for most older women in the study without experience of working full time outside the home, the concept of retirement was fairly meaningless. Often their husband’s retirement resulted in increased work in the home. Attitudes towards retirement were influenced by a range of structural and psychological factors including the experiences of different pathways into retirement, such as early retirement or retirement due to ill health (Sections 2.2.1 and 2.2.3).

**Planning for retirement**

There were different types of planning for retirement ranging from hopes and dreams for the future to making formal arrangements. Most respondents felt that they had not formally planned for their retirement. Of those who had planned financially, most were on higher incomes and felt they had had opportunities to do so. Reasons for not planning included the complexity of the process, fear of the future, insufficient income and lack of information. Some people felt that they had already planned for retirement through their National Insurance contributions (Section 2.2.2).

**Paid, unpaid and voluntary work in retirement**

Among older participants who had retired, paid work in retirement was seen as distinct from pre-retirement employment. For example, participants referred to benefits such as more flexibility, less commitment, and the ability to achieve a balance between paid work and other activities. Some older people in the study had chosen to undertake unpaid or voluntary work (Section 2.2.4).

Unpaid work covered a range of activities, which included formal volunteering arrangements, caring and family support. Some unpaid work, including caring, was not necessarily seen to be ‘voluntary’ in that people did not perceive that there was choice involved, rather that it was a ‘way of life.’ Respondents had chosen to get involved as ‘volunteers’ for very personal reasons including a specific interest or hobby, wanting to help or contribute to their families or the wider community, and getting out and meeting people. Often these reasons were interlinked.
Older volunteers felt that they played a crucial role, often filling gaps between public services, for example, in relation to community transport, luncheon clubs or personal assistance (Section 2.2.5).

Advantages and disadvantages to volunteering

The research elicited a number of perceived advantages as well as disadvantages to volunteering. From a positive perspective, volunteering was seen as enabling older people to remain involved in society after retirement from formal employment. It was considered a means of engaging the mind, keeping active and staying independent. However, voluntary work was felt by some people to be exploitative because it tapped people’s years of experience without any financial reward. Some participants involved in voluntary work clearly felt that at times they were put under pressure to do more work than they would have ideally liked (Section 2.2.6).

Barriers to work and volunteering in retirement

Older people in the study identified a number of barriers to both paid and voluntary work in retirement. These included; ageism; health; lack of public transport and other access problems; lack of confidence and qualifications; and limited opportunities in certain localities. There was also a feeling expressed in a number of focus groups that volunteering and caring should be more appreciated for their contribution to society, and better acknowledged by government (Section 2.2.7).

Attitudes to learning

Although the older people participating in the research acknowledged the importance of learning as a positive part of life, they didn’t necessarily see it as relevant to them. However, for those who were involved in both formal and informal learning, there often needed to be a clear purpose and benefit. Examples of activities included learning Italian for a trip to Italy, health and safety training for cafe volunteers, and learning to use computers (Section 2.3.1).

Barriers to learning

Specific barriers to learning were identified. These included health, time, paying for courses and equipment, transport to venues especially at night, confidence about ability to learn, a perceived lack of necessary qualifications and unavailability of relevant and interesting courses. It was suggested that more could be done to bring education to the learners through outreach work, such as teachers coming to day centres and community venues, rather than older people having to go to the college (Section 2.3.2).

Attitudes to ageing

The whole idea of labelling older people through the use of specific terms was questioned in the research although for participants who had a preferred term, ‘senior citizens’ was the most popular. Many participants felt that age was no longer valued in a society increasingly geared to younger people. However, they felt that grandparenting and other inter-generational activities were important ways to bridge the perceived gap between generations (Section 2.4.1).
**Intergenerational activities**

Grandparenting included spending time with grandchildren in both active and sedentary hobbies and pursuits, with many participants commenting on the mental and physical stimulation they gained from sharing activities with the younger generation. Specific suggestions for other activities included older people playing a mentoring role to younger people, either on a one-to-one basis or through local schools (Sections 2.4.2 and 2.4.3).

**Health and social care**

The qualitative research concentrated on the issue of independence in relation to the theme of health and social care. Other aspects of health and care, such as attitudes to community care service provision and NHS services were not therefore specifically covered in the topic guides for the focus groups and in-depth interviews. Likewise, attitudes to crime and community safety, pensions and other income issues have been addressed in a number of recent studies and were therefore not covered in detail in this research.

**Independence**

Independence was valued very highly by all the participants. Although independence meant different things to different people, all the focus group discussions showed respondents wanted to be as independent as possible, for as long as possible: physically, mentally and socially (Section 3.1.1).

For many healthy and active participants living in their own homes, independence was defined within a physical context as being able to look after oneself on a daily basis without the need to resort to any support or assistance from others. Participants who were less healthy and used the support of care services, could still perceive themselves as independent in the sense that the services allowed them to maintain their physical independence, by enabling them to remain in their own homes. Participants living in residential care homes saw independence as being able to exercise choice over their day to day living arrangements (Section 3.1.1).

**Factors supporting and encouraging independence**

Respondents felt that access to relevant, timely and effective government benefits and services would be a major contributor to independence. The older people stressed the need for services that supported their independence, rather than undermined it, albeit unintentionally. In particular, most older people felt that if they could have more appropriate home help services, targeted to their individual needs, and practical assistance in maintaining the home and garden, they could remain living in their own homes indefinitely. Older people who had needed a ‘package’ of services provided by more than one agency, often emphasised the need for improved co-ordination (Section 3.1.2).

Respondents living in residential homes identified how a sense of independence could be achieved by allowing them some degree of control over how their own lives and how they spent their time (Section 3.1.2).
Relationships with family and friends were seen to enhance independence and complement the support provided through government services. Some participants gained a feeling of independence through caring for other people, such as for their grandchildren as a support to their children. Participants’ independence was also enhanced by having a group of friends ready to give support and advice when necessary (Section 3.1.2).

**Fear of dependence**

In all the focus group discussions, respondents expressed worries about future dependence and their inability to plan for it. A widespread concern among those older people living in their own homes was the possibility of having to move to go into residential care. There was also some concern about loss of independence through means testing arrangements for benefits and care services. Means testing was seen to be demeaning by a number of participants. It served to emphasise a feeling of dependence on the state while at the same time often resulted in the older people having to make payments which reduced their own ‘independent income’ (Section 3.1.3).

**Barriers to independence**

A number of barriers to independence were identified by the research. The inadequacy of public transport was considered by many respondents to be a key obstacle to living an independent life. In particular, buses were viewed as unsafe and infrequent, with uncomfortable bus stops located too far from people’s homes, and bus drivers who were insensitive to older people’s needs. A fear about their security when travelling also restricted independence of movement for many of the older people. Many were wary of going out, particularly at night, because of a fear of intimidation or attack from youngsters (Section 3.1.4).

An absence of any of those factors that encouraged independence, such as a lack of family and friends, inflexible or uncoordinated care packages or unnecessary rules in residential care homes, also acted as barriers to independence (Section 3.1.4).

**Use of advice and information**

The older people’s views of information depended on their experiences of accessing information during their lives. There tended to be a spectrum from those who confidently and actively sought out information, to those who were passive recipients and tended to rely on personal networks as their main source of advice (Section 3.2.1).

Nevertheless, there was widespread concern about the growth of new technology in information delivery, such as touch-tone phones. For all focus groups, complicated forms and procedures were also raised as a barrier to accessing services. These were experienced as unduly complex, unfriendly and inflexible by those trying to access services for themselves, and by those negotiating the system on behalf of older relatives and friends (Section 3.2.1).
Most respondents felt that there was a need for better information on a whole range of issues, although they were unsure in what ways information could be best improved. Better information was thought to be about quality as much as quantity. When discussing the quality of information, the focus groups highlighted the importance of appropriate methods of delivery, co-ordination between information providers and the use of formats that are accessible to older people (Section 3.2.2).

Participants felt that information and advice needed to be personalised and customer focused. Some people mentioned the advantages of having a named person attached to their particular case and the benefits of a ‘one-stop shop’ for all information. A number of focus groups suggested developing an enhanced information role for the ‘professionals’ that older people already have contact with, e.g. GPs, community centre and day centre workers, Asian language speakers (Section 3.2.2).

Older people in the study were particularly high users of certain services, such as public transport, social care and health services, but they did not feel these necessarily met their needs. As mentioned above, it was felt that public transport required major improvements, and that personal services, such as domiciliary care, should be more flexible to reflect individual circumstances (Sections 3.3.1, 3.3.2 and 3.3.3).

Whatever their living situation, participants valued a safe, clean and comfortable home and local environment. Some respondents explained how they were heavily reliant on family members to provide help and support for day to day living – shopping, cooking, washing, cleaning and transport. Without this assistance, they felt that they would have to depend far more on public services (Sections 3.3.4 and 3.3.5).

Participants felt that government has an important role to play both as a direct service provider and in overseeing a wider range of services delivered by a variety of providers. However, the older people generally felt let down by what they described as a ‘broken contract’ with government in relation to the Welfare State. On their side, they believed they had delivered their responsibilities by paying taxes and National Insurance over long working lives. However, they did not feel that government had fulfilled its obligations in the form of free and accessible care and support for all people in old age (Section 4.1).

Despite this commitment to government, most of the focus groups were unclear what services government is currently responsible for. There was little knowledge of the structures and functions of government including different tiers and the roles of elected representatives. Cynicism about politics and politicians existed, particularly because many participants had experienced of a lack of action when their elected representatives had been following up specific issues that they had raised. There was also a more general view held that politicians were not interested in issues relevant to older people (Section 4.1).
Older people in all the focus groups felt strongly that they had something to say about all issues which affected their lives (not just ‘older people’s issues’), but have often not had the opportunity to contribute. Specifically they felt that government should draw positively on their considerable experience. Additionally, it was apparent that a number of respondents saw consultation as a two way process which could act as a means by which they might be able to obtain information, particularly about government services and benefits available for older people, as much as about conveying their views (Section 4.2.1).

Across all focus groups, older people had very limited expectations of consultation leading to change, often based on previous experiences. They suggested that consultation would be improved if it was followed by clear and positive action, with feedback to those involved on what had happened as a result (Section 4.2.2).

The research showed the need for a variety of forms of consultation, as different people, in different circumstances, wanted to be consulted in different ways. Many respondents voiced a preference for accessible consultation through small groups, using local venues and based around dialogue, rather than formal public meetings. However, a minority of people said they preferred consultation through questionnaires, as they could complete the forms in their own homes at their leisure with no further commitment required (Section 4.2.3).

Political participation by older people in the study generally took the form of voting. Participants felt that it was their responsibility as citizens to vote in elections. However, there was a feeling that government (at all levels) has become more detached and remote, and needed to be more local for older people to influence decision making (Section 4.3.1).

Stronger advocacy was thought to be required to promote issues relevant to older people. However, respondents generally had a limited knowledge of charitable organisations and initiatives working in this area. At the time of the study, very few people had heard of either the Millennium Debate of the Age or the UN Year of Older People. There was some enthusiasm about participation in advocacy or lobbying activities to raise the voice of older people, but less interest in organising these (Sections 4.3.2 and 4.3.3).

Barriers to consultation and political participation identified in the study included health, lack of information, transport and lack of confidence. These were felt most acutely by ethnic minority respondents and those on lower incomes. The three ethnic minority focus groups also felt most strongly that their thoughts and attitudes would not be understood and their views would not be taken seriously (Sections 4.2.4 and 4.3.4).
Conclusions and reflections

The qualitative research confirmed the findings of the literature review that older people are a diverse population group, living in different circumstances and having had different life experiences, which contribute to influencing a wide range of individual attitudes and aspirations. Where the data from the focus groups and in-depth interviews was able to support clear differences between particular demographic or socio-economic groups of older people, these are highlighted. More detailed comparative research would require further studies specifically designed for this purpose (Section 5.1).

The research does show that income and employment status affected attitudes to work and early retirement, and gender was clearly a factor in explaining differences in attitudes to the concept of retirement. Older people in the focus groups comprising ethnic minority participants, and those on low incomes, were noticeably less confident that they would be listened to, if consulted by the government, than those in other groups. Similarly, older people in the focus groups in Scotland, Northern Ireland and Wales raised views about the perceived remoteness of central government more so than members of groups held in England (Section 5.1).

Despite the diversity of experiences and attitudes of the older people in the research, there was a considerable degree of agreement expressed about participants’ desire to be as active and independent as possible, for as long as possible. The attitudes of the older people in the focus groups also showed that the three key themes of interest to the Inter-Ministerial Group are clearly interconnected. For example, opportunities to participate can foster independence, make people feel more valued and build links between the generations (Section 5.2).

The research identifies current barriers to active ageing, independence and participation experienced by older people. The older people who participated in the research felt many of these barriers could be overcome with a more positive attitude to ageing by government and society, an improved infrastructure, and services which are appropriate to older people’s needs. Government clearly has a major role in tackling these barriers in order to support older people in realising their aspirations. Older people may then begin to feel that they are appreciated for their experience of life and that they continue to have something to contribute in their old age (Section 5.3).
1.1 Background

The Local Government Centre, Warwick University was commissioned in October 1998 by the Department of Social Security to conduct a programme of research on behalf of the Inter-Ministerial Group on Older People to inform their work. The Inter-Ministerial Group was set up by the Prime Minister to ensure the needs of older people are better understood; that action to respond to them is more effectively co-ordinated across government; to avoid duplication and to ensure that account is taken of older people’s needs in developing policy.

As a first step, the group undertook a cross government audit of initiatives to identify those that affect older people. Whilst this identified how much was already being done, it highlighted a number of areas where further work was required. The Inter-Ministerial Group, working closely with non-governmental organisations representing older people’s interests, subsequently identified three key areas for action: active ageing; care issues; and consultation and involvement. The group found that government did not have a clear picture of how older people live their lives and what they want from government to improve their quality of life.

They therefore commissioned this research to examine older people’s attitudes and aspirations, their lifestyles, their relations with local, regional and national government, and their views on how they are represented. The research focuses on the three themes identified by the Inter-Ministerial Group:

- **Active ageing** - employment, retirement, mentoring, volunteering, intergenerational activities, lifelong learning and the impact of age discrimination.
- **Health and social care** - health and social care as well as housing, transport, safety and services to promote independence.
- **Consultation and involvement** - how government can involve older people in decision making at local, regional and national levels and what older people feel about how they are represented.

1.2 Methodology

The research comprises two interconnected parts: a literature review and qualitative research. A literature review was conducted initially to ascertain what was already known about the attitudes and aspirations of older people, focusing on UK literature produced during the last ten years. Some of the findings from the review are discussed later in this introductory chapter to provide context to the subject matter subsequently explored in the qualitative research.
The literature review also identified gaps in existing research in terms of the coverage of particular subjects and the perspectives of different groups of older people. For example, the review uncovered a great deal of research on the health and social care needs of older people, but less literature on their views on aspects of active ageing, such as lifelong learning and work in retirement. The review also identified gaps in the literature around older people’s attitudes to consultation and involvement. These gaps were also used to inform and focus the qualitative phase of the research. The review has been published as a companion volume to this report (Boaz, A, Hayden, C, and Bernard, M, 1999).

Qualitative research has much to contribute to our understanding of the attitudes and aspirations of older people. Qualitative research is particularly effective when exploring complex issues, attitudes, beliefs and decision-making processes. It yields understanding and provides an indication of the range of views that are held. However, it cannot provide statistical evidence that is representative of the general population. Qualitative methods are potentially ‘empowering’ to respondents as they can determine the direction and content of the interview or group discussion more readily than in a study using quantitative approaches where the agenda and the questions are predefined. Guided by participants, qualitative research has often uncovered important themes and ideas.

As mentioned above, the literature review informed a second phase of qualitative research on the attitudes and aspirations of older people using focus groups and individual in-depth interviews. This phase explored older people’s views on the key issues of interest, through talking directly to a range of older people. This enabled the research to ground older people’s views in their lifestyles and experiences. The research thus provided context and insight in order to understand some of the different factors influencing the attitudes and aspirations of older people.

In the light of the findings from the literature review, the qualitative research concentrated on the themes of active ageing, independence (in relation to health and social care) and consultation and involvement. Other aspects of health and social care, such as attitudes to community care service provision and NHS services were not therefore covered in the topic guides for the focus groups and in-depth interviews. Likewise, attitudes to crime and community safety, pensions and other income issues have been addressed in a number of recent studies and were therefore not covered in detail in this research.

The qualitative research involved 15 focus group discussions and 20 in-depth interviews with a total of 96 people aged 50 and over across the UK. The individual focus groups comprised between six and eight older people with similar characteristics, with the spread of groups designed to provide a range of viewpoints and experience on the basis of demographic variables. In addition to factors such as income, gender, geographical location and ethnicity, further factors likely to influence the attitudes and aspirations of older people were also taken into account.
These factors included health status, retirement status and living arrangements. ‘Living arrangements’ included people who were ‘dependent’ (i.e. living in residential or nursing homes), ‘semi independent’ (e.g. living in sheltered housing) and ‘independent’ (i.e. living in own home without professional support). Focus groups included people who defined their health as good, poor, or in the case of ‘mixed health groups’ a combination of participants with varied self-defined health status. Individual in-depth interviews were carried out with one or two participants from each group, maintaining the gender balance overall, so interviews were carried out with an equal number of men and women. Three of the focus groups (and five in-depth interviews) were carried out with Asian and Afro-Caribbean men and women. The details of the focus groups and of the in-depth interviews are included in Appendix B.

The focus groups allowed for a broad ranging exploration of key issues, related to the three themes of interest to the Inter-Ministerial Group. In-depth interviews with participants from the groups provided case study data. This data was used to construct pen portraits of respondents’ lives to help explain and contextualise some of the focus group discussions. The in-depth interviews also allowed for important attitudes emerging from the focus groups to be explored in greater depth.

Using the focus group sampling criteria, shown in Appendix B, groups were recruited through locally based contacts and community organisations. A snowballing technique was used to identify willing contacts with access to older people who met the sampling criteria. The local contact was asked to use sampling criteria to identify older people to take part in the groups. The contact also suggested individuals amongst the focus group participants to take part in the in-depth interviews.

All the focus groups and in-depth interviews were recorded, translated where necessary, and transcribed. Content Analysis was conducted, exploring both emerging themes and pre-identified key issues. Data from the in-depth interviews were also used to construct pen portraits.

The research was commissioned in October 1998 and the literature review was conducted from October 1998 to January 1999. The qualitative fieldwork began in December 1998 and continued until March 1999.

1.3 Attitudes

Attitudes are powerful indicators as they come directly from individuals and add their important perspective to policy debates. Collecting and analysing attitudinal data is a key social science methodology and widely used as an indicator of behaviour. However, as proxies for underlying beliefs, and predictions for the ways that people might act, attitudes must not be used uncritically.
While the diversity of attitudes has implications for using attitudes alone to inform policy and practice, it is also important to note that attitudes themselves are abstractions that can not always accurately predict the ways in which people think and behave. Attitudes are often inconsistent, they are also influenced by a range of factors including values, beliefs and experiences (Oppenheim, 1992).

One of the key themes that emerged from the literature review was the diverse attitudes and aspirations of older people. Age alone is an inadequate predictor of attitudes and aspirations; many other factors come into play. Wealth, health status, gender, mobility and living status each mediate the effect of age. These factors in turn influence each other; for example the ability to get out and about can be influenced by whether or not someone lives alone or can afford to take part in social activities.

When discussing attitudes it is also important to recognise how attitudes also change over time, particularly with changes in health status or the loss of a partner. The way older people experience later life can also be shaped by their attitude to life in general. Experiences are thus reflecting, as well as informing, older people’s attitudes.

In this research the diversity of the over 50s as a group was reflected in the sampling criteria that was used for the focus groups and in-depth interviews. The focus groups concentrated on exploring the attitudes held by this range of older people. The in-depth interviews offered an opportunity to construct pen portraits of people’s lives in order to understand some of the experiences that have influenced these attitudes.

A key factor impacting upon the attitudes of older people is their perception of how others value them and how they value themselves (Bytheway, 1995). The literature review preceding the qualitative research included a number of studies in which respondents were asked how older people should be described (Midwinter, 1991 and Walker, A. 1993). Some respondents disliked any of the terms used to describe older people. Respondents who did prefer one of the terms, often chose the more positive, valuing term ‘senior citizen’. While the word ‘senior’ confers status, ‘citizen’ stresses the role older people have to play as full participants in society.

These views suggest underlying assumptions, amongst older people themselves, about what it should feel like to be older. They internalise many of the wider social pre-conceptions about older people, but see themselves as exceptions (Featherstone, M. and Wernick, A. 1995). These attitudes reveal the pervasiveness of ageism in society.

The literature review also found that older people felt undervalued and vulnerable. The body of literature itself reflected the focus on older people as health and social care users rather than active participants in society.
society. Ageist attitudes, and the marginalisation of older people’s views and experiences in decisions that affected them, were highlighted in the literature.

The literature review showed that the three main themes of the research are interlinked. Remaining active and continuing to participate can be seen as methods of fostering independence. The literature review also concluded that continuing to choose independence and inter-dependence was essential to older people. A number of studies reviewed found that older people stressed their reciprocal relationships with others, which involved offering support as well as receiving it. Moreover older people were shown to deal with changes in their health status and mobility in ways that did not compromise their independence. Many of the studies reviewed concluded that older people saw staying in their own homes as a key strategy in remaining independent.

In addition to more conventionally acknowledged support services for older people, the literature review highlighted that aspects of the local infrastructure, such as public transport, played an important role in fostering independence and interdependence of older people. For example by supporting older people in their efforts to visit and maintain relationships with friends and family, adequate transport services and a safe environment allowed older people to continue pursuing valuable aspects of their independence.

The limited published research on political participation included in the literature review demonstrates that older people share the disaffection of the wider population with politics and politicians. One factor contributing to this was the way in which they felt let down by successive government ‘breaking the welfare contract’ (Walker, A. 1993).

A number of barriers were identified in the literature review that are relevant to many aspects of active ageing, participation and independence. For example, choice of opportunities, income level and gender were all identified as having an impact on attitudes to work and retirement. Declining health, mobility, the loss of a partner and changing economic circumstances could all affect participation in leisure activities, volunteering and independence. A good infrastructure was identified as a further important factor influencing independence and participation so, for example, older people stressed that to get to wherever they wanted to go they needed safe, accessible, reliable and affordable transport (Help the Aged, 1998).

The findings from the research are presented in the following three chapters to reflect the three key themes: Active Ageing, Health and Social Care, and Consultation and Involvement. Within each of these themes, the main issues explored in the focus group discussions and in-depth interviews are discussed. Chapters Two to Four report the findings as they emerged from the groups using the words of the participants through quotations to illustrate the text.
The quotations are attributed to either the focus group they came from or to the individual who was being interviewed in-depth. The attributions therefore reflect the characteristics of the focus group or interviewee respectively, and not the characteristics of the particular member of the focus group who is making the contribution from which the quote is taken. This means that except in the case of single sex focus groups, quotes from focus groups are not attributed by gender.

A selection of pen portraits are interspersed through the three ‘findings chapters’. Unlike the attitudinal quotations, these do not illustrate particular points but have been included to provide some contextual background and human interest to the attitudes and aspirations that have been expressed across the three main themes. The full set of pen portraits is appended.

The fifth chapter Conclusions and Reflections brings together key themes from the research findings and discusses these in the context of the purpose of the research, i.e. to inform the Inter-Ministerial Group on Older People. It also suggests possible future research on aspirations and attitudes of older people.

The methodology is explained fully in Appendix A of this report. Appendix B contains the sampling criteria for the focus groups and in-depth interviews and Appendix C includes the topic guides used for these. As mentioned above, Appendix D presents pen portraits for all 20 in-depth interview participants. The References section provides a bibliography for the report.
There was consensus amongst most respondents that if people wanted to work, paid or unpaid, they should be able to do so irrespective of age. Many felt that choice of retirement age should be a decision made by the individual, rather than determined by government or societal norms. The general concept of work, involving physical or mental activity, was viewed as having significant positive personal benefits beyond any financial reward. Work was variously thought to have the potential to provide companionship and sociability, a sense of worth and value to society, mental stimulation, involvement in the community, and an interesting occupation. A number of participants across the research sample believed quite strongly that there was a positive relationship between work and a delay of the ageing process. Since work gave them an interest in life and made them feel useful to society, they felt it could keep them younger in mind and body. It was also thought to enhance a sense of independence, an attribute cherished by most respondents.

'I believe that everybody should be working as long as they can work. You are more independent, get more money and it is satisfying.'
(Male, Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, depth interview)

'It is enormously satisfying and I can’t see ever giving it up, though I probably will have to one day.'
(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

Many of those participants still in paid or unpaid work hoped to continue working for as long as possible. Only a minority of those who had taken early retirement from full-time employment had done so through choice, because they had plans for a relaxing and enjoyable retirement. These respondents tended to have higher incomes and enjoyed good health. The majority of those who had taken early retirement felt that they had been forced out of work by redundancy, early retirement policies, lack of employment opportunities or ill-health. This was felt by people who had worked in the public and private sectors.

'We liked to work…(they) forced us to retire.'
(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

'I’d go back tomorrow if I could. I would like to carry on working until I drop. I’ve always been active. It was a big blow to me, it completely altered my lifestyle when I had to retire. It wasn’t my choice, just the fact that because I had done my back in.'
(Male, white, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)
If there were jobs around then we would all be working.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

However, some participants, despite having enjoyed many aspects of their work, were quite receptive to leaving the workforce on retirement. This was particularly evident in focus groups with lower paid unskilled men and women who had started manual employment in their teen years, working very long hours in relatively hard and mundane roles including domestic servants, farm workers and builders. For them, work filled a role almost entirely related to earning enough money to live. They had tended to become weary and frustrated with work mainly because of its physical demands. As a result retirement was welcomed as offering the prospect of physical relief and relaxation. Some respondents who had worked in skilled or professional employment also mentioned the satisfaction in retirement of relaxing after years of work, and the joy of no longer having to keep to particular time schedules imposed by the working day.

‘Even having time to do nothing, which I didn’t have for about 40 years. To have time to do nothing is just lovely’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

Many respondents still in paid employment or recently retired believed, from personal experience or observed behaviour, that there was active discrimination in the workplace against older people. Such age discrimination had clearly operated in a variety of different ways, both overtly and covertly, and had affected both men and women in the study. Although experience of ageism in the workplace had not dissuaded people from wanting to work, participants recognised that older age limited work opportunities.

There was a general perception that once someone reached an age around 50 and lost their job, it would be extremely difficult, if not impossible, to get another post. Even achieving an interview for a job at this age was felt to be highly unlikely. A number of male respondents in their 50s mentioned their fear that if they lost their current job, it would be virtually impossible to get another position because age was such a limiting factor in terms of opportunities. One woman in her 50s said she wanted to change her job to a less physically demanding position, but felt compelled to stay in the post without complaining for fear she would not get another and furthermore be asked to leave her current post.

‘They don’t give you a job once you get to a certain age. They don’t want to keep you …Now they take the younger one and push you out…They sack you.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)
‘I’d like to do paid work, you can’t though, they don’t want to know. They think you have lost your marbles by the time you get to 60. There is a very strong ageism attitude, you are put aside or patronised.’

(Female, white, 65 years, post-retirement, poor health, medium income, independent, inner-city, depth interview)

Some participants gave examples of very direct and obvious ageism in relation to recruitment, training and promotion. These situations had sometimes had quite negative impacts on the confidence and self-esteem of the individual concerned. A couple of men claimed that they had wanted to receive training in new technology and work procedures, but had been told they were too old for the courses provided by their organisation which made them feel almost redundant to their companies. In one group a woman described how devastated she felt when told at 44 years she was too old to go back into nursing which she was very keen to do once her children were able to look after themselves. She argued unsuccessfully with the recruiters that she would be more reliable than younger women because she had her life sorted out and so should be a good investment.

‘I felt dreadful and it took me ages to get over it. I felt worthless and oh god I’m old and it took me quite a long while to sort of pick myself up and think don’t be stupid, but I was really angry and upset.’

(Female, white, pre-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

A number of women facing recruitment difficulties when trying to return to the workplace full-time after child rearing, had been forced to take on part-time time positions as an alternative, in some cases two or more part-time jobs concurrently.

There were a few situations described by respondents where they suspected age discrimination, but could not be entirely sure. Two women working in domiciliary care claimed that only younger people in their organisation had been offered the chance to study for National Vocational Qualifications (NVQs). One man said he had applied a number of times over the last four years to go on a personal development training programme run by the local authority where he worked and had never been allowed. Although nobody had said it was because of his age, he nonetheless suspected that this was the case. A couple of men coming up to the age where they would be eligible for a company pension, worried that they would become candidates for early retirement, with pressure being put on them to take voluntary redundancy.

Overall, respondents felt there was limited respect for age and experience in the workplace. For some participants this was evidenced by the fact there were no formalised structures in the work environment for passing on knowledge and experience, a consequence of this being that when someone left the company or retired, their knowledge went with them.
Others were aware that seniority no longer generated the type of status and kudos it once had. Loyalty was felt to have little worth with companies cutting back on the payment of bonuses for employees who had worked for them long-term. It was thought that most people, including young people, only had the opportunity to work on short-term contracts, a job for life being very much a thing of the past. For some men living in one of the regions traditionally strong in industry and manufacturing, this was felt indicative of the ‘throwaway’ nature of society as a whole today, reflected by the ‘throwing away’ of industrial workers.

‘Loyalty is no longer the ball game.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, focus group discussion)

The general impression across focus groups was that the current work environment favoured youth, qualifications and technological skills as opposed to experience. A number of respondents claimed that new technology and work practices had led to an emphasis on speed and efficiency, with less attention given to the individual. Some felt diminished in the workplace and highly resentful of younger people, including managers who were less knowledgeable than them, but better qualified on paper and therefore enjoyed higher status and respect.

‘All society nowadays seems to think about is ‘A’ levels, university degrees, qualifications and youth. Experience, common sense and stuff doesn’t seem to come into it.’

(Female, white, pre-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Nonetheless, a few participants argued that although managers may not give them much respect, their experience and longevity in their company meant that they were frequently consulted by colleagues. One woman claimed that clients appreciated her knowledge, even if the management in her company did not.

A number of focus groups discussed the ways in which work had changed with the removal of old comforts and certainties such as jobs for life, long-term company careers, recognisable hierarchies, loyalty and commitment. Respondents’ attitudes and actual behaviour also showed that there are significant differences in how willing people are to accept and embrace the changing work culture, as they perceive it. Some participants have clearly managed better than others to adjust and adapt to a work environment that is more uncertain and insecure than previously and where technological change is a constant feature. These participants appear to have a more positive attitude in general to change and a more flexible approach to their working lives. However, structural factors such as opportunities available to them, for example having always had a fair amount of choice in their working lives, also had a significant role to play.
‘I do some research for the university…I am still a part-time journalist, very part-time now and a photographer doing the odd assignments…And I want to get into computing, get a web site. I am very interested in getting into all the new technology, interested in video, editing films.’

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

As a result, these participants were able to take the view that it is more the responsibility of the individual to keep up to date with training and work skills than that of their employer. They also appeared to enjoy taking personal control of planning their working life. A number of them have responded to the work environment by having two or more part-time jobs or becoming self-employed as a means of increasing their level of choice and control over work. For some, this was a means by which they themselves could decide when to stop working rather than having to do so in response to the dictates of a particular organisation. It was noticeable that the respondents with these attitudes tended to have higher incomes and be better educated and they were also more likely to be women.

‘It is my own business. I can go on until I don’t feel I don’t want to give any more.’

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

Conversely, some respondents took a very conservative and defensive approach to the work environment and complained strongly about the changes pervading the work culture. In a number of cases this attitude had created a sense of detachment from the goals of their managers and the organisations for which they worked. There was also an inclination to become defensive and protectionist in their work practices with a refusal to adapt.

‘There is a general tendency as we age to adopt a siege position as we see others working quicker than us.’

(Male, white, good health, medium income, independent, suburban, focus group discussion)

**Pen Portrait - Denis**

Denis is 53 and has lived all his life in the North of England. He lives with his two children whom he has brought up since his divorce 13 years ago. Both children are in their early 20s, but he still does quite a lot for them, particularly cooking and cleaning. He also gives them money from time to time. He sees more of his daughter than son because his son often stays away from home with friends. However, he spends a lot of time sharing activities and interests with both children. He likes to join in with the things they enjoy as well as encouraging them to share his interests such as playing badminton at the public leisure centre.
He has worked full-time as a social worker for the local authority for the last 24 years. He had always thought that he would retire at 55, but now he is 53, he does not want it to happen. He still thinks of himself as a young man and in fact only two years ago, cut his long hair that he used to wear as a ponytail. He has never wanted to be promoted to management because he enjoys the practical side of his work too much. He also does some type of voluntary work with disabled people since he was 13 years old. His initial experience of such work made him realise he liked working with people with disabilities and led him to become a social worker. He continues to find voluntary work very rewarding.

In his leisure time, Denis likes to drink, socialise and listen to music. He also actively supports his local football team. Although not actively looking for a partner, he has started to think about it now that his children are not so dependent on him. However, any girlfriend would have to fit in with his way of life because he likes his freedom and independence.

He does not monitor his household income, but spends when things are needed. He will only fill the car with petrol when the fuel gauge says empty. He never writes a shopping list because he would only be disappointed if he did not come back with the things he had listed. Basically he feels money is not an important issue in life.

He is not currently doing any training or learning. However, in the past has done quite a range of training courses in relation to his job. He owns his own car and drives the 18 miles to work and back each day. He never uses public transport. The library is the only local council service he uses apart from the sports club where he plays badminton.

He is registered to vote and always votes in elections. He feels the government is not doing anything positive to support the concerns of the elderly because there is nor perceived political benefit. He has no contact with the local council or national government.

(Pen portrait 3b in Appendix D)

2.2 Retirement

2.2.1 The concept of retirement

Older people’s perception and understanding of retirement varied significantly across the research sample. Their attitudes were influenced by a range of structural and psychological factors including the experiences of different pathways into retirement. Only a minority of respondents had retired in the traditional way on achieving state pension age.

Some participants regarded retirement as the end of paid work and others saw it as the point at which they started receiving their pension, be it a
state, company or personal pension. A number of respondents claimed retirement implied a person was no longer able to work. There was also a feeling amongst some people that retirement marked the move into a new, final stage of life.

‘Retirement means that you are not fit to work now.’
(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

‘Retirement means coming to the end I suppose.’
(Male, white, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)

Several respondents, although no longer in formal full-time employment, did not think of themselves in anyway as retired because they still worked, either in a paid or unpaid capacity (see Sections 2.2.4 and 2.2.5 on Paid and Unpaid work). Others were leading such active lives in retirement, participating in interests and hobbies, that they felt busier than in their formal working lives. They therefore thought ‘retired’ a very inappropriate term to describe themselves. Furthermore, for many of these respondents the word ‘retired’ had negative connotations, implying that people were passive and no longer active and involved in society.

‘I haven’t retired actually. On the thin end of retirement age perhaps. I have led a very active life for the last 30 years. I have been involved with local government, until 1996 when I had a stroke, which stopped me in my tracks for a while. So I finished with the County Council and am on the Community Council seeing to local affairs. But I am still running the farm with my son.’
(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

‘I’ve just retired, 3 years ago. I retired at 55. But for me, I work a damn sight harder now than I ever did when I was working before. I’m so involved with so many different things.’
(White, post-retirement, good health, high income, independent, rural, focus group discussion)

A number of respondents recognised that they were now retired but described how this had been unplanned. Some of these people had glided into retirement over time. Examples included participants who, through injury or illness, had slowed down their work commitment before state pension age, and over time came to think of themselves as retired. Others found themselves to be retired suddenly and unexpectedly.

‘Well I had to retire unfortunately. My back went. … it just sort of come at once really.’
(Male, white, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)
A sizeable number of women argued that they had never retired because they continued to work in their roles as ‘home-makers’, even though their formal employment status may have changed. However, a few women in the study who had never done paid work, and so had not retired from a job outside the home, nonetheless had come to think of themselves as retired over time. This may have been despite having continued with the same or increasing levels of domestic, care and voluntary work as before retirement. In some cases women defined retirement through their husband’s or partner’s status. These women felt they were retired once he had retired.

‘I think we work harder, we have to feed them (the men). It’s another meal to do. I think you work harder because you do more entertaining when you’ve retired. Family come with their children and you are always available.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

2.2.2 Planning for retirement

There were different types of planning for retirement ranging from aspirational dreams and ideas, to making formal arrangements. Most respondents felt that they had not formally planned for retirement through specific actions such as making financial arrangements for their future. Instead they had thought more about how they might spend their time in retirement, anticipating they would be ‘time rich’ rather than ‘time poor’. It appeared that what retirement planning there was focused more on the short- to medium-term rather than being long-term planning for older age.

Some participants in the post-retirement focus groups had planned to spend more time on their hobbies and interests in retirement. Those most frequently mentioned included walking, gardening and decorating. Others said they had started learning a new hobby or interest before retirement that they thought they might do in retirement, some examples being making stained glass and landscape painting. A few participants in the pre-retirement groups were purposefully planning new hobbies to start in retirement, sometimes in order to be able to share an interest with their partner.

‘I’ve taken up drawing and painting because that is what my husband likes to do and I’ve never done it all my life. I thought if I am going to spend a lot more time with him, and he is going off drawing and things, how am I going to get in on the act. So I have started preparing.’

(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

‘Obviously you’ve got more leisure time, which gives you more time to pursue probably activities what you would have liked to pursue that you haven’t got time to do.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, focus group discussion)
Many people across the research sample talked about spending more time in retirement on travel and holidays. Some had ideas of going on a cruise, others wanted to spend longer travelling and residing in countries such as Spain and Italy where they had already enjoyed holidays and some planned to visit friends and family living overseas more frequently.

‘We quite enjoyed our retirement. We decided that each New Year we would go away for a couple of months in the sun and we really enjoyed it. We enjoyed ourselves for years. Sitting in the sunshine in the middle of Winter was great and we thoroughly enjoyed it.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

‘The best thing since retirement is that my wife and I have the opportunity to go on holiday now. We go to India for some months. Whilst running the shop we could not be away.’

(Male, Asian, post-retirement, mixed health, medium income, semi-independent, suburban, focus group discussion)

A number of retired respondents had put such plans in place. In other cases the idea was presented more as dreams and fantasies that people had about their retirement involving spending more time in warmer, sunnier climates or in the countryside of Britain.

‘We often said, oh when we retire we’ll go back and live in Chester.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

A few people referred to planning to stay healthy by staying physically active and partaking in specific keep fit or sports activities. And some discussed the importance of sustaining healthy diet in order to remain healthy.

‘I have done a lot of planning and putting it into action, to stay healthy and retain my health. So that is perhaps the most planning that I do.’

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

More frequently respondents mentioned plans to stay mentally active during retirement through becoming or remaining involved in local clubs and organisations, voluntary work, and paid employment (see Sections 2.2.4 and 2.2.5 on Paid and Unpaid work). Some people felt it was very important to make plans for keeping active with a range of interests, activities and hobbies because what a person put into retirement had an important influence on what that person got out of retirement.

‘It’s down to your attitude what you’re going to get out of retirement. I think you’ve got to go into retirement with the attitude whatever you’re going to get, you’ve got to do it.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, focus group discussion)
As already mentioned, there was limited longer term planning for old age. A few people mentioned planning with their partner for what might happen if one of them became very frail or died before the other. With this in mind they had crossed traditional boundaries around the home so that each partner acquired the skills of the other such as driving a car, changing a car tyre, using the washing machine and cooking. Some respondents had thought about their possible needs in longer term, so had moved to a more suitable home in order to remain living independently, or to sheltered or residential housing. The desire to live as independently as possible was at the forefront of almost all respondents’ minds (see Section 3.1 on Independence).

‘If anything happens to either of us, we won’t be able to stay here. We could probably find a bungalow a bit nearer the town.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

The minority of respondents that felt they had formally planned for retirement, had tended to plan financially. Most of these enjoyed higher incomes and were used to making plans for many different aspects of their lives. The focus of their financial planning was either in terms of savings and/or pensions. They had tried to evaluate the financial implications of retirement and to determine the amount of money they should save or invest and how much they would have available to spend and how this would impact on their lifestyle. However, financial planning for retirement was generally judged very difficult because an individual did not know how long they were going to live and what unexpected expenses may occur in the future, particularly relating to health. Those who had started personal pensions felt it was also hard to plan for the future because they were unsure of the final value of their pensions.

‘You plan (financially) to the extent that you can. You like to feel that you’ve got security for life. But you don’t know how long you are going to live so you don’t know if it will work out the way you would like to. There’s all sorts of factors that come into play over which one has no control.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

A number of respondents felt that government could assist people’s financial planning for retirement, by providing guidance on how much money they should ideally save for retirement to be able to responsibly cater for general living expenses as well as cover the costs of care and support that could arise. Some respondents also thought advice and information from the government, on the full range of benefits and entitlements available to people in retirement, would be beneficial. It was suggested that this information might be made available at the same time as receipt of the first state pension book.
Some people felt that they had already planned for retirement through their National Insurance contributions and believed that the government had retracted on their promise to deliver a state pension that could adequately support them financially in retirement. They had the sense of a broken contract between older people and the government. A few claimed angrily that the government had in effect cheated them financially by removing entitlements to welfare benefits in relation to free health and social care that could have supported them in old age. Some were irritated that they were not made aware of the perceived changes in time to be able to put away their own savings to support their pensions.

‘We came here and we work all those years and we pay National Insurance, that is to cover when you get sick and old. They change it now. Why, if you are sick now I’m going to a home and you have to pay and they take away what little saving you have.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

‘We didn’t know in time. There should be some sort of discretion for our generation. We didn’t know in time to put enough away. Future generations will know.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

The majority of older people in the study had not planned for retirement. One of the key reasons for not planning was fear of the future, especially in relation to health. Many of those already in poor health thought only in limited horizons of days, months or a few years. This served to restrict the potential for any planning. Others that were currently in fairly good health felt that their future health, and that of a partner, were so uncertain that planning for any period in to the future was a futile exercise. And a few claimed that it was better not to plan rather than to construct a plan and have it shattered by changes in circumstances, such as the death or divorce of a partner.

‘Not to have plans but to have ideas. Because I’ve watched what’s happened when people have had concrete plans for their retirement and then something tragic happens or crops up.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, focus group discussion)

‘But then again, some women like my wife, she won’t talk about the future. She’ll switch off. There is that fear. She doesn’t want to know about it.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, focus group discussion)

Another prominent reason for not planning for retirement was having insufficient information to be able to know how to make and implement plans. This was especially true amongst those respondents on lower incomes, who in turn did not feel they had the financial resources to be
able to make any type of plans. Planning had never really been a feature in their lives.

‘To be honest, what can you plan on our pension?’
(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

‘We were told to save money for our old age, but we didn’t have enough to save. We never saved, just worked and paid our way.’
(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

Some people were actively putting off having to think about retirement and hence were reluctant to consider making plans. Although they tended to acknowledge that plans and ideas for retirement were helpful, they had not wanted to think about something that they considered unlikely to happen for a number of years yet.

‘I haven’t given it a lot of thought. I still tend to think it’s a waste of time isn’t it. To be honest I don’t worry about retirement and things like that. I’ll just face it when it comes.’
(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

2.2.3 Attitudes to retirement

A wide range of different attitudes to retirement were expressed in the focus groups and in-depth interviews. The benefit of retirement most frequently mentioned was relief from the stresses of work. This was expressed in a number of different ways, including not having to clock watch, not getting up early and a real relief from physical work (see Section 2.1 on Work). Associated with this was the feeling of many participants that they had greater freedom in retirement. Freedom to do what they wanted when they wished, including the right to do nothing, as well as the freedom to do what they were never able to do when they were working. Essentially they felt more able to do what suited them, rather than having to adapt their lives to meet the needs of others.

‘The one thing I think is when you get older and you retire, you can blooming well please yourself. You are not obligated to anybody else.’
(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

‘Freedom for myself. Not being in a routine. Having some time instead of having to clock watch and things like that.’
(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

Another related benefit was the feeling of being ‘time-rich’. The relative ‘luxury’ of having time was felt to be an enjoyment in itself. Having time was also felt by a number of participants to be the base from which they could enjoy personal interests and leisure pursuits that they had not been able to undertake prior to retirement or not as often as they would have liked. Such activities included gardening, spending time with a
partner, caring for and being with grandchildren, visits to friends and family, and travel.

‘More time to do things with my husband and you don’t have to get up early.’

(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

There were also a number of significant problems associated with retirement. In particular, many older people in the study expressed worries about their finances. Some of the pre-retired respondents were concerned about the extent to which they might have to cut back on expenditure to meet a restricted income and the impact this might have on everyday life. A few pre-retired as well as retired participants had serious concerns that retirement might mean a move into financial stringency if not actual poverty. They worried that they might have to depend on benefits because they had insufficient money to support themselves. For some, this was felt to be a very demeaning situation, because the acceptance of benefits was considered akin to taking charity.

‘It would be good if people could look forward rather than be scared and lonely.’

(Female, white, poor health, medium income, dependent, suburban, focus group discussion)

Loneliness was another key problem for some respondents in retirement. Some complained of missing the companionship offered by work. A number of participants said they lacked any family members who would visit them and so had to depend on friends. And others were network-poor, having neither friends nor family they could rely on for sociability or support.

‘I think retirement was the worst thing that happened to me…Not seeing people. People you’ve made friends with over the years.’

(White, post-retirement, poor health, low income, semi-independent, inner-city, focus group discussion)

‘People are very kind, but I wish I’d a family now. There’s nobody like your own when you get old.’

(Female, white, poor health, medium income, dependent, suburban, focus group discussion)

The loss of a partner was a major fear, especially amongst women who generally expected to outlive their partners. In some situations where this had occurred, both male and female participants felt that retirement had become much less enjoyable. They could feel quite alone and isolated and greatly miss having their partner to share retirement with.

‘When you lose your partner, this is when it gets to be a whole different ball game. Without your partner, you are on your own.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)
Poor health was a key problem for a number of respondents, severely hampering their ability to enjoy retirement and preventing the fulfilment of any plans they may have had. Some participants expressed a sense of resignation about this rather than bitterness. Others felt more despondent and thought that it was hard to have a positive view of retirement if you were already in pain, and faced many years continuing in pain.

‘Oh I don’t go for holidays, for twelve years. I don’t go out. The main thing is health and being healthy. My health is no good.’

(Female, Asian, 55 years, post-retirement, mixed health, medium income, independent, inner-city, depth interview)

‘We are feeling pain. Sometimes I sit down and say oh my God. You have to accept it as there is nothing you can do.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

Many respondents were adamant that formal retirement from the work place did not and should not mark the end of your working life. There were a number of examples across the research sample of people having taken on paid employment either full-time or part-time after retiring.

‘I worked in a bookies office every Saturday after I retired. About three or four hours a day.’

(Male, white, 75 years, post-retirement, poor health, low income, semi-independent, inner-city, depth interview)

‘I worked part-time when I retired. In a nursing home.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

Work in retirement had slightly different values attached to it than formal employment. Although equally enjoyed for providing companionship, involvement in society, mental interest and financial benefits, there was a greater element of choice involved, which made people feel more independent, and in control. There was a sense that individuals had more of a choice about when and whether to work. As a result a few people had been able put rewarding packages together of work and leisure. And some pre-retirement participants looked forward to the time when they could balance work and leisure in this manner. On the downside, some people complained that in order to work in retirement they had to be prepared to accept a lower pro rata salary than they had earned in formal employment.

‘I am planning a career that I may actually keep going longer, but on a part-time basis and work say two and a half days a week when I am considerably older and to that extent I have worked leisure into my life.’

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)
The idea of staggering retirement was discussed in two of the pre-retirement groups with general support. There was interest in gradually reducing the number of working days and working hours. It was thought that such an approach would help people to manage the transition from work to retirement more effectively and with less emotional strain.

Nonetheless, many participants faced significant barriers to paid employment in retirement. A number of respondents, particularly men, mentioned that age prevented them being able to get work in retirement even though they would have liked the opportunity to work. Even when people had managed to find a paid job, they faced losing it when they reached an organisation’s statutory retirement age. One man said he had been very saddened to have to leave his work for a large national retailer when he reached 70 years. A former school teacher described how she had taught adult literacy part-time after formal retirement and how upset she had been when at the age of 70 she was told by her employer that she could no longer continue, despite the fact she felt perfectly able to do so.

‘If you say your age they say I am sorry you are too old. But I would like to work if I could get a job.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Some of the Asian women interviewed who were in their 60s and 70s claimed they would like to be still working, ideally sewing work, in order to help their finances. However, very high unemployment in the area was blamed for them losing the opportunity to work, rather than age. Although they viewed themselves as very experienced and as still having the ability to take on sewing jobs, they expressed concern at taking work away from the younger unemployed that they believed had more immediate need of the income.

Another major obstacle to employment in retirement was poor health. A number of men and women across the sample claimed that they would very much like to still be working, but were prevented from doing so by health problems. Some of these respondents were below the age when they could get a state pension and so were on Incapacity Benefit. A few participants said they would like to still be doing some paid work, but were prevented from doing so by having to care for their partner who was in poor health.

‘Well I had to retire unfortunately, 12 months this January just gone. The company I worked for and the type of work I was doing, my back went, I struggled on for a while but it wasn’t any good, there were certain jobs I couldn’t do.’

(Male, white, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)
‘I worked for 32 years with my husband in our grocer shop…My husband’s health is no good, he has heart trouble and diabetes and always he’s in very bad health. I also have… heart trouble and then I stopped working and look after my husband.’

(Female, Asian, 55 years, post-retirement, mixed health, medium income, independent, inner-city, depth interview)

On the positive side, some men said they thought there were now fewer obstacles and more opportunities to be employed as an older, retired person. The employment policies of a number of large retailers were mentioned in this respect because they were perceived to employ people over 55, considering them more reliable and conscientious than younger workers.

‘Some places are taking older people, B & Q, Marks & Spencers, Boots, Tesco.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Although no one interviewed in the research was working for any of these organisations, a couple of men said they were considering doing this type of work on a part-time basis once they retired.

A wide range of people both pre-retired and retired were involved in unpaid work. The nature of unpaid work took a variety of forms and included volunteering, caring and family support. However, there were some notable differences in the way that respondents interpreted the term volunteering and perceived volunteers. Some participants took the view that volunteering was a formal role involving a defined commitment to an organisation for which you were unpaid. Example included working in a retail outlet for the British Red Cross, sitting on the magistrates bench, helping with Meals on Wheels, acting as treasurer for the local parish church and helping run a youth club.

Others suggested that being a volunteer meant giving something back to society or to the community as a way of showing gratitude for the benefits that you have personally been fortunate enough to have enjoyed. A few participants argued that voluntary work was an essential ingredient of societal health and a way to help those less fortunate. Some respondents felt it was simply a giving of unpaid time and effort to a worthwhile cause such as running a stall at the local church fair or making toys for a charity to sell in their shops.

‘I’m involved in a lot of voluntary work. I’ve been a councillor for 25 years and mayor three times.’

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)
‘I do voluntary work, always have done, always will do and can’t see any reason why I shouldn’t show my gratitude to society. That I have been very lucky and have had a reasonable passage through.’

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

Interestingly, many older people in the research were working unpaid in ways that they did not regard as formal volunteering. People might have chosen to undertake this type of unpaid work for very personal reasons including a specific interest or hobby such as football training at the local youth club, teaching people to restore old cars, and working in a health shop (see Section 2.4 on Intergenerational activities).

‘Membership Secretary for the History and Records Society which I do voluntarily. I wouldn’t expect to do it any other way because it’s doing the things you wanted to do when you were working, from love and interest.’

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

However, there were other instances where unpaid work was not necessarily ‘voluntary’ in that people did not perceive that there was choice involved. Examples included: looking after grandchildren, which for most Asian respondents was deemed an essential family role; helping with tasks for their local church which was an enjoyable occupation for many Afro-Caribbean men and women interviewed, but nonetheless considered a duty; and acting as a carer to someone in the family, a friend or neighbour.

‘I do the shopping for my neighbour. I have done it for a long time.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

‘The children are forced out to work to pay the mortgage and all that and all the other expenses that they have. So obviously it depends and comes down to the grandparents looking after the children and so most of the time the grandchildren are looked after by the grandparents.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

The research identified that people initially became involved as volunteers for a range of different reasons. Someone may have asked them to help and they felt a need or a desire to respond, be it the local vicar, a friend, member of the family or neighbour. They may also have been associated with a club or organisation for a number of years as an interest or hobby and be asked to help in an unpaid capacity. Other respondents said they had volunteered because they had time to spare and that it was a means of staving off boredom as well as keeping active and involved.
Some participants commented that older people often had the problem of having too much time in the day to fill, whereas younger people had too little time. The time-rich versus time-poor dichotomy between generations was felt by some participants to be the reason why volunteers tended to be older in age. A number of respondents had initially volunteered for unpaid work in retirement as a means of getting out of their homes and meeting people. And a few participants expressed more altruistic motives for volunteering, claiming they wished to help people worse off than themselves.

‘The other day I was asked by the vicar if I would do knitting and that for the sale of work. For the Health Centre I always knit for them, a toy or some kind of big one for their sale...A couple of years ago the vicar asked if I would open the sale here for the benefit of the children’s school. I was scared stiff, but I did it.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, depth interview)

‘If you haven’t anything else to do it occupies your mind. Instead of sitting in the flat looking at four walls.’

(Male, white, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)

The research elicited a number of perceived advantages as well as disadvantages to volunteering. From a positive perspective, volunteering enabled people to remain involved in society after retirement from formal employment. It was considered a means of engaging the mind, keeping active and staying independent with concomitant health benefits. There was the opportunity to meet new work colleagues and make additional friends and thereby sustain social contacts. It also gave individuals a greater sense of self-worth from the feeling they were doing something of value for their community. Some participants claimed that voluntary work had benefits over paid employment because lack of payment implied fewer obligations and therefore less worry.

‘It keeps your mind going and you feel alive.’

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

‘It makes you less dependent on other people if you have something to do.’

(White, post-retirement, poor health, low income, semi-independent, inner-city, focus group discussion)

However, others put forward the contradictory view that voluntary work could involve very responsible roles. Some participants felt that working with older people and even working in a charity shop could be very stressful and not at all relaxing.

There were also a number of disadvantages to volunteering identified by respondents. Volunteer work was felt by some people to be exploitative because it tapped people’s years of experience without any financial reward.
It was claimed that volunteering amongst older people was too easily taken for granted and that volunteers were frequently taken advantage of because of their willingness to give time and effort for free. Some participants involved in voluntary work clearly felt at times that they were put under pressure to do more work than they would have ideally liked.

‘I think we’re very useful to run charities, but I don’t think we gain much respect from that. We’re there to be used really.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

Some participants felt that the government should not be so complacent about this valuable community resource and be providing some volunteer jobs as paid employment as recognition of their worth to society. Others argued that they would not do such work if it was exploitative and that it was easier for those in retirement to do voluntary work because they had less need of a regular salary and had more time available. Nonetheless, there was agreement in all focus groups that voluntary work generally had a low status and was not accorded the value and respect it deserved by either government or society as a whole.

‘The negative things are that people of any age get exploited and I think that is wrong. And again volunteering is a cheap way of getting a service that should be provided by the government.’

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

2.2.7 Barriers to volunteering

The research highlighted the fact that there were a number of barriers to volunteering. A major obstacle experienced by many participants was poor health, which could severely restrict the ability of people to become involved in voluntary work. Respondents across the sample said they had been unable to take up any voluntary work because of poor health despite a strong desire to do so or had terminated their voluntary jobs as a result of ill health.

‘I wouldn’t find myself able to do it for health reasons.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

Another disadvantage experienced by people wanting to volunteer was the lack of effective public transport facilities, particularly in rural areas, which meant that respondents could not travel to and from places of work. This was a particular problem in situations where evening work was involved. One participant said she would have considered doing voluntary work, but for the fact she had to rely on other people for transport since there was no public transport where she lived in a rural village. Reluctance to come forward and volunteer through lack of confidence was an obstacle for a number of respondents. This was a problem discussed in some depth by women living in a residential home.
who claimed they would have liked to do small jobs around the home in order to relieve the boredom and help stay active, but were afraid to propose anything to the staff.

'Some are very capable, but a lot of us are very shy. When you get older you get so you are afraid to suggest anything. I'd like to have a job some mornings, I get so bored.'

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

Some participants felt that lack of formal qualifications was a hindrance to them applying for volunteer posts and so had been dissuaded from doing so. A couple of women mentioned they had applied to do voluntary work with charities overseas, but had been rejected for not having the appropriate qualifications despite their years of formal work experience. A further concern amongst a minority of male participants was clearly prompted by increased public awareness of and professional sensitivity towards child abuse. They felt that their motives might be questioned as an elderly person wanting to work voluntarily with young people.

There was general acknowledgement of the importance of learning amongst respondents and a number of people voiced the belief that 'you are never too old to learn'. Although some respondents said they often learnt informally, for example from participating in interests and hobbies, or listening to the radio and watching TV, most participants thought of learning in a more formal context involving teaching and structured classes.

Learning in general was perceived to offer many advantages. In particular, it was considered a means of retaining mental agility, which many older people in the research thought would help combat the ageing process. It was also felt to offer the means to stay in touch with society by keeping abreast with ideas and behaviour, for example a number of people mentioned that learning computing enabled them to understand what others around them were talking about. And where learning involved attending formal classes, there was the perceived benefit of companionship.

'I thought I would give it a go (computer classes) because then you know what other people are talking about. You feel a bit thick sometimes when you listen to them.'

(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

'Meeting all of the lovely people and we get a chance to go on these classes.'

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

For most respondents involved in either formal or informal learning, there had needed to be a clearly perceived purpose and benefit before they actively participated. For example, learning Italian to be able to converse on annual holidays to Italy; learning to crochet to be able to
make blankets voluntarily for developing countries; health and safety training for volunteers working in a health food café. Equally many of those respondents not currently learning, but who expressed an interest in doing so, had a particular reason in mind. Examples included a number of Asian woman who wanted to learn English so as to be able to mix more in society and understand what was going on around them; taking a course in stained glass making so as to be able to do this as a hobby in retirement.

‘Well we’ve all learnt to crochet lately and we go mad at it and send it to all these places like Bosnia.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

Nonetheless, there were also a number of participants that were learning or wanted to learn, informally as well as formally, for less directed reasons, such as personal interest or to have something to occupy their time.

‘I will tell you what I’ve always wanted to do and can’t, embroidery. My daughter-in-law was going to teach me, but has never got round to it yet.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, depth interview)

However, the majority of participants felt that learning was not relevant to them, especially those who had limited experience of learning and training in their lives after school. And amongst those who were inclined to learn, many felt constrained by a variety of different barriers. Some respondents felt inhibited from learning because they associated learning with formal education and believed that they lacked the qualifications or the educational ability required. Others worried that they would not be able to keep up with the pace and the level of learning, especially if they were sharing classes with younger students. And a few thought they would be intimidated by learning in an unknown location.

‘I thought you were going to mention the Open University and things like that, but that wouldn’t be for me actually because I had a grammar school education and that is as far as my education went.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘I personally am not afraid of many things at all, but taking on something like that I would feel inadequate…it takes me longer to take in and learn what I used to do.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

Access to information as to how and where to learn was an issue for some people, particularly those with lower incomes. They also lacked knowledge of the range of learning opportunities available. Others mentioned the lack of relevant and interesting courses available to them.
'I was very interested in the University of the Third Age. Friends of ours in North Wales are doing all sorts of interesting things. We don’t get a chance down here.'

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

The perceived and actual expense of learning was another barrier. Several participants said they had wanted to undertake a course, but could not afford to do so. Learning computing was mentioned a few times in this respect because of the necessity of having to personally purchase a computer. Others mentioned that the cost of public transport to classes made learning difficult to pursue. A few people criticised the fact that those above a certain age were not able to access government grants or student loans to help subsidise learning.

‘I wanted to do an Open University course in Finance. But it’s so expensive.’

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Restricted access to transport was a problem for several participants, especially those living in rural areas without cars and where public transport was not available. Evening classes, regarded as the norm for learning by many people, were thought particularly difficult to get to. Some respondents were very worried about their safety when travelling at night, both men and women. For this reason a number of participants felt learning was impossible because they would never travel after dark. It was suggested that more could be done to bring education to the learners through outreach work, such as teachers coming out of colleges to day centres and community venues, rather than older people having to go to the college.

‘I would have liked to have done an adult learning course but I can’t because I don’t have a car to get to Cardiff, but I really would have liked to have done it.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Some of the more dependent respondents mentioned poor health as being a serious barrier to learning. There were references to physical health problems such as tiredness and bad eyesight making learning an impossible challenge. Mobility difficulties curtailed the ability of a number of participants to travel to learning centres and in some cases, to participate in courses by writing.

‘I would love to learn English but my brain doesn’t work, and my eyes don’t allow it.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)
It was anticipated by a number of participants that learning would require a fairly substantial amount of time. Some people who felt under time pressure in their lives felt that they could not afford the time for learning. For example, a few ethnic minority women interviewed said they were so busy caring for their families and homes that they could not give time to learning.

‘We are so busy at home. We do the sewing, the cooking, cleaning, looking after the grandchildren, that we run out of time. We are short of time and don’t think of training.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

A few people felt that society as a whole did not support and encourage older people learning. They felt a sense that younger people might question the value of an older person wanting to learn.

‘Well I would love to play the drums, but I am too embarrassed to find a teacher at my age. I’ve always wanted to learn the drums.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group)

### Pen Portrait - Elizabeth

Elizabeth is 89 years old. She has lived in the same village in Northern England with her daughter for the last 26 years. She and her daughter, who is 60 years old, are both widows. She has two grandchildren living in the village and they both have children. She loves it when they come to visit. In total she has eight grandchildren and eleven great grandchildren. She sees the four great grandchildren living in the village every week gives them each a £1 out of her pension. There are also three little girls in the village who have adopted Elizabeth as their grandmother as they don’t have a grandmother of their own. Elizabeth treats them the same as her own grandchildren. The ones she does not see so often get either £5 or £10 when they visit. She feels she has nothing else to do with her money and has so many clothes and shoes that she sometimes gives them away.

Her daughter does all the cooking, washing and cleaning in the house and gets an Attendance Allowance so as to be able to care for Elizabeth. Elizabeth would like to help, but her daughter is worried that she will hurt herself. Elizabeth can’t stand up for very long, but she feels she could still do something to help around the home. Instead she just knits and reads and after that sleeps. She loves to knit and has always knitted toys for the health centre when they have sales and the vicar asked her only the other day whether she would do some knitting for the church sale. Sometimes she will be asked to bake a cake if someone at the day care centre has a birthday. She would love to learn how to crochet and embroider. Her daughter-in-law was going to teach her, but has never got round to it.
There is a nurse from the NHS health centre in the village who comes in on a Thursday to help Elizabeth take a bath. She makes sure Elizabeth has no sore places on her body and tends to her feet because she has bunions and very callous skin. However, the nurse will not cut her nails and she has to ring the chiropodist and ask her to come to do that. She also has a carer that comes through the NHS whenever needed.

She does not take part much in village life, because she cannot get out and about except when she goes to the day centre three times a week. There is a bus that comes to collect them and take them home again from the centre. She really likes going there and has made some lovely friends. She also loves the games they play such as anagrams. She especially enjoys the vicar coming every Wednesday to give communion, as she has always been religious. She was involved with the other day centre members in discussions with the architects about the redesign of the centre and was gratified that they took on board their suggestions. She can never use normal buses as she just cannot get her leg up high enough to reach the steps. She also finds the bus drivers do not have enough patience to wait, even if you are disabled, and they never bother to help.

She really loves the holidays organised by the church. They stay at a centre in the Lake District and it only costs £90. They even go out to the pub and have a really good time, although she is a teetotaller and has been all her life.

(Pen portrait 5b in Appendix D)

2.4 Intergenerational relationships

2.4.1 Attitudes to ageing

Older people in the focus groups and in-depth interviews reflected on the wider views of society about the role and value of older people, but also revealed their own attitudes to older people.

The groups discussed the range of terms that were used to talk about older people. The whole idea of labelling older people through the use of specific terms was questioned in some of the groups. For participants who had a preferred term, ‘senior citizens’ was the most popular choice, as was found by the literature review. One focus group in particular rejected assigning any special terms to people who were older, on the basis that it served to separate off older people from the rest of society. They felt that it was precisely this separation that was seen to create problems between the generations by setting them apart.

In many cases, the participants said that they did not feel their age, and so did not easily relate to terms that grouped them with others in a category based on crude chronological age.
Focus group participants felt that society also had clear ideas about how older people should behave. In many cases they stressed that they themselves did not conform to their norms or did not want to. Older people in the research often talked about how young they felt inside or stressed that they were ‘young at heart’.

One concern expressed in the focus groups was the way younger people related to older people. Lack of respect for older people was mentioned a number of times.

‘When you get older the children don’t respect you……not in the way it was’

(Male, Asian, post-retirement, mixed health, medium income, semi-independent, suburban, focus group)

Some older people in the research also felt intimidated by groups of young people. However older people spoke warmly of relationships with younger people that they knew and felt comfortable with. Many of the participants had good relationships with grandchildren of all ages. Some of the older people also reflected on their own youth. It was suggested that by keeping young inside and having contact with younger people, better relationships could be built between the generations. Intergenerational links seemed to offer a mechanism for overcoming fear and misunderstanding.

2.4.2 Grandparenting

The most widespread intergenerational activities involved grandparents and grandchildren. Many male and female participants mentioned spending time with their grandchildren in both active and sedentary pursuits such as reading, walking, swimming, cinema visits, eating out in restaurants, and visiting museums and cultural centres. These activities were generally a source of great satisfaction and enjoyment. A few younger respondents spent time on intergenerational activities with their teenage children, particularly on sport-related activities. Some people engaged in intergenerational activities through their involvement in hobbies, interests, voluntary work and learning.

‘I am teaching them (my grandchildren) to ride the pony and they get involved with the animals. My husband takes them fishing. We had them over half term and I took them swimming. I taught them both to swim when they were about 3 years, so I take them swimming whenever they come.’

(Female, white, pre-retirement, mixed health, low income, independent, rural, depth interview)

‘I spend a lot of time on activities with my children. I like to join in with the things they enjoy as well as encouraging them to share my interests like playing badminton.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, depth interview)
Many participants commented on the mental and physical stimulation they gained from sharing activities with the younger generation. Some people felt that participating in learning activities and interests with young people rather than their own peer group, helped them keep more alert, active and ‘young at heart’. And a few respondents claimed that intergenerational activities enabled them to keep abreast of societal trends and developments.

‘If you mix with younger people you feel it keeps you young it does.’
(Male, white, post-retirement, poor health, low income, dependent, rural, depth interview)

‘I think when you are our age you really want to mix with young people as much as you can. I like to be with them. We think sometimes they are on the wrong track, but we are not fed up with them. We admire a lot of them…. very busy, well qualified.’
(White, post-retirement, good health, high income, independent, rural, focus group discussion)

When the concept of mentoring was explained and asked about in the focus groups, the primary activity identified by both male and female participants was the role played by grandparents. In this capacity they were able to utilise their skills in helping grandchildren with reading, learning and an understanding of discipline. Some participants said they complemented the contributions of parents, whilst others thought they made up for what they perceived as the limitations of parents. A few respondents argued that this role had become increasingly important because their children had less time to give as parents due to the pressure of long working hours.

‘I want to offer a balance and alternative and I make an absolute point of taking the little girl to places she might not otherwise go.’
(Female, white, pre-retirement, good health, high income, independent, inner-city, depth interview)

‘Mothers are working now. They don’t have time for the children. I didn’t work when my children were small. My daughter’s got a boy of 5 months and she’s going back to work.’
(White, post-retirement, good health, high income, independent, rural, focus group discussion)

Whether or not they used the term mentoring, a number of respondents mentioned acting as a mentor to their grown-up children through providing advice and guidance on work and relationships. However, many people said they were hesitant about adopting a prominent advisory role to their children, for fear of causing irritation or being rejected.

Some participants spontaneously suggested that older people could be given a mentoring role via schools. They felt that their skill in being able to pass on wisdom and understanding to their grandchildren could be
utilised in a wider capacity. They argued that older people could communicate to children a sense of times beyond their own memory and that this might encourage greater sympathy amongst young people for the sensitivities of older people. A number of respondents said that they would be interested in assisting schools by providing reading support and regretted that they had never been asked.

‘Actually I think that the schools should invite more older people into the classrooms to talk to children, particularly young children and even reminisce.’
(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

‘I think there’s a lot of scope for older people to pass on this wisdom to children at school. And there’s this problem these days of education, literacy and numeracy and this is something the older generation do have. Our generation are literate and numerate and there is some scope here for passing it on.’
(White, post-retirement, good health, high income, independent, rural, focus group discussion)

Conversely, other participants argued that mentoring was unlikely to work unless the mentor knew the person they were advising personally. They felt that there were too many barriers between old and young people in contemporary society, resulting in a lack of trust and understanding. They suspected that young people would have no inclination to listen to an older person without a personal or organisational link to help foster the relationship. Furthermore, they would be reluctant about coming forward to offer advice for fear their motives would be misconstrued.

‘I feel the elder person would have to know the younger one and vice versa. I do feel the family would have to know each other and the trust would have to be there between both of you to start with.’
(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘I don’t think it’s a thing you can just barge in to. I think you would have to have some sort of association. You would have to have an interest in a church or youth group or something like that. I don’t think you can just put yourself forward and approach young people out of the blue.’
(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)
However, a number of participants could envisage that acting as a mentor to a young person on a one-to-one basis, which they felt might positively assist in alleviating the misunderstandings and mistrust that can exist between amorphous groups of young and old people.

‘Maybe there is a difference between older people just being seen as a group and particular human beings that people get to know and then if you meet a particular older person and they hear your views, maybe they will get more respect then as a result.’

(White, post-retirement, poor health, low income, semi-independent, inner-city, focus group discussion)
3 HEALTH AND SOCIAL CARE

3.1 Independence

3.1.1 The attributes of independence

There was strong agreement amongst all respondents that independence was a very positive and important aspect of their lives and most strove to attain a manner of living that was as independent as possible. Independence was generally valued for helping a person sustain an active and healthy life, with many people believing there to be a relationship between independence and health: independence aided good health, but good health aided an active life. For some respondents, independence was also respected for its association with a hard work ethic and lack of reliance on benefits or ‘charity’.

‘The longer you are independent the longer you are going to live.’
(White, post-retirement, good health, high income, independent, rural, focus group discussion)

‘You don’t want to ask for anything.’
(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

However, perceptions of what constituted independence clearly varied across the research sample, influenced to a considerable extent by the current state of health and living conditions of an individual. For many healthy and active participants living in their own homes, independence was defined within a physical context as being able to look after yourself on a daily basis without the need to resort to any support or assistance from others. Participants who were less healthy and used the support of care services, could still perceive themselves as independent in the sense that the services allowed them to maintain their physical independence, by enabling them to remain in their own homes.

‘The home help comes every morning, mainly to lay an open fire because I can’t bend down. She puts the hoover around once a week and I like pottering around and I enjoy doing it and if you haven’t got that little something to do, then you feel utterly useless. I stagger around doing a bit of dusting and a bit of washing up and this sort of thing.’
(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Respondents living in residential homes were often relatively more dependant on others’ assistance than those living in their own homes. Nevertheless, in many cases these older people wanted to find their own form of independence by undertaking certain tasks for themselves such as laying the table, arranging the flowers or helping with the cleaning.
‘I am a very proud person. I miss the independence…I have always been an independent nature all my life and I never thought that one day it would happen to me that I would have to depend on help, so I still try to do what I can for myself. In the home I can’t do much, but I do dust, but I can’t clean the floor.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

However, for some respondents independence could be experienced as an attitude of mind as well as perceived in terms of physical abilities. This operated in the sense that someone could emotionally feel they were independent, even if physically they had diminished independence. Examples included respondents who were wheelchair users but who nonetheless claimed they felt independent, and those who enjoyed the feelings of independence generated by choice and privacy.

‘On the whole I feel that I am an independent person. I value my independence. [I am] in a wheelchair, and I have my official carer, but I still feel independent. I would hate to lose my independence.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘It’s a lovely feeling though you know, that you can do things. You are able to do things for yourself and nobody interferes with you. You know, when you’re in your own room, you just feel, you just do what you want, at least I do.’

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

Given respondents’ views of what constitutes independence, it would appear inappropriate to conceive a spectrum from independence to dependence. Independence is based on a range of factors including state of health, living arrangements and ability to exercise choice. Independence therefore emerges as a complex physical and emotional dimension with the potential to be fostered and sustained across a wide variety of demographic and lifestyle scenarios. Participants felt that even for those older people who were assumed to be quite dependent, a sense of independence could be restored quite quickly, if their independence was actively encouraged and barriers to it were removed.

Respondents felt that access to relevant, timely and effective government benefits and services can be a major contributor to independence. In particular, most respondents felt that if they could have appropriate home help services, targeted to their individual needs, they could remain living in their own homes indefinitely.

A number of respondents argued strongly for the encouragement of a partnership approach between social services (who are responsible for organising care packages), and the recipients of care. This would need to
involve discussion amongst all the relevant parties (e.g. social services, health services, benefits administration and voluntary organisations) as to the most appropriate services for the particular individual concerned.

The timing of support was also a matter of importance for some respondents. For example, the period immediately after the return home of a person from hospital, following an accident or illness, appeared to be a key occasion when the provision of effective, co-ordinated support from the different agencies involved could have a significant impact on promoting independence.

Some participants although grateful for the support of home helps and relatives, particularly in cases where their health restricted their mobility, felt their sense of independence was enhanced if they could do some household activities in their homes, however, small and mundane.

'There are some activities I can’t do. I can’t get down on my knees. I can’t stand on chairs or anything like that. I can’t hoover, but I can get around and wash the dishes and do a bit of dusting.'

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

A number of respondents attending day care centres felt that coming to the centre encouraged them in their desire to maintain some independence because they could see others managing who were in a similar situation. One woman said she had great problems walking and only attempted to do so at her day care centre where there was someone to help and encourage her.

'I think that is what is so good about coming here because everybody is in the same boat and you think ‘she is managing and she is managing’, so you have to manage don’t you. It gives you heart to manage because everybody else does. We have all got problems.'

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Some semi-independent participants commented positively on care phones and emergency alarms because they made them feel confident that if they did have a serious problem or accident, assistance would be available within a short space of time.

'We have an intercom system. Anything wrong we pull...for assistance. They answer you and then you can explain and tell them what is the matter and they get the doctor or ambulance.'

(Male, Afro-Caribbean, 77 years, post-retirement, mixed health, low income, semi-independent, inner-city, depth interview)

The residential care residents in the research said they had been resigned to giving up most of their independence when they left their own homes. However, a number had found that they were able to achieve some
sense of independence if the residential home allowed them a degree of control over their own lives. Examples given included being allowed to freely walk around the grounds when they liked or being permitted visitors at any time.

‘You’ve got the routine here for meals and that, but we please ourselves in what we do. In recreation we can do what we like after we have had our meals. If we want to go out, we are able.’

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

A feeling of independence could be fostered for some participants through caring for other people. This was especially manifest where older people were providing care for grandchildren as a support to their children. There were a number of instances where participants were acting as daily child minders while the children’s parents were out at work. Or they were providing support in the upbringing of grandchildren by, for example, spending time together, reading, teaching skills and playing games. In some instances, this helped foster a positive state of interdependence in the family with grandparents assisting their children who in turn provided care and support to their parents. And some respondents were spending time caring for two generations, their own parents as well as their grandchildren.

‘It’s a very valuable relationship, the grandparent/grandchildren relationship, to both sides.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

‘We are caring about both generations, our grandchildren and our parents, so we’re not too worried about ourselves really.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

Participants could also have their independence enhanced by being network-rich in terms of having a group of friends ready to give support and advice when necessary. A network of friends might operate in a similar manner to a close family by compensating for limitations in or a lack of public services. A number of participants, mostly women, mentioned that the support of friends had been crucial in helping them survive health or care problems.

‘I was discharged on the Monday, but there was no care arranged. Age Concern run a hospital discharge service and they came for a few days. But no care from the social workers. I did need care when I first came out, I was useless…I wouldn’t have got through without friends.’

(Female, 65 years, white, post-retirement, poor health, medium income, independent, inner-city, depth interview)
3.1.3 Fear of dependence

The fear of dependence in old age was a very powerful emotion for many respondents still living in their own homes. They tended to associate loss of independence with the necessity of having to give up their own homes and move to residential care, the idea of which filled many with dread. Images held of residential homes were generally extremely negative, dominated by pictures of sitting inactive for hours in a chair. Some people also held very strong fears of mistreatment by staff in residential homes such as forced medication or sedation.

‘Dependence. It’s a devastating thought. Fifteen years on a chair in a home.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, focus group discussion)

Worries about dependency were particularly strong amongst the few participants who had worked in social services and had witnessed at first hand how some people had been treated in care. Such experiences fuelled these respondents’ fears of future dependency characterised by having to go into residential care.

‘I have seen so many homes, I worked for an agency. And I have seen some terrible things and it frightens me to death. I was glad to hear they are going to start looking at what is going on in homes.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Many participants were concerned that they might be a burden for their families. A few respondents had decided to move to a residential home to prevent them becoming an encumbrance to their families. Several had experienced the painful transition from providing help and support to their own children’s growing families to becoming a growing burden to their families. Others mentioned that they would like to believe that their children were positively inclined to spend time caring for them, but were not entirely confident because young people appeared to be so time-stressed nowadays.

‘It’s very awkward when you become old. You’ve been active, always ready to help the family.’

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

‘The younger people haven’t really got the time to be bothered with us. They are so busy with other things you know. I mean it is not a very nice thing to say because I have got a daughter and two sons and I suppose they have time for me, but I always feel as though I don’t know.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

3.1.4 Barriers to independence

The ability to travel was a major issue in terms of its impact on independence. The inadequacy of public transport was considered by many respondents to be a key obstacle to living an independent life. It was a widespread source of complaint.
'We don’t groan about our money, but we do groan about the fact that getting around is difficult. Very, very difficult.'

(White, post-retirement, poor health, low income, semi-independent, inner-city, focus group discussion)

There was particular dissatisfaction with the way bus drivers often stop and start too sharply for older people to easily get on and off buses. Many respondents also complained about the relatively small number of buses with low platforms. Infrequent local bus services, a lack of bus shelters for waiting in, and bus stops that were located too far from people’s homes, all restricted the ability of both male and female participants to go shopping for themselves. The disappearance of corner shops and the corresponding reliance on out of town supermarkets had compounded the problem for many respondents.

‘The transport situation is making us into hermits…I honestly think that is the worst part.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Participants in a number of rural areas claimed that there was no effective public transport and without a car travel would be almost impossible. In the two focus groups in Belfast there was a demand for fare exemptions for senior citizens, particularly given the number of empty seats at off-peak times and the awareness amongst some participants that in the Republic of Ireland all senior citizens enjoyed free travel on public transport. In general there was a feeling amongst respondents that bus drivers should be trained to be more sensitive to the needs of older people and that buses should be better designed for older people to get on and off with ease. And there was some support for dedicated minibus services that could take older people to and from their homes to the shops without them having to walk too far.

‘It is essential to have a car in a country area like this. Public transport is appalling. No railway here. It would be very difficult to go anywhere without a car.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

A prevailing sense of fear about their security when travelling also restricted independence of movement for older people. Many were wary of going out of their homes at night to walk or travel by public transport, because of the fear of intimidation or attack from youngsters on the street. Some were cautious about walking and travelling during the day for the same reasons. These feelings applied to men as well as women, and to both rural and inner-city based respondents.

‘The last time I was at the bus stop and some chap came to get the bus and I was on my own… Sometime you have even 10 year olds. There’s a lot of crime, it’s not safe.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)
Poor health was another major barrier to independence as it could severely impede an individual’s ability to cook, clean, wash, shop and care for themselves. As has been mentioned earlier in the report, ill health had also prevented some participants from working either paid or unpaid. Consequently, a significant number of respondents across the sample felt that their independence had become curtailed by poor health.

Lack of knowledge about available services amongst participants with health difficulties or an inability to access services, could further restrict their independence. This was especially apparent amongst lower income and less well educated participants in poor health and notably among the three groups of Asian and Afro-Caribbean respondents. Some participants complained about local cut backs in social services, which had resulted in them having reduced home care or knowing of people who had suffered in this way. This in turn had tended to restrict independence.

‘I used to have a carer at weekends so I could open the cans and I could put the dishes into the microwave.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘I know a lady who was very active and had quite a bad fall and she can just about manage to go to the shops now. She stays in all the time and has got very in-lookin’ on herself. She used to go to WI classes and she doesn’t do any of that now. And I feel it is such a shame and it is largely because she lives on her own and wasn’t well supported.’

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

The demise of intergenerational support was an additional concern for a number of respondents, especially Asian respondents, because they thought it might restrict their independence as they became older. Most of the Asian women interviewed said they could not rely on their children to fully care and support them through to the end of their lives in the way that they had cared for their own parents. They felt there had been a breakdown in cultural values so that care of older people was no longer regarded as entirely a family responsibility. A number of these women believed they would end up living in a home as a result.

‘Our grandchildren would never dream of looking after us, so we will end up in homes.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

Many Asian respondents blamed the government for not providing grants or cheap housing loans to improve the poor conditions of their homes. This meant that two or three generations were frequently living in one house so exaggerating the necessity of moving a dependent older person into a residential home. The independence of some of the Asian women interviewed was further curtailed by their inability to speak English. On
occasions they were dependent on their children to translate for them, but there were also times when their children and grandchildren ridiculed their lack of English or attempts to speak English, rather than giving encouragement. This served to further diminish their confidence.

Some of the participants viewed the taking up of means tested benefits as a denial of their independence or as demeaning. This resulted in their independence being restricted unnecessarily.

‘There is an old lady who is 89, uses a stick, arthritis in the knees…No income apart from a state pension and she was paying Council Tax…The thing to do would be to get her exempt from Council Tax because of low level living. She refuses to do this…Now there is a lady who would probably qualify for income support, council tax exemption, but her independence at 89 is her pride.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

A number of the participants living in residential homes mentioned that some of the rules of their home could impinge on their sense of freedom and independence. For example, a few said they would have liked to go shopping or have a walk without being accompanied by a member of staff.

‘It is very seldom that I will go out on my own. I am always out with somebody and this might take a bit of my independence away.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

Some pre-retirement respondents worried that their future independence could be limited if they did not have enough money for their needs from their pensions. Others worried about being entirely financially dependent on what the state could provide.

‘But if they don’t give us an adequate pension we are going to be struggling. We are going to be cold and we are going to not be able to afford to go to town because you can’t afford the bus fare or you can’t afford the taxi fare.’

(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

Additionally, irritation was expressed in a number of focus groups in which participants said they were concerned that they could be penalised in later life for being financially independent. Many respondents felt that careful financial saving and planning, which enabled home ownership, could result in a person having to sell their own home to pay for residential care, because their assets were greater than the £16,000 limit above which it was understood that the government would not pay for residential care.
‘I do not agree with if you have been lucky enough during your lifetime to have provided yourself and paid through pensions and the time comes, you have got this pension money saved and through no fault of your own through ill-health you end up in a residential home. Now all that money you have saved there is taken from you, even your house is sold from under you, to pay for your care.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Some respondents argued that the necessity to pay the full cost of care where savings were over £16,000, merely encouraged people to try to plan around the system, by spending to reduce their savings, passing ownership of property to children or putting cash savings into the accounts of their children. Those respondents, who had undertaken such action, were generally very upset that they had been forced to somehow try to cheat the system.

‘You get it [benefits] below £16,000 and then when you are below £9,000 (sic) you don’t have to pay anything…I am mortified to tell you that I have transferred banking accounts to [my daughters].’

(Female, white, 82 years, post-retirement, mixed health, medium income, independent, suburban, depth interview)

Pen Portrait - Nimo

Nimo is aged 55 years. She has lived in Northern England for 32 years after originally coming from India. She and her husband have their own house. Three of her children still live at home, but her eldest son is married and she has two grandchildren whom she sees every two months or so. Sometimes her son and his family come more often, if her husband’s health is particularly bad, or when there is a festival or a birthday in the family.

There are some good things about living in the area, but mostly problems. Her main complaint is that it is no longer a multicultural area because only Asian people live there. It is also very unclean with dirty streets full of rubbish and it does not feel safe because there are lots of teenage children hanging around causing trouble. She never goes out at night because she is too frightened.

Her husband is in very poor health and he needs constant 24-hour care from Nimo. Otherwise her days are spent washing, cleaning, cooking and shopping. She does not get any support or assistance. Her own health is also poor. She is asthmatic and feels pain in her joints at night. She would still be working and so would her husband if it were not for their health problems. They used to have a shop selling groceries and she worked there for 20 years. Now they live on Income Support and her husband gets a disability allowance. She
does not worry so much about money, but she has to be careful. Heating is a major expense and she tries to save money by cutting back but if it is not warm enough it is bad for her health, especially since she is asthmatic. Most of the money goes on food and electricity. She has not had a holiday for 12 years. Apart from attending the day centre one day a week and shopping locally, she rarely goes out. The elderly group at the centre is her main interest and source of support outside the home. The members mainly talk amongst themselves, share information and discuss religion.

She would really like to be able to speak English better and then she could speak with people outside of her home. She knows where there are classes to learn English, but she cannot afford the transport and does not feel her health is up to going. If she could speak English well then she would like to do some voluntary community work, helping the other ladies in the elderly people’s group at the day centre to speak English.

If she needs any advice or information she gets it from the TV or newspapers. The Citizens’ Advice Bureau is also helpful because they have someone there who can speak Punjabi. She prefers to discuss a problem with someone personally face to face, but if she can talk with them on the telephone that is also a good thing because then she does not have to travel to the advice centre. She has no real contact with local or national government, but she votes in all the different elections. She once complained for over three months to the local council about the amount of rubbish in the streets where she lives and that they had no street cleaners in the area, but they never did anything about it.

(Pen portrait 4b in Appendix D)

Respondents varied significantly across the research sample in terms of the extent to which they were currently utilising advice and information and their levels of knowledge of the advice and information available. The findings of the research suggest that there is probably a spectrum of people in relation to this issue, linked to socio-economic circumstances. At one end of the spectrum are those people who know that advice and information probably exists on any particular subject and have both the confidence and means to seek it out. They have the ability and the inclination to ‘go to’ advice and information. They tend to be people who are living independently and who have higher incomes and better education.

‘My wife’s father is on state benefit and that is his sole source of income. We did actually get him something, I think it’s called an Attendance Allowance and that has made a big difference. He didn’t know. These things are never pushed at you. We went to find out what was going on. We arranged to get his bathroom put into his house. I mean all these things are available, but you have got to go out and find them.’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)
Use of computers and the Internet were increasingly popular as means of accessing advice and information amongst participants who fell into these categories. They also tended to be more familiar with, and experienced in, the form filling and telephone handling that is required to seek and utilise advice. Additionally, many were network-rich and could utilise their personal network of friends and family as valuable information sources. However, even amongst these more informed and confident respondents, it was felt to be very difficult to find, and put into practice, information about benefits and services for older people.

‘I find that people don’t know their rights. They really don’t know what they are entitled to and frankly neither do I, and I am a great reader.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

At the other end of the spectrum are those who are unaware that advice and information exists and so do not know how to find and access it. They therefore require advice and information ‘to come to them’. Just because advice and information exists on a subject does not mean that they can and will seek it out. For example, there was an advice worker at an Asian day care centre who spoke Punjabi, but only two women from an older people’s group had used this service. In another example a warden of a sheltered housing centre had put up a board with the names and telephone numbers of support agencies and helpful services, but very few of the respondents in the focus group had understood that this board was a source of potential advice and information.

Most of the participants who tended to be at this end of the spectrum were people whose living arrangements involved a high level of dependence on others, those with lower incomes and those with less education. Most of the respondents from the three ethnic minority focus groups were also at this end of the spectrum.

‘That lady who cannot cook (because of arthritic hands), she needs help. She eats only Weetabix.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

‘Older people are lost as we have nowhere to go.’

(White, post-retirement, poor health, low income, semi-independent, inner-city, focus group discussion)

At some point along the spectrum are people that may know advice and information exists on a subject or issue, but do not have the capacity to access it. In the case of respondents, this was often because they were in poor health and relatively dependent in terms of their living arrangements. Some respondents were fearful of asking for advice because it might cause them problems and angst, or were worried that by asking for help they might lose what they already had in terms of support and benefit.
They sensed an imbalance in the power relations between support agencies and themselves and felt that the agencies were likely to catch them out if they possibly could. If they had family near by, they were more likely to ask them for advice and information than specific care agencies.

‘And I think they are scared of putting the wrong thing down or making a mistake and getting into trouble for it.’

(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

‘For some reason or other, the way the Government words letters and things like that they put you off. They give you a feeling that if I apply for a higher rate, I might lose the middle rate that I have got.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

Many of the participants knew information existed and yet were unable to access it. In this context they stressed that they found the relevant forms too complex to understand and therefore complete. Several respondents felt that successfully obtaining help was more a question of a person’s available energy and mental ability, rather than reflection of their need.

‘My mother-in-law was ill for a while and we had to fill in forms. She was going to get an Attendance Allowance. There was no way she could have filled that in without the help of a lawyer, there were pages and pages. My husband, his sister and her husband, four of us sat at different times trying to fill this in. To ask someone of 89 perhaps with help from an articulate middle class educated bunch, how the heck can someone who can’t read and write stand up for their rights? How could you possibly cope with a form like that?

(Female, white, pre-retirement, good health, high income, independent, inner-city, focus group discussion)

Some respondents raised the difficulties they faced in absorbing large amounts of information over the telephone. There was also some scepticism expressed in several focus groups about the value of touch screen technology and touch tone phone services which participants thought to be unresponsive, inflexible and off-putting. A number of participants explained that they could not use computers, or had difficulties using computers, because of screen flicker, the font size, visual complexity of the screens, and fear of touching a keyboard.

Overall the research indicated that there was a need for better information, although many participants were unsure in what ways information could be improved. Those who were most articulate and forward with suggestions for improvements tended to be those who were already the most confident about accessing information. However, advice and information needs clearly varied substantially across the spectrum of respondents. It was also apparent that better information was as much about quality of information as it was about quantity.
The most frequent suggestion, mooted by many participants across the spectrum, was that advice and information should be more personalised and customer focused, whether face to face or on the telephone. References were made to the benefits of personal one-to-one advice directed to the specific needs of an individual. Some people mentioned the advantage of having a named person attached to their particular case, making it possible to have on-going communication with the same person who would also be familiar with their individual situation.

‘You want a more personal relationship with someone. Want someone with a genuine interest, a heart, not just doing it because it’s a job.’

(White, post-retirement, poor health, low income, semi-independent, inner-city, focus group discussion)

People or organisations that could provide all the relevant information around an issue, an effective one-stop-shop, were also praised. The Citizens Advice Bureau (CAB) received a number of plaudits in this respect, as did some home carers, and day care and residential home managers.

‘I don’t think you can go wrong if you are worried about something, getting in touch with the care-manager, because they have got all of the information.’

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Several respondents criticised the lack of co-ordination between different agencies and departments in terms of providing help and support. A number of people complained that they had to provide the same information to different agencies, which was thought unnecessary now that so much information is stored on computers. The compartmentalisation of government led to some individuals being referred from one agency to another in order to find all the information relating to an issue. The difficulties in finding out about entitlement to, then accessing, chiropody services were given as an example of this type of problem.

Other respondents had been irritated when one agency failed to notice or deal with problems that came under the remit of another agency. There were therefore arguments put forward for more effective links between different agencies and organisations, responsible for the care and support of older people. For example, it was suggested that meals-on-wheels and home carers should be able to alert the appropriate agency when they noticed a particular problem outside their remit, when visiting an older person.

‘You go round in a complete circle and end up coming back to the same person again. There isn’t a straightforward path at all I don’t think.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)
'The point that sort of emerges to me is, here is an 89 year old widow, who all these years could have been in receipt of the Attendance Allowance. And (now that she has it) there is no organisation or person or department that says - look Mrs. X, you shouldn’t be paying this (Council Tax).'

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

A number of focus groups discussed the importance of advice being full, honest and complete. Some participants argued that advisers should be committed to providing the full details of all their rights and benefits.

‘They had given me the higher rate, but only to inform me it would have been available from August 1996. and all that they would pay me was one month’s back pay…. They were expecting me to claim, but if you don’t claim, then they will never (tell you).’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

‘I discovered then that what benefits I was going to get, I could have had for 10 years.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

In relation to this issue, some participants suggested that older people should be provided with full information about how care contracts operated in the home. There were examples of participants only realising over time that a carer would not be doing some of the tasks they had expected to be done. These older people felt that full and honest advice at the start of care provision could have helped clarify whether the degree of assistance available was sufficient for the particular individual concerned.

Some respondents made requests for advice that was delivered in a sympathetic and understanding way, acknowledging where a person may be feeling insecure and unconfident, or disabled in some way such as through being hard of hearing or unable to write. Other respondents said that those giving advice should be more respectful in their manner and tone.

‘The white people think we are stupid because we are not educated. We don’t reach their standards. They want to take you for idiots if you don’t understand.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

‘We find a lot of elderly people will get in touch with Age Concern before they will get in touch with the statutory (services) because, I feel, they get a more sympathetic ear, and are prepared to listen to them. Whereas someone in the statutory (services) can be a bit brusque and they don’t really want to listen.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)
A number of respondents stressed the importance of confidentiality. GPs and hospital doctors received strong praise from some participants for their sensitivity and confidentiality and a number of people wanted to expand their role in giving advice. This role could be carried out directly and in conjunction with other health professionals.

‘And if the doctor picks up on something, he should have somebody at that surgery to follow that up, because very often, if it is done through the doctor I think that will be far more acceptable to a lot of older people.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Several people from ethnic minorities participating in the research, especially Asian women, stressed the importance of advice and information being made available in their own language. Many of them were unable to read or speak English.

‘There is a lack of information being passed on to these older people. About home helps, grants and things like that. Even if they are aware, they don’t know where to go, who to ask and they feel embarrassed …they feel embarrassed because they can’t speak the language.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

A number of participants suggested improving information by making it readily available through the places that older people already use, and the people they already have contact with, rather than relying only on a central, dedicated information point.

‘If there was a person coming to give all this information and then we would meet here (day centre) and find out and discuss and then we would get help that way.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

**Pen Portrait - Ben**

Ben is aged 75 years. He moved to his current home in Northern Ireland when the area was redeveloped ten years ago. He does not pay any rent as the Housing Authority sort everything out. Before moving he lived in terrible conditions and there was not much money about. However, there was great sense of community, with people coming in and out to see what they could do for him. Now he lives on his own and never sees his neighbours. He has to rely on public services because he has no relatives.

He never has any visitors except the home help who does his washing and cleaning. She comes every day and is very helpful, but she is only there for 15 minutes which is not enough time for all the things she has to do. Once a week a nurse comes to change the colostomy bag.
he uses. He has the bag because four weeks ago he had a big operation after he collapsed outside his front door. He has been in and out of hospital over the last year or so. He was in for a week last time, but they would not keep him in long because of the cutbacks. They closed the ward and sent him home and then the nurse came to help. He often goes by taxi to the hospital because he cannot depend on the ambulance.

He has been retired since 1975 when he had to stop work because of a serious stomach problem. Before that he had worked as a barman for 35 years. He was 13 stone then and could have lifted anything, but now he is only 7 stone. He was 50 when he finished work and he felt fairly desperate having no work after that. He was not prepared for retirement. He had no savings and found it very difficult making ends meet. Initially he got himself into trouble with drinking and gambling and got into debt. Now he has the state pension and feels he does not need to worry so much about money.

He does get depressed though, sitting on his own in the house when he cannot get out. He usually just listens to the radio or watches the TV. Winter was a bad time for him because the home help came in the mornings and then after she went, he would just sit with nothing to do and nobody to talk to. If he can get out though, he tries to go into town every day. He wanders around and usually goes into the supermarket and buys a couple of things. However, he cannot buy much because it would then be too heavy for him to carry home. He goes on the bus, but he finds getting on and off them very difficult and he has to be very careful. He finds the kneeling buses very good, but is not able to get one of them all the time. Sometimes he has to wait for about twenty minutes or more for a bus to come along which he finds very frustrating.

There is a community centre round the corner from his home and if he needed anything he would tend to go there as they are always encouraging him to come. They help him with benefits or if he needs something for the house. He always votes in the Westminster and local elections, but he does not like politics very much. He believes that once politicians get into government they tend to forget about you. However, if he heard there was a meeting at the community centre discussing an issue like the buses, then he might try to go along.

(Pen portrait 15b in Appendix D)

3.3 Public services
3.3.1 Provision of services

Part of the focus group discussions concerned attitudes about, and use of, public services. These cover services commissioned and regulated by central and local government to address social need. Such services may be delivered by the public sector, the private sector, or a combination of both.
Participants identified refuse disposal as the most common public service that they used, followed by home helps and carers. However, there was generally a low awareness amongst respondents as to who was responsible for the provision of the services that they were using. This appears to be the result of an increasing variety in the roles of both central and local government in providing public services and the concomitant increase in quangos and private service contractors.

Older people in the study, especially those on lower incomes and in more dependent living arrangements, were notably high users of certain public services. Public transport, health services and social care services were the most frequently mentioned. However, there was widespread criticism that public services in general did not meet their particular needs. A major concern was the lack of sensitivity given to older people by service providers, especially those in the private sector.

3.3.2 Transport Public transport received strong criticism for not meeting the needs of older people. There were many comments about how difficult it was to use public transport, particularly from rural, lower income, and relatively physically dependent respondents. Complaints included: poor integration between services; infrequent buses, especially during daytime shopping hours; bus stops located far from where people lived; bus drivers who had no patience or courtesy, drove off too fast, stopped too suddenly and made getting on and off buses a hazardous process; few ‘kneeling’ buses; and a dearth of safe and comfortable bus waiting areas (see Section 3.1.4 on Independence).

‘I can’t manage to do those (steps on a bus). They’re too high. In any case, the bus drivers, they’re off before you’ve even got on to the bus. Well, I dare not do it.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

3.3.3 Care and health services The qualitative research did not specifically focus on older people’s attitudes towards the provision of health and care services as this was an area of research that the literature review showed has already been adequately explored. Participants’ views on these services in relation to feelings of dependence and independence have already been discussed (see Sections 3.1.2 and 3.1.3 on Factors supporting and encouraging independence and Fear of dependence).

In the context of public services, there was concern expressed by some participants that the basic health and care needs of older, needy people could be seen as legitimate territory for other people to make a profit. Several said that they felt more exploited than supported by privately run services. Others claimed to be very wary of having to use such services.
In a number of focus group discussions, these feelings were especially strong in relation to privately run residential homes, although they were not raised by those respondents currently in receipt of residential care. There were cases described by a few people who had worked in residential homes, and others who had seen and read media stories, of poor conditions in these homes, including residents being badly mistreated by staff. A number of participants consequently argued strongly for much greater control and regulation by government of social care services provided by the private sector.

‘As soon as a patient gets too much, it’s the front door. Residential homes are something the government should put right, not some individual making money.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘I work in homes and I see the condition how they treat people in homes. I see some of the patients in there in terrible conditions. Only when they know their relatives are coming to visit them, they hurry and tidy them up. Bring them down.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

Although several participants gave unqualified praise to their home helps and carers, others said they only provided an excellent service because the carer essentially went outside the terms of their contract and provided services that should not have officially been done. Some people argued that the home care system was inflexible and not at all sensitive to their individual needs. An example was given by an older person who was only given 15 minutes of home help a day, which was felt to be virtually useless, and had recently had the weekend home care removed. Generally, respondents felt that home care tended to be offered on a ‘take it or leave it’ basis which often resulted in them not getting the time and human attention they wanted, or the specific services they required.

There were also examples given by participants of care being administered in a very insensitive and intrusive manner. Some of these criticisms seemed to reflect people’s damaged self-esteem and personal pride at having to ask for care or at having care imposed upon them. Having a carer treat them with lack of respect only served to compound their dissatisfaction with the process.

‘The occupational therapist came and watched me wash myself, which was horrible so I was very nervous… She told me that I couldn’t manage and would need help. But I don’t need it. There are ways around it. I didn’t like the help. I felt it was intrusive. I didn’t feel I was old enough for that.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)
Several participants mentioned that they felt older people were discriminated against in the provision of health services. There was a feeling amongst some people that you were far more likely to receive a kidney transplant, heart bypass or new hip at 45 years than at 75 years. And a number of respondents claimed that when waiting for hospital attention, they had gone to the bottom of the list because of their older age.

‘I think when you are booked in as an elderly person you go to the bottom of the pile immediately.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

Many respondents argued that services could support and enhance their independence if they were delivered in a timely and effective manner and were flexible enough to meet individual needs (see Section 3.1.2 on Independence). For example, the disposal of large, unwanted objects from their houses was a problem raised by several respondents, especially those without cars. They could not afford the hire of a skip and complained that there was no council service to take things left for disposal that were too large to put in their wheelie bin.

The provision of sheltered accommodation, subsidised housing and retirement homes was praised by the majority of respondents who lived in these types of accommodation. They saw such housing as a means by which they could remain living in their own homes and thereby sustain their independence, rather than having to move to a residential care home. Some people claimed that moving to sheltered accommodation had increased their sense of independence, because by having all necessary facilities close at hand and a home specifically designed for the needs of older people, they could basically support themselves.

‘We had a 3 storey house and now we have a flat on the bottom floor. The facilities here are just ideal, absolutely fantastic.’

(Male, White, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)

‘We are very fortunate to be able to have a decent home where there are no worries about our food and heating. Very fortunate.’

(Male, white, post-retirement, poor health, low income, dependent, rural, depth interview)

Some people mentioned that the provision of housing grants had contributed to them being able to stay living in their own homes. Others mentioned having to wait long periods before being offered smaller more suitable housing for an older person and of inadequate care and repair services.

‘I am so lucky that the Care and Repair they give me double glazing, back and front, so that helps.’

(Female, Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, depth interview)
‘They should start giving grants out to each area. There are a lot of damp houses. They need refurbishing and redoing and all that. So the government could do all that for us, then we would live peacefully and happily.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

There were also some positive comments from the Belfast focus groups about the role of the Northern Ireland Housing Executive in redeveloping homes. (The Housing Executive was established after the emergence of the civil rights movement in the late 1960s, with all power of public-housing building and allocation transferred to it, in an attempt to bring about an end to sectarian discrimination in allocations by local authorities). Provision of good standard, rent free housing has enabled residents to remain in their own homes when they grow older, rather than having to live in old people’s homes.

‘I do not pay any rent as the Housing Authority sorts it out. Before I moved here, I lived in terrible conditions. No outside toilet and water running down the walls of the parlour.’

(Male, white, post-retirement, poor health, low income, semi-independent, inner-city, depth interview)

When discussing the local area a number of the older people in the study felt that a safe and clean environment was important. Many participants did not go out at night because of these concerns. Crowds, particularly of younger people, were often seen to be intimidating. Although some felt that their fears were unjustified, others shared experiences of being walked into or knocked off the pavement. Others mentioned the bad language and the aggressive, disrespectful behaviour of young people.

‘My wife had a bad experience one night when four youths, at ten o’clock at night, surrounded her on the street because they thought, she is an old ‘un lets have some fun, and she was really afraid. In her defence all she could say was I know you, and I’ll see your mum and dad, and they went away. But a lot of the young ‘uns think it is fun to make fun of the elderly.’

(Male, white, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘This generation is worse. No respect for elderly people. It is very, very bad. If I say anything ...why do you throw paper? They say mind your own business. They say it like that.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

3.3.5 Support received from and provided to families

There was widespread evidence across the research sample of care and support being received from and provided to families, which enabled the beneficiary to sustain a level of independent living in their own homes. Some participants were providing intensive care and assistance for members of their family who were in ill-health, without which it is unlikely they would have been able to remain living at home.
Some respondents explained how they were themselves strongly reliant on family members to provide help and support for day to day living—shopping, cooking, washing, cleaning and transport. Without this assistance, they felt that they would have to depend far more on council services or possibly move into residential care.

‘My daughter does the cooking, washing, cleaning, everything. She won’t even let me dust now because I can’t stand for more than 10 minutes without toppling. My knees let me down. She is brilliant.’

(Female, white, post-retirement, mixed health, low income, semi-independent, rural, depth interview)

‘I get my [wife’s] breakfast and then I have to bath her and dress her. She can’t because of her hands.’

(Male, white, post-retirement, mixed health, high income, semi-independent, inner-city, depth interview)

Participants spoke of experiencing changes in society both first hand and through their children. Many expressed concern about the strain that broken relationships put upon families, the long hours their children worked and a growing degree of job insecurity. Many had seen their children move away to work in other areas of the country.

‘The moment the work is finished, it is their time to work……they are very busy as they have family, children, the dog.’

(Male, Asian, post-retirement, mixed health, medium income, semi-independent, suburban, focus group)

A number of focus group discussions concluded that a clear effect of these changes was that their children were short of time and many of the participants highlighted the ways in which they therefore offered time to support their family (see Section 2.4 on Intergenerational relationships).
4 CONSULTATION AND INVOLVEMENT

4.1 Perceptions of government

Most of the older people in the study thought that government had an important role to play in their lives. They felt that both central and local government had the power to make and implement positive changes that could result in better support and assistance for them in older age.

‘If they want to do it, they can make a difference.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

However, many of the older people taking part in the research felt a sense of detachment from government. Government as a whole was considered very remote from people of all ages. This was felt to be true of local as well as national government. For many respondents, local government was no longer considered local. Some said this was a product of the general break down of local communities and lamented the fact that local councillors were no longer part of the community, known by everyone and aware of all the local concerns and issues. Others suggested it was because the boundaries of local authorities were now too large.

‘If the head of society, the government, is so far away and the next lot down and the next lot down are so far away from where you are. I mean if you had much smaller local government, local government [would be] really local again.’

(Female, white pre-retirement, mixed health, low income, independent, rural, focus group discussion)

Not surprisingly therefore, most participants lacked awareness and understanding of the structure of the different tiers of government. Few could name their elected representatives. Public sector workers and some higher income respondents within the research sample tended to be more knowledgeable. Additionally, if a local MP had been especially active on behalf of older people in their constituency, they were better known.

These perceptions of government were fairly consistent across the different regions of the country, but there were a few significant differences. In the two focus groups in Northern Ireland, the perceived remoteness of the UK government (i.e. Westminster/Whitehall) was reflected in the discussion about the various levels of government and questions about holistic government. In the two focus groups conducted in Scotland, there was some comment that devolved government would mean that their needs were more closely and appropriately considered. Although there was also concern that taxes may be increased because of the costs of the new government in Scotland.
There was fairly widespread cynicism as to the motives of local and national politicians and many felt they would only act if it assisted them in their positions of power. Many participants expressed concern that older people were treated insensitively by politicians as having had their day and so were now low priority for most people in government. Some people expressed resentment that despite actively voting in both local and national elections, they got no apparent help and support from government to meet their needs and rectify their problems. Very few could mention any specific examples of current local or national government initiatives to benefit older people.

‘MPS, none of them take up the plight of the elderly because it is not popular. It wouldn’t be a popular thing.’
(White, poor health, low income, semi-independent, inner-city, focus group discussion)

‘Being cynical most of them (politicians) are there for their own power, for their own good. They are not really concerned about people that they represent. At least that is the impression you get.’
(Female, white, pre-retirement, mixed health, low income, independent, rural, depth interview)

Furthermore, some respondents said they felt used by politicians who touted for their votes at election time, and yet delivered none of their promises. They felt annoyed that they were only given access to national or local government at election time when party representatives came to their homes. These representatives frequently asked about problems and made lots of promises and yet after the election there was no further contact and no response to their concerns.

‘When it’s election time they come to your house because they want you to vote for them, Labour, Conservative, whatever. They come in and they say we will do this for you, what are your problems, what are your issues, we’re going to look into them and after the election, you don’t see them at all. So they are using us. After one month it’s finished.’
(Female, Asian, post-retirement, mixed health, medium income, semi-independent, suburban, focus group discussion)

‘They’re always talking about the care of the elderly and what they are going to do about it, but that’s as far as it goes. It’s a lot of hot air really. I don’t know if they do anything.’
(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

There was a sense of disillusion with government amongst many people. They felt let down by what they described as a ‘broken contract’ with government in relation to the Welfare State. On their side, they believed they had delivered their responsibilities by paying taxes and National Insurance over long working lives. However, they did not feel that government had fulfilled its obligations in the form of free and accessible
care and support for all people in old age (as discussed in Section 2.2.2 on Retirement). Rather, older people in the study had the impression that government wanted individuals to be responsible for themselves and save for their own welfare in older age.

**Pen Portrait - Jane**

Jane moved to Wales when her husband died. She thought about going to Chester where she has family, but her daughter persuaded her to move to be near her. Her daughter had to move away soon after Jane had come to live here and Jane thinks that if her daughter had stayed she might have been expected to look after the new baby, and she is now a busy person in her own right.

Jane is 65 and now thinks of herself as properly retired. She would like to do some paid work but feels that employers won’t look at people over 50. She thinks her retirement would have been very different if her husband was still alive. She was very depressed following her husband’s sudden death, but she has had counselling. She also joined Help the Aged, the Women’s Royal Voluntary Service (WRVS), the Women’s Institute (WI) and the Mothers Union. She went to church and aimed to keep busy and to have just one day a week that she didn’t go out.

Her busy life has recently been halted because of a hip operation. Jane had an awful time arranging treatment for her hip. She had to write to her MP in the end, which seemed to get things moving. She had a really bad time after discharge from hospital. She was helpless, and no care was in place. Age Concern run an emergency discharge service and they came for a few days. Three social workers came to see her on separate occasions, with one not knowing what the other one knew. They told her that she needed care but that she would have to pay £82 per week. She normally lives on £100 a week, so this was a considerable extra cost. Jane feels that she wouldn’t have managed without her friends.

Jane always votes in national elections, but she doesn’t often vote in local ones, because she really doesn’t know what the candidates stand for. She feels strongly that one of the big local issues is public transport. She uses it a lot, and thinks that it is terrible. To get anywhere she first has to go into Cardiff and then out again. She feels that the drivers’ attitude is very bad. Her MP said he would do something about local public transport. At the moment, following her operation, she is completely reliant on lifts from friends.

Jane feels that everyone worries about health and money for the future. She has enough to get the things she needs, but certainly not enough to get the things she wants. She doesn’t want to touch her savings.
She is only £5 per week over the amount that would entitle her to a number of benefits, and she doesn’t think this is fair. She thinks that the most positive aspects of her life is that she is a much more independent and assertive person now, and that will help her to get the services that she needs as an older person. She loves all of the voluntary work that she does, and especially enjoys the training that she receives from Help the Aged. She left school at 14 and has often wanted to go back to education. At the moment she can’t get to Cardiff to do evening classes. She inquired about the Open University, but it is too expensive. She had to give up a mixed ability computer class because she couldn’t keep up. Her daughter says that she will show her the Internet when she next comes down, and Jane looks forward to that.

(Pen portrait 12b in Appendix D)

It was very apparent from the research that older people feel strongly that they have something to say about issues that affect them. The majority of participants in this study readily expressed those views within the context of the focus groups and depth interviews. For many respondents the opportunity for involvement in consultation of this form was a distinct confidence booster. Furthermore, the chance to discuss aspirations and worries relating to retirement and ageing was a cathartic process for some participants.

‘I think people airing their views is a good idea. It opens things up a bit doesn’t it.’

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

‘We don’t have much of a say in the way things are.’

(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Many respondents were keen for more consultation with government over issues relating to older people that directly impacted on their lives. They felt it was not currently part of either local or national government policy to consult with older people and consequently government did not really understand their needs and views. Neither did they feel that older people had any real influence over the policies that impinged on them.

‘With lots of issues they should be consulted and involved more instead of being told you will do this or whatever. They should involve people in it. I know lots of people who would like to be involved in the policies.’

(Female, white, 65 years, post-retirement, poor health, medium income, independent, inner-city, depth interview)

‘The government could send somebody around to check with the old people, to know what they need and so on.’

(Female, Afro-Caribbean, 79 years, post-retirement, mixed health low income, semi-independent, inner-city, depth interview)
Some argued that the purpose of consultation should not just be to articulate the concerns of older people, but also to draw positively on their experience. This would ensure that the benefits of consultation not only included better government for older people, but also a sense of empowerment for those individuals who became involved in the process. Additionally, it was apparent that a number of respondents saw consultation as a means by which they might be able to obtain information, particularly about government services and benefits available for older people, as much as about conveying their views. This latter conception of how consultation might operate further demonstrated the frustration of some respondents at their lack of access to information that could help them in older age.

‘Some means should be made available to older people to give their opinion more about political aspects, social aspects…After all we have lived a long time, we’ve a lot of experience and we’ve seen things being tried again that maybe we know were tried 40 years ago…It would bring a lot of people into the swing of things to talk about things they didn’t believe they could have talked about.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

‘Yes, they (government) should have a chat with them (older people). Learn from their experiences.’

(Male, Afro-Caribbean, 77 years, post-retirement, mixed health, low income, semi-independent, inner-city, depth interview)

It was generally felt that consultation should be a choice of the individual and not an obligation. A number of respondents voiced the caveat that consultation should not require a high level of commitment in terms of time and effort. And that they should be able to control the level of their involvement and its timing. There was certainly the fear amongst some that an enthusiasm for consultation could result in feeling pressured to contribute.

The subject of pensions was the primary issue about which participants expressed a desire to be consulted. This reflected a widespread concern among respondents about what they perceived to be the declining value of state pensions and the difficulties with private pension planning. Respondents were also keen to be involved in consultative discussions about benefits and services available to older people. A number of participants on low incomes, who lived in relatively dependent situations, expressed the notion that consultation might result in government seeing the poor and difficult conditions in which they lived, which in itself could lead to positive improvements.

Local public transport and health services were also mentioned as important topics for discussion. Some higher income respondents additionally mentioned they were keen to be consulted about local planning issues that might have a bearing on their day to day lives, such as new road and building developments and parking restrictions.
‘They have got to listen to older people, they don’t listen to older people. They have this idea that people have private pensions, but there are a lot of people who haven’t.’

(Female, white, 65 years, post-retirement, poor health, medium income, independent, inner-city, depth interview)

‘To find out about your living, how you manage on benefits and care and your home.’

(Female, Afro-Caribbean, 79 years, post-retirement, mixed health, low income, semi-independent, inner-city, depth interview)

A number of pre-retired and recently retired participants, particularly those with a higher income, felt that they were living independent, self-sufficient lives and therefore were not tuned into the issues directly affecting older people. However, they expressed concern for older people with ill-health and low incomes and some felt that they would like to be consulted so that they could push for improved benefits for older people and better access to information about benefits and services. A number were also keen to be involved in discussions on the state provision in retirement in the realisation that they would also be pensioners in the near future.

‘You’ve got to do as much as possible to improve their lot (pensioners) and look very closely at their benefits. The money for fuel, they don’t get that money for fuel until January or February, what use is that? You can have a cold spell in November.’

(Female, white, post-retired, good health, high income, independent, rural, focus group discussion)

However, there was a belief amongst some participants that older people should not be treated as a separate group in terms of consultation and that all citizens should be better consulted by government. They argued that classifying older people as a separate section of society could encourage division and misunderstanding between young and old, and possibly reinforce existing prejudice against older people.

‘I don’t think it should be a set thing for the older people. I think the sooner we get these barriers down, because in the olden days there were no barriers, because you always looked after your elders at home. I don’t think there should be barriers, I think everybody should be consulted.’

(Female, white, 89 years, post-retirement, mixed health, low income, semi-independent, rural, depth interview)

A minority of respondents argued that they would not want to become involved in any form of consultation. The reasons for these attitudes varied. Some respondents claimed it was because they did not want to be bothered. Others suggested that they did not want the hassle that they felt consultation would entail. There were also some respondents who claimed they had nothing to complain about.
‘No I haven’t got anything to complain about so I don’t see the need to be consulted.’

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘I wouldn’t want to be involved in it. I like to live my own life and get by.’

(Male, white, 75 years, post-retirement, poor health, low income, semi-independent, inner city, depth interview)

For a number of people, limited expectations of what they could achieve from consultation led them to feel it was a waste of time and effort.

4.2.2 Expectations from consultation

Overall most respondents had very limited expectations from consultation, either in terms of any feedback or ensuing positive action and change. When told that the research was being carried out on behalf of government, there was general scepticism as to whether the government would listen and even if they did listen, whether they would actually do anything in response.

‘You are banging your head against a brick wall before you have even started.’

(Female, white, pre-retirement, mixed health, low income, independent, rural, focus group discussion)

Substantial numbers of respondents were deeply cynical about the interest and intentions of politicians in general (see Section 4.1 on Perceptions of government). They were felt to be concerned only with their own status and power and very unlikely to take note or react to any issues raised by consultation, unless it served to advance their position.

‘I don’t think people take notice of us anyway.’

(Male, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)

The majority of respondents had no practical experience of direct consultation with local or national government and those who had were frequently critical of the lack of consequential response. A number of participants across the sample complained of having been aware of no change in policy or definitive action following meetings they had attended with local councillors or MPs. These experiences had lowered their expectations from any form of consultation with government.

For any form of consultation process to be judged a rewarding and worthwhile exercise, people felt that there should be seen to be some clear and positive action to follow, or at the very least, some feedback in response. Respondents recounted a number of examples of discussion and consultation taking place with no action having followed, which made the process seem worthless and discouraged further involvement. For example, the group of Asian female respondents described how a councillor had been invited to their day centre because they had wanted
to make some complaints about the area where they lived including security, housing, rubbish collection. The councillor spoke about what the council was doing, but they felt he did not really listen to their problems and there had been no feedback or visible change.

Other respondents mentioned having made an effort to attend and contribute in meetings run by their local authority or local council to discuss particular subjects, only to find that nothing had come of it as a result. Furthermore, in some cases people had their expectations raised by the climate of the meeting and were correspondingly more disappointed at the lack of response.

‘I don’t think there is a lot of point because they don’t seem to listen. I find that they don’t listen. Nothing has changed since the meeting I went to (a discussion on pensions) and I have not been to another.’

(Female, white, 65 years, post-retirement, poor health, medium income, independent, inner-city, depth interview)

However, a few positive examples of consultation were mentioned. These included local councillors who came to talk, as well as listen, at local meetings and then made sure something was done to address the issues raised. Also mentioned were experiences of MPs’ surgeries where viewpoints could be expressed and action had been forthcoming. In one particular instance a local MP had come to a day care centre, listened to the members’ needs and then spoken in Parliament to ensure the centre was not closed.

The common features of these examples were that the consultations took place at the local level, in fairly intimate forums, and there was perceived to have been some direct action as a result. Such positive experiences served to encourage further involvement in any consultation by the respondents concerned. They also felt quite empowered because by achieving a reaction and response to the consultation process, they gained a positive impression of the extent to which they could influence policies and practices.

‘He (the local MP) is all for the people that he represents and he would do everything in his power to help you. Supposing somebody had an accident or anything like that and they weren’t giving them any support, [he] would do all that he could. … Every now and again he comes to the centre…He has spoken in Parliament on our behalf.’

(Female, white, 89 years, post-retirement, mixed health, low income, semi-independent, rural, depth interview)

The research highlighted that there was no single form of consultation that would meet the aspirations of all respondents. Different people wanted to be consulted in different ways. Nonetheless, it was widely felt that for consultation to be effective it should involve personal face-to-face contact. All but a few respondents appeared to dislike consultation
through individualised forms such as questionnaires because they generated a limited sense of personal involvement in the process or the outcome. Many respondents disliked the intrusiveness of any questions into their private life. Similar views were expressed about telephone interviewing. However, a minority of people said they preferred consultation through questionnaires as they could complete the forms in their own homes at their leisure with no further commitment required.

Small forums, such as meetings in local community centres, were particularly appealing to a wide range of participants as they offered the opportunity of a two-way process, enabling people to both talk and listen. They were also felt to better enable individuals, even the more reticent, to express their views because of the more intimate environment. However, meetings involving people merely talking to an audience without the opportunity for those attending to ask questions or discuss issues received strong criticism. Large public meetings were also disliked because it was felt that they tended to become dominated by the more confident and vociferous, not necessarily expressing the most constructive and representative views.

‘As long as you do not have too many people.’
(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)

‘I like the forums because you can gain this information from different people and then you can talk about it and you can put it over. But at a public meeting, you get the one person who keeps standing up, it doesn’t matter how good the Chairman is and I find those very off-putting.’
(Female, white, 89 years, post-retirement, mixed health, low income, semi-independent, rural, depth interview)

There was general consensus that consultation should take place at the local rather than national level, irrespective of the issue being discussed. The local environment had many perceived advantages for consultation, especially its familiarity and easier transport requirements. If there was an issue of national relevance under debate, it was felt that information on local attitudes could and should be passed on to national government.

‘I think it should be more local, then to be passed on to perhaps national government. But I don’t think it’s fair that just because you have got old or have lived long enough, that you should be almost discarded.’
(Female, white, 59 years, pre-retirement, mixed health, low income, independent, rural, depth interview)

However, amongst those more dependent respondents with health and mobility problems, and those with limited access to public transport, it was thought preferable that the consultative processes come to them, rather than them having to seek out and travel to the consultation forum. Some of these respondents, including all the Asian women interviewed, suggested the idea of consultation through discussion groups conducted
in a similar manner to a focus group. They liked the format of the focus group because it enabled them to be listened to and could generate a discussion rather than them listening to a talk. They were keen that any consultation in which they might participate should take place in a familiar location that did not require any travel or expenditure. A room in their residential home or day care centre was the preference for some, but those who were more confined to their own homes felt the only way they could become involved was if people came to their houses.

‘Like this research that you do. You should ring for somebody to come and we would all get together with somebody like yourself should come and talk with us. And get discussion groups to talk about things.’

(Female, Asian, post-retirement, mixed health, medium income, independent, inner-city, focus group discussion)

Additionally, almost all respondents enjoyed the experience of being involved in a focus group discussion and felt it gave them an opportunity to fully express their concerns, views and ideas. This further underlines the attraction of consultation within small and local forums.

4.2.4 Barriers to consultation

Although many respondents were not lacking confidence in coming forward with views during the research, some participants were notably more cautious and reserved. This was particularly the case within the three ethnic minority focus groups. A number of Asian and Afro-Caribbean participants expressed concern that they were not educated enough to be listened to and taken seriously and that their views would not be of value to the research. And some were clearly worried about understanding the consultative process involved or that their thoughts and attitudes would not be fully understood. Across the research sample there were also respondents who, whilst applauding the concept of consultation, felt they would be too shy to become involved.

‘I think I would be a little shy and reserved you know.’

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

Some respondents suggested that becoming involved in a consultative way with government was difficult if there was no information available on issues. They felt it was very difficult to bring valid views and arguments to a consultative forum if they were not fully informed of the issues involved. This was a particular concern amongst those respondents with higher incomes living independent lives. Others conveyed their sense of powerlessness by claiming that asking for information could in itself bring them problems rather than benefits. A male respondent who worked for his local authority complained how difficult and expensive it was to get copies of Green Papers.

A number of respondents held the view that you had to be an exceptional person to get your view listened to and responded to by government. Conversely ordinary people had limited likelihood of having their thoughts and ideas acknowledged or respected.
‘You have to be somebody or do something extremely different to everybody to get your voice heard.’
(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Knowing how to participate in the consultative process in terms of where to go and what to do was an issue for some respondents, especially those from ethnic minority groups and those on lower incomes. They expressed a real sense of frustration at their lack of knowledge and ability to do anything about the problems for which they blame government: poor standards of housing, dirty streets, unemployment, poor medical support, lack of benefits. They protested that they did not know how to consult with decision makers and how to make them listen and respond.

‘Some old people are locked in their homes, they don’t know who to say nothing to and no one come to their house.’
(Female, Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, depth interview)

‘Where do you put them across (your views), where do you go? There is nowhere is there?’
(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Poor health and limited access to public transport were given as probable barriers to involvement by a number of respondents, despite their interest in being actively consulted. It was also suggested that the expense of attending a local consultative forum could be prohibitive. It would be more appropriate for consultation to take place where these respondents lived or a convenient location in the vicinity of their home.

‘It’s expensive to get to these things, just on a pension. You can’t afford to go anywhere else. If you go at night you have to get a taxi back. You can’t afford to go.’
(White, post-retirement, poor health, medium income, independent, inner-city, focus group discussion)

Pen Portrait - Raymond

Raymond has lived in a city in the South West of this country since 1956 when he came over from Jamaica. He is aged 77 years and is widowed. He has been living on his own in his current flat since 1985. The flat is owned by a local Churches Housing Association to whom he pays rent. The Housing Association provides a warden who comes to see Raymond every day to check he is all right. There is an intercom system so that if he has a problem or there is anything wrong, he can call for assistance and someone will answer and arrange for a doctor or an ambulance. Sometimes the Housing Association organises coach trips for the people that live in the flats and that is something Raymond really enjoys.
Raymond has a brother who lives in the local area and comes to visit every two to three weeks with his children. Occasionally Raymond will go to see them. Sometimes friends come to visit Raymond, but he does not have any special friends that he sees on an on-going basis.

On a normal day he would look after his flat by cleaning and tidying up. Then maybe he would go down to the day centre or pop into the bookies to see some friends. Sometimes they lose on the horses and sometimes they win. He is not a member of any clubs or churches, but every Christmas goes to church. He would like to work, but he does not have the strength and his health is poor. He does not go out much at night although he used to when he felt stronger.

He gets a pension of £67 each week. From that he pays for food and bills, plus the rent and Council Tax. He regularly makes the trip to pay the Council Tax personally. He worries about money because he is not working and his pension is his only income. He knows he could ask for a home help, but at the moment he does not want one because the money would have to come from his pension. If he travels around at all he takes a taxi which he finds expensive.

At the day centre they give him advice about keeping safe and secure in his home and people come from the Citizen’s Advice Bureau to provide information, but he does not really find it useful. If he gets sick the doctor will come out, always rather late he thinks, but they will come.

Raymond votes in elections for both the government and for the local MP. Politicians do nothing that he knows of for older people. He believes they should have a chat with older people and learn from their experiences.

(Pen portrait 11c in Appendix D)

4.3 Participation
4.3.1 Attitudes to citizenship

When asked about the meaning of citizenship, the word generally emerged as an inclusive term suggesting ‘us’, ‘everybody’ and ‘all’. It was also thought to define membership of society through being a part of the community. This membership was thought to entail some recognition and response to the needs of others in society.

‘Well you’re part of the community.’
(Male, white, post-retirement, mixed health, high income, semi-independent, inner-city, focus group discussion)

‘To do the thing for your country.’
(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

‘Contribution to society, trying to help other people in some shape or form. I think we all do it. A lot of it is subconscious.’
(Female, white, post-retirement, good health, high income, independent, rural, focus group discussion)
A few higher income respondents had a narrower definition, describing citizenship as their nationality and something that needed to be defended against outsiders. Others felt citizenship was a positive attribute although not shared by all people in society, being dependent on your class and upbringing.

‘Makes me think I’m English and I want to stay English.’
(Female, white, post-retirement, good health, high income, independent, rural, focus group discussion)
‘...it depends on the parents... It certainly ought to be encouraged.’
(Male, white, 77 years, post-retirement, good health, high income, independent, rural, depth interview)

However, many participants had difficulties finding language to explain the term, albeit they readily engaged in discussion around issues such as voting, which they felt, reflected their citizenship.

All those involved in the research, except for a small minority, were registered to vote and exercised their vote in both local and national elections. They felt it was their responsibility as citizens to vote in elections. However, many respondents felt that their views and concerns were underrepresented at both national and local levels of government. Differing reasons were presented to account for this situation, the most frequently mentioned being the impression that older people were not a popular cause and that campaigning for older people was not a platform which would lead a politician to promotion in government (see Section 4.1 on Perceptions of government).

4.3.2 Participation through active engagement

A number of respondents expressed the view that stronger advocacy was required on behalf of older people in order to ensure that their voice was heard. It was also suggested that there might be a number of MPs specifically appointed to address the needs of older people, a Government Department for Older People, or the introduction of a Minister for Older People. However across the research sample, people were conscious that there was a lack of activism amongst older people to generate any response from government. This was a surprise to some respondents given the weight of numbers of older people in the population and the range of problematic issues and concerns they faced.

‘That is actually the difficulty with elderly people, they are not organised. If all old people in the UK could get organised that represents something like 11% of the population. One party in or out.’
(White, post-retirement, poor health, low income, semi-independent, inner-city, focus group discussion)

There were a few participants, predominantly males, who argued that there was a need for more political action amongst older people. They felt that older people should put pressure on national voluntary bodies to be more forceful in their demands and campaigning when lobbying
government on behalf of older people. Their view was that older people, as a sizeable proportion of the electorate, should recognise and utilise the influence they could wield in order to instigate change. They felt that government would be forced to listen if older people used their vote as a bargaining tool.

'We as pensioners throughout the country can vote and we have a very high, I mean the percentage of elderly people in the country is about the highest. You can vote and do something about it. But you have to get through. It's more of a political thing.'

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

'I think the elderly need to have some kind of representation that might pose, I can't think of a better word for it, if you pose a slight threat in certain areas, you get results. If you are not considered to be of any threat or you want to rock the proverbial boat, you don't, you lose out.'

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

Interestingly no one within the context of the research claimed they wanted to be involved with any of the organising that would be required if larger numbers of older people were to be more active and forceful in their lobbying of government. However, quite a few respondents were enthusiastic to participate in the process.

Some of those interviewed were sceptical that there would be any change in the manner older people were treated by government, because lobbying of government to date by organisations on behalf of the needs of older people, had been met only with failure.

'Are the government really aware, despite…the two large bodies that are fighting the pensioners' cause…There are already organisations in place that are doing it and they are not getting anywhere.'

(White, post-retirement, mixed health, low income, semi-independent, rural, focus group discussion)

Others believed that the growing numbers of older people in the population would inevitably result in the government having to take notice of their concerns, without the need for any participatory action from themselves. In effect, they felt demographic trends would stimulate change rather than older people pressuring government.

'These are things the government is going to have to think about because, I hope you all agree, that not so far in the future the generation in Britain is going to get older and older every year and there are going to be more and more elderly people requiring care.'

(White, post-retirement, poor health, low income, dependent, rural, focus group discussion)
Conversely, a sizeable minority of respondents believed that they were well cared for by the government through the services and benefits they provided. They were generally accepting of and content with their current situation. Some said they thought government was doing its best for older people, within the restrictions presented by having insufficient money. These respondents had no real desire to participate in decision making. They generally felt comfortable with life and accepting of their current situation.

‘Well up to a point I think we are spoilt and you sort of accept everything that comes. So you are too busy using the things that they do supply and help you with that you have no time to sit back and wonder what else they can do.’

(Female, white, post-retirement, poor health, medium income, dependent, suburban, focus group discussion)

When asked about organisations representing the interests of older people, respondents most frequently mentioned Age Concern and Help the Aged. These organisations received a fairly favourable press for their activities on behalf of older people. However, some respondents felt their role was unclear and so were unsure whether they were primarily concerned with raising funds and selling insurance, or with lobbying government. Furthermore, even members of these organisations who were interviewed said they were not really aware of any specific activities the organisations undertook to represent the interests of older people to government.

‘Perhaps we need to ask Age Concern and Help the Aged to issue some kind of directive or tell us exactly what they are doing…Because even though I am deeply involved with all these organisations I must confess that I am not sure what they are doing about certain things.’

(White, post-retirement, mixed health, medium income, independent, suburban, focus group discussion)

The Salvation Army also gained some positive spontaneous mentions for their work on behalf of older people, mainly from participants in their 80s and 90s. There were also a few references made to Pensioners Associations. Otherwise, participants tended to mention individual local societies and associations that undertook certain activities on behalf of older people such as a mothers’ union which raised money for older people or a local bowling club that gave a free dinner each Christmas for pensioners.

A number of participants said that they were members of organisations representing older people. Some respondents mentioned participating in clubs and interest groups run by Age Concern such as an arts and crafts group in Belfast. Others said they sat on a management committee for the Pensioners Association, and for an old people’s day centre. Few though were involved in any campaigning or advocacy activity on behalf of older people.
However, many respondents were unaware of any organisations representing the concerns of older people in general. None of the respondents from the ethnic minority groups could name any such organisations. They associated with their local church or day care centre rather than any particular organisation representing older people. Those responsible for running their day centres or the local church, were the only people they could think of who actively championed their interests.

‘No, I’ve never heard of any organisation for older people.’

(Afro-Caribbean, post-retirement, mixed health, low income, semi-independent, inner-city, focus group discussion)

At the time of the study, only a very small minority had heard of the Millennium Debate of the Age or the UN Year of Older Persons. A few people suggested they were keen to know more about these initiatives and where they could find out about them, especially independent respondents with higher incomes who felt frustrated they might be missing out on something of interest.

‘No. How are we missing out? Why is it not in the newspapers? Are they not really established yet?’

(White, post-retirement, good health, high income, independent, rural, focus group discussion)

4.3.4 Barriers to participation

The barriers to participation faced by some respondents were very similar to the barriers to consultation discussed in Section 4.2.4. These included: lack of information on how and where to participate; limited confidence as to the value of their contribution amongst certain respondents, especially ethnic minorities; poor health; and limited access to public transport.

An additional restriction to respondents participating in decision making was the sense that local as well as national government was very remote from the people (as discussed in Section 4.1 on Perceptions of government) and would not necessarily be influenced by lobbying or campaigning on behalf of older people.
This qualitative research explored the attitudes and aspirations of older people in relation to their lifestyles, their relations with local, regional and national government and their views on how they are represented. It concentrated on a number of aspects of active ageing, independence, and older people’s own attitudes to consultation and involvement, as these issues were found to be less well covered in the existing literature. Consequently, other areas which have been addressed in a number of recent studies, such as attitudes to community care and NHS services, crime and community safety, pensions and other income issues were not covered in detail in this research.

The findings from this research on attitudes and aspirations of older people highlight a number of key themes that are relevant to the work of the Inter-Ministerial Group on Older People. The nature of the findings also has implications for possible future research in this area which may be required to provide further information, or develop more detailed understanding, about specific issues raised in the study. This chapter reflects on the research findings from both these perspectives.

The qualitative research confirmed the findings of the literature review that older people are a diverse population group, living in different circumstances and having had different life experiences, which contribute to influencing a wide range of individual attitudes and aspirations. Where the data from the focus groups and in-depth interviews is able to support clear differences between particular demographic or socio-economic groups of older people, these are highlighted. For example, income and employment status affected attitudes to work and early retirement, and gender was clearly a factor in explaining differences in attitudes to the concept of retirement. Older people in the focus groups comprising ethnic minority participants and those on low incomes were noticeably less confident that they would be listened to, if consulted by the government, than those in other groups. Similarly, older people in the focus groups in Scotland, Northern Ireland and Wales raised views about the perceived remoteness of central government more so than members of focus groups held in England.

On the majority of issues, however, the data could not support such clear differences, and rather indicated a range of attitudes without being able to link them to particular groups of older people in terms of socio-economic characteristics. For example, participants’ attitudes to the use and provision of information covered a wide spectrum, notwithstanding a general consensus about the need for it to be accessible and user-friendly. Likewise, experiences and attitudes to learning and volunteering differed between and within focus groups so although there was agreement about
the existence of a number of barriers to both these activities, the importance and applicability of these to different individuals was very variable.

The limitations on comparative analysis are due to the relatively large number of sampling criteria spread across the 15 focus groups. This design was appropriate to the purpose of the research (i.e. to explore the attitudes and aspirations of older people across the UK), and ensured it was possible to achieve a good ‘range’ of participants. Of course, comparative research is possible but would require further detailed studies. These could then be specifically designed, particularly in terms of the sampling criteria and topic guides, to answer the research questions they are intended to address.

Such studies could include more research into differences in attitudes between men and women, different ethnic groups, people of pre and post state pension age, and older people living in rural and urban areas. Moreover, such research could explore differences in attitudes between these groups on specific topics, such as transport, family structure and role, volunteering, or democratic and community participation, where more detail on these subjects is required.

Despite the diversity of experiences and attitudes of the older people in the research, there was a considerable degree of agreement expressed about the three key themes. Generally, participants in the research confirmed their desire to be as active and independent as possible for as long as possible. It was also clear, from the attitudes of the older people in the focus groups and in-depth interviews, that the three main themes of the research are interconnected. For example, older people identified remaining active, and continuing to participate, as methods of fostering independence. This reinforces findings from the literature review in relation to the connections highlighted by older people when discussing different aspects of their lives.

Just as the main themes of active ageing, independence and participation were seen as interconnected in the qualitative research, so too were the barriers that impede older people in remaining active. Participants identified structural, social, and physical barriers. Individual physical barriers such as health and mobility problems affected opportunities to work, volunteer and to take part in leisure activities. However, an older person with health and mobility problems often felt further excluded by low income, inadequate or inaccessible public transport, or poorly co-ordinated public services.

A key barrier identified was that of attitudes, both in terms of how others value older people and how they value themselves. Despite the older people in the study having said that they themselves felt they had a lot to offer and often did ‘give a lot’, they often felt devalued by government
and society and cited a range of experiences that had reinforced these feelings. These kinds of experiences reinforced a sense of no longer having any contribution to make. Participants often mentioned that they felt older people were seen as a burden on the state and a drain on resources. Many felt that in a ‘throwaway society’ older people were seen as useless and dispensable. Participants felt that the experience of older people was seen to have little value in a society that puts a premium on youth, speed and technology.

Respondents also saw the way in which the media portrayed older people as damaging in that it reinforced the view that older people were a burden to society. Newspapers and television were criticised not only for their use of stereotypes and negative images of ageing, but also for their lack of consideration of the media needs of older people.

Focus group discussions revealed ambivalent and mixed feelings about the predominance of new information and communication technologies in society. While some participants related positive experiences of using e-mail and experimenting with computers, a number of people talked about the ways in which computers had ‘passed them by’ and usurped their role as sources of knowledge to their grandchildren. While computer literacy was recognised as becoming increasingly valued by society, many older people in the research felt more and more excluded by their lack of knowledge in this area.

So while the focus groups identified a number of common changes in society and its attitudes to older people, respondents expressed some very varied personal attitudes to change. While some felt nostalgic about the past, others demonstrated a great willingness to embrace change and make the most of new opportunities such as long distance communication via e-mail and chances to develop different skills and interests.

5.3 Supporting aspirations

It is important that government understands how older people want it to support them in their aspirations to be as active and independent as possible for as long as possible.

The research showed that when older people made suggestions about what government should do to better meet their needs, they tended to focus on outcomes, such as opportunities for employment or more comprehensive bus services in rural areas. The older people in the study saw it as government’s responsibility, rather than theirs, to work out how to make changes and introduce action in order to achieve the defined outcomes. However, with sufficient information and at appropriate stages, they felt their experience could be used to comment on emergent proposals and suggest other ideas.
A strong message coming from the research is that most older people felt that they got a lot out of employment and work and didn’t want to stop through early retirement. Indeed, many wanted to continue some form of paid work after state pension age though this was not expected, nor usually desired, to be the same as that previously undertaken. A number of suggestions were made about the need for more of a transition from work to retirement, rather than a single cut off point. Structural barriers to working later in life included perceived age discrimination and lack of support in adapting to a changing work culture.

The research identified the contribution that older people are already making to their communities through volunteering, caring, intergenerational support and other unpaid work. Older people in the study undertook such activities for a range of reasons and a number of them were interested in further opportunities. However respondents were in agreement that any government initiative to promote volunteering has to be mindful of the tightrope between encouraging active responsibility, and exploiting older people’s already high levels of goodwill to their families and friends, as well as within their local communities.

Many of the older people in the study with, often increasing, caring responsibilities did not necessarily think of themselves as carers, let alone as volunteers. These older people wanted flexible forms of support from government that reflected their diverse and often changeable circumstances.

Lifelong learning, for a purpose and in an appropriate form, was an aspiration of many of the older people in the study, but only a reality for a minority of individuals. However learning was clearly seen as important, not only as a form of activity in its own right, but also as a way of opening up other opportunities for active ageing through enabling older people to gain skills and confidence for paid or voluntary work.

Participants felt that government could support older people in their aspirations to make an active contribution through employment, volunteering and learning. This could be done through creating opportunities, by enabling and encouraging older people to pursue them, and by removing barriers, such as difficult access or high fees, to ensure the opportunities are relevant and accessible to all older people.

Participants invariably looked to public services to support their independence rather than undermine it, albeit unintentionally. Services mentioned included those provided mainly or specifically to older people, such as domiciliary care; those which are universal services and used heavily by older people but do not necessarily reflect their needs, such as transport; and those which are currently under-used by older people, such as sports centres.
How services are delivered is as important as what is provided. One of the recurrent attitudes expressed through the research was a concern about inflexibility. This was particularly true for health and care services where the older people often felt in receipt of a ‘take it or leave it package’ unsuited to their individual circumstances and needs. In contrast, the desire for independence meant many of the participants’ aspirations reflected the importance of preventative, customer focused services for older people.

The research identified a good transport service as essential to older people being able to be active and independent. Unfortunately, public transport received strong criticism from respondents for not meeting the needs of older people. Improvements that were felt to be required included more frequent, safer and ‘low-level’ buses, with comfortable and conveniently sited bus shelters, and courteous bus drivers who are sensitive to the needs of older people.

A number of older people in the study related experiences of situations facing many older people, which they felt could be improved through better co-ordination of services by the agencies that provided them. These examples included: discharge from hospital (involving several parts of both social services and health services, as well as housing providers and voluntary organisations); access to benefits and concessions (involving different central government agencies and local government departments); and transport routes in relation to the location of public facilities (involving different bus companies and planning authorities).

The research emphasised the concern that many older people feel about losing their future independence through having to move into residential care. The importance of government ensuring a range of alternatives to suit individual requirements was seen by respondents as part of a preventative approach, as discussed above. In addition, worries about both the costs of residential care and means testing arrangements for residential care were a common theme in discussions and interviews. In general, means testing was not only perceived as a threat to financial independence but as a complex process which was a problem in itself.

The older people in the study also raised concerns over information about services, which affects access to the services themselves. It appears that older people’s attitudes towards information cover a spectrum which is to a large extent determined by their experiences of, and behaviour towards, seeking out information. This diversity clearly requires government to use a range of media, methods and formats to ensure information reaches all older people. In particular, the mixed feelings about technology, together with the lack of experience of using it mean older people may need support and training to use new forms of information provision. For others, appropriate alternative forms of communication would need to be provided.
The research findings showed that older people did want to be consulted. Indeed, they felt not only did they have something to say about all issues that affected their lives, but that it would be beneficial to government for it to draw on their considerable experience. The information gained on this theme greatly enriches that derived from the literature review wherein older people’s own attitudes on consultation and involvement were identified as a significant gap.

From the qualitative research, it appears that it is lack of opportunity, rather than lack of interest, that is preventing older people responding to consultations that are carried out by central and local government, as well as by other organisations. The older people in the study felt that government needed to ensure that consultations are carried out in accessible and inclusive ways, so that all older people can feel their voice would be heard. Respondents also suggested the need for sufficient information to be provided to enable older people to make informed comments and suggestions, based on an understanding of the questions or issues under discussion.

The research showed that consultation needs to takes place through a variety of methods to enable access by different groups of older people. Popular methods mentioned by participants included small group discussions, held at familiar, local venues with two-way dialogue between government representatives and the older people. To complement discussions and events, it was suggested that questionnaires (printed, electronic and through interview) to people in their own homes allow for the expression of individual views and access by less mobile older people.

A widespread attitude of older people in the study was that consultation didn’t lead to change or even identifiable action. Indeed, the older people, and particularly those from ethnic minority groups, expressed a concern that they didn’t even know if their views had been used because of the lack of feedback following most consultations. Participants agreed that addressing should be a priority for government in order to gain credibility for the consultation process, and hence encourage older people’s involvement and input.

In addition to an interest in responding to government consultations, older people in the study felt stronger, more pro-active advocacy was necessary to promote their needs and views. This participatory democracy was in addition to the more traditional, representative democracy that the respondents felt they already contributed to through voting in elections. However, although the older people were interested in taking part in such activity, there was less willingness shown to organise it. The research suggests that government may therefore have a role in supporting the capacity building which seems to be required to develop older people’s
organisations. It can also ensure that such organisations play an effective role through developing mechanisms for ongoing engagement of government with older people and the organisations which represent them.

Older people clearly want government to listen and respond to them. This aspiration may have implications for how government is organised. As the research findings showed, older people’s attitudes and aspirations were not specific to particular services. For example, the importance of having the flexibility to respond to individual needs, in order to support independence, is relevant to a range of services. Likewise improved consultation was seen as a responsibility of all government departments.

Furthermore, participants made clear links between services, so transport, safety and learning were all seen as improving access to other services and opportunities, as well as being of important in their own right. As outlined above, some older people also made explicit comments on the need for improved co-ordination between services as well as within and between different tiers and agencies of government.

These views imply that the commitment to developing joined-up government needs to infuse all parts and functions of government. Joined-up delivery is clearly an important aspiration for older people as shown through the examples raised in the research of information and hospital discharge. Joined-up policy and planning will be necessary to support this responsive approach, and thus enable government to deliver the outcomes that older people have said they are looking for.

This research has shown that not only are the main themes of active ageing, participation and independence clearly interconnected in the minds of older people, the barriers relevant to each theme are also closely related. The older people in the research felt that government has a role in tackling many of these barriers through encouraging a positive attitude to ageing by government and society, an improved, supportive infrastructure, and services which are appropriate to older people’s needs. Older people may then begin to feel they are appreciated for their experience of life and that they continue to have something to contribute in their older age.

‘Being valued as a human being is what I want from old age.’

(Male, white, pre-retirement, good health, medium income, independent, suburban, focus group discussion)
APPENDIX A  METHODOLOGY

The main aim of the study was to carry out research on the attitudes and aspirations of older people. The research findings will inform the work of the Inter-Ministerial Group on Older People on three particular themes of interest: Active ageing, health and social care, and consultation and involvement. The research comprised two parts: A literature review and qualitative research.

In order to focus the research, a literature review was carried out to find out what was already known about the attitudes and aspirations of older people. The literature review identified gaps in the literature. For example, the review uncovered a great deal of research on the health and social care needs of older people, but less literature on their views on aspects of active ageing, such as lifelong learning and work in retirement. The review also identified gaps in the literature around older people’s attitudes to consultation and involvement. These gaps were used to inform and focus the qualitative phase of the research.

The qualitative research therefore concentrated on themes of active ageing, independence (in relation to health and care) and consultation and involvement. Other aspects of health and social care, such as attitudes to community care service provision and NHS services were not therefore covered in the topic guides for the focus groups and in-depth interviews. Likewise attitudes on crime and community safety, pensions and other income issues have been addressed in a number of recent studies and were therefore not covered in detail in this research.

The second phase of the research involved 15 focus group discussions and 20 in-depth interviews with a total of 96 older people across the UK. While the focus groups allowed for a broad-ranging exploration of key issues, in-depth interviews with participants from the groups were used to collect case study data. This data was used to construct pen portraits of respondents’ lives to help explain and contextualise some of the focus group discussions. The in-depth interviews also allowed for important issues emerging from the focus groups to be explored in greater depth.

The individual focus groups were homogeneous, but the spread of groups was intended to provide a range of viewpoints and experience on the basis of demographic variables. In addition to factors such as income, gender, geographical location and ethnicity, further factors likely to influence the attitudes and aspirations of older people were also taken into account. These factors included health status, retirement status and living arrangements. ‘Living arrangements’ included people who were dependent (i.e. living in residential or nursing homes), ‘semi independent’ (e.g. living in sheltered housing) and ‘independent’ (i.e. living in own home without professional support). Focus groups included people who
defined their health as good, poor, or in the case of ‘mixed health groups’ a combination of participants with varied self-defined health status. Individual in-depth interviews were carried out with one or two participants from each group, maintaining the gender balance overall. The details of each group and the in-depth interviews are included in Appendix B.

Qualitative research is particularly effective when exploring complex issues, attitudes, beliefs and decision making processes. It yields understanding and provides an indication of the range of views that are held. However, it cannot provide statistical evidence that is representative of the general population. On this basis the research findings provide interesting insights in to the ways in which people experience old age, their views of government and their ideas for modernising government and for more appropriate services. As such they make a valuable and timely contribution to the Inter-Ministerial Group.

Using the focus group sampling criteria (Appendix B) groups were recruited through locally based contacts and community organisations. Organisations contacted included local authorities, housing associations, community projects, colleges, community centres and trade unions. A snowballing technique was used to identify willing contacts with access to older people who met the sampling criteria. The local contact was asked to use sampling criteria to identify appropriate older people to take part in the groups. The contact also suggested individuals amongst the focus group participants to take part in the in-depth interviews.

In some areas further work was necessary to ensure that the topic guides were appropriate and to help with recruitment. This was particularly true in Northern Ireland where members of the research team made an initial visit to local organisations and discussed the aims of the research. Local contacts commented on the language and content of the topic guide, helped with the recruitment of participants and co-facilitated the focus groups. Ethnicity, sex and religion were taken in to account when determining who should moderate a number of the groups.

Three of the focus groups (and five in-depth interviews) were carried out with Asian and Afro-Caribbean men and women. The groups were run by Asian and Afro-Caribbean facilitators, with members of the research team acting as non participant observers in two of the three groups. The Asian groups and interviews were conducted in the first language of the participants and transcribed for analysis.

Wherever possible the researchers used local venues that were familiar to the participants. Transport was provided to the venue where necessary and a donation was made for the use of a room. A small sum of money was given to all participants in recognition of their contribution and to cover any costs they might have incurred in order to come to the group. Refreshments were also provided.
A topic guide was used to focus the discussion within two main sections; active ageing and independence; and consultation and involvement. A separate interview schedule was developed for the in-depth interviews (Appendix C). The groups lasted up to two hours and usually contained between five and eight participants. The in-depth interviews lasted for about an hour. Summaries of the research will be sent to the participants. All the focus groups and in-depth interviews were recorded, translated where necessary, and transcribed. Content Analysis was conducted, exploring both emerging themes and pre-identified key issues. The criteria for selecting the groups formed the basis for comparison where appropriate and possible. Additional socio-economic and demographic data collected during the focus groups (using a short structured questionnaire) provided further data on which to build the analysis. Data from the in-depth interviews were also used to construct pen portraits.

Older people are a very diverse group and many of the methodological issues that emerged were those experienced by researchers conducting focus groups with any population group. For example it was sometimes difficult to find a good time to bring groups together and the facilitator often had to work hard to ensure that all participants had their say in the groups. However with some specific groups of older people, such as some of those living in residential care and some of those with poor health, additional methodological issues emerged.

Some specific measures were taken to ensure that the research took into account any particular needs the older respondents might have. For example, in order to ensure that the researchers were sensitive to the capacity of the group the researcher often stopped the group for a break half way through, or made sure that the session did not go on any longer than was necessary. With frailer groups a smaller number of people were invited to attend the groups. In consultation with local contacts, the researchers discussed the best time of day for the group to take place. The researchers checked that everyone could hear at the beginning and during each session and offered a scribe for those with hearing problems.

Spending time with the local contact at the end of the group provided an opportunity to pick up any issues from the group and to clarify any field notes about the organisation or local area. In one group a very lucid participant had described events as current that had in fact occurred many years before. This would not have been evident from the group or transcript, but emerged from a discussion with the local project worker.

The researchers remained aware of the level of independence the participants enjoyed, particularly in checking that those in residential homes were willing to take part and understood the purpose of the research. The researchers left time at the end of the sessions to chat with the participants about anything they felt had been confusing or had been left out.
A further methodological issue was the problem encountered in facilitating discussion around issues about which participants had little experience. Where participants had limited experience of a topic under discussion they often had little to contribute to the discussion. For example, in the group discussions older people often found it difficult to suggest ways in which they could be better involved and consulted. The limited responses seemed to reflect a lack experience of consultation and therefore a difficulty in constructing attitudes around the issue.

A strength of using focus groups is that they create a supportive and flexible research environment. Participants were often surrounded by familiar faces and researchers tried hard to create a friendly atmosphere. A number of participants made a point of saying how much they had enjoyed taking part in the groups.
## APPENDIX B  SAMPLING CRITERIA

### FOCUS GROUPS SAMPLING CRITERIA
ATTITUDES AND ASPIRATIONS OF OLDER PEOPLE

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APPENDIX C  TOPIC GUIDES

FOCUS GROUP GUIDE
ATTITUDES AND ASPIRATIONS OF OLDER PEOPLE

Introduction  Thank you for agreeing to participate today. We are conducting research on behalf of the government to find out about the attitudes and aspirations of older people. The discussion group may take up to two hours. It will not be possible to identify anybody by name in the final report. A copy of the final summary report will be made available to you.

Icebreaker  • Could you briefly talk with the person sitting next to you about what your reactions are to the kinds of words that are used to refer to older people? (e.g. the elderly, older people, the aged, pensioners etc)

• Would one person from each pair like to share these thoughts with the group? (maximum 10 minutes for this exercise)

Active ageing and independence (20 minutes)  • Are older people valued in this society? (Probe reasons why/why not, perceptions of the young generation and value of relations with youth, can they be improved?)

• Do you feel valued by society? (Probe reasons why/why not)

• Is independence important? (Probe whether they feel independent, barriers to independence such as transport, housing, health and care, crime and safety)

• What would help you feel more independent?

• Are you someone who plans for the future or do you just take things as they come? (Probe for things people do and don’t plan for)

• When I say the word ‘retirement’ what thoughts pop into your head? (Probe concept)

• Pre retirement groups – What do you feel about the prospect of retiring? (Probe perceived benefits/problems). Are you actively planning for retirement? In what ways are you planning for retirement? Do you enjoy work? Is it central to your life, or a relatively small part of your life? (Probe roles as primary carers for women, feelings around work and whether older people should work). Are there any restrictions for older people in terms of working? (Probe attitudes to and any perceived barriers for older people in terms of (re)training/recruitment/promotion. How do restrictions operate?) Are you planning to continue doing some work/training in retirement? (Probe type of work/training, paid/voluntary and any perceived barriers. How could barriers be overcome?)

• Post retirement groups – Did you enjoy work? Was it central to your life, or a relatively small part of your life? (Probe roles as primary carers for women, probe varying perspectives on work on basis of retirement age, feelings around work and whether older people should work, and barriers to working). Are you currently doing any work/interested in working? (Probe type of work, paid/voluntary, and any perceived
barriers. How could barriers be overcome?). What did you feel about the prospect of retiring? Did your feelings change after the event? (In ‘younger’ groups probe how they planned for retirement and how relevant and appropriate their plans have proved)

- Some people say ‘you are never too old to learn’ – what do you think? (Probe desires to learn/(re)train; whether participating in formal and/or informal learning/training; reasons for and any perceived benefits of learning/training; differences/preferences between formal and informal provision; any barriers to learning/training and how these could be overcome)

- Do older people have special kinds of skills and knowledge to contribute? (What kinds of skill and knowledge)

- If I say the word ‘citizen’ what does it make you think of?

- If I say the word ‘volunteer’ what does it make you think of?

- Can older people help other people in any way? (e.g. younger people, people with families, schools) (Probe in what ways such as ‘mentoring’ role model, support, whether people have experience of volunteering and attitudes towards)

- How might those skills be best used for the benefit of older and younger people?

- What might be some of the barriers to taking part in these kinds of activities?

- Are there any ways that you currently contribute to this community/society? (Probe role of parenting/grandparenting, and help as carers etc)

- Do you feel there are any barriers to you contributing/contributing more in this community/society? (e.g. health, mobility, cost. Probe in what ways it is felt these barriers could be reduced)

- Do you know which is your local council? (Probe for contact and knowledge of services provided)

- Is your local council sensitive to the needs of older people? (In what ways? Probe for co-ordination and ‘joined-upness’ issues)

- Is national government sensitive to the needs of older people? (In what ways?, does national government affect your life in any way? Probe for co-ordination and ‘joined-upness’ issues)

- Are you aware of any organisations that represent or lobby on behalf of older people? (Probe for contact, membership, active involvement)

- Where do you go for advice and help if you need it? (e.g. housing, home help)

- Is the information you receive helpful? (Probe how it could be more useful)

- Do you feel older people have a say in the things that matter in their lives? (Probe for in what ways)

Consultation and involvement (25 minutes)
• Should older people be consulted on issues that affect them?

• Should older people participate in decision making in the local community/national level? (How and in what ways? Explore forms of involvement such as citizens’ juries, pensioners’ forums etc)

• What might be some of the barriers to older people getting more involved in decision making? (e.g. information, knowledge, health, mobility, cost)

• Is the government doing anything in particular for older people that you know of? (Probe for awareness of Better Government for Older People, the Millennium Debate of the Age/UN Year of Older Persons, other)

Aspirations for the future
(5-10 minutes)

• What are the main hopes you have for your future? (Probe for each of the following areas – health and social care, involvement, active ageing)

• What would help you achieve those hopes? (Probe whether government could make a difference and in what ways)

• What would you want for your children’s old age? (for the next generation)

Close: Thank for time and contribution
The interviews will be specifically designed to firstly, build up detailed pen portraits of interviewees’ daily lives and secondly, enrich and expand on a more individual level, the knowledge and understanding of older people’s attitudes and aspirations generated from the focus groups. However, the degree of emphasis and detail given to specific issues and subjects will vary between interviews, dependent on the particular circumstances, attitudes, and aspirations of individual respondents.

The following questions will be used as the basis to build up a pen-portrait of each interviewee. The interview will be conducted on a semi-structured basis so the wording and ordering of questions may vary to allow the interview to flow, and additional questions and probes may be used, as and where appropriate, to enhance the detail of an individual’s pen portrait.

- Icebreaker: Could you briefly tell me how long you have been living here and what you like and dislike about the about the place/area? (Probe for home as well as locality. Check on whether moved to current address before or after retirement)
- Can I just check your age? (Confirm from questionnaire and use to set scene for pen portrait)
- And can you tell me about your living arrangements? (Probe whether single/married/divorced/widowed, whether living on own or with partner/family, and type/tenure of accommodation)
- How much contact do you have with your family? (Probe which members of the family, how often, nature of contact and types/levels of support—ensuring all types of support, to and from the interviewee, are covered)
- Do you help other people in any way on a regular basis? (Probe in what ways e.g. support to family, daily care for members of family/friends, using skills for mentoring etc.)
- Are you currently doing any work, either paid or voluntary? (If so, probe what type of work (including employment and self-employment), how many days/hours a week, any barriers to working/working more, feelings around work, what enjoy/dislike. If not, probe reasons why not, any barriers to working and how these could be overcome, feelings around work, what enjoyed/disliked, whether would still like to work and what would be necessary to do so)
- How else do you spend your time (i.e. when not working/caring?) (Probe any domestic, social and leisure activities, membership of clubs, groups or other organisations, level and nature of involvement, and time spent thinking about, planning and participating in any activities)
- Are there other things you’d like to do but can’t? (Probe full range of activities, why can’t do them, barriers and what’s needed to overcome them)
• Are you involved in any training courses or learning activity? (Probe all types, including informal, reasons for doing and future aspirations)

• What is your main income and expenditure during an average week? (Confirm source(s) of income from questionnaire and reasons for expenditure and any recent changes)

• Do you have any worries about money? (Probe any reasons why, including obtaining insurance/credit due to age, and anticipated changes relating to ageing e.g. on health, disability, care etc.)

• How do you travel around when and if you need to travel? (Probe types of transport and reasons for use, including walking, use of own car or other people’s and all forms of public transport. Also explore length of journeys, concessionary travel and any problems with access to transport, including safety)

• Do you have any other concerns about safety and security? (Probe reasons why and any personal experiences of crime)

• Where do you go for any advice and help if you need it? (Probe formal and informal, such as family and friends, on range of issues e.g. housing, transport, social security benefits, other benefits, pensions, finance, different types of health issues)

Questions will also be asked during the course of the in-depth interview to elicit information on the following key areas:

Attitudes and experiences of government services

• Are you using/have you used any public services? (Refer to services already mentioned in focus group and interview e.g. meals on wheels, home helps, libraries, housing, Benefits Agency, NHS etc.)

• How useful and helpful are the services you use? (Probe the co-ordination of any services used, any obstacles and/or problems with access to and the using of any of the services and how these could be overcome. Distinguish between central government and council services and note the interviewees’ language and understanding about these)

• How do you find out, if at all, about public services? (Probe whether local or central government services, the types of service and the format of the information e.g. letters, leaflets, telephone, IT, face-to-face)

• Is the information you get helpful and useful? (Probe in what ways and how it could be more helpful)

• Do you have any other contact with your local council and/or government departments? (Probe for what reasons e.g. on behalf of others, frequency of contact and type of contact e.g. telephone, letter, face to face)

Attitudes and aspirations about employment (paid and voluntary) and learning

• Do you feel there are there any problems or barriers that prevent older people working? (Paid and voluntary. Probe reasons for restrictions and what they feel could be done by government to help overcome these)
• Are there any restrictions in terms of recruitment, promotion and (re)training for older people? (Probe what these are thought to be and how they operate and what they feel could be done by government to help overcome these)

• And is it possible for older people to continue learning if they want to? (Probe perceived benefits of learning, any barriers to learning e.g. health, transport, and what could be done by government to help overcome these)

• What do you know about the different levels of government? (differentiation between local, national, central)

• Are you registered to vote? (Probe any reasons for not being registered)

• Do you vote in elections? (Probe which elections and any reasons for not voting)

• How would you like government to assist older people? (Probe for local and central government, and in which ways and in which areas of their lives could there be a different role for government)

• To what extent do you feel the views and concerns of older people are represented within government? (Probe in what ways, if any, they are consulted by local and central government on issues of relevance and interest)

• Would you like government to consult older people more, and on which particular issues? (Probe in what further ways, and issues, if any, by local and central government)

• Do you feel involved in decision making about things which matter in your life? (Probe how they get involved locally and/or nationally)

• Are you involved with any organisations that represent or lobby on behalf of older people? (Probe which organisations and their activities)

• Are you interested in participating more in decision making? (Probe reasons why)

• Do you feel there are any problems which restrict the extent to which you are consulted and get involved? (Probe what these are and how they operate and what government could do to overcome them)
Pen portrait 1b

Gwen has lived in Glasgow for most of her life. Gwen still feels very healthy and she doesn’t think too much about becoming old. At the moment she still works as a paid worker for a volunteer group dealing with spinal injuries. She also teaches at a local higher education institute, where she has a one year renewable contract. There is a policy that no one can work beyond 70, so she has ten years left. For leisure she sings in a choir and has recently started to learn to play the fiddle. She walks a lot, and can still happily climb a Munro mountain. However, she has started to notice that she has less stamina and this feels a bit threatening.

Gwen is not seriously worried about their financial position. Very late in the day, (about 18 months ago) she took out a pension. The main way in which her expenditure has changed is that since the children left home, she and her husband eat differently. They buy hardly any meat now, and if they want some wine they have it. She would like to have enough money to have a measure of choice as she grows older, but she certainly does not want cruises and that sort of thing.

She has always had a dream of starting a new project out in the country when she retires, but she wouldn’t mind staying in Glasgow. Gwen likes the fact that there is plenty to do in Glasgow so there is no danger that she will fritter her retirement away. She really does not see herself as ever ‘retiring’, which to her means withdrawing. She will just grow older and, over time, she feels the things she does will change.

Gwen thinks that her independence would be very affected if her husband died. Her husband supports her in all the things she does. She really does not think that she would ever like to move in with one of her children even though she has good relationships with all three of them. Her children have all helped her with taking on the fiddle, and she supports them in different ways too. She freely offers simple bits of advice to them, but the more important the issue, the more Gwen holds back unless they ask for help. She would like to be able to help with her grandchildren’s education, because she thinks that they are going to find it tough. She also helps out with her mother-in-law, and keeps an eye out for an old friend who has just lost her husband.

Gwen is not seriously concerned about crime, although she does remember to secure the house in a way that she never used to. They have a car but she mostly travels by public transport. She thinks public transport is pretty good in Glasgow, but it is much more difficult to get around the rest of Scotland. She always votes but she does not belong to any pressure groups, because she doesn’t think that that is the way to get change.
Alex is in his late sixties and retired. He was born and bred in the Scottish town he still lives in. He enjoys living there because it is in the countryside, and he knows everyone. Although his health is fairly good, Alex is confined to a wheelchair. His wife is also disabled. After five years on the waiting list, Alex and his wife recently moved to a one-bedroom bungalow. They had begun to think that the move would never happen. The bungalow is not fully adapted for a wheelchair user (Alex can’t help with the cooking as the counters are too high for a wheelchair user), but it is a great improvement on their previous house which had 26 stairs.

Alex and his wife feel fairly secure financially. They don’t have any serious worries as Alex has a company pension as well as the normal state one, and they receive allowances to pay for their care. His wife looks after all of the finances. They don’t ever go without heat or food, and they can also enjoy occasional trips abroad.

His son comes in daily and helps to get him up. Alex might manage to do a bit of dusting around the house before they go out. They feel lucky to have a car. Perhaps they go down to town, or along the sea front, and in summer they often go further. They don’t do the shopping because Alex’s daughter brings it in a couple of times each week. In the afternoons, Alex usually reads, or watches television, and sometimes he will look out of the window and watch the people for a while. Two days a week he goes to a day-centre. He feels that the centre has been very important in getting him out the house, and providing new friends.

Alex would like to do more, and feels that it is his own fault that he hasn’t joined an evening class. He doesn’t do any paid or voluntary work, but there is nothing to stand in his way, in his view, if he decided to do. He has recently taken up genealogy, which is something he feels that he can do for himself and the rest of the family. He still feels young mainly, he thinks, because he is with young people quite a lot. Although there are many more members of his family nearby, they really only see them for special occasions.

The thing that Alex feels really does get in the way of him doing more, is access to wheelchair ramps. He would really like to be able to use the ferry by himself. It is also difficult to get across the roads in town, especially in summer when the visitors arrive.

Alex always uses his vote. He thinks he has only contacted his local councillor once, but he knows the council officer to ask if something needs doing in their area. The doctor is always very helpful in suggesting who can help if Alex doesn’t know where to go for something.

Catherine has lived in the same area of Scotland since 1965. She moved here with her son when he was 16, and starting his first job, but he only stayed for three months, and then went to Canada. She has stayed, and now she lives in the house that he bought for her. She likes the sea air, but she hates having to use the ferries.
She lives alone, and feels that her biggest problem is her disability. She can only walk using a stick, and can no longer use her left hand. Getting enough help is a real difficulty. She used to have two carers but the weekend one has recently been stopped. She thinks that she lost this chunk of care because she took a taxi to town. Her son had told her to get out of the house more, and especially to eat out, so that she would have had at least one proper meal a day. She can’t prepare and cook proper food for herself, with only one hand. She can’t even open tins. She only copes now because her carer does things that she isn’t supposed to. Catherine finds it extremely difficult to shop as she doesn’t have a hand spare to reach the goods, wheel a trolley, or carry the tins home. She has asked about having meals on wheels, but the carer implied that only men needed the service.

Catherine has brothers and sisters in Glasgow, but they don’t come to visit. Catherine’s friends are all about the same age as her so they can’t really help. She does have some help from the son and husband of her neighbour. Most of the rest of her help comes from a solicitor who handles everything. Catherine can’t write bills, and she thinks that her concentration is starting to go too. She really needs someone to visit her, to give her advice. She can’t make notes of telephone numbers or addresses from the telephone, again because she doesn’t have a spare hand when she is holding the telephone. Sometimes she asks her neighbour to stand next to her, and he writes things down that she says from the phone.

She doesn’t worry about money, as she feels that she has enough to pay for the limited number of things that she can do. She is not frightened of anything in town, although she did have trouble with some young people recently who pushed her before she could even get out of the taxi. Her house has security locks, but the security doors are actually so heavy she can hardly open them.

She feels that she can do very little. Her main excursions are trips into town by taxi. She can’t use buses because she can’t get on with her stick. She would like to help with volunteering work, but her health limits what she can do. She hasn’t taken part in any educational courses, because she can’t take down notes, and she doesn’t feel that her mind is up to it anymore. She would really like to visit friends more, but it is difficult now that they are all so old.

Denis is 53 and has lived all his life in the North of England. He lives with his two children whom he has brought up since his divorce 13 years ago. Both children are in their early 20s, but he still does quite a lot for them, particularly cooking and cleaning. He also gives them money from time to time. He sees more of his daughter than son because his son often stays away from home with friends. However, he spends a lot of time sharing activities and interests with both children. He likes to join in with the things they enjoy as well as encouraging them to share his interests such as playing badminton at the public leisure centre.
He has worked full-time as a social worker for the local authority for the last 24 years. He had always thought that he would retire at 55, but now he is 53, he does not want it to happen. He still thinks of himself as a young man and in fact only two years ago cut his long hair that he used to wear in a ponytail. He has never wanted to be promoted to management because he enjoys the practical side of his work too much. He also does some voluntary work spending time with disabled children. He has done some type of voluntary work with disabled people since he was 13 years old. His initial experience of such work made him realise he liked working with people with disabilities and led to him becoming a social worker. He continues to find voluntary work very rewarding.

In his leisure time, Denis likes to drink, socialise and listen to music. He also actively supports his local football team. Although not actively looking for a partner, he has started to think about it now that his children are not so dependent on him. However, any girlfriend would have to fit in with his way of life because he likes his freedom and independence.

He does not monitor his household income, but spends when things are needed. He will only fill the car with petrol when the fuel gauge says empty. He never writes a shopping list because he would only be disappointed if he did not come back with the things he had listed. Basically he feels money is not an important issue in life.

He is not currently doing any training or learning. However, in the past has done quite a range of training courses in relation to his job. He owns his own car and drives the 18 miles to work and back each day. He never uses public transport. The library is the only local council service he uses apart from the sports club where he plays badminton.

He is registered to vote and always votes in elections. He feels that the government is not doing anything positive to support the concerns of the elderly because there is no perceived political benefit. He has no contact with the local council or national government.

Nimo is aged 55 years. She has lived in Northern England for 32 years after originally coming from India. She and her husband have their own house. Three of her children still live at home, but her eldest son is married and she has two grandchildren whom she sees every two months or so. Sometimes her son and his family come more often, if her husband’s health is particularly bad, or when there is a festival or a birthday in the family.

There are some good things about living in the area, but mostly problems. Her main complaint is that it is no longer a multicultural area because only Asian people live there. It is also very unclean with dirty streets full of rubbish and it does not feel safe because there are lots of teenage children hanging around causing trouble. She never goes out at night because she is too frightened.
Her husband is in very poor health and he needs constant 24-hour care from Nimo. Otherwise her days are spent washing, cleaning, cooking and shopping. She does not get any support or assistance. Her own health is also poor. She is asthmatic and feels pain in her joints at night. She would still be working and so would her husband if it were not for their health problems. They used to have a shop selling groceries and she worked there for 20 years. Now they live on income support and her husband gets a disability allowance. She does not worry so much about money, but she has to be careful. Heating is a major expense and she tries to save money by cutting back, but if it is not warm enough it is bad for her health, especially since she is asthmatic. Most of the money goes on food and electricity. She has not had a holiday for 12 years. Apart from attending the day centre one day a week and shopping locally, she rarely goes out. The elderly group at the centre is her main interest and source of support outside the home. The members mainly talk amongst themselves, share information and discuss religion.

She would really like to be able to speak English better and then she could speak with people outside of her home. She knows where there are classes to learn English, but she cannot afford the transport and does not feel her health is up to going. If she could speak English well then she would like to do some voluntary community work, helping the other ladies in the elderly people’s group at the day centre to speak English.

If she needs any advice or information she gets it from the TV or newspapers. The Citizens’ Advice Bureau is also helpful because they have someone there who can speak Punjabi. She prefers to discuss a problem with someone personally face to face, but if she can talk with them on the telephone that is also a good thing because then she does not have to travel to the advice centre. She has no real contact with local or national government, but she votes in all the different elections. She once complained for over three months to the local council about the amount of rubbish in the streets where she lives and that they had no street cleaners in the area, but they never did anything about it.

Elizabeth is 89 years old. She has lived in the same village in Northern England with her daughter for the last 26 years. She and her daughter, who is 60 years old, are both widows. She has two grandchildren living in the village and they both have children. She loves it when they come to visit. In total she has eight grandchildren and eleven great grandchildren. She sees the four great grandchildren living in the village every week gives them each a £1 out of her pension. There are also three little girls in the village who have adopted Elizabeth as their grandmother as they don’t have a grandmother of their own. Elizabeth treats them the same as her own grandchildren. The ones she does not see so often get either £5 or £10 when they visit. She feels she has nothing else to do with her money and has so many clothes and shoes that she sometimes gives them away.
Her daughter does all the cooking, washing and cleaning in the house and gets an Attendance Allowance so as to be able to care for Elizabeth. Elizabeth would like to help, but her daughter is worried that she will hurt herself. Elizabeth’s can’t stand up for very long, but she feels she could still do something to help around the home. Instead she just knits and reads and after that sleeps. She loves to knit and has always knitted toys for the health centre when they have sales and the vicar asked her only the other day whether she would do some knitting for the church sale. Sometimes she will be asked to bake a cake if someone at the day care centre has a birthday. She would love to learn how to crochet and embroider. Her daughter-in-law was going to teach her, but has never got round to it.

There is a nurse from the NHS health centre in the village who comes in on a Thursday to help Elizabeth take a bath. She makes sure Elizabeth has no sore places on her body and tends to her feet because she has bunions and very callous skin. However, the nurse will not cut her nails and she has to ring the chiropodist and ask her to come to do that. She also has a carer that comes through the NHS whenever needed.

She does not take part much in village life, because she cannot get out and about except when she goes to the day centre three times a week. There is a bus that comes to collect them and take them home again from the centre. She really likes going there and has made some lovely friends. She also loves the games they play such as anagrams. She especially enjoys the vicar coming every Wednesday to give communion, as she has always been religious. She was involved with the other day centre members in discussions with the architects about the redesign of the centre and was gratified that they took on board their suggestions. She can never use normal buses, she just cannot get her leg up high enough to reach the steps. She also finds the bus drivers do not have enough patience to wait, even if you are disabled, and they never bother to help.

She really loves the holidays organised by the church. They stay at a centre in the Lake District and it only costs £90. They even go out to the pub and have a really good time, although she is a teetotaller and has been all her life.

Patrick is in his late 60s and lives in a large city in the Midlands. He moved into a sheltered flat with his wife, four years ago. Although he is still healthy, his wife has severe rheumatoid arthritis, and their previous house was on four floors. This flat feels like a godsend to them. They haven’t moved far, so they are still close to their friends, and they can go to the same church. They really liked the security offered by the flats. The only thing that Patrick does miss is having a garden to work in.

Patrick gave up work early in order to look after his wife. Patrick has a very busy daily life, because as well as looking after his wife and the house he takes his grandson to school and he looks after his sister who lives in the same complex. There is also a church friend who lives upstairs and he does shopping and things for her too. He doesn’t have any help.
looking after his wife. On a normal day his grandson is dropped off early, and he walks him to school at 8.30. Patrick is back about 9.30 with the paper. First he gets breakfast for his wife, then washes and dresses her, and then when she is settled he goes shopping. By the time he is back it is dinnertime. Later on his daughter usually drops by for a cup of tea at the end of her working day. Sometimes a granddaughter comes to the flat to be looked after, so he collects her from a school bus. Then he cooks the dinner. He usually sits down for the 6 o’clock news.

Every weekend they see some of the family and on Sunday they go to church and to a social club that the church runs, in the evening. They are very close to their family and see them a lot. Patrick and his wife don’t go on holiday with the family because they have different types of holidays. Although he isn’t doing any classes at the moment he would be interested in joining a class in the future. Patrick thinks that they have about the same standard of living as when he was working. He does worry about the rent and the Council Tax going up, because his pension is only linked to inflation.

They walk to church, and he walks to school every morning. He last drove a car 35 years ago. His son would take them anywhere they needed to go by car, but he thinks there is a good bus service, and they get free passes to use it. His wife can manage to use most of the buses although one company has buses with steps that are too high. They only use taxis to go to the hospital, and at night, because then they don’t feel safe.

He only votes sometimes, but he knows the name of both the local councillor and the MP. As he gets on in years, he worries about how people treat him. He would like to see more policemen out on the beat.

Gulab is in his late 60s and lives in the Midlands. Gulab and his wife own their own home. They have two children who live in Manchester and Bradford. They have two grandchildren, and Gulab loves their company. He also sees his brother and his family often. Gulab retired at 64 when his back pain stopped him working in his shop. For another year his wife tried to keep the shop going, but it was too much for her. When he arrived in England in 1950’s he worked as a bus driver. He continued to work on the buses until he bought the shop.

Gulab and his wife are still both very mobile, and they use the buses most of the time. There is a good service except at night, when it ceases altogether. Then they mostly use taxis. This becomes a problem when they want to attend religious festivals. The taxi into town is expensive, so they can’t afford to go every night, although his wife would like to. He is thinking of buying a car because he thinks that he could physically cope with driving an automatic. Sometimes a group of friends will organise a minibus to take them somewhere, especially to a celebration in another town. They enjoy going to Leicester for the good food.
On many days Gulab will go to the community centre for a few hours. He and his friends enjoy talking over light-hearted and serious issues, and they will pray together and hold what they call a singsong. He regularly walks, at least one way, to the library, where he mostly reads the papers. He gets the Guardian, but enjoys reading the other papers there. His daughter has always urged him to do a Humanities course at the Open University, and he would like to and feels capable of it, but has never got round to it. He feels that his trouble is that he is a dreamer, and his wife is the driving force in their lives. But he also thinks that he has never had any encouragement to fulfil his potential, especially because there was a lot of discrimination against Asians in the early days. In all the time that he worked on the buses, he was never given any promotion.

It is the same with voluntary work. He would be willing to do it, but has never found out about it. In some ways he feels that he worked all hours at the shop, and he wants to rest and not do much anymore. Also, one of the great pleasures of retirement for him and his wife has been the ability to travel together. They could never do that when they were running the shop. Now they go to India for a couple of months each year, and this would impinge on any commitment to voluntary work or an OU course. They feel financially comfortable, although they could never even pay all of their bills if they were dependent on just the state pension. They don’t have any benefits and he is happy that this is the case. He always votes. They have never experienced crime, although he had nightmares about it when they owned the shop.

Maganbhai is 65 years old and has lived in the Midlands for most of the time he has been in the UK. His area of work has always been the sale, repair and maintenance of vehicles. He did this work before he migrated here from East Africa. Maganbhai has two sons, both of whom live locally. The family has a tradition of voluntary work and helping others. Soon after arriving he found employment with a small garage and spent 26 years working there. Maganbhai loved working and rarely took time off. Unfortunately he had an accident at work and the medical officer said that he was not fit to return to work. While he was on sick leave the firm went bankrupt and he was therefore unable to make a proper financial settlement about his injury.

Although Maganbhai is unable to work, the DSS doctors say that he is not 100% disabled. He is deemed to be 65% disabled. He is angry and confused about this and feels it is an excuse not to pay him the benefits that he feels he is entitled to. His financial situation has affected his ability to enjoy his retirement. He had hopes to enjoy holidays with his wife (as he saw retired people doing while he was working), but this is not possible. He believes that in retirement you should get an income similar to that you enjoyed during your working life. He still has lots of expenses, including gifts for the many weddings and celebrations he is invited to.
He has friends and relatives nearby who he goes to visit. He can walk there, but he is worried about getting attacked in the street so he usually phones to tell people when to expect him. He also goes to the day centre to socialise, play cards and listen to music. He occasionally meets friends in the pub. He feels that old age is for relaxing, rather than trying to learn new things.

Maganbhai looks forward to recovering more fully from his accident, which was a real setback. He is worried about his or his wife’s health deteriorating further. He is concerned about the standard and quality of health care, which seems to him to have declined over the years. He doesn’t think that doctors are very enthusiastic about treatments for older people.

Pen portrait 8b

Susan is 59 years old and for 52 of those years she has lived in a rural area of the Midlands. When she first moved to the area she found it a close community, but now with more people living in the area she feels it has become rather impersonal. However, she likes the countryside around where she lives and it is ideal for her hobby, carriage driving. She loves going out in the country lanes and bridleways and enjoys the birds, the nature and the peace and quiet. During the summer she will compete with her carriage and horses in carriage races. These are usually very exciting and at times quite dangerous.

She lives with her husband in a semi-detached house with a large garden and lots of animals. They have two grown up sons and a number of grandchildren. Susan has a lot of contact with her mother who lives only five minutes away in an old people’s bungalow on a council estate. Susan does her washing and ironing and most of the shopping. She also does her hair once a week and takes her to the chiropodist and doctor when necessary. Otherwise her mother is self-sufficient and can cook for herself, although she comes across to Susan’s house at weekends for her dinner.

Her sons live quite nearby and she tends to see them at least once a week. One set of grandchildren regularly comes to stay for weekends or over half term and sometimes she and her husband take them on holidays. She feels the grandchildren watch too much television so she is teaching the two children who visit regularly to ride the pony. She buys them nature books and her husband takes them fishing. She taught them to swim and now tries to take them swimming whenever they stay.

She works part-time in a council-run old people’s home as a care assistant, but now finds it very heavy work and would like to do something less demanding. However, there do not seem to be many opportunities for people of her age, despite the fact she has keyboard skills and has worked in the past as a secretary. She does a lot of work for Unison and enjoys it because it involves office work as well as meeting a lot of people and travelling all over the country. She would like to do more of this type of work, but because the union work is tied to the County Council, if she left her job, the union work would be lost too. As a union representative she has done quite a lot of campaigning and recently has lobbied the council to stop them closing a local old people’s home.
She and her husband have a car that she uses for travelling around. She is concerned when travelling in the car on her own and so carries a mobile phone. If she is travelling in a city she always locks the car doors, but feels relatively safe travelling around the local area. Financially she and her husband are reasonably well off. Her husband has state pension and a company pension. She is not sure that she will get the full state pension because there have been gaps in her working life whilst she brought up her children. She has some worries that when she stops work, she and her husband will not have enough money to do all that they would like to.

Peter moved to his large house in the South East from further south, ten years after retiring. He and his wife have over seven acres where they keep some animals. They moved here because they could get so much more property for their money. Between them, he and his wife have six children from previous marriages, and 13 grandchildren. When he looks at the size of this house, then he supposes they should think of moving somewhere more manageable for their frailer days, but they are just putting off thinking about that. Perhaps if they saw something; a nice house built with the elderly in mind, or a bungalow, they might consider it.

So far, they do not need any real help with daily living. They are very active. Peter is involved in the Probist organisation; he started golf after retirement and manages a couple of games a week; he enjoys gardening and helps to run the local club; and he has joined archaeological and natural history groups. His son has just set them up with a computer, and it is great fun emailing everyone. His wife is active in the church, and in a group for children with disabilities. He did miss all of the contact with people after he retired, but keeping busy helps to forge new links. Peter feels their minds would wither if they didn’t keep active. Also, he wants to give something back to the community.

He enjoyed working as a dentist, but felt that once he reached a certain age his fingers just ceased to be good enough to do the job properly. He hasn’t done any other work because he felt that he wanted to retire. They do not have any financial worries. They can holiday when they want to, and help out with gifts for the grandchildren. Peter took out private health insurance when he moved to the area, because they didn’t really know any doctors. His son is a doctor, so they can always get advice from him. Peter uses their financial advisor for help with any financial matters.

They use the car for all of their transport and are both ‘advanced drivers’. He feels there is a good taxi service if they need alternative transport. They feel fairly safe here, with security alarms and two policemen living up the road. He only occasionally uses the library.

He knows how the local District Council operates, and feels that the Town Council is rather weak. Sometimes there are public meetings where the council tells them about some issue. Personally Peter prefers the sort of meeting where they can give some input, even if the topic is only
about rubbish collection. He always votes, and he is happy with both their local representative, and with the MP. He thinks that at that level, it is up to the MP to represent local views, rather than expect local people to be consulted.

Margaret is aged 86 years. She has lived in a residential home in Southern England for the last six years. She came there after she was discharged from hospital. Before that she had lived on her own in a flat. Although there are some things she could grumble about, she is basically very happy there. It is very clean, everyone is friendly, she is fed well and the grounds are very pleasant. She likes to get out in her wheelchair and goes around the grounds every day if possible. She cannot walk very far. The problem is her hands because she has arthritis and so cannot hold a stick or grab onto something if she falls. She loves it outside in the fresh air and cannot understand why some of the others in the home stay in the lounge and do not bother to come out. She often goes down to the gate at the end of the grounds and just sits outside there and people come along and they nearly always stop and talk to her and ask different things and she says how lovely it is in the home.

She relies on her nephew for advice and information about anything. He comes to visit her every week and once a month he brings her sister over to see her because she lives in another residential home. She thinks her nephew is wonderful and treats him like a son because she does not have any children of her own. He sorts out the financial side of things and she has no worries about money. She thinks she is very lucky because she gets four pensions that her husband set up and used to pay into, and then her nephew does all the financial planning on her behalf.

Before she was married she worked as a dressmaker. In her room at the residential home she has photographs of the wedding dresses that she made. She often looks through the photographs and wonders how the girls are that she made the dresses for all those years ago. She loves sewing and would really like to make things with her hands, but it is hopeless because of the arthritis. She would also love to be able to travel, but cannot do that anymore. She married a soldier and they lived abroad for a number of years and did a great deal of travelling which she really enjoyed. She continued to travel a lot, with her bridge club, after her husband died. She would like to be able to do more things at the home as she gets quite bored sometimes. She would like to learn something new and really enjoys singing.

She never uses public transport. If she needs to go anywhere she takes a taxi which is quite expensive. It is rather difficult getting in and out of the taxi, but she nearly always sits in the front. Otherwise for trips out she uses the bus at the residential home.

She always votes and thinks that everybody should. She does not really have anything to do with government. However, some people from government came to visit them at the home recently and they had a buffet
in the dining room and quite a nice chat. They asked what it was like living there in the home. As she said, there are days when you feel very down because you have lost your family, but she is really quite settled and happy there.

Valory is aged 79 years. She came to this country from Jamaica in 1961 and has lived in her present house in Southern England for the last 24 years. She is divorced and lives on her own. When she first came to the area she had a fairly hostile reception from the neighbours who did not like black people, but over the years she has become accepted and she now gets on very well with them. In fact, her next door neighbour has a copy of her key and her phone number in case of a problem.

She has two sons, a daughter and grandchildren. Her daughter comes to visit most weekends and hoovers around the house and does anything else that is needed to help. Her sons also come to visit from time to time. She does quite a lot to help one of her sons by babysitting. If he has to go out in the evening, she will have the grandchildren to stay with her overnight. Valory leads a fairly busy life and likes to get out of the house because she gets depressed if she is there on her own too much. She goes to the day centre on Fridays and Saturdays and on Sundays helps at the church. She makes toys and cushions for the church and the day centre. She also really enjoys flower arranging.

She has a home help who does the shopping, collects her pension and helps with the cleaning and ironing. She used to have two home helps. However, because the social services are short staffed, she now has one home help for one and a half hours on Fridays. She feels the one home help does not do as much as the two helpers used to, but she manages to get by with the assistance of her daughter. There are a lot of things she would like to do for herself, but cannot because she has pain in her legs which means she is not able to walk far. She would especially like to do her own shopping because the home help (who is white) does not really know the type of food she prefers. She does not cook very often anymore. She tends to eat at the day centre so that when she comes home she only needs a light snack. Sometimes on Sundays she will go to her daughter’s for a meal.

She gets a disabled pension and state pension. After paying her standing orders she has about £43 to live on. Out of this she has to save to pay the electricity, gas and telephone bills and buys stamps. She does not worry a lot about money, believing you have to take it as it comes. She knows what she can and cannot afford. She cannot travel around on her own and it has been over a year since she has used public transport. Somebody gives her a lift to the church and back and a taxi takes her to and from the day centre. At other times when she needs a lift she will phone her son. She never goes out at night on her own, even to a church service, because she is frightened about her safety.
She is registered to vote and usually votes in elections, but did not last year because she did not feel any of the parties were saying anything that was of benefit to her. She has no contact with government, but is interested in government consulting her on how she manages to live on benefits and the type of care she receives. Valory is very proud that she has been nominated to receive an award from the Queen. The award is in honour of her hard work helping young children over the years on behalf of the local church.

Raymond has lived in a city in the South West of this country since 1956 when he came over from Jamaica. He is aged 77 years and is widowed. He has been living on his own in his current flat since 1985. The flat is owned by a local Churches Housing Association to whom he pays rent. The Housing Association provides a warden who comes to see Raymond every day to check he is all right. There is an intercom system so that if he has a problem or there is anything wrong, he can call for assistance and someone will answer and arrange for a doctor or an ambulance. Sometimes the Housing Association organises coach trips for the people that live in the flats and that is something Raymond really enjoys.

Raymond has a brother who lives in the local area and comes to visit every two to three weeks with his children. Occasionally Raymond will go to see them. Sometimes friends come to visit Raymond, but he does not have any special friends that he sees on an on-going basis.

On a normal day he would look after his flat by cleaning and tidying up. Then maybe he would go down to the day centre or pop into the bookies to see some friends. Sometimes they lose on the horses and sometimes they win. He is not a member of any clubs or churches, but every Christmas goes to church. He would like to work, but he does not have the strength and his health is poor. He does not go out much at night although he used to when he felt stronger.

He gets a pension of £67 each week. From that he pays for food and bills, plus the rent and Council Tax. He regularly makes the trip to pay the Council Tax personally. He worries about money because he is not working and his pension is his only income. He knows he could ask for a home help, but at the moment he does not want one because the money would have to come from his pension. If he travels around at all he takes a taxi which he finds expensive.

At the day centre they give him advice about keeping safe and secure in his home and people come from the Citizen’s Advice Bureau to provide information, but he does not really find it useful. If he gets sick the doctor will come out, always rather late he thinks, but they will come.

Raymond votes in elections for both the government and for the local MP. Politicians do nothing that he knows of for older people. He believes they should have a chat with older people and learn from their experiences.
Jane moved to Wales when her husband died. She thought about going to Chester where she has family, but her daughter persuaded her to move to be near her. Her daughter had to move away soon after Jane had come to live here and Jane thinks that if her daughter had stayed she might have been expected to look after the new baby, and she is now a busy person in her own right.

Jane is 65 and now thinks of herself as properly retired. She would like to do some paid work but feels that employers won’t look at people over 50. She thinks her retirement would have been very different if her husband was still alive. She was very depressed following her husband’s sudden death, but she has had counselling. She also joined Help the Aged, the WRVS, the WI and the Mothers Union and she went to church. She aimed to keep busy and to have just one day a week that she didn’t go out.

Her busy life has recently been halted because of a hip operation. Jane had an awful time arranging treatment for her hip. She had to write to her MP in the end, which seemed to get things moving. She had a really bad time after discharge from hospital. She was helpless, and no care was in place. Age Concern run an emergency discharge service and they came for a few days. Three social workers came to see her on separate occasions, with one not knowing what the other one knew. They told her that she needed care but that she would have to pay £82 per week. She normally lives on £100 a week, so this was a considerable extra cost. Jane feels that she wouldn’t have managed without her friends.

Jane always votes in national elections, but she doesn’t often vote in local ones, because she really doesn’t know what the candidates stand for. She feels strongly that one of the big local issues is public transport. She uses it a lot, and thinks that it is terrible. To get anywhere she first has to go into Cardiff and then out again. She feels that the drivers’ attitude is very bad. Her MP said he would do something about local public transport. At the moment, following her operation, she is completely reliant on lifts from friends.

Jane feels that everyone worries about health and money for the future. She has enough to get the things she needs, but certainly not enough to get the things she wants. She doesn’t want to touch her savings. She is only £5 per week over the amount that would entitle her to a number of benefits, and she doesn’t think this is fair. She thinks that the most positive aspects of her life is that she is a much more independent and assertive person now, and that will help her to get the services that she needs as an older person. She loves all of the voluntary work that she does, and especially enjoys the training that she receives from Help the Aged. She left school at 14 and has often wanted to go back to education. At the moment she can’t get to Cardiff to do evening classes. She inquired about the Open University, but it is too expensive. She had to give up a mixed ability computer class because she couldn’t keep up. Her daughter says that she will show her the Internet when she next comes down, and Jane looks forward to that.
Fred is 74 years old. He retired at 62 and moved to Wales with his wife from London shortly afterwards. He was married for 35 years, but his wife has just died suddenly. He has one daughter, who lives in Watford. She is about to get married, and he gets on very well with both of them. He is selling his current house, and has just bought a retirement flat in Watford so that he can be near to them. He has been very lonely since his wife died and the house has too many memories. She used to make all of the decisions for them and kept them both very busy. The retirement flat will give him more company, which he enjoys. The flat will be more manageable, although the maintenance costs are high.

He is not interested in doing paid work anymore, although he feels that the Government should make employers realise that older workers are better employees. He goes to help out at Age Concern on two mornings a week. Fred thinks that there are more older women than older men, but at Age Concern there are quite a few men. He started to play chess nine years ago, and does that regularly. He goes to two groups each week - a Buddhist meditation group, and Cruse. He has found the Cruse bereavement counselling very helpful. He found out about it from the undertaker when his wife died. His biggest hobby is cycling. He belongs to the Cyclists’ Touring Club, and he goes out for rides in all weather. He feels that you have to keep your mind and body active. He hasn’t been interested in holidays since his wife died.

Financially, he feels that he has no problems. He has the state pension, a smaller Post Office pension, and income from a small investment. When he sells his house, he will invest the surplus and use the interest from that to pay the high maintenance costs on the new flat. He doesn’t have any expensive hobbies and he could save a bit for an English holiday if he wanted to. His wife did all of the financial planning, but he asks his daughter for any advice on it now, or feels that he would go to the Citizens’ Advice Bureau. After a recent operation the Social Services offered him some help, but he didn’t need it. He feels that his health is mainly good. He doesn’t use many Government services, although he knows how all of the levels of Government are organised. His wife stood as a councillor once, and politics was her real interest. He votes regularly. He uses the library, but he goes down to Cardiff because the local one has too few books. There aren’t any classes that interest him here, although he feels that the meditation is a kind of learning. He does have a car to get around, but he really doesn’t like using it. He’d much prefer to cycle when he can, and he uses the local buses, although he thinks the service is poor. He feels that the Government should make bus passes of equal value across the country. The other things he thinks that the Government should improve are the rail services and the police. He is not really frightened of crime locally, although he feels that he has to be careful at night.
Bronwyn has lived in the same Welsh market town all of her life. She was brought up by her mother and grandmother. She has loved living in this community, and she loved school. She and her husband own their own home, which is the same one that they have always had. She is sure that it could be adapted so that they could stay in it during their old age. She has a son and a daughter. They both live in central England now, but they see them about twice a month. A young girl, who lives opposite them, is the main person who keeps an eye out for them on a daily basis. However, her husband has recovered so well from his heart attack two years ago, that they really don’t need any help at the moment.

Bronwyn is still very active in the community although she did stop a few things when her husband was ill. She only stopped working at 65, and even after that she was still called up by her old colleagues if ever they had a problem. She has also remained on the supplementary list of magistrates, and she has to keep up with all of the issues in case they call her up. She is still a governor of the High School. She used to do a lot for a local charity, but they closed down locally. Other than that she goes to a church coffee morning once a week, which is attended by a group of very elderly people. If they need anything she just listens and tries to help them.

Bronwyn regrets the fact that she didn’t pursue any further education because her family couldn’t afford it. Her children keep telling her that she should take a degree, but she feels that she’s got more important things to do now. However, she has always wanted to learn German, and she would do if there were local facilities. She also reads a lot, mostly the books that she gets as presents rather than ones from the library. She enjoys embroidery and she would love it if her grandchildren, as their lasting memory of her, had a mental picture of her doing that. She would love to be involved in amateur dramatics, but there is no local group.

Bronwyn and her husband have always been careful with money, so she’s not really worried about having enough, although sometimes it does hit her with prices going up so much. They like to keep the house warm and buy nice food. They spend quite a lot on petrol, living in a country area, and in order to see their children regularly. Locally, they only use the car if they can’t walk somewhere or for their monthly shop, but they do use the car rather than any public transport. She has never felt frightened of crime on the streets. She has a lot of contact with young people, and wonders whether this means that she is not intimidated by their looks and size.

Bronwyn thinks that she has a fairly good idea about the different tiers of government, and which services they each provide. She knows the names of her local councillor, the county councillor and her MP. They are not all of her party, but she feels that they are all very good - they will act, and come back and tell her what happened. If ever she needs any advice, she tends to start with the Citizens’ Advice Bureau.
Mary is aged 82 years. She was born in Southern England, but moved to Northern Ireland with her husband over 50 years ago. She has lived by herself in her own home ever since her husband died 25 years ago, but also lives part-time at the house of one of her daughters, in order to look after the cat when her daughter is working away from home. Her other daughter lives with her husband in Canada and Mary goes to visit them each year for a couple of months.

Her days are very full and she is always busy with lots of activities and interests. She does a fair amount of unpaid voluntary work, mostly at the community centre and for Age Concern. Basically if anybody needs her she tells them to ring and if she can do something she will. Mary mostly helps people with support and advice about benefits and services. She finds she is always filling in forms, and thinks most of them are ridiculously complicated. She uses the Citizens’ Advice Bureau a great deal in her work and if they cannot help, they will pass her onto somebody who can, rather than her having to go round the houses with the different public services. She considers herself quite assertive and so tends to get things sorted out that maybe someone with less confidence would not be able to do.

She loves to read and likes sewing, walking and listening to music. She writes quite a lot of letters as she has friends all over the world. She has no problems filling her time. She goes to her local church, but does very little with the church because she is not fond of the rector. She also travels a great deal. Apart from going to Canada, she drives to Italy each summer with her other daughter and son-in-law. It takes three days and she enjoys the journey through the Alps. They stay in a little hotel in the mountains of Tuscany. She has breakfast on the terrace in the morning and can hear the sounds of the cattle and the bells. She is learning Italian so as to be able to speak the language on her next visit.

She has no financial worries in terms of supporting herself. She has a teacher’s pension and an old age pension and on that can cope well. However, she is aware that if you have more than £16,000 and you have to go into a residential home, then you have to pay the full amount. Therefore, she has transferred banking accounts to her two daughters and regularly pays money into them. She really hopes though that she will never have to go to into a home as she feels people just sit in chairs all day and wait to die.

She is very independent and finds it hard to think of any social services she has personally used. She rarely goes to her doctor, in fact she avoids him like the plague. She seldom uses public transport because she usually has to stand and wait ages for a bus. So tends to walk and can walk the two miles from her house to the community centre and back without any problem. She occasionally uses the Age Concern bus. She always votes in local elections. She has never missed an election or referendum. She believes voting is a civic duty. She has had little to do with politics, but wouldn’t mind being more involved in decision making, maybe through a panel or forum discussing services for older people.
Ben is aged 75 years. He moved to his current home in Northern Ireland when the area was re-developed ten years ago. He does not pay any rent as the Housing Authority sort everything out. Before moving he lived in terrible conditions and there was not much money about. However, there was great sense of community, with people coming in and out to see what they could do for him. Now he lives on his own and never sees his neighbours. He has to rely on public services because he has no relatives. He never has any visitors except the home help who does his washing and cleaning. She comes every day and is very helpful, but she is only there for 15 minutes which is not enough time for all the things she has to do. Once a week a nurse comes to change the colostomy bag he uses. He has the bag because four weeks ago he had a big operation after he collapsed outside his front door. He has been in and out of hospital over the last year or so. He was in for a week last time, but they would not keep him in long because of the cutbacks. They closed the ward and sent him home and then the nurse came to help. He often goes by taxi to the hospital because he cannot depend on the ambulance.

He has been retired since 1975 when he had to stop work because of a serious stomach problem. Before that he had worked as a barman for 35 years. He was 13 stone then and could have lifted anything, but now he is only 7 stone. He was 50 when he finished work and he felt fairly desperate having no work after that. He was not prepared for retirement. He had no savings and found it very difficult making ends meet. Initially he got himself into trouble with drinking and gambling and got into debt. Now he has the state pension and feels he does not need to worry so much about money.

He does get depressed though, sitting on his own in the house when he cannot get out. He usually just listens to the radio or watches the TV. Winter was a bad time for him because the home help came in the mornings and then after she went, he would just sit with nothing to do and nobody to talk to. If he can get out though, he tries to go into town every day. He wanders around and usually goes into the supermarket and buys a couple of things. However, he cannot buy much because it would then be too heavy for him to carry home. He goes on the bus, but he finds getting on and off them very difficult and he has to be very careful. He finds the kneeling buses very good, but is not able to get one of them all the time. Sometimes he has to wait for about twenty minutes or more for a bus to come along which he finds very frustrating.

There is a community centre round the corner from his home and if he needed anything he would tend to go there as they are always encouraging him to come. They help him with benefits or if he needs something for the house. He always votes in the Westminster and local elections, but he does not like politics very much. He believes that once politicians get into government they tend to forget about you. However, if he heard there was a meeting at the community centre discussing an issue like the buses, then he might try to go along.
Craig is aged 88 years and has lived in his house in Northern Ireland since 1980. The house was new when he moved in following general re-development of the area. He lives rent free because he got the house from the Housing Executive. He is very fond of the area because it is quiet and peaceful most of the time and that is something he feels you cannot buy. He has lived on his own for the last six years since his sister died. He lived with his sister for nearly 40 years and considered her the best woman he ever met in his life. He has still got family living nearby including his nieces and he goes to one of them for his Sunday dinner.

He has a nurse who comes from the City Hospital twice a week to see that he has no problems. He has home helps twice a week, but feels they are a dead loss because all they do is call in to see if he needs ‘any messages’, and if he does not need them, they go away.

He used to work at Marks and Spencer’s, but had to leave in 1988, when he was 70. He would not have minded carrying on. After that he worked part-time in the bookies every Saturday for three or four hours. He considered himself fairly healthy when he retired. However, now he cannot do very many things at all because it is difficult for him to walk for more than ten minutes as he has arthritis in his legs. He has a free bus pass, but seldom uses the buses. In the evening, if he feels in good form he will have a few drinks at his local club which is about three minutes walk from his flat. If he does not feel like it, he will have a drink at home. For most of the day he sits and listens to the radio and his tapes. He enjoys all types of music. Radio 2 and Radio Ulster are his favourite radio stations. He cannot see the TV because his eyesight is not good enough.

He does not worry very much about money. If he had a surplus he would like to give it away to the poor. He has a disability pension that raises the total amount of pension he receives, but does not really need much in the way of money. He likes to smoke, and has plenty of food which his nieces bring over to his home and he heats up when needed. However, he is now thinking about having Meals on Wheels because he is getting rather tired of standing up and moving around to heat the food in the oven. It will only cost him £1 a day to have the meals delivered to his home and since it comes from Marks and Spencer’s he believes the food must be all right.

If he needed information he would go to the Citizens’ Advice Centre which is round the corner from his home. He has found them very good in the past for giving advice. The Housing Authority has an urgent phone number and if he has a problem he is able to ring this phone and someone will come out immediately to help. If he receives an official letter then one of his nieces will read it for him. He nearly always votes in the Westminster elections, but is not very interested in City Hall elections. Politics is an irritant and he has never belonged to any type of organisation. He does not want to be involved, he would just like to live his own life the old simple way and get by.
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