

All Our Futures

Planning for a Scotland with an Ageing Population

3

The Evidence Base



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scotland
SCOTTISH EXECUTIVE

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Foreword

All our futures: Planning for a Scotland with an Ageing Population

Scotland's population is ageing and this trend will continue over the next decades. The changing structure of our population has important economic, social and cultural implications for Scottish society. To further develop our understanding of these implications and to provide a benchmark from which to monitor the Strategy for a Scotland with an Ageing Population, it is important that we have a coherent and current picture of older people and their contribution to Scottish society, both now and in the future.

The following five chapters in this volume draw on a variety of quantitative and qualitative research and statistical data to bring together some of the key evidence on older people today. The body of evidence contained within this volume has been drawn upon extensively to inform the Strategy.

CHAPTER 1.0: THE DEMOGRAPHY OF SCOTLAND'S AGEING POPULATION.

This chapter discusses the key demographic trends in relation to Scotland's ageing population. First, it identifies the changing age structure of Scotland's population and current demographic trends by age. Second, it considers some of the causes of population ageing: fertility, life expectancy and mortality. Lastly, it identifies current demographic projections in the context of our ageing population.

CHAPTER 2.0: CONTRIBUTION AND OPPORTUNITY

This chapter evaluates the contribution that older people make to Scottish society, as carers, as volunteers, as learners, as workers and as consumers. It also identifies the opportunities that older people can partake in through increased digital inclusion and community participation.

CHAPTER 03: OLDER WORKING LIVES

This chapter analyses older people in the workplace. First, it identifies key demographic trends in the characteristics of the ageing workforce and patterns of older people's employment in Scotland. Second, it considers factors affecting different retirement pathways and transitions from paid employment. Lastly, it identifies patterns of working beyond the current State Pension Ages and our future working lives.

ALL OUR FUTURES: THE EVIDENCE BASE ON SCOTLAND'S OLDER POPULATION

CHAPTER 4.0: PROMOTING AND MAINTAINING HEALTH AND WELL-BEING.

This chapter identifies the main aspects of promoting and maintaining health and well-being as people age. First, it identifies the main trends of health status in later life: perceptions of general health, long-standing illness and considers issues affecting health-related quality of life. Second, it looks at aspects of healthy ageing that promote health throughout the life course: mental health and ageing, smoking prevalence, physical activity and alcohol consumption. Lastly it identifies patterns of health and social care use amongst the older population.

CHAPTER 5.0: HOUSING, TRANSPORT AND PLANNING

This chapter identifies three key elements in relation to older people's physical and social environments. First, it considers housing issues including tenure and housing quality. Second, it looks at travel and transport use among older people including how frequently they travel, reasons for travelling and their preferred mode of transport. Lastly, this chapter examines how involved older people feel within their local neighbourhood and their use and perception of local services.

Scotland-specific evidence has been sought as far as possible. Where the evidence or research does not apply specifically to Scotland (mainly due to a lack of availability of Scottish evidence), this is highlighted in the relevant sections.





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Tomorrow's Scotland

- **Scotland's population is ageing:** between 2004 and 2031 the number of people aged 50+ is projected to rise by 28 per cent and the number aged 75 and over is projected to increase by 75 per cent;
- **Fewer children aged 0-15 and people aged 16-64;** the numbers are projected to decrease by 15 per cent and 11 per cent respectively by 2031;
- **People living longer:** life expectancy at birth is projected to increase from 74.3 years for males and 79.4 years for females for those born around 2004 to 79.2 years and 83.7 years respectively by 2031;
- **People living longer at older ages:** a male aged 65 in 2004 can expect to live for another 15.6 years on average, a female of the same age another 18.5 years. This is projected to increase to 19.6 years for males and 22.1 years for females by 2031;
- **More over 50s living alone:** In this age group, women are more likely to live alone, but the number of men living alone is increasing faster, as men's life expectancy increases;
- **Geographical variations in the distribution of older people** – with the over-75s accounting for more than 15 per cent of the population in Dumfries & Galloway, Eilean Siar, Angus and the Orkney Islands. However, the pattern of ageing varies within Council areas and by other types of areas;
- **An ageing population similar to the rest of Europe,** but Scotland faces a larger increase in the number of people aged 65 and over than the rest of the UK.

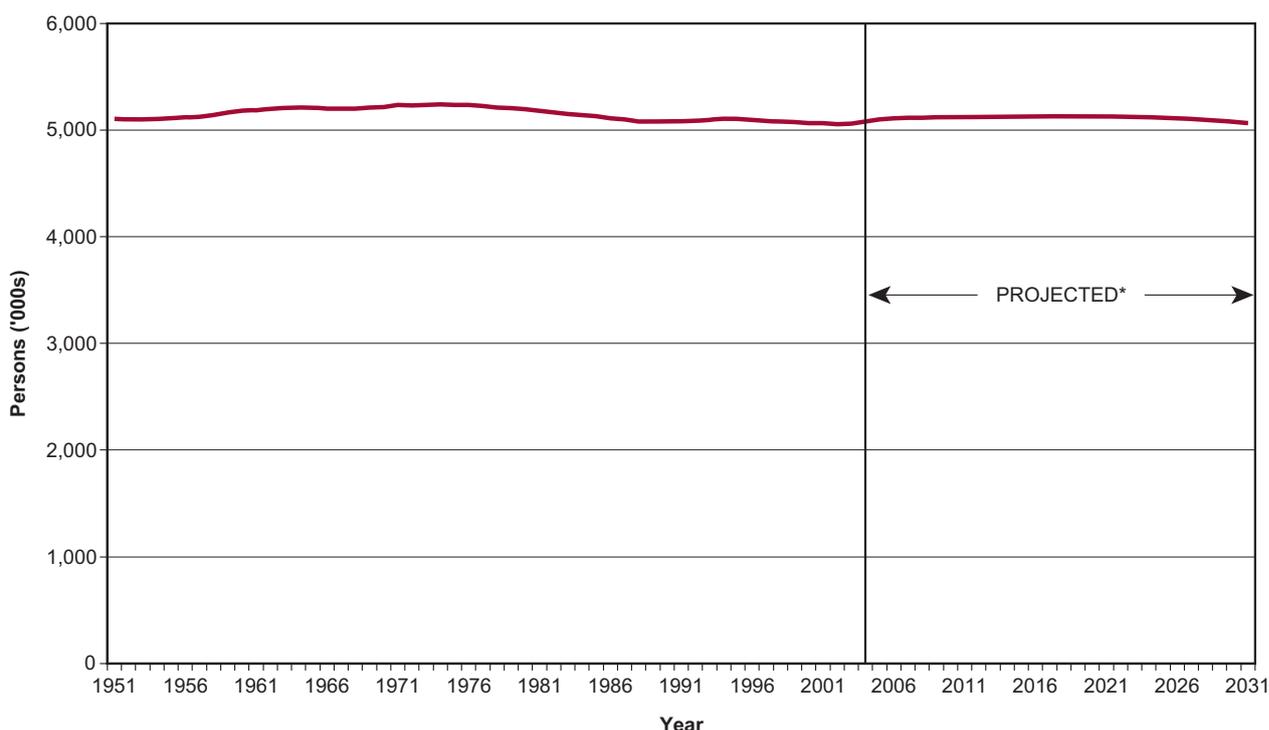
SCOTLAND'S AGEING POPULATION

Scotland's Population - a period of change

Scotland's population is going through a period of change. Over the past three years, after a period of slow decline since the mid-1970s, Scotland's population has increased from 5,054,800 in 2002 to 5,094,800 by the 30th June 2005.

The recent small rise of Scotland's population should be seen in the context of the relative stability of the population over the past 50 years, as illustrated by figure 1. The population reached a peak of 5.24 million in 1974 and since then has been gradually declining, with some fluctuations.

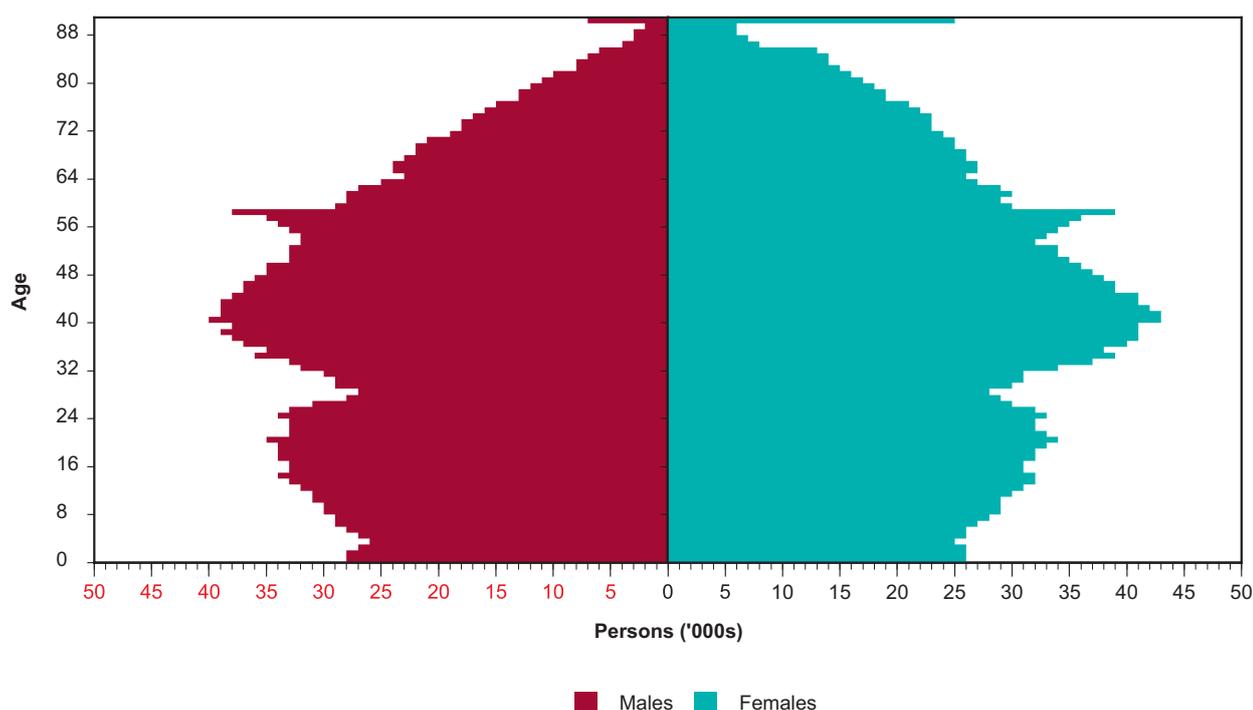
Figure 1: Estimated Population of Scotland, Actual and Projected, 1951-2031



* 2004 based projection

Source: General Register Office for Scotland and Government Actuary's Department

Figure 2: Estimated Population by Age and Sex, 30 June 2005



Source: General Register Office for Scotland

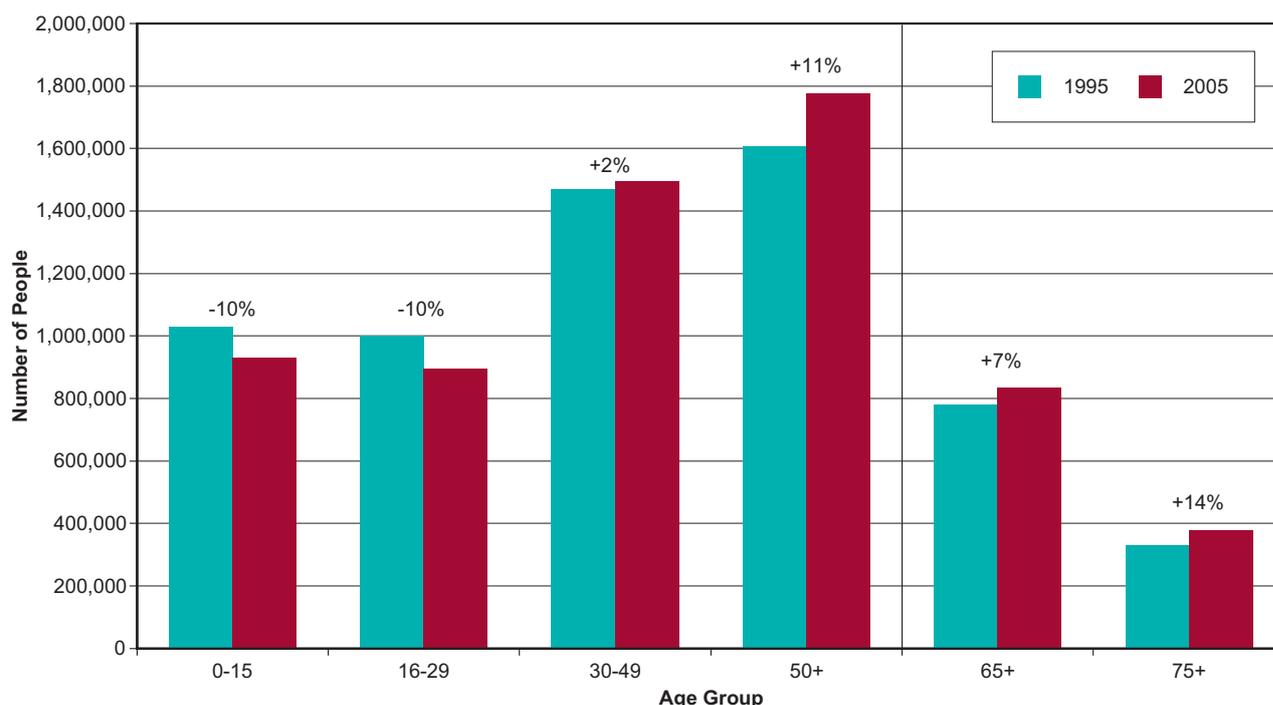
Figure 2 shows the age structure of the population in 2005.

The two baby booms of 1947 and the 1960s can clearly be seen, with a sharp peak at age 58 and the bigger bulge between the ages of 35 and 45.

18 per cent of the population is aged under 16, 18 per cent is aged 16-29 and 29 per cent is aged 30-49. 35 per cent of the population is aged 50 and over, 16 per cent aged 65 and over and 7 per cent is aged 75 years and over. The higher number of older females (particularly those aged over 75) reflects the longer life expectancy of women, partly as a result of higher rates of male mortality during the Second World War.

SCOTLAND'S AGEING POPULATION

Figure 3: The Changing Age Structure of Scotland's Population, 1995-2005



Source: General Register Office for Scotland

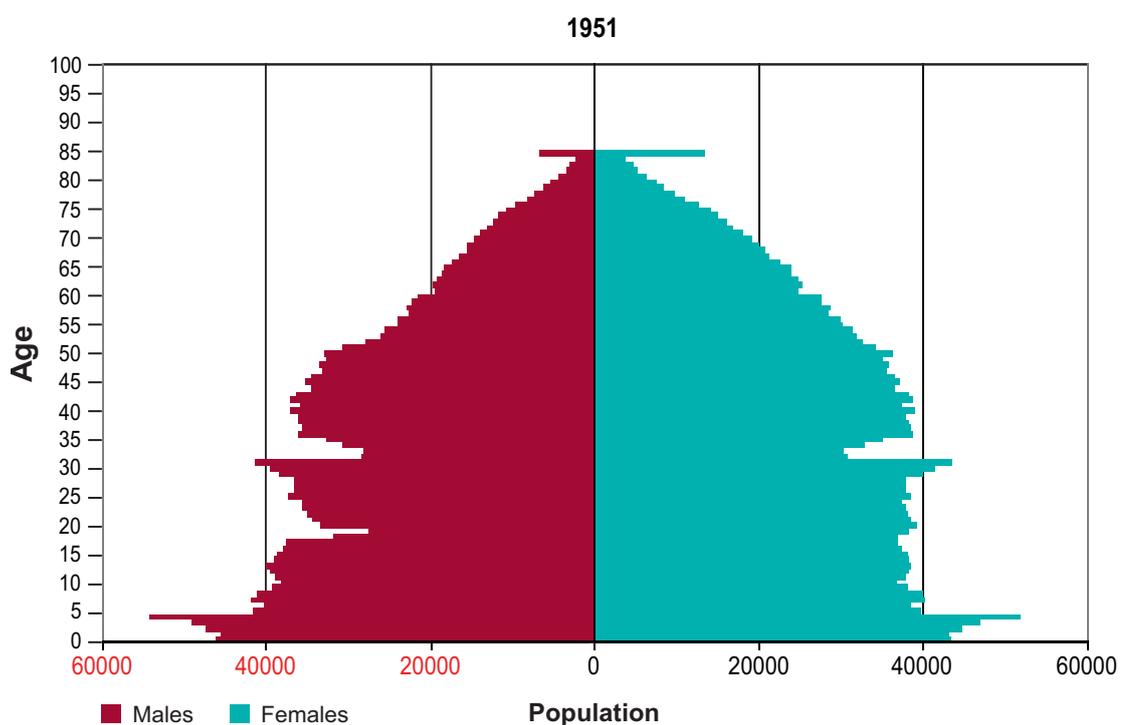
The changing structure of the population since 1995 is illustrated in Figure 3.

Of particular note are the decreases of 10 per cent in the number of people aged 0-15 years and in the number of people aged 16-29 years. The ageing of the population is evident in the increases in the older age groups: a rise of 11 per cent in the number of people aged 50 and over, a rise of 7 per cent in the number aged 65 and over and a rise of 14 per cent in those aged 75 and over.

Looking forward: Tomorrow's Scotland

Figures 4 to 7 show how the post war and 1960s baby-boomers contribute to the ageing of the population with the “pyramid” becoming skinnier and more top heavy by 2031.

Figure 4:



Source: General Register Office for Scotland mid-year estimates and Government Actuary's Department 2004-based projections.

SCOTLAND'S AGEING POPULATION

Figure 5:

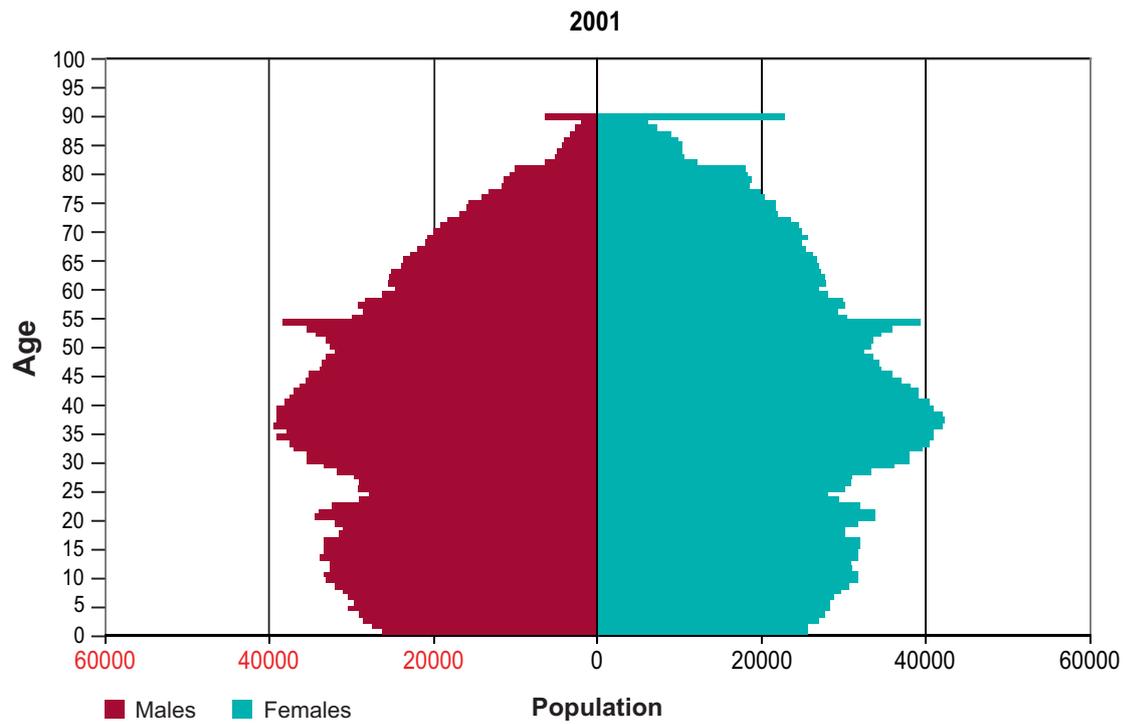


Figure 6:

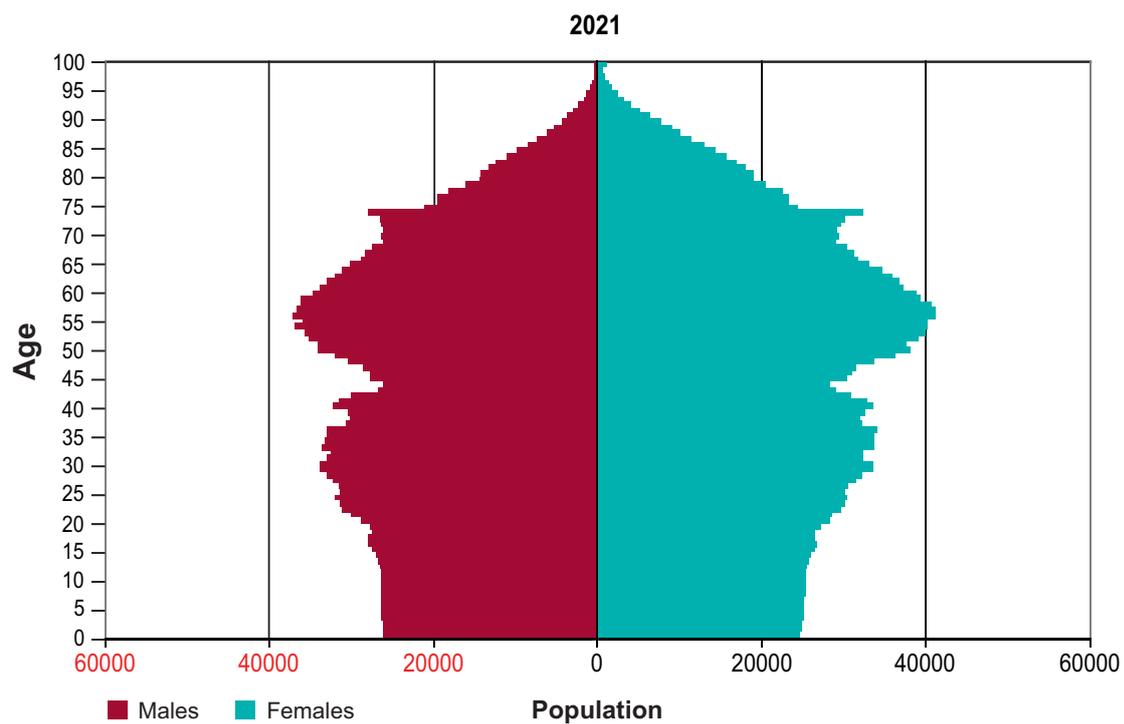
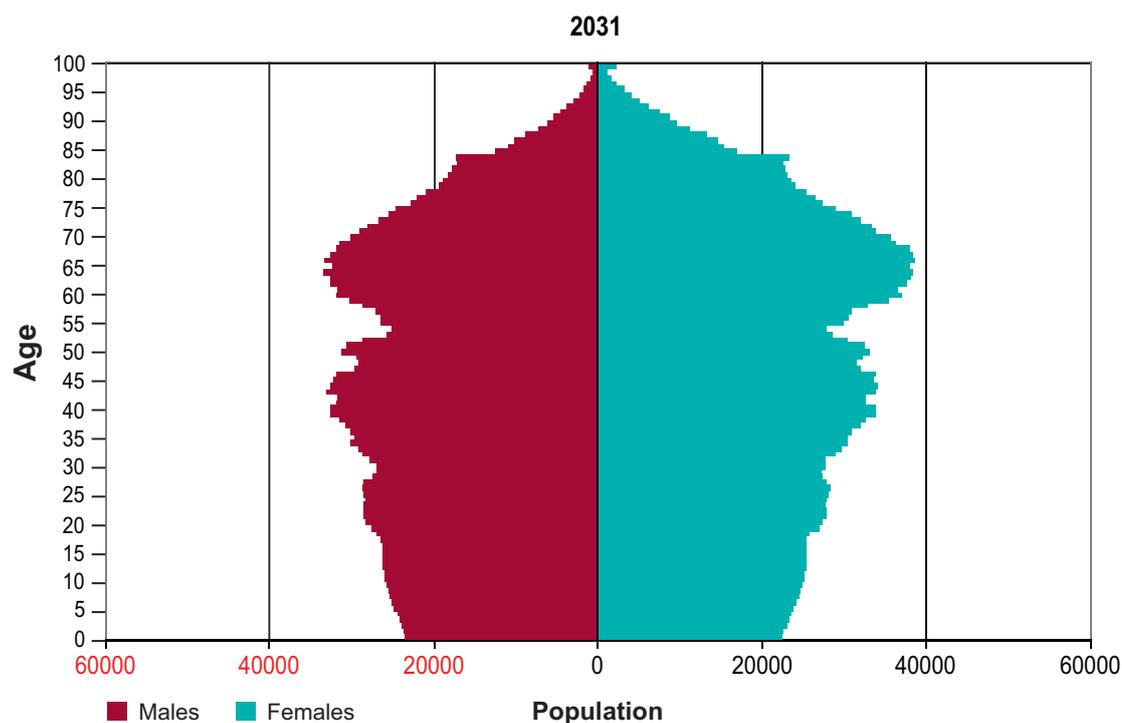


Figure 7:



Source: General Register Office for Scotland mid-year estimates and Government Actuary's Department 2004-based projections.

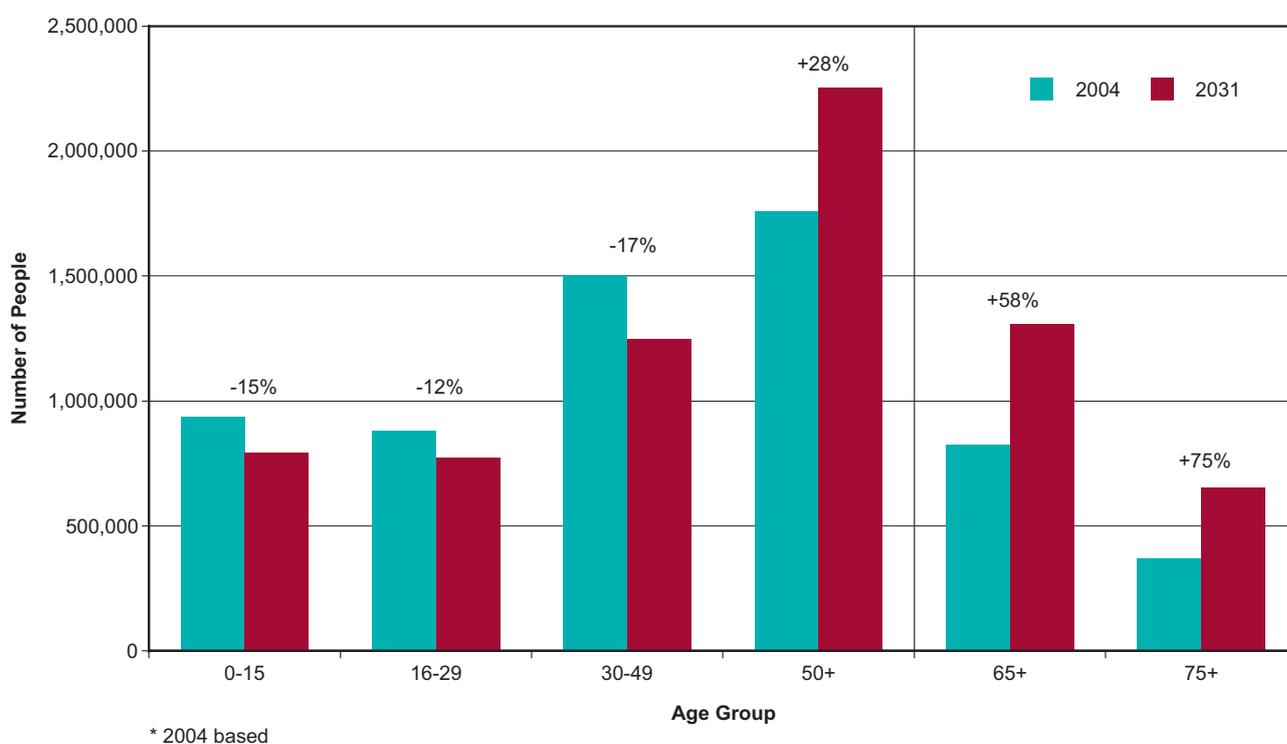
The latest population projections (based on the 2004 mid-year estimates) envisage that the total population of Scotland will rise from 5.08 million in 2004 to 5.13 million in 2019 before declining to 5.07 million by 2031 and falling below 5 million by 2036.

SCOTLAND'S AGEING POPULATION

While our population is expected to decline slightly in the long-term, the more significant trend is the continued ageing of Scotland's population. Looking forward, Scotland can expect to see fewer people in the younger age groups and more in older age groups.

Figure 8 shows the likely distribution of the population away from the younger towards the older age groups.

Figure 8: Projected Age Structure of Scotland's Population, 2004-2031



Source: Government Actuary's Department 2004-based projections.

Between 2004 and 2031:-

- The number of children aged under 16 is projected to decrease by 15 per cent from 0.94 million to 0.79 million;
- The number of people aged 16-29 is projected to fall by 12 per cent from 0.88 million to 0.77 million;
- The number of people aged 30-49 is projected to decrease by 17 per cent from 1.50 million to 1.25 million;
- The number of people aged 50 and over is projected to increase by 28 per cent from 1.76 million to 2.25 million;
- The number of people aged 65 and over is projected to rise by 58 per cent from 0.83 million to 1.31 million and the number aged 75 and over is projected to rise by 75 per cent from 0.37 million to 0.65 million. These large projected rises are due to two main reasons. The baby boomers born after the Second World War will be entering their early eighties by 2031 and overall mortality rates are expected to continue to improve;
- The population of males aged 65 and over is projected to increase by just over 70 per cent, whilst for females the corresponding increase is just under 50 per cent;
- The average age of the population is projected to rise from around 40 to just over 45 by 2031, and the median age for the population as a whole (where half the population are above and below this age) rose from 32.8 years in 1971 to 39.8 years in 2004 and is projected to rise to 45.5 by 2031.

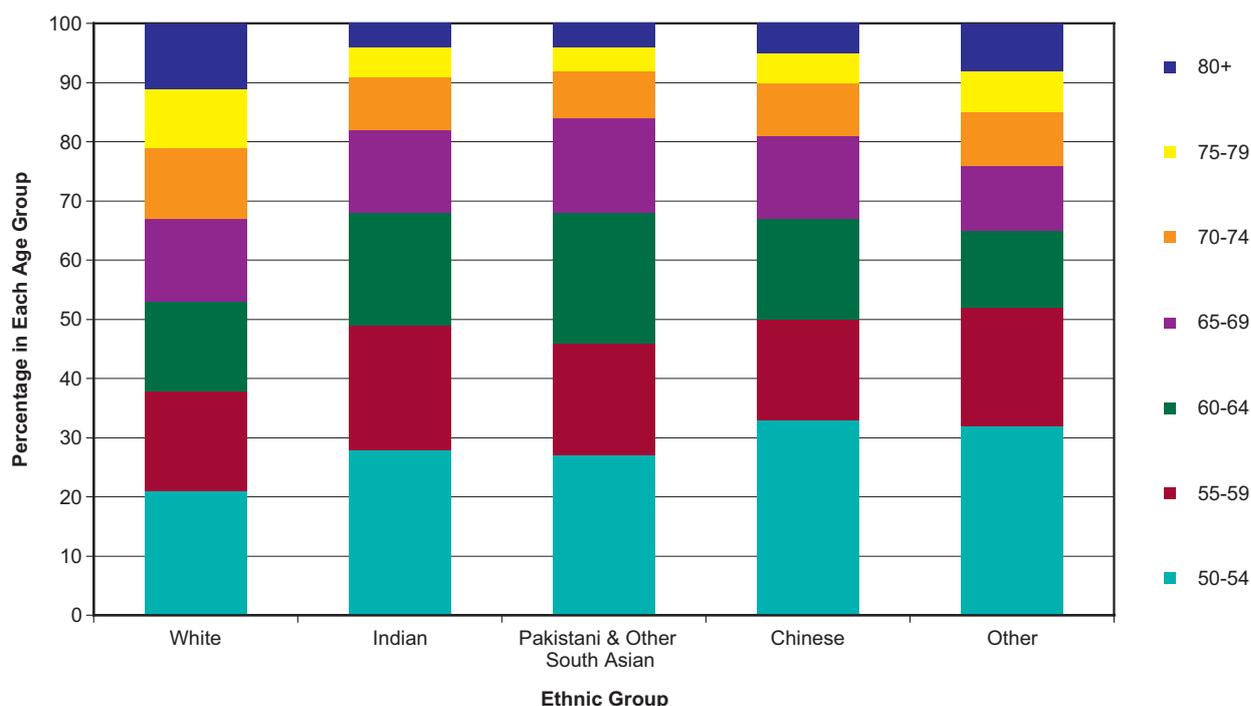
Scotland's Minority Ethnic Population

The size of the minority ethnic population was just over 100,000 in 2001 or 2.0 per cent of the total population of Scotland (based on the 2001 ethnicity classification). This compares to just over 60,000 in 1991 or 1.2 per cent (based on the 1991 ethnicity classification). Whilst the total Scottish population increased by 1.3 per cent during this time, Scotland's minority ethnic population increased by 62.3 per cent.

Of those aged 50 and over, there was a greater proportion of people in the older age groups amongst white people, than among other groups, as shown by figure 9.

SCOTLAND'S AGEING POPULATION

Figure 9: Persons Aged 50 and Over, Age Breakdown for Ethnic Groups, 2001 Census



Source: General Register Office for Scotland, 2001 Census

Population information on Scotland's ethnic groups is collected in Scotland's Census which takes place every 10 years. Data were collected for the first time in 1991 and were subsequently collected in the 2001 Census. Between 1991 and 2001, the classification used to collect information on ethnic group was revised in order to better reflect the diversity of Scotland's ethnic groups. The next Census will take place in 2011 and the Scottish Executive is currently reviewing the 2001 ethnicity classification in order to establish whether it requires further revision in order to more adequately describe the rapidly changing ethnic make-up of Scotland's population.

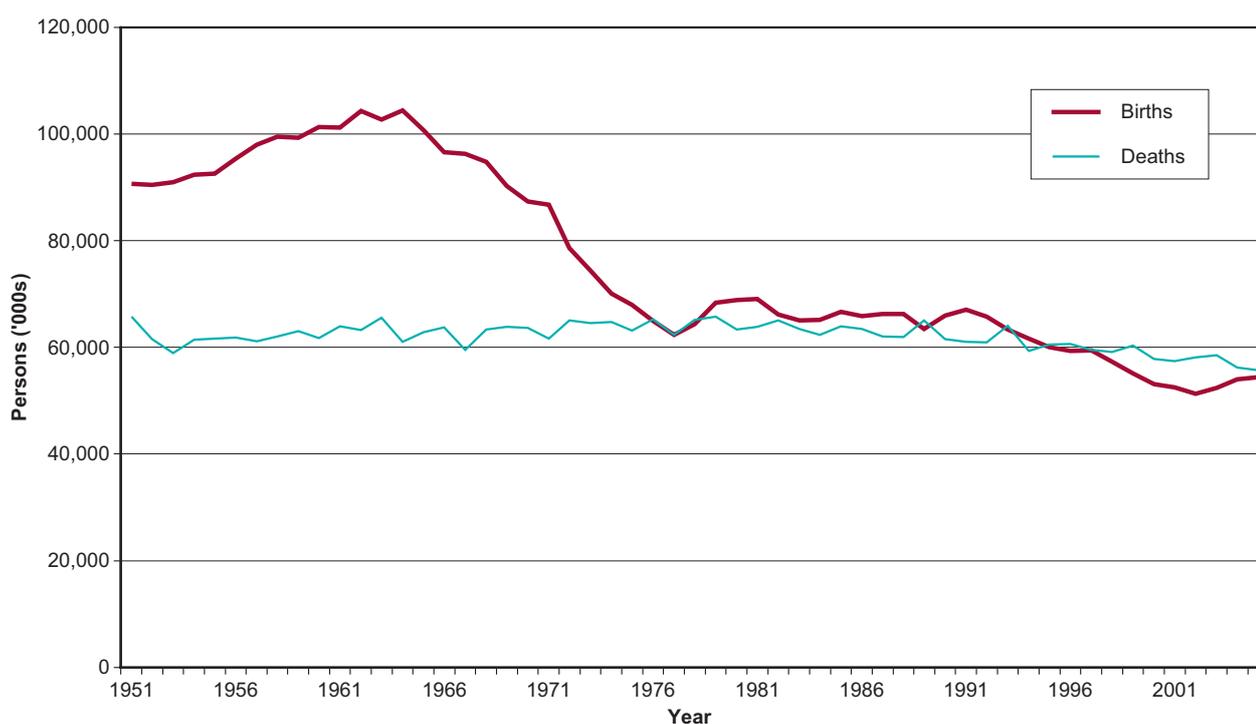
Why is Scotland's population ageing?

Population ageing is defined as the process by which older individuals make up a proportionally larger share of the total population over a period of time. Population ageing is caused by the interaction of the three main demographic variables - fertility, mortality and migration. Scotland's population is expected to age rapidly over the next few decades. This demographic transition is mirrored across most of the developed world.

Fertility

The number of births registered in Scotland in 2005 was 54,386. This was 429 (0.8 per cent) more than in 2004 and 3,116 (6.1 per cent) more than 2002's total – which was the lowest since civil registration began in 1855. The relatively modest increase in 2005, compared with 2.9 per cent in the previous year, suggests that the recent upturn in births may be easing off. The number of births was just over half that in 1964 (the peak year of the 1960s baby boom with 104,355 births) and around 19 per cent less than in 1991. The number of births and deaths registered in Scotland since 1951 is plotted in figure 10.

Figure 10: Births and Deaths, Scotland, 1951-2005



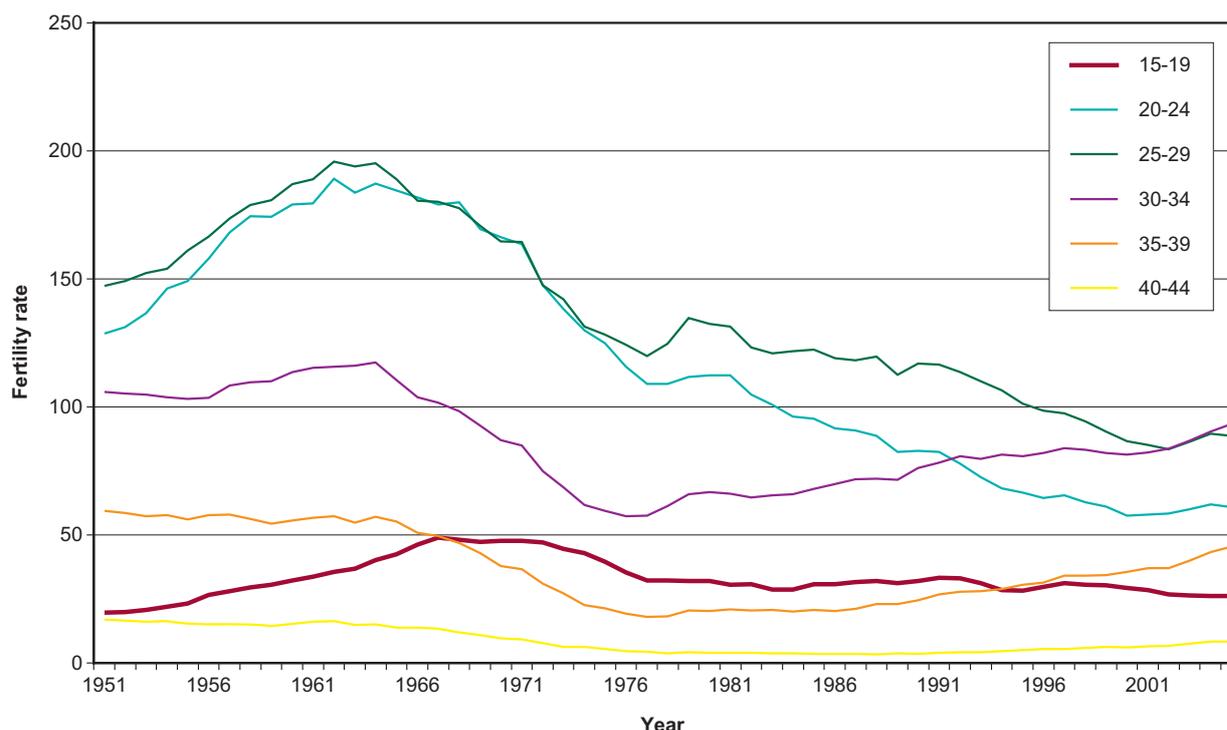
Source: General Register Office for Scotland

Scotland's demographic fertility is low. Within the UK, Scotland not only has lower fertility than England, Wales and Northern Ireland, but its fertility is also lower than in any of the English regions. Within the EU, by contrast, Scotland's total fertility rate lies around mid-range.

A more detailed picture is given by the age specific fertility rates (ASFRs) by mother's age in five-year age groups in figure 11.

SCOTLAND'S AGEING POPULATION

Figure 11: Live Births per 1,000 Women, by Age of Mother, Scotland, 1951-2005



Source: General Register Office for Scotland

Figure 11 shows many significant age-related features of the pattern of childbearing over the last fifty years. The key point is that, as well as choosing to have fewer babies, women are also choosing to have them later in life. Other points of interest are:

- The 'baby boom' of the 1960s was mostly due to women in their twenties having more babies;
- Over the last forty years, the fertility of women in their twenties has fallen dramatically. For women aged 20-24 the fertility rate has fallen by around two-thirds; and for those aged 25-29 it has fallen by 53 per cent;
- Fertility rates for women aged 30 and above have gradually increased over the last thirty years; in particular, the rate for 30-34 year olds overtook that of 25-29 year olds in 2002;
- The trend towards later childbearing is underlined by an increase in the average age of mothers for all births to 29.5 in 2005, compared with 27.4 in 1991, 26.1 in 1977, and 27.4 in 1964;

- Average complete family sizes are decreasing. Later age cohorts of women are falling behind in family building. Those born in 1951 had attained an average completed family size of 2.03 by the time they had reached 45, whereas for those born in 1956 the figure was 1.93. By age 30, the cumulative childbearing of the 1971 cohort is about 0.6 lower than that of the 1951 cohort;
- The average age at first marriage has increased steadily from around 23 years in the 1970's to its current level of 29.6 years;
- The proportion of marriages where at least one of the partners was aged 20 or under has fallen from 36 per cent in 1981 to 3 per cent in 2004;
- Research has shown (Boyle and Graham 2002) that the lower fertility rate in Scotland is not because people intended to have fewer children, but rather a greater delay between the first and second births.

Mortality

Falling mortality rates are also an important factor in the ageing population. At 55,747, the number of deaths registered in Scotland in 2005 was 440 (0.8 per cent) fewer than in 2004 and represented the lowest annual total recorded since the introduction of civil registration in 1855.

Figure 9 shows that from 1951 up to the early 1990s the annual number of deaths remained relatively stable at about 60-65,000 a year. Since then the total has declined slowly to its current level.

In 2005, 60 per cent of deaths were of people aged 75 and over, and a further 20 per cent were between the ages of 65 and 74. The relative stability of the number of deaths over recent years masks significant improvements in age-specific mortality. Figures 12a and 12b show, for both men and women, selected age-specific mortality rates over the last twenty years relative to the 1981 rates. The three age groups shown (45-64, 65-74 and 75 and over) account for around 95 per cent of all deaths.

At these ages, there have been greater improvements in male than in female mortality. For the 45-64 age group, males and females experienced improvements (in mortality rates) of 45 per cent and 39 per cent respectively. In the 65-74 age group, males showed an improvement of 42 per cent compared with 35 per cent for females. The greatest differential is in the 75 plus age group, where male mortality has improved by 25 per cent compared with only 10 per cent for females. These changes have narrowed the difference between female and (traditionally higher) male mortality.

SCOTLAND'S AGEING POPULATION

Figure 12a: Age Specific Mortality Rates as a Population of 1981 Rate, Males 1981-2005

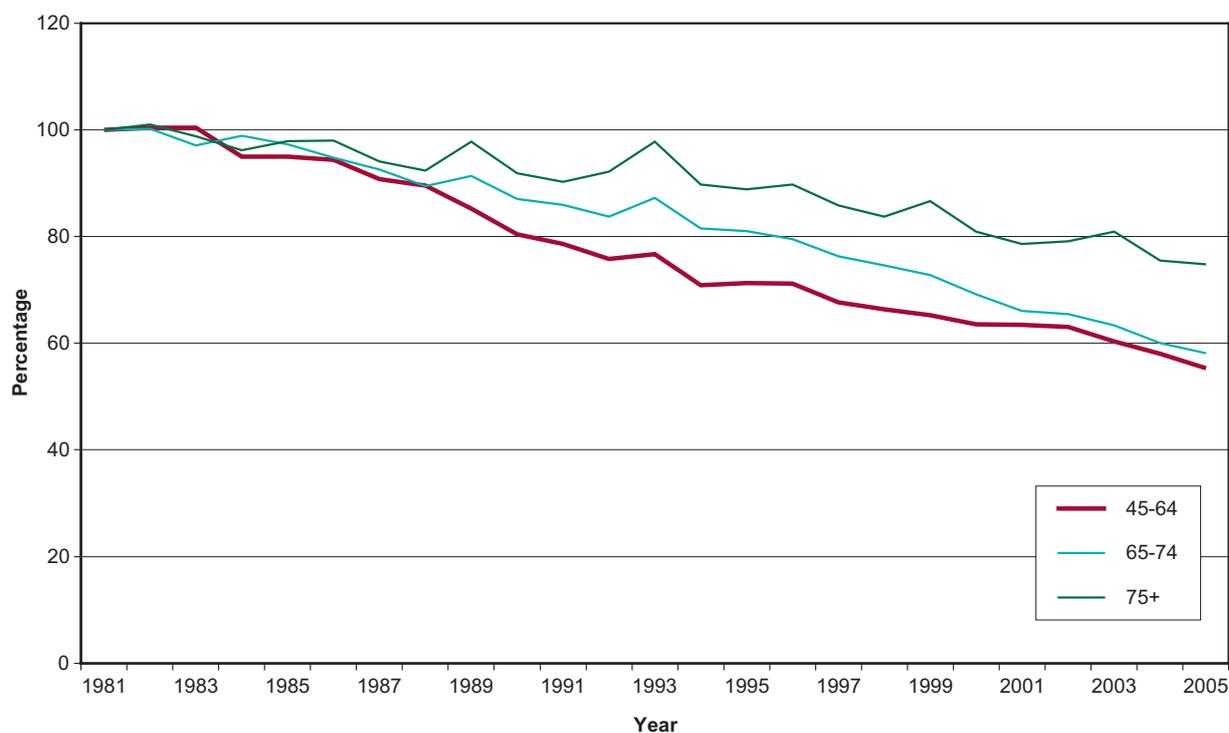
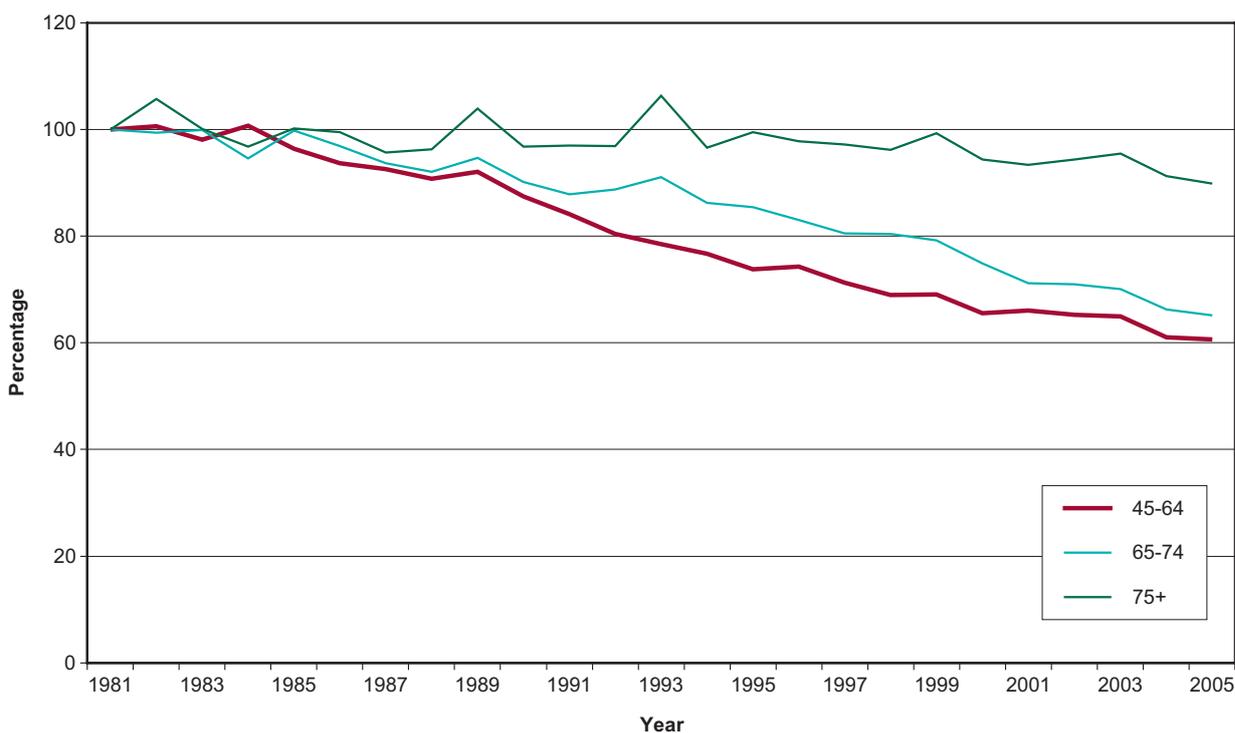


Figure 12b: Age Specific Mortality Rates as a Population of 1981 Rate, Females 1981-2005

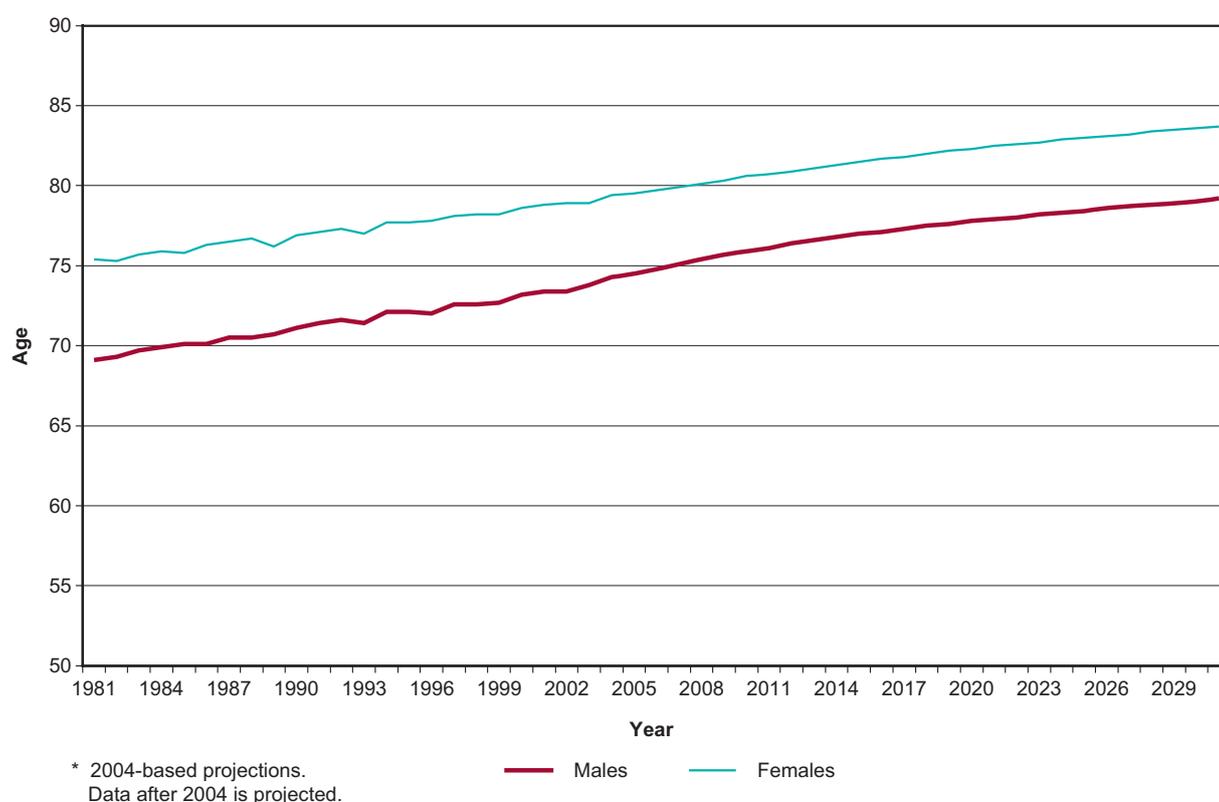


Source: General Register Office for Scotland

As well as there being more older people, people are expected to live longer. Figure 13 shows that life expectancy at birth in Scotland has improved over the last 20 years or so. It has increased from 69.1 years for males and 75.4 years for females born around 1981 to 74.3 years and 79.4 years respectively for those born around 2004, an increase of 6.3 years and 5.1 years respectively. The gap between males and females is also closing.

For Scotland, improvements in life expectancy at birth are projected to continue, rising to 83.7 years for females and 79.2 for males by 2031 as shown by figure 13. However, men and women in Scotland have almost the lowest expectation of life at birth in the EU (15 states). For males, life expectancy at birth is almost one year lower than the EU (25 states) average and, for females, it is almost two years lower. For both sexes, life expectancy is about four years lower than the countries with the highest expectation of life.

Figure 13: Expectation of Life at Birth, Scotland, 1981-2031



Source: Government Actuary's Department Period Expectation of Life, 2004-based projections

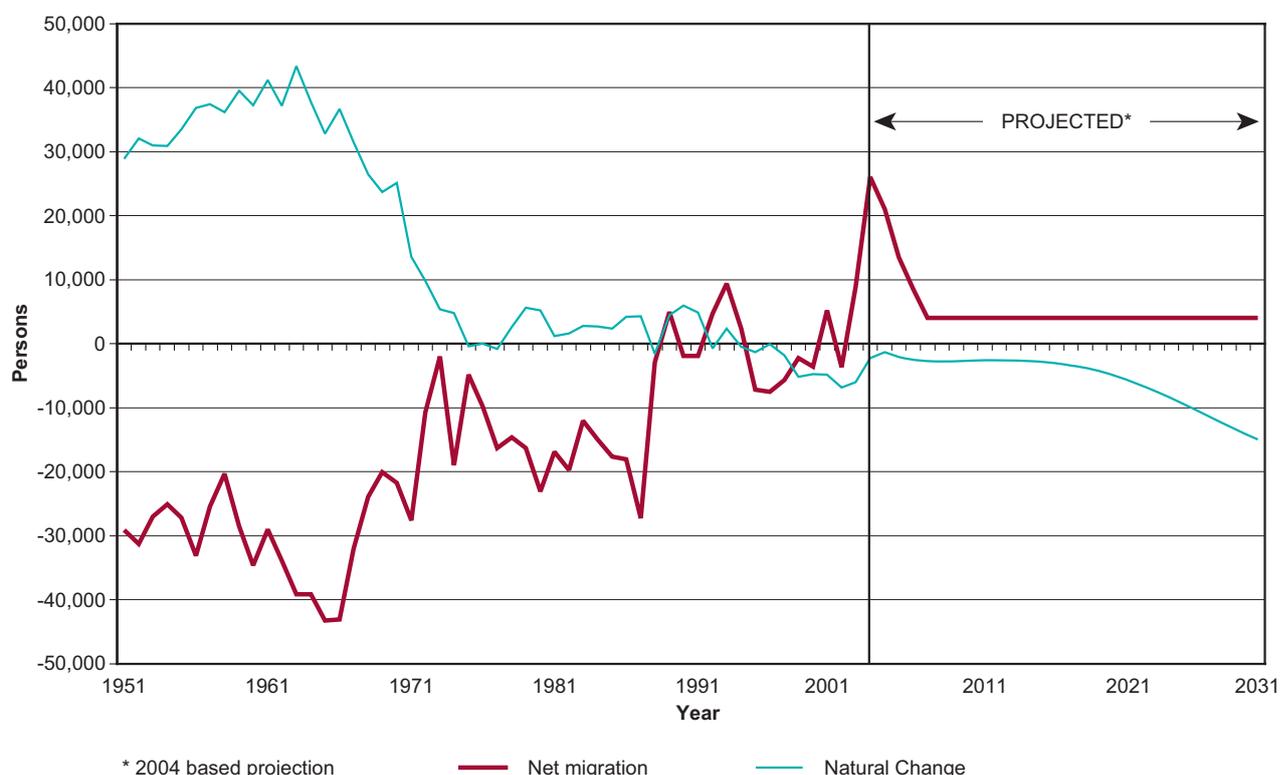
Improvements have also been made in healthy life expectancy which is discussed in Chapter 5: Health, Well-Being and Social Care.

SCOTLAND'S AGEING POPULATION

Migration

Historically, Scotland has been a country of net out-migration with more people leaving Scotland to live elsewhere than moving to live in Scotland. However, since the 1960s net out-migration has greatly reduced. Indeed, in some years during the late 1980s and early 1990s, Scotland experienced net migration gains. This has also been the case in the last three years, with net gains of around 9,000 in the year to mid-2003, 26,000 to mid-2004 (the highest level recorded since current records started in 1952) and 19,000 to mid-2005.

Figure 14: National Change and Net Migration, Scotland, 1951-2031



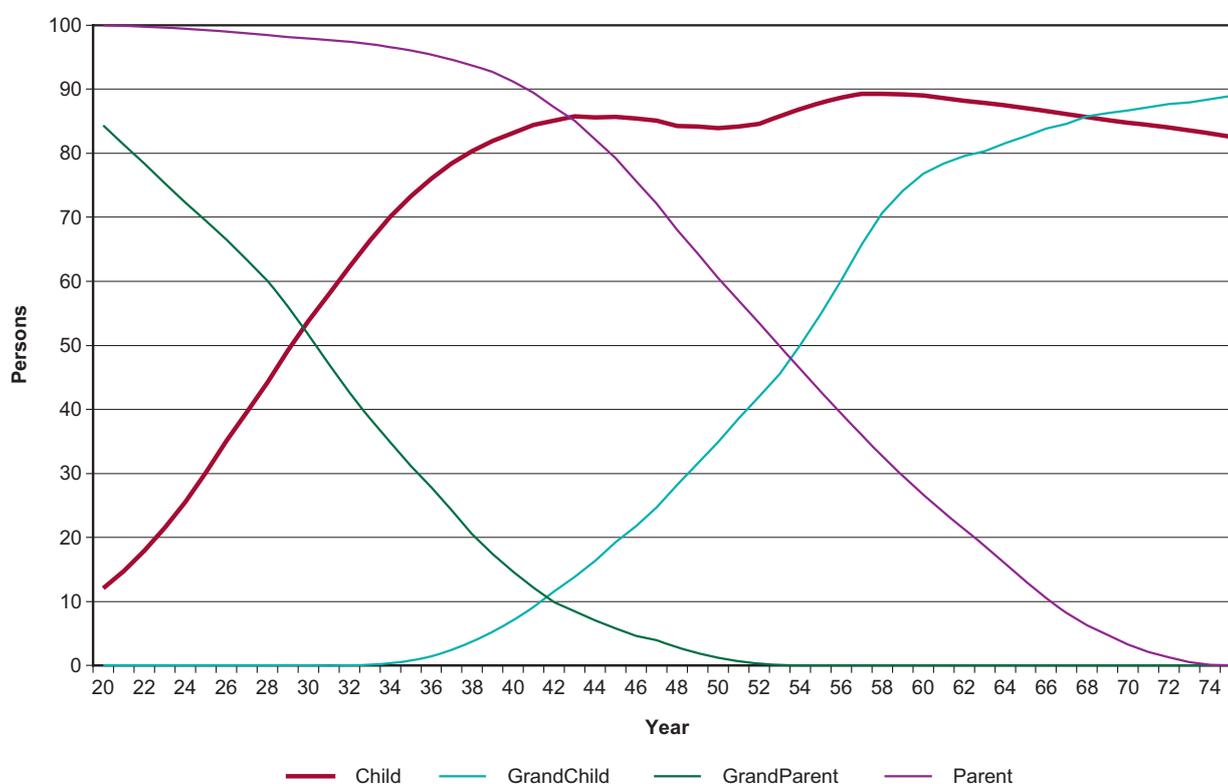
Source: General Register Office for Scotland

The most significant factor affecting the future population level to around 2021 is migration, because the natural decrease (more deaths than births) is likely to be offset by migrants moving to Scotland, as shown by figure 14. However, after 2021, the most significant factor affecting the level of the population is, currently projected to be, the natural decrease, as the ageing population die in increasing numbers. Despite the projected rise in the number of people over the next 15 years, Scotland's population is still projected to age markedly.

Changing Family & Household Structures

Demographic changes shape not just the size and structure of the population, but also the size and composition of family networks. A rapidly ageing population coupled with changes to the nuclear family structure has important implications for the extended family.

Figure 15: Proportions with Different Types of Kin by Age, Omnibus Survey, UK, 1999



Source: Grundy et al 1999, Population Trends 97

Figure 15, based on the UK Omnibus Survey shows that around 60 per cent of 50 year olds had a parent alive and 35 per cent are grandparents. By 60, more than three quarters had at least one grandchild, and a fifth had a parent alive. Eighty per cent of 20 year olds still have at least one grandparent alive - a proportion which is set to rise. People in their 60's, particularly women, may increasingly be involved in caring and kinship roles for their elderly parents, other older relatives and grandchildren. But by the age of 75, about 89 per cent of people will have a grandchild and 83 per cent an offspring still alive.

SCOTLAND'S AGEING POPULATION

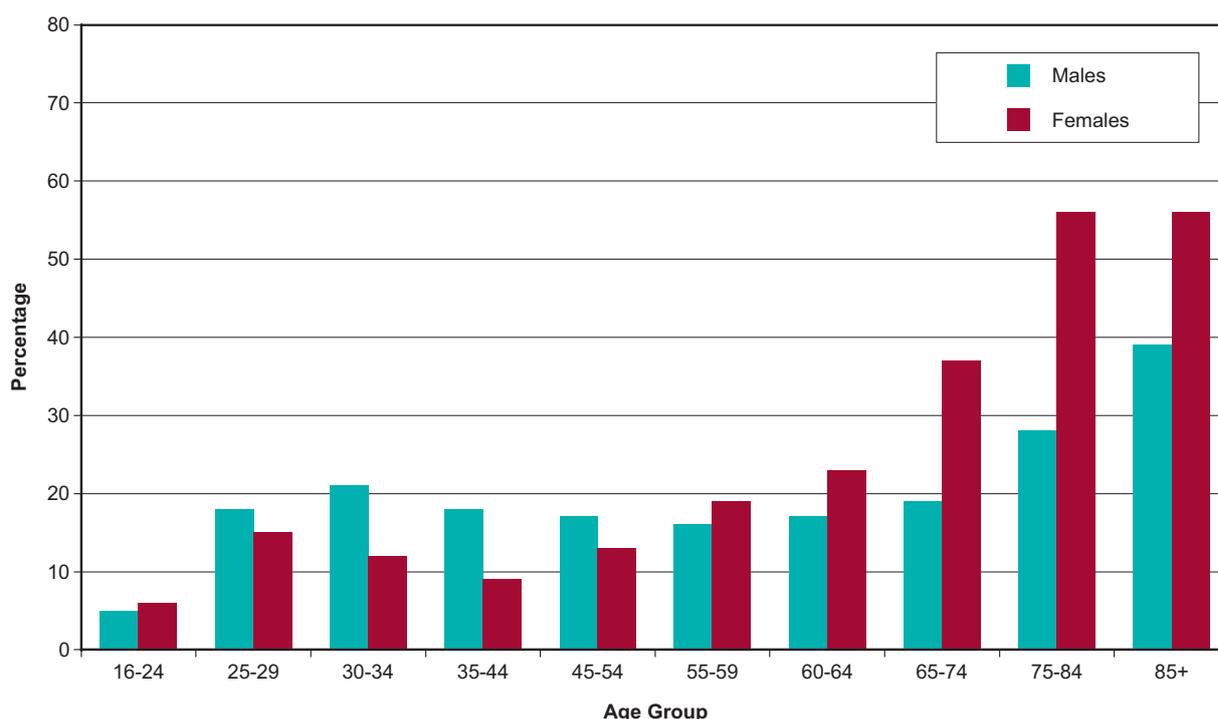
Membership of three generation families is now common and many people aged 80 or over are members of families including four living generations. As the population ages, the number of three and four generation families is expected to rise, with increasing numbers of younger people having at least one grandparent.

An ageing population is also reflected in the projections of the number of households. In 2004, there were 2.26 million households in Scotland, projected to rise by 13% to 2.5 million in 2024. The largest increases are expected to be in households headed by people aged 60 and over (an increase of over a third in the 20 years from 2004, from 733,000 to 993,000).

In contrast, households headed by someone aged under 60 are projected to increase by just two per cent, to around 1.55 million. The number of households headed by someone aged 85 or over is projected to more than double over the same period, from 56,000 to 117,000.

In the older age groups, women are more likely to live alone, and the figures increase with age. This is influenced by women's greater life expectancy, and the tendency of women to marry men who are older than them. Fifty six per cent of women aged 85 or over lived alone in 2004, and this is projected to rise to 70 per cent by 2024.

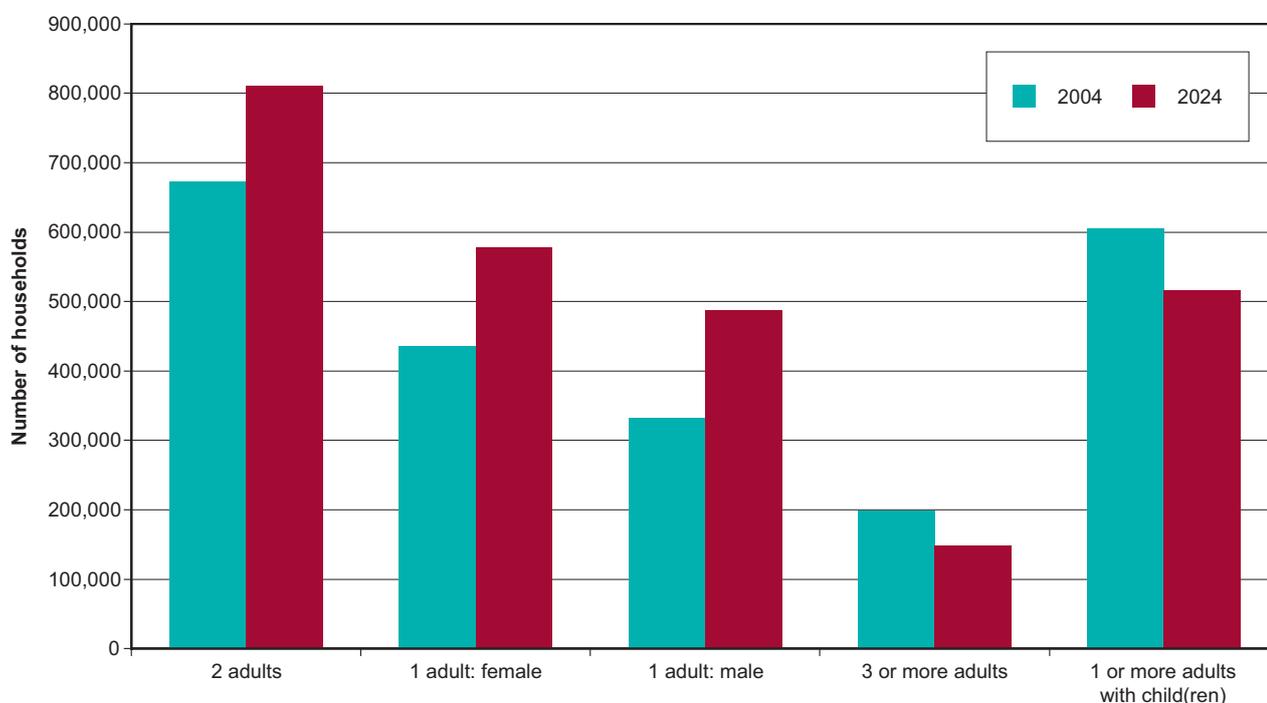
Figure 16: Percentage of People Living Alone, by Age and Gender: 2004



Source: General Register Office for Scotland 2004-based household projections

However, men’s life expectancy is increasing faster, which is narrowing the gender gap. Between 2004 and 2024, the number of men aged 55+ who live alone is projected to increase by 60 per cent, whereas the equivalent increase for women is just under 30 per cent. The number of households with 2 adults, where the ‘head of household’ is aged 55 or over, is also projected to increase by nearly 40 per cent.

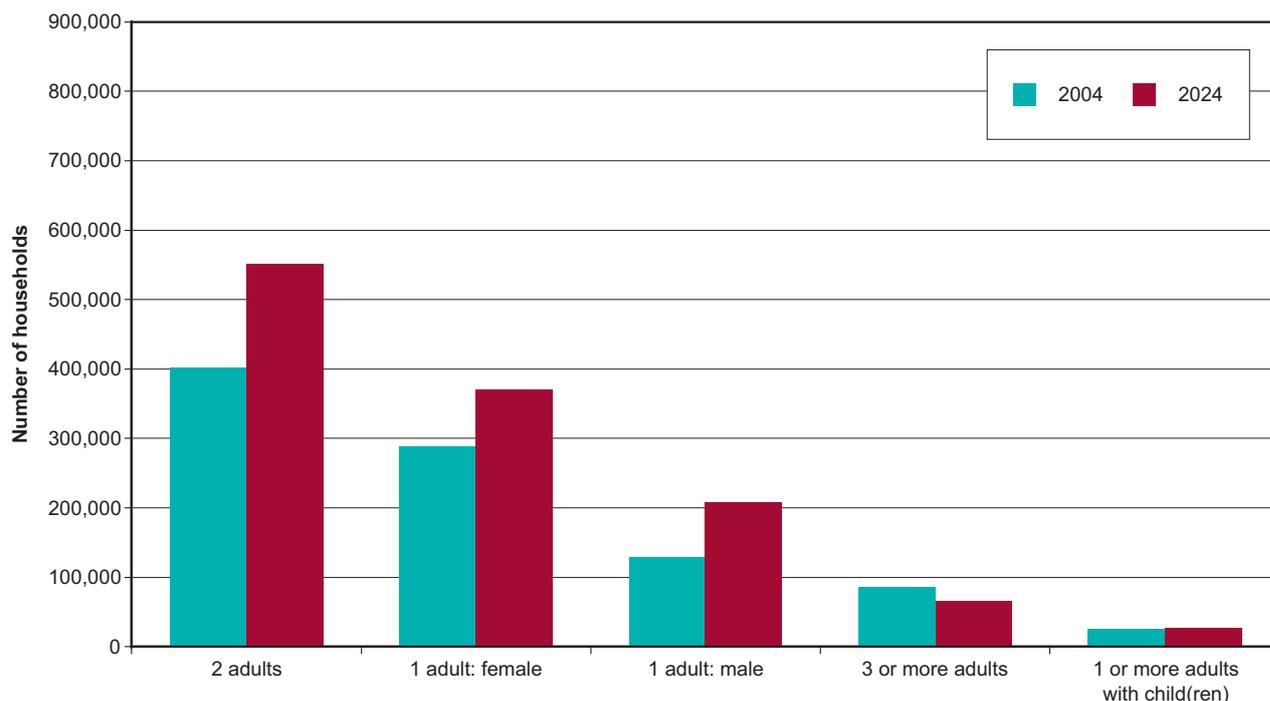
Figure 17: Projected Number of Households in Scotland by Household Type: 2004 and 2024



Source: General Register Office for Scotland 2004-based household projections

SCOTLAND'S AGEING POPULATION

Figure 18: Projected Number of Households in Scotland by Household type, where Head of Household is Aged 55 or over: 2004 and 2024

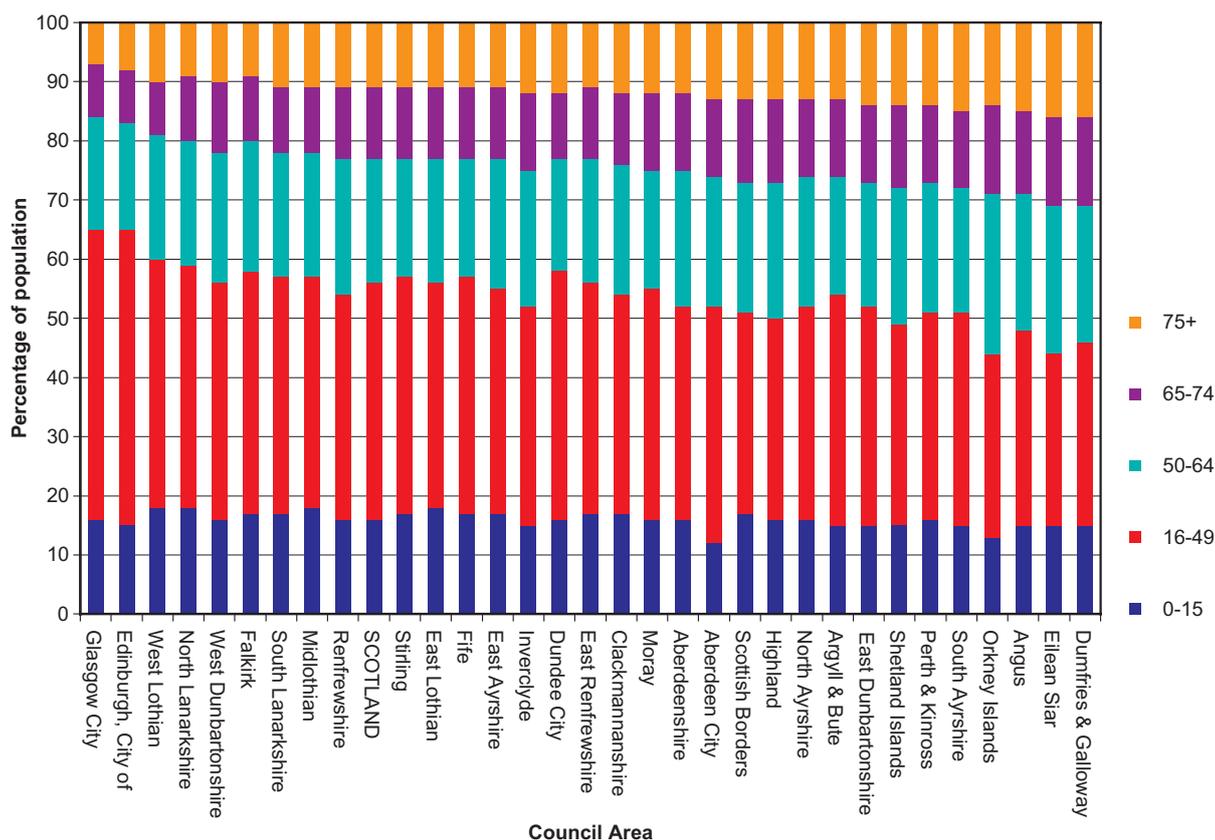


Source: General Register Office for Scotland 2004-based household projections

Geographical Differences

The increase in the number of older people is unevenly spread across Scotland and the resulting projected age structure of each council area by 2024 (the furthest ahead available projections for smaller areas) varies, as figure 19 shows.

Figure 19: Projected Age Structure of Council Areas in 2004 (2004-based): 0-15, 15-49, 50-59, 60-64, 65-74, 75+



Source: General Register Office for Scotland 2004-based household projections

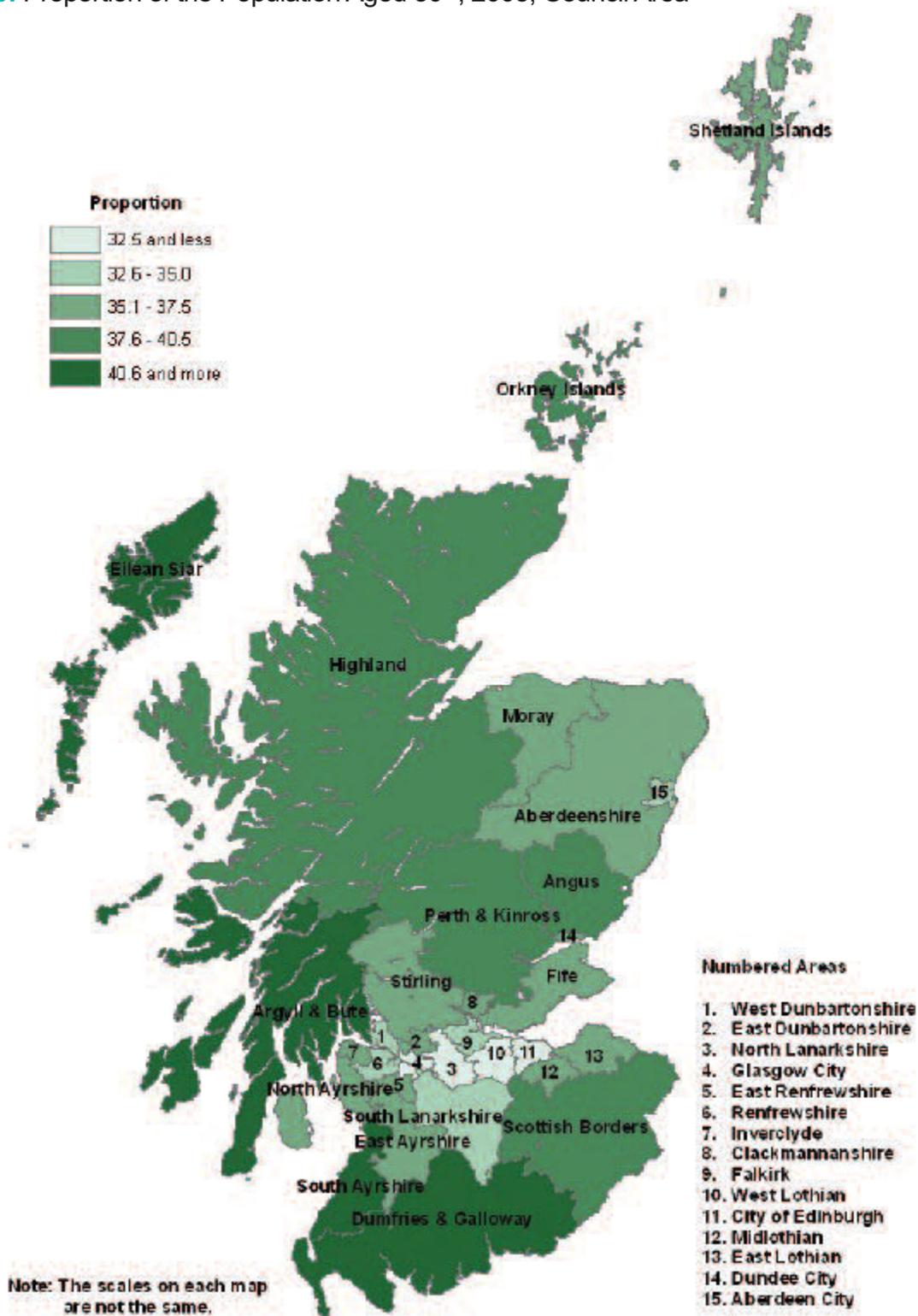
The proportion of the projected population of Scotland aged 50 and over increases from 35 per cent in 2004 to 44 per cent in 2024. The proportion aged 75 and over increases from 7 per cent in 2004 to 11 per cent in 2024 and these patterns are similar in nearly all areas. Amongst council areas in 2004, Dumfries & Galloway (42 per cent) has the highest proportion of its population aged 50 and over and Glasgow City and West Lothian the lowest at 30 per cent.

The Ageing Population Across Scotland

The map at figure 20 shows the variation in the proportion of the population aged 50 and over in 2005 by Council areas. Dumfries & Galloway, Eilean Siar, Argyll & Bute and South Ayrshire have at least 40.6 per cent of their populations aged 50 and over compared with West Lothian, Edinburgh City, Glasgow City and North Lanarkshire with 32.5 per cent and less of their populations aged 50 and over. However, this hides differences within Council areas as the maps at figures 21, 22 and 23 show. These maps show data zones, statistical small area geography with a median population of around 770 people, and for 2005 the proportion of the population in them aged 50 and over.

SCOTLAND'S AGEING POPULATION

Figure 20: Proportion of the Population Aged 50+, 2005, Council Area



Source: General Register Office for Scotland

Figure 21: Proportion of Persons aged 50+, 2005 Dumfries & Galloway Data Zones

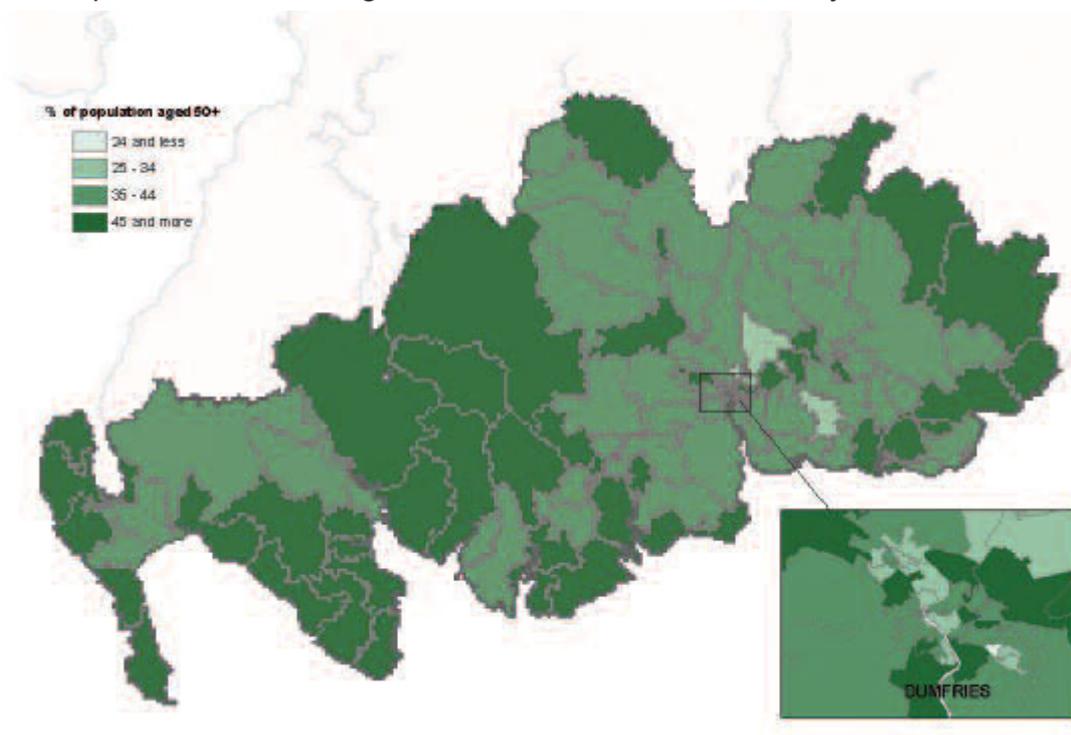
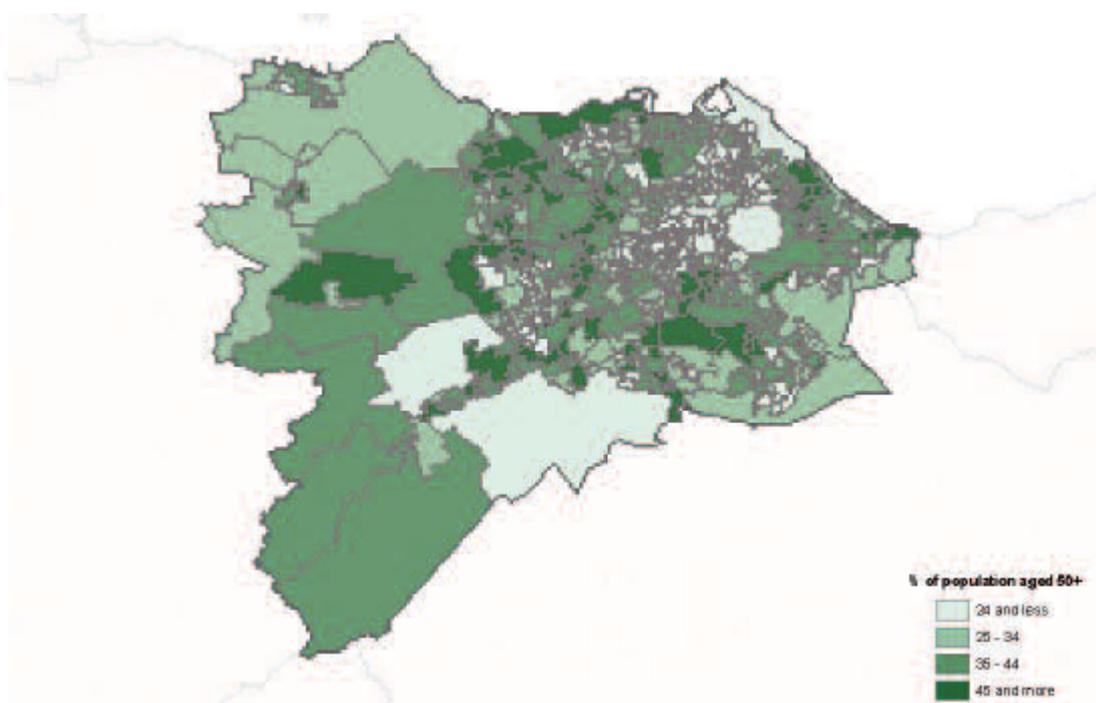


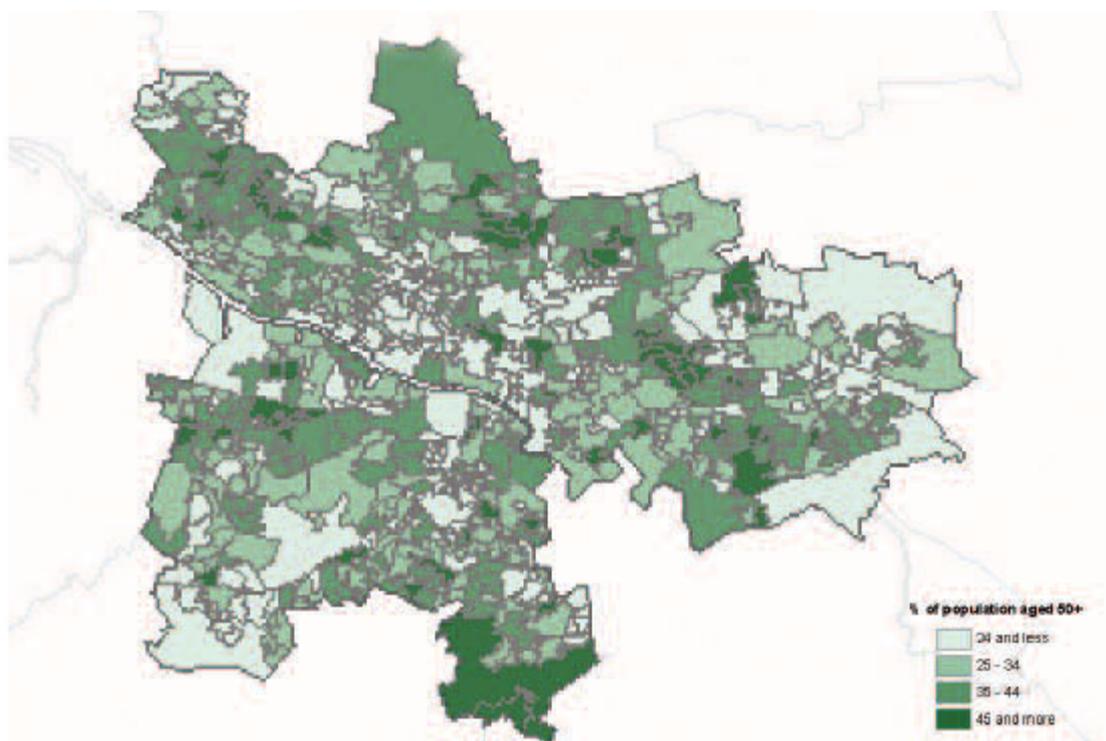
Figure 22: Proportion of Persons aged 50+, 2005 City of Edinburgh Data Zones



Source: General Register Office for Scotland

SCOTLAND'S AGEING POPULATION

Figure 23: Proportion of Persons aged 50+, 2005 City of Glasgow Data Zones

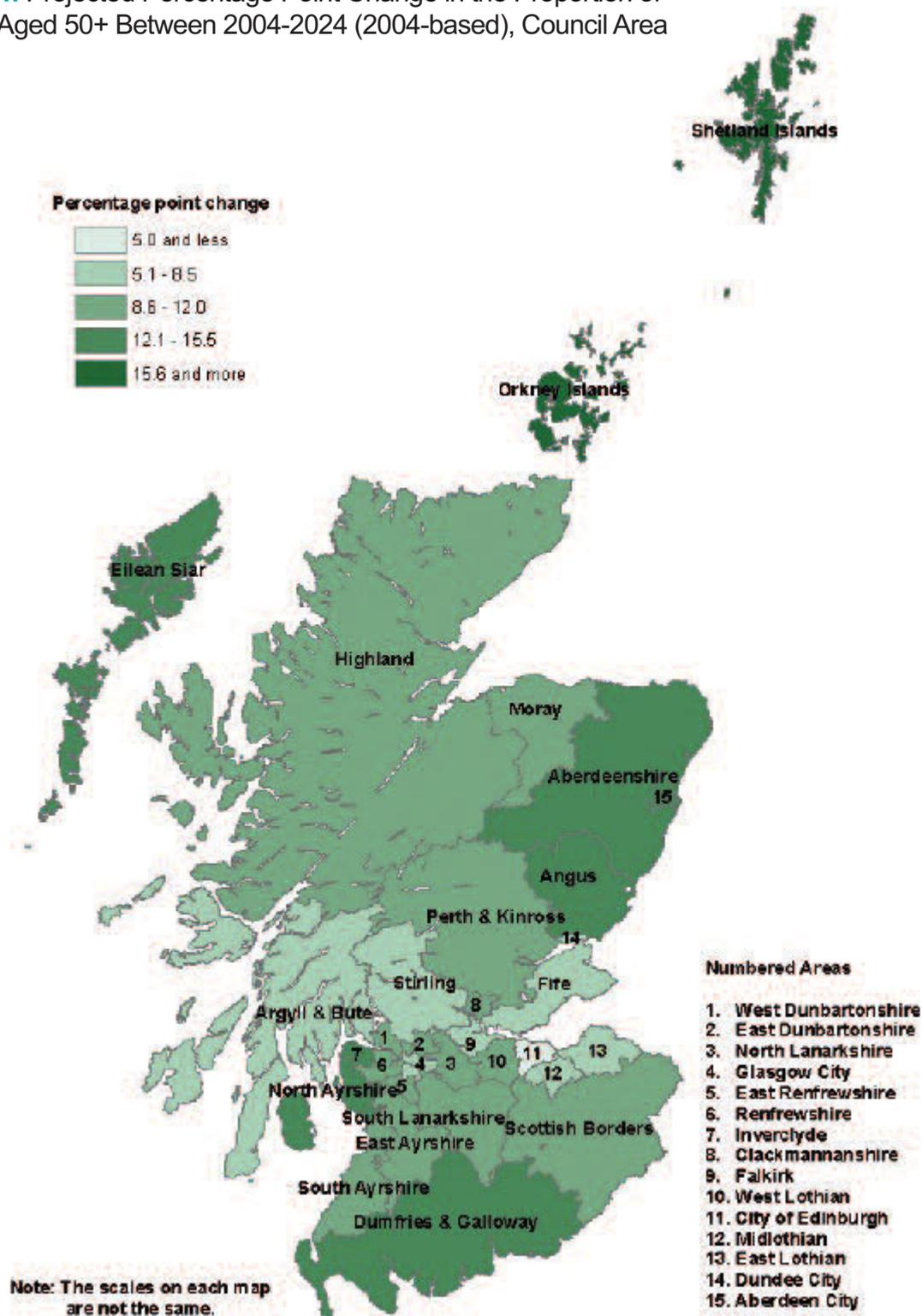


Source: General Register Office for Scotland

Looking to the future there are variations by Council area when the proportion of the population aged 50 and over is compared between 2004 and 2024, as shown by figure 24. For example, Edinburgh City is projected to have a 5 percentage point change or less in the proportion of the population aged 50 and over compared with Orkney Islands and Shetland Islands with a projected percent point increase of 15.6 or more.

The projected picture by 2024 shows the Orkney Islands highest at 57 per cent, followed by Eilean Siar (56 per cent) and Dumfries & Galloway (54 per cent) but Edinburgh City and Glasgow City (both at 35 per cent) now both have lower projected proportions of their populations aged 50 and over than West Lothian (39 per cent). The Council area with the highest proportion of its population aged 75 and over by 2024 is Dumfries & Galloway (16 per cent) and the area with the lowest proportion is Glasgow City (at 7 per cent).

Figure 24: Projected Percentage Point Change in the Proportion of Persons Aged 50+ Between 2004-2024 (2004-based), Council Area



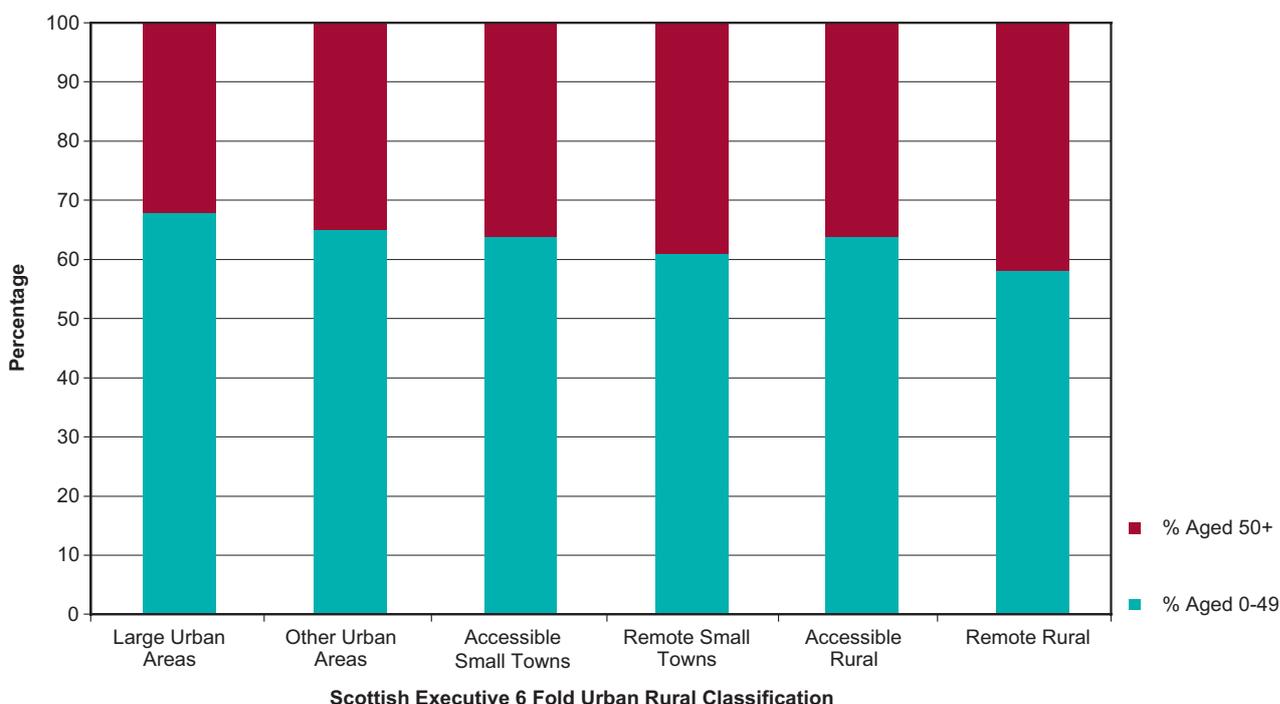
Source: General Register Office for Scotland

SCOTLAND'S AGEING POPULATION

Population Ageing by Urban Rural and Deprived Areas

As well as looking at Council and data zone areas within Scotland it is perhaps more constructive to look at different types of areas to see patterns in the ageing population. Figure 25 shows that the proportion of Scotland's population aged 50 and over varies by the Scottish Executive's Urban Rural 6 Fold Classification. In 2005, the proportion of the population aged 50 and over in Large Urban areas was 32 per cent compared with 42 per cent in Remote Rural areas.

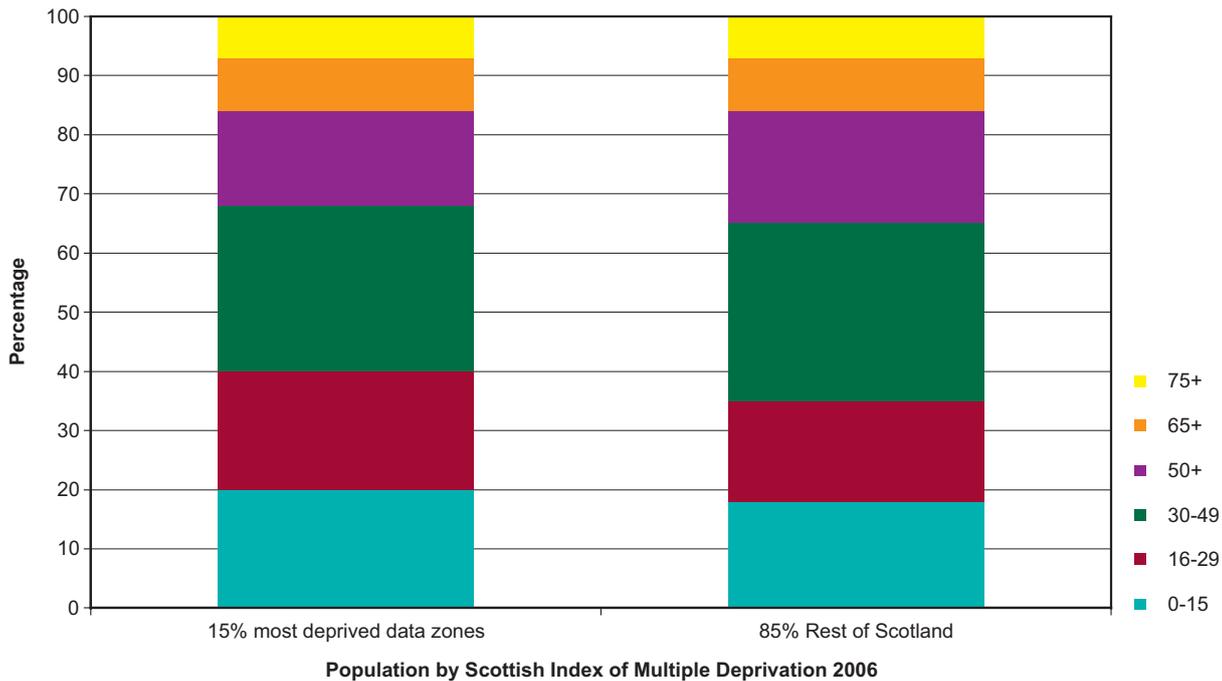
Figure 25: Proportion of Scotland's Population Aged 0-49 and 50+, by Urban and Rural Areas, 2005



Source: General Register Office for Scotland and Scottish Executive

Another way of looking at the ageing population is by the Scottish Index of Multiple Deprivation (SIMD). SIMD is the Scottish Executive's official tool for identifying small area concentrations of multiple deprivation across Scotland. The SIMD provides a relative ranking of 6,505 small areas (data zones) across Scotland from the most deprived (ranked one) to the least deprived (ranked 6,505). A 15% cut-off is used in figure 26 to define deprived areas, as this cut-off identifies the highest concentrations of multiple deprivation in Scotland. Figure 26 shows that the proportion of the population aged 50 and over is slightly lower in the 15% most deprived areas compared with the rest of Scotland (35 per cent vs. 31 per cent), however the proportion aged 75 and over is the same (7 per cent).

Figure 26: Age Structure of Scotland's Population in the 15% Most Deprived Data Zones Compared with the Rest of Scotland



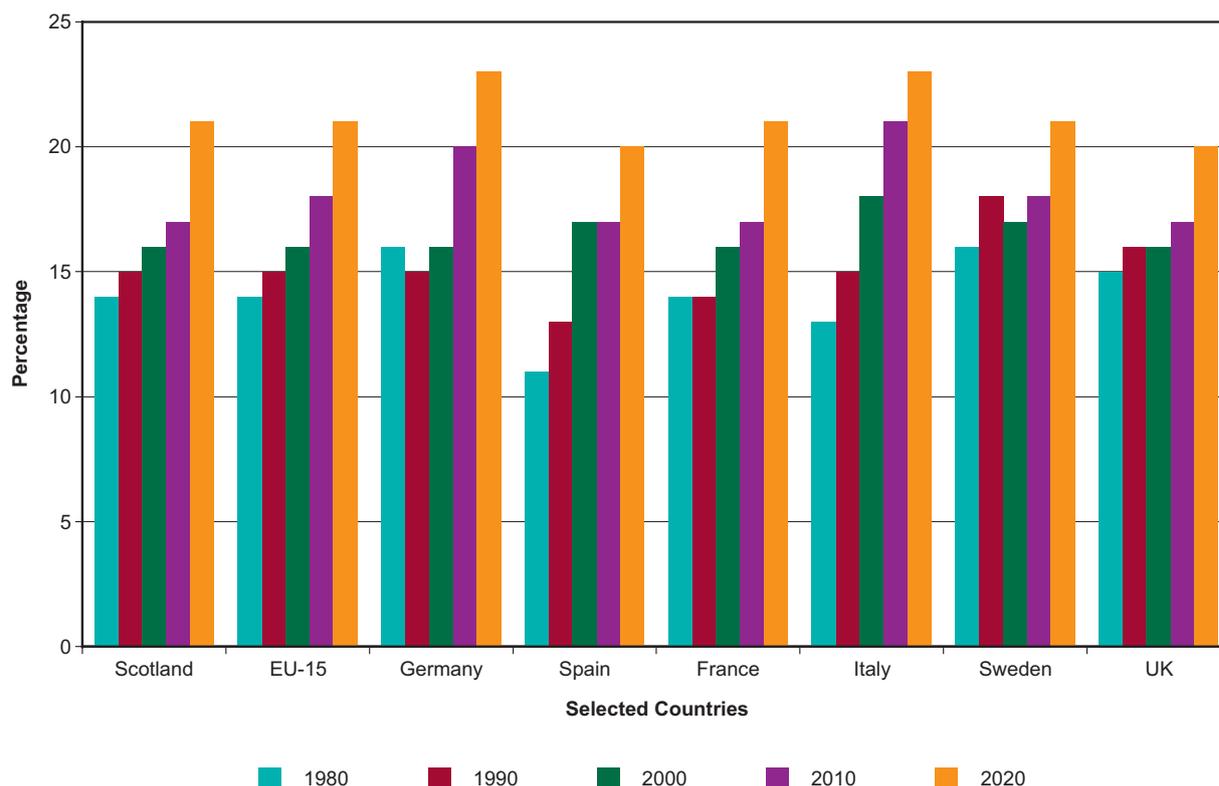
Source: General Register Office for Scotland and Scottish Executive

International Comparisons

The ageing of the population is not unique to Scotland. Past and projected information is shown in figure 27 for selected countries for selected years.

SCOTLAND'S AGEING POPULATION

Figure 27: Proportion of Actual and Projected Total Population by selected countries Aged 65+



Source: Government Actuary's Department and Eurostat. Note: Eurostat also produce a projection for the UK not shown here.

Scotland's 65+ population rises faster than the rest of the UK, to a higher proportion of the total.

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We are grateful to General Registry Office for Scotland for their input and analysis required for this chapter.



Opportunity and Contribution

- **Scotland's older population make a significant contribution in the workplace, at home and in the community:**
 - There are 72,000 people in Scotland working beyond State Pension Ages. ¹
 - 14% of people aged over 60 provide unpaid care to someone within the household.³
 - 48% of all volunteering is undertaken by those aged 50 and over in Scotland ⁴
- **Scotland's older population are consumers, investors and wealth creators:**
 - Older smaller households are the most likely to have savings and investments than any other household type.
 - Similarly older smaller households are more likely than any other household type to have savings and investments of £75,000 or more. ⁵
- **Scotland's growing older population brings with it opportunities:**
 - Older households are becoming more digitally included. 39% of households headed by someone aged 50 to 59 have access to the internet. ⁶
 - There are currently 62,000 people aged 50 and over who are currently inactive but would like to work. This is an untapped resource.
 - The number of mature entrepreneurs is predicted to rise as older age groups increasingly set up new businesses on their own.

A Valued Contribution

There is much evidence which identifies the contribution that older people make to society and the economy: older people make contributions and stay involved through family, employment and communities. Evidence shows that most people continue to make valuable contributions to society after leaving paid work. Activities include voluntary work, learning activities, domestic work, caring for family members (including spouses, grandchildren and elderly relatives), helping out friends and neighbours, and active leisure pursuits.

A report for Age Concern ⁸ on the economic contribution of older people went some way in mapping the actual and potential economic contributions in the different regions of the UK. The report acknowledged that many of the social and economic benefits that older people's contributions make to society are on the whole not measured, and un-acknowledged.

CONTRIBUTION AND OPPORTUNITY

As Carers

As identified in Chapter Four, caring responsibilities are common among people aged over 50. Unpaid carers are an essential and vitally important component of the system of support for people with assistance needs.

The evidence stresses the importance of the two-way dynamic of receipt and giving of care by older people and serves to correct views of older people as a burden. This is reflected in the views of older people themselves, stressing the importance to older people of interdependence and independence. Informal caring arrangements based on reciprocity are seen as contributing to the well-being both of older people and of the whole community in which they live.

Who are older Carers?

At the last Census, there was a total of 481,579 people in Scotland providing unpaid care, 19.5% of whom were above State Pension Age. In-depth research⁹ into the characteristics and experiences of unpaid carers in Scotland using Scottish Household Survey data found that:

- 14% of those aged 60 and over provide care to someone out with the household, 4% of the same age group provide care to someone in their household.
- Almost a third of all carers are aged 60 years or older. The largest group of carers are aged between 45-59 years of age (37%).
- 40% of those caring within their own household are aged 60 years or over compared to 23% of those caring out with their household and 30% of non carers.
- Carers are increasingly likely to be older individuals. 25% of carers were aged over 60 years of age in 1999 compared with 30% in 2004.
- Older carers are more likely to provide care within the household; for example, 40% of those caring within the household are aged over 60 compared with 23% of those caring out with their household. Older carers within the household are more likely to be caring for their spouse or partner; 57% of those people who care for their spouse or partner are aged 60 years or older.
- Evidence suggests that the burden of care on older people may be increasing. The majority of older adults who provide sole care are more likely to provide continuous care, and the provision of sole care has increased overall, suggesting that levels of caring intensity are becoming greater among sole carers who care within the household.
- Caring can span a range of commitments from helping with shopping on a regular basis to providing continuous care.

A similar study of UK based data ¹⁰ found:

- The majority of carers provided some form of practical help such as preparing a meal, shopping and doing washing.
- A smaller proportion provided more personal forms of help; 26% of carers gave some form of help with washing, administering medicine and providing physical help.
- One in five carers have cared for someone for at least 10 years and almost half have been carers for 5 years or more.

Being an unpaid carer also impacted on employment participation, with carers being less likely than non-carers to be in paid employment. ¹¹ This is echoed in research which found that carers in employment may consider leaving work if they find it difficult to balance work and caring. Studies of carers who have left work suggest that they might have been able to stay in work had flexible working arrangements been made available to them. ¹² Having multiple roles for example caring for children and parents while working is becoming more common, potentially affecting 18% of women and 11% of men in the UK.

As Volunteers

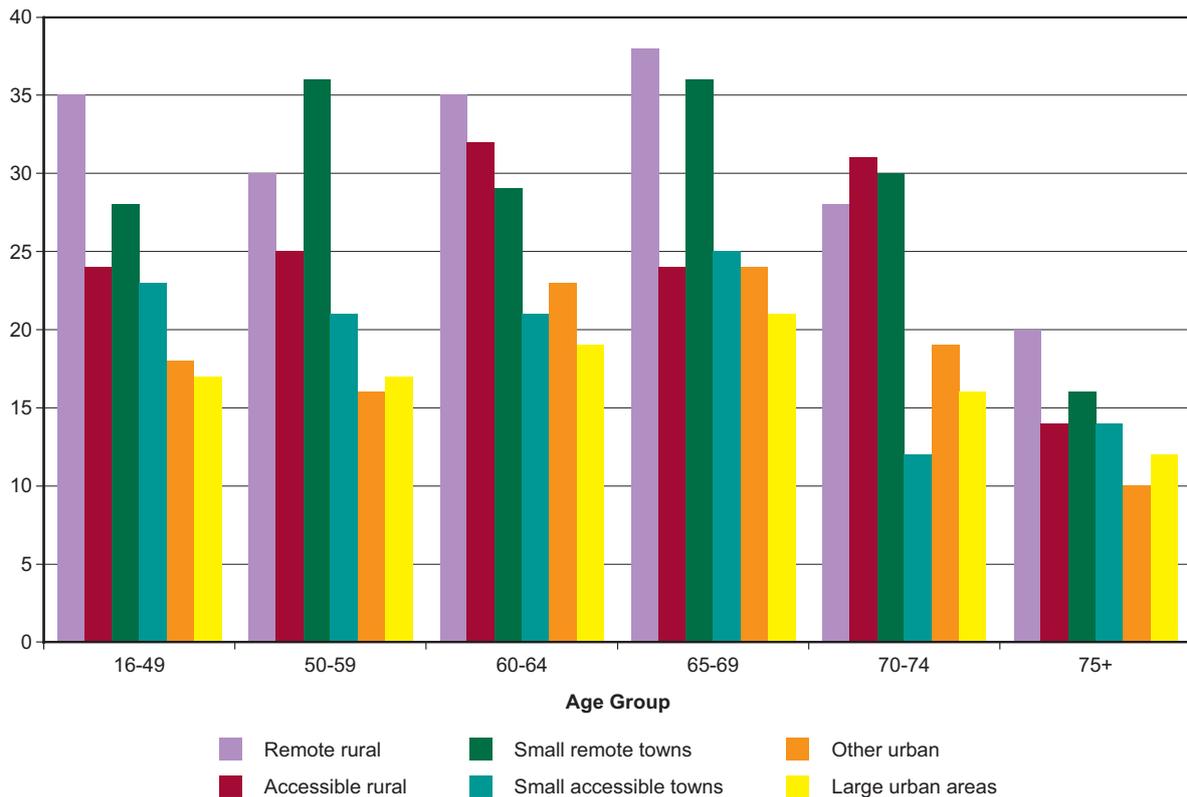
Recent data shows that 48% of all volunteering in Scotland is undertaken by those in the 50 and over age group.

Data ¹³ on the specific contribution of volunteering shows that:

- 19% of those aged 50 and over gave up time to help as an organiser/volunteer in the past 12 months. 22% of those aged 60-74 and 13% of those aged 75 and over gave up time to volunteer in the past 12 months.
- 44% of older volunteers aged 60-75 and over gave up at least 5 hours of their time in an average month and 45% of those aged 75 and over gave up the same amount of time.
- The most common volunteering activity amongst older volunteers is raising money, committee work and helping to organise/run events.
- Figure 28 shows volunteering activity by urban/rural classification. In general the proportion of volunteering for all age groups increases with rurality. In large urban areas, 17% of 50-59 year olds volunteer compared to 30% of that age group in remote rural areas.

CONTRIBUTION AND OPPORTUNITY

Figure 28: Volunteering by age groups and urban/rural classification



Source: Scottish Household Survey (2005)

The contribution made by the over 50's who volunteer in Scotland equates to approximately 65 million hours of a Scottish total of 135 million, equivalent to 34,000 full-time jobs based on the median working week of 36.2 hours from the 2005 Annual Survey of Hours and Earnings (ASHE). Applying the Scottish median hourly earnings in ASHE for personal service occupations or secretarial and administrative occupations would generate approximately £500 million.

There is a comprehensive evidence base on motivations for volunteering among the 50 and over age group. Recent research ¹⁴ identifies the following reasons:

- For some, volunteering has been a crucial role in the transition process from paid employment to retirement.
- The desire to help others, wanting to give something back and to keep active and feel useful and valued.
- The need for putting structure to free time, a way of continuing to use skills built up over the working life, and a route to learn and explore new avenues previously blocked by employment.

In terms of benefits and contributions to society, two main themes emerge from the evidence: those that have an immediate effect and those that have a deferred benefit for later generations. The main immediate effects are the integration into society and the enhanced opportunities for social interactions between the generations and the value of the volunteering activity itself. The main deferred benefit is the intergenerational aspect which contributes to keeping an organisation alive for the next generation as well as promoting an active lifestyle to younger generations.¹⁵

As Workers

More detailed analysis of the working lives of Scotland's older population can be found in Chapter Three: Older Working Lives. There are currently 794,000 people aged 50 to state pension age in Scotland, 68.9% of whom are in employment. 72,000 people in Scotland are working beyond the state pension ages. Current estimates based on UK projections suggest that participation of our older workforce is set to rise. There are projected to be 775,000 economically active people above the age of 65 in 2020 in the UK compared to 582,000 economically active people above the age of 65 in 2005. This represents an increase of around 33%.¹⁶

The evidence shows that working into later life should be seen as an opportunity for supporting economic growth and strengthening social inclusion. Economic analysis estimates the economic contribution of employment amongst the over 50 age group in Scotland at £15.6 billion (based on 2001 data).

Research highlights how much economic output is currently lost as a result of older people's underemployment. Not all people who want to work or who are able to work are currently employed. This presents an opportunity and untapped resource.

There are for example, currently 52,000 people aged 50 to State Pension Ages in Scotland who are currently economically inactive who would like to work and 10,000 people of post State Pension Ages and over.¹⁷ The research undertaken by Meadows¹⁸ estimated that if underemployed older people had been working (based on 2001 figures), they would have contributed between an extra £1.9 to £4 billion to the Scottish economy.

According to ONS estimates, the upward trend is projected to continue into the future, with men aged between 50 and 64 becoming increasingly active in the labour market over time. For women aged 50 to 59, economic activity is projected to increase at a robust rate over the period between 2006 and 2020. A similar trend is also evident for women aged 60 and over.

CONTRIBUTION AND OPPORTUNITY

Analysis of UK workforce projections shows that the ageing of the population need not by definition have negative consequences for aggregate labour supply so long as the proportion of older people in work continues to increase in the years to 2021¹⁹ as projection estimates suggest.

The evidence highlights two potential scenarios for the UK:

Scenario 1: Modest Employment Growth (assumes employment rate is static for people aged 16-49 and over 70). For those over 50-69 the rate of employment increase by 0.25% each year. This would mean:

- An extra 300,000 older workers by 2011 and an extra 700,000 by 2021
- Total employment would rise by 1.1 million up to 2011 and then continue to rise by a further 280,000 up to 2021.
- Up to 2011 there would be an additional 0.49% of annual growth as a result of rising employment; in the decade after 2011 new employment would contribute 0.10%.
- Economic output would be £31 billion greater and output per person £500 higher.

Scenario 2: Robust Employment Growth (assumes the number of people aged 16-49 remains roughly at the level it is to-day). For people aged 50-69 the employment rate increases by 0.35% each year and for people over 70 it is static. This would mean:

- An extra 400,000 older people moving into work by 2011 and an extra one million by 2021.
- Total employment would rise by 1.4 million up to 2011 and by a further 700,000 in the following decade.
- Up to 2011 employment growth would add an extra 0.63% per year to annual growth. Economic output would be £63 billion greater and output per person would be £1,000 higher.

Source: Meadows (2004b) *The Economy and Older People* (2004) P36-38.

The reliability of these scenario estimates is of course open to question as labour market participation reflects a host of factors, including attitudes, pension levels, living costs and people's preferences between work and leisure. Women's participation has been on an upward trend as family size has fallen in recent decades and the rise in the State Pension Age from 60 to 65 for women between 2010 and 2020 can be expected to impact on female participation. Steps to tackle age-related discrimination in the workplace may also help to bolster labour market participation among both men and women, particularly with the introduction of a default retirement age of 65 from October 2006 and the prospect of that being reviewed in 2011 with a view to removal. When barriers to entry into employment are removed activity rates should rise.

Population ageing not only has an impact on key labour market variables such as productivity, earnings, employment, unemployment, mobility, retirement and educational participation but also on savings, consumption, housing and intergenerational transfers²⁰. It is anticipated for example, that new markets and services will open as the older population offers opportunities to some sectors of the economy. New generations moving into older age will develop new demands and as new products and services will be designed to take account of the need of all consumers²¹.

As Consumers, Investors and Wealth Creators

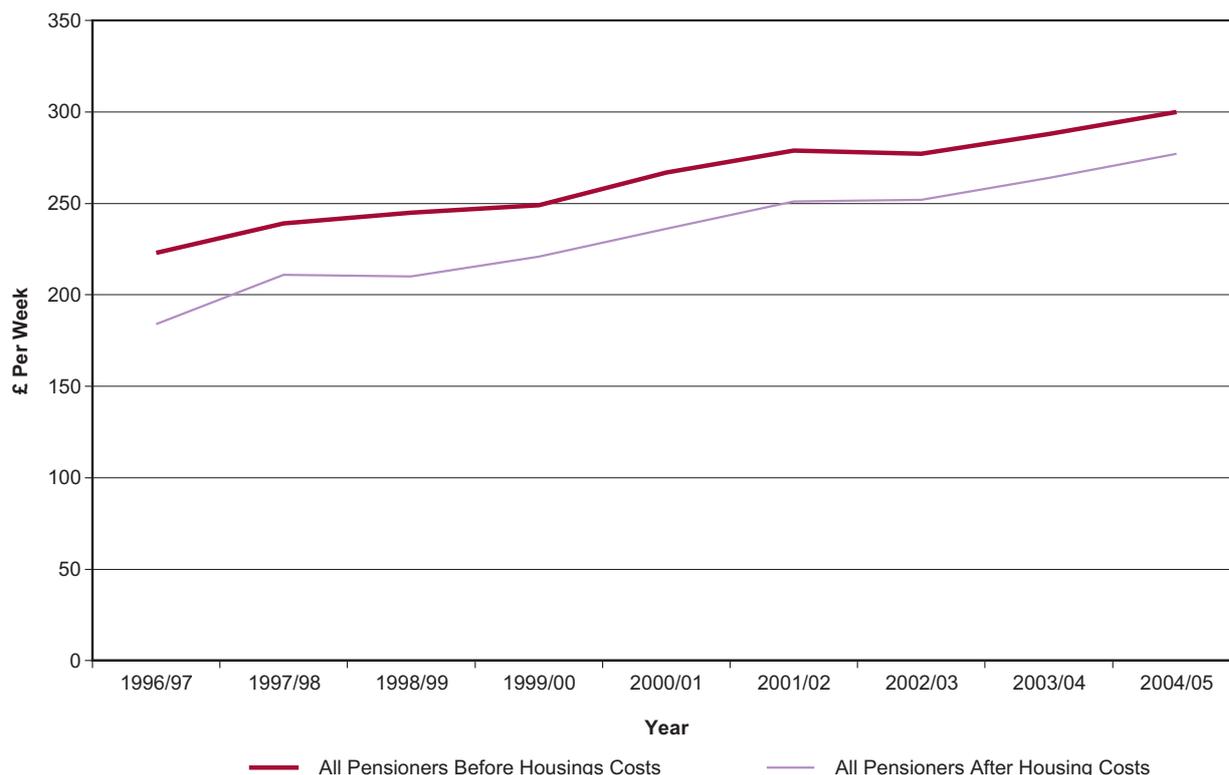
As people get older they tend to retire from paid work and so their main source of income shifts from employment to state and private pension and other benefits and savings. Along with a shift in income source, the level of income older people receive also falls, on average.

The majority of research into the income and material resources of older people identifies that the differences in the material resources in old age are determined by earlier life experience and life course such as participation in the labour market and subsequent ability to save and invest. With increasing emphasis on private and occupational pensions, economic well-being in later life in the future will be more closely tied to work histories than in previous generations.

Figure 29 shows the rise of median weekly household income for people after state pension age and above in Scotland. In 2004/2005 the median household income for pensioner couple households was £288 after housing costs and £268 for single pensioner households after housing costs.

CONTRIBUTION AND OPPORTUNITY

Figure 29: Median weekly household income for all pensioners (before and after housing costs) Scotland, 1996/7 to 2004/2005



Note: Based on equivalised net disposable household income
Source: Household below Average Income.

Wealth and Material Resources

Income does not provide a whole picture of the material resources that are available to older people. English based research shows that older people are more likely than other age groups to have built up a stock of wealth. However there is no Scottish based data on households' asset holdings wealth (such as the value of second homes, business assets, etc.), housing and pension wealth and ownership of financial assets.

The English Longitudinal Study of Ageing data ²² showed that:

- Older age groups are more likely to have wealth around state pension age. This is partly due to cohort effects as each new generation tends to retire with more wealth than the last.
- Housing makes up a large proportion of older people's wealth.
- A quarter of over 50s have over £100,000 of housing wealth. This is highest among age groups just before state pension ages.

UK Research into the material resources and well-being of older people²³ found that certain groups of older people in the UK are socially excluded with low levels of material resources.

They:

- Have a reduced consumption ability
- Are likely to have saved less or accumulated less assets such as property, savings or private pension
- Are less likely to have participated in the labour market
- Have lower levels of social resources.

*“Older people with low levels of material resources or income are over-represented by women, living alone, those who are widowed, divorced or separated, in poor health, with lower education and living in deprived neighbourhoods”.*²⁴

Material resources and income in older age are linked to:

- **Education** is the strongest influence on levels of material resources in older age. Older people who had undertaken further education had greater material resources than those with primary education.
- **Occupational pensions:** Older people with occupational pensions were more likely to have high incomes.
- **Income:** securing an income stream from a private source was also associated with a higher income.
- **Relationship status:** Older people who are married have higher levels of material resources compared to those who are not. Single (never been married) respondents had only slightly lower levels of material sources than older people who were married, and had greater levels of material resources than those who were widowed.
- **Health:** poor health throughout the life course is a key determinant of lack of material resources in older age.
- **Gender:** There was a gendered dimension to less material resources in older age; which demonstrates that older men have higher levels of material resources available than older women. This is consistent with research that shows that women are more likely than men to have a lifelong experience of poor socio-economic conditions across the life course due to periodic disengagement with the labour market.

CONTRIBUTION AND OPPORTUNITY

Consumption Patterns

The evidence shows that households headed by people in older age groups spend less on average than those in younger age groups. As people get older the absolute amount they spend falls for almost all categories of spending. Their spending patterns also change, with an increasing proportion of their spending going on necessities such as food and housing and falling proportions of the spending going on transport, recreation and culture.

There is little published Scottish data on expenditure and consumption patterns for older people however data from Family Spending report ²⁵ shows that in the UK:

- General average household weekly expenditure varies by age.
- The pattern was reversed for spending on restaurants and hotels: the proportion of spending fell from 10% of all weekly expenditure with a HRP aged less than 30 years to 6% among households with a HRP aged 75 or over.
- Expenditure on recreation and culture, as a proportion of total spending, increased from 11% among households with a HRP ages less than 30 to 16% among households with a HRP ages 65 to 74, after which the proportion fell again to 14% among those with a HRP ages 75 or over.

These changes to spending patterns across the life course are linked to changes in lifestyle. Expenses related to being in work, for example travel to work costs, will end in retirement. The different spending patterns of older people also reflects the changing way older people spend their time. ²⁶

In terms of consumption, international research produced by the OECD ²⁷ indicates that as people grow older their demand on average for healthcare, housing and energy increases the most and their demand for education and motor vehicles decreases the most.

Healthcare is perhaps the most obvious service sector industry for which demand will rise as the average age of the population increases, but there will be many others.

As Learners

Participation in learning activity as well as maintaining and enhancing skills is important in continuing the place of older people in the labour market. Participation in learning has wider benefits such as the contribution it makes to the health and well-being of individuals and the opportunities it brings to communities.

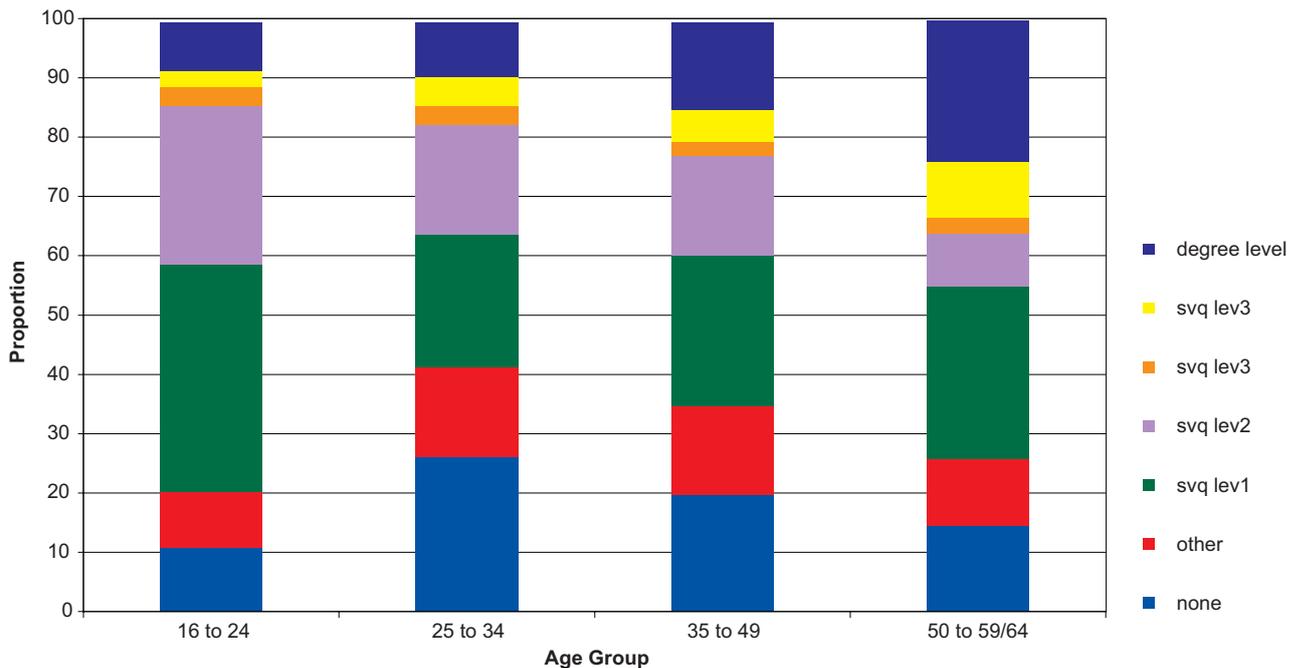
Later-Life Learning

Figure 30 shows the qualification mix by age group in Scotland in 2005. People in older age groups are less likely to have qualifications.

- Only 8.2% of those aged 16 to 24 have no qualifications, and 9.2% of those aged 25 to 34 compared to 23.8% of those aged 50 to 59/64. This does not necessarily mean that the young are more skilled but that they are more likely to have had their skills accredited. This means that they are better able to signal their ability in the labour market. It should also be noted that a large number in the youngest age group have yet to reach their highest qualification.
- Older age groups are less likely to be educated to degree level compared to younger age groups. 14.5% of those aged 50 to SPA have a degree level qualification compared to 26.1% of those aged 25 to 34 and 19.8% of 35 to 49 year olds.
- Within the 50 to SPA age groups, the most common highest qualification held is svq level 3 (29.1%).²⁹ (all above)

CONTRIBUTION AND OPPORTUNITY

Figure 30: Working Age Population by Highest Qualification Level Attained and Age Group, Scotland, 2005



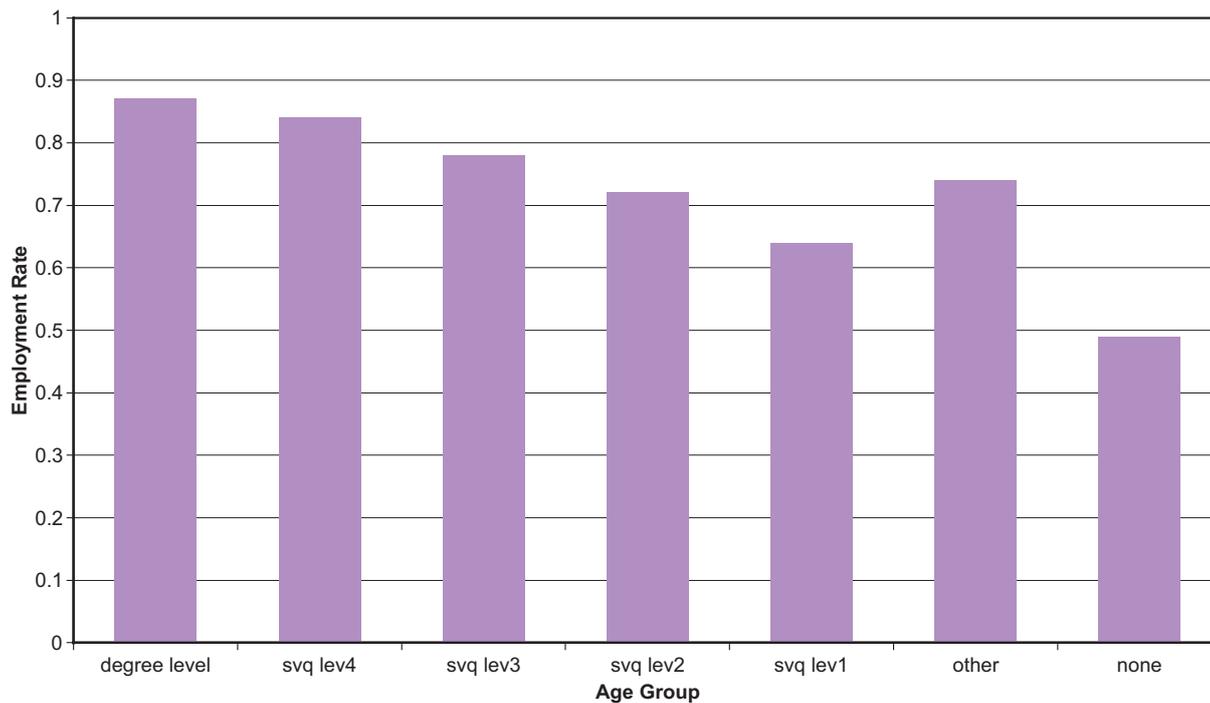
Source: Annual Population Survey 2005 (Jan to Dec)

The higher the level of qualification held, the more likely it is to be employed. Figure 31 shows the employment rates by qualification level in 2005. The employment rate for those with qualifications at degree level is 87.1%. In contrast the employment rate for those without qualifications is 49.7%.

This trend is also prevalent amongst older age groups up to SPA:

- For those aged 50 to SPA, employment rates with qualifications at degree level is 78.9% compared to the employment rate of 48.8% who have no qualifications.
- However, for those working beyond the State Pension ages, the trend reverses. Employment rates are the highest for those with no qualifications, 29.6% compared to employment rates of 14.1% for those with a degree level qualification and 20.8% for those with a svq level 3.

Figure 31: Employment Rate by Highest Qualification Attained, Scotland, 2005



Source: Annual Population Survey 2005 (Jan to Dec)

Adult Learning

Adult learning can take the form of taught learning or non-taught learning. “Taught learning” includes enrolling in an education course, attending tuition for a qualification or to develop skills, attending an evening class etc. Whereas “non-taught learning” is very wide and includes study for a qualification without attending a taught course, supervised training while doing a job, keeping up to date with work developments without taking a course (for example, reading books or journals).

Figure 32 shows that age is negatively correlated with the likelihood of undertaking adult learning i.e. as age goes up the likelihood of learning goes down.

CONTRIBUTION AND OPPORTUNITY

Figure 32: Proportion of people of working age (excl. full-time students) undertaking adult learning in the last 12 months by Age Group and Gender, Scotland, 2005

	Male		Female		All	
	Proportion	Level	Proportion	Level	Proportion	Level
All	72.0%	1,080,000	71.1%	1,016,000	71.5%	2,096,000
Age						
16 to 24	76.9%	177,000	75.6%	165,000	76.3%	342,000
25 to 34	77.2%	206,000	74.0%	209,000	75.6%	415,000
35 to 49	75.8%	417,000	72.3%	429,000	74.0%	846,000
50 to 59/64	61.8%	280,000	63.4%	213,000	62.4%	493,000

Source: Annual Population Survey 2005 (Jan to Dec)

In the academic year 2003-2004, 13955 people aged 50 and over were in further or higher education. This is 5% of the total number of students in Scotland.

Training Activity

In 2005 the proportion of people aged 16 to SPA in employment receiving job-related training in the last 3 months was 30.1%.

Figure 33: Proportion of people of working age in employment receiving job related training in the last 3 months by Age Group and Gender, Scotland, 2005

	Male		Female		All	
	Proportion	Level	Proportion	Level	Proportion	Level
All	27.5%	326,000	33.1%	344,000	30.1%	670,000
Age						
16 to 24	34.6%	59,000	34.3%	51,000	34.5%	110,000
25 to 34	30.7%	68,000	35.7%	74,000	33.1%	143,000
35 to 49	27.8%	133,000	33.3%	151,000	30.5%	284,000
50 to 59/64	20.9%	66,000	29.5%	67,000	24.5%	133,000

Source: Annual Population Survey 2005 (Jan to Dec)

Generally, the younger age groups are more likely to receive work related training.

Figure 33 shows.

- 24.5% of people aged 50 to SPA in employment received job related training compared to 33.1% of those aged 25 to 34.
- This is more prevalent for men, where 34.6% of 16 to 24 year olds received training compared to 20.9% of 50 to 64 year olds. Training programmes are frequently targeted at the youngest age group. Age has less of an affect on the incidence of training for women.

The Performance and Innovation Unit document highlighted that uneven access to lifelong learning is one of the key reasons that prevent people from making a full contribution to working life as they get older. It states that, the need for access to appropriate training opportunities for older people, both for those in employment and for those seeking employment, will increase in the future. ³⁰

The lack of training received by older workers is perceived to be a barrier to extending and sustaining working lives. Recent research suggests that there are five main barriers to training for older people. These include:

- A real and/or perceived decline with age in the capacity to learn
- A public policy environment that has encouraged early retirement which may make training uneconomic for employers.
- Lack of local provision and/or lack of relevant and interesting courses
- Discrimination by employers on the basis of the assumed work attitudes of older employees.

A survey of people aged 50 ³¹ and over from s sample of the National Adult Learning Survey undertaken by the Department for Education and Employment into learning in later life recognised that older people will need to continually update and learn new skills if they are to remain in the labour market. It also identified participation in learning as having much wider benefits such as contributing to the health and social well-being of individuals and communities:

- People in later life learning were more likely to be in work than in full-time retirement.
- IT learning was most common, followed by work-related learning.
- The most common reasons for learning were intellectual, wanting to increase knowledge, keep active and enjoy the challenge of learning new things.
- Reasons for not learning were varied ranging from a lack of time or feeling too old to learn. Having a disability or health problem was also identified as a main barrier.
- A large majority of those surveyed (80%) reported learning having a positive impact in at least one of the following; their enjoyment of life, their self-confidence, ability to cope with everyday life and satisfaction with other areas of their life.
- Other benefits of later life learning included: broadening horizons; meeting people; social interaction; keeping active; and being better able to deal with other people.

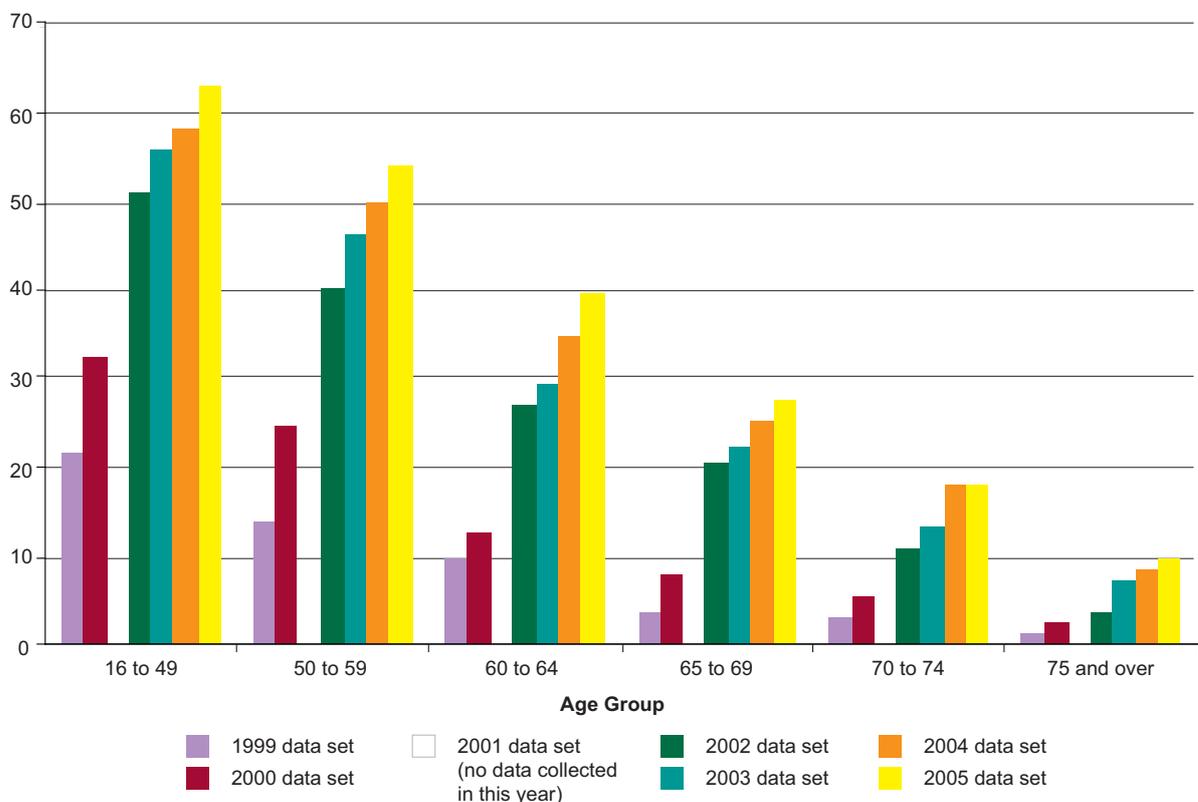
CONTRIBUTION AND OPPORTUNITY

Opportunity

Connected Older People: Digital Inclusion

Half of all adults now use the internet in Scotland and use is steadily increasing. This increase is particularly marked within older age groups.

Figure 34: Trend in Household Access to the Internet by Age



Source: Scottish Household Survey 1999-2005

Recent Scottish Household Survey data ³² in Figure 34, shows that:

- Internet use is increasing in all age groups but significantly more in older age groups. For example, internet use in households where the highest income householder is in the 50-59 age group has increased from 9% in 1999 to 39% in 2005. The largest increase is in the 75 and over age group with only 1% of that age group using the internet in 1999, rising 9 fold to 9% in 2005.
- Older users of the internet are more likely to be in high income households. For example, 5% of users aged 75 and over have a household income of £6001-£10000 compared to 24% with an income of £20001+.

- Internet use amongst the older population increases with rurality. In large urban areas 26% of people aged 60 to 64 use the internet compared to 39% of the same age group in remote rural areas.

The evidence predicts that the increasing digital inclusion of older age groups will increasingly enable older people to organise themselves socially and to maintain contacts with friends and relatives and order goods and services online. ³³

Connected Older People: Social Networks

A variety of evidence exists on the extent to which older people contribute towards their communities through social networks, community planning and civic participation.

A Joseph Rowntree report ³⁴ found that older people are “central pillars” of active communities, which reflects the extent to which their values of mutuality led them to support one another and build social capital for all the community. This is echoed in survey data which illustrates that older people are more likely to feel more involved in their community. ³⁵

- 28% of those aged 65 and over feel they are involved ‘a great deal’ or ‘a fair amount’ with their community.

Community Participation

A study ³⁶ has shown that older people in Scotland contribute to the community planning process via mechanisms such as: older people’s forums; user panels; an Older People’s Assembly and older persons’ service planning groups. The study showed that the involvement of older people (particularly people aged 65 and over) included:

- ensuring access to services
- supporting inclusion in the community through access to mainstreamed facilities
- supporting older people to set an agenda
- undertaking consultation on topics

Good involvement was characterised as being proactive, a partnership, of relevance to older people’s lives and with clearly defined outcomes and expectation. Barriers to further involvement included negative attitudes towards older people, older people’s low expectations of the effectiveness of involvement and a variety of organisational barriers.

Older people also contribute to society by participation in leisure activities such as sporting and physical activities as well as attendance at arts and cultural events. People who have been active during their working life are likely to remain active after retirement and beyond. ³⁷

CONTRIBUTION AND OPPORTUNITY

UK evidence shows that the levels of participation in sporting and physical activities by older people depend to a large extent on their interest and involvement when they were younger. There is a lack of Scottish data on the participation of older people in sports and cultural events but it is hoped that this will change with the inclusion of the sports and culture module in the Scottish Household Survey from 2007.

The evidence shows that in the UK, participation in sport in general, decreases with age:

- In 2002/3, 60% of people aged 45-59 had taken part in sport or physical activity—twice the proportion of those who participated in the 70 and over age group. It is suggested that this drop in participation may be due to the lower health and mobility status of older age groups.³⁷
- The highest levels of participation were in walking, although participation levels declined with age. 40% of those aged 45-59 had walked two miles or more at one stretch for recreational purpose in the four weeks before the survey compared to 22% of people over 70.³⁸
- A study showed that, people aged 55 to 64 were more likely than other older age groups to have gone to musicals, craft exhibitions, visual arts exhibitions, classical music and opera.³⁹

Civic engagement

One formal aspect of civic engagement in which older people are more active is voting in elections. In the 2001 General Election, those aged 65 to 74 year olds were the likeliest of any age range to have voted (87%).⁴⁰ This was double the rate of those aged 20 to 24 years of age.

This is also reflected in Scottish elections which also show considerable variation with age with just 35% of those aged 18 to 24 years⁴¹ saying they voted in the Scottish Parliament elections in May 2003, compared with 79% of those aged 60 years or over.

chapter
2.0



Older Working Lives

- **Scotland's working population is ageing:** The largest group of older workers are aged 50 to State Pension Age (SPA-59 for females and 64 for males) *, 68.9% of this group are in employment accounting for 19.6% of all people in employment. ⁴² The average age of the Scottish working age population has increased from 37 in 1991 to 38.9 in 2005. This is projected to rise to 39.6 in 2044. ⁴³
- **Working beyond state pension age is becoming more common:** There are 72,000 people in Scotland of state pension age and over, 7.7% of whom are still working. ⁴⁴
- **Flexible working is key to older employment:** Older workers are more likely to work part-time than younger age groups. Among those who work beyond SPA, the majority of both men and women work part time. Self-employment is more common amongst older workers compared to younger age groups.
- **Older workers are not a homogenous group-** there are considerable variations in the aspirations, opportunities and experiences of different sub-groups, between rich and poor and women and men.

The ageing of Scotland's population has had a significant influence on current debates on working lives. Research evidence concludes that one consequence of these changes will be that the *'experiences and outcomes of older workers will have a growing influence on the performance of the labour force as a whole'*. ⁴⁵ The evidence on the participation of older workers in the economy concludes that older workers will inevitably come to be viewed as an increasingly important source of labour and skills and therefore crucial to the future of the Scottish economy.

Characteristics of an ageing workforce

In Scotland, the broader demographic evidence highlights the fact that we are facing an ageing workforce. We are seeing a:

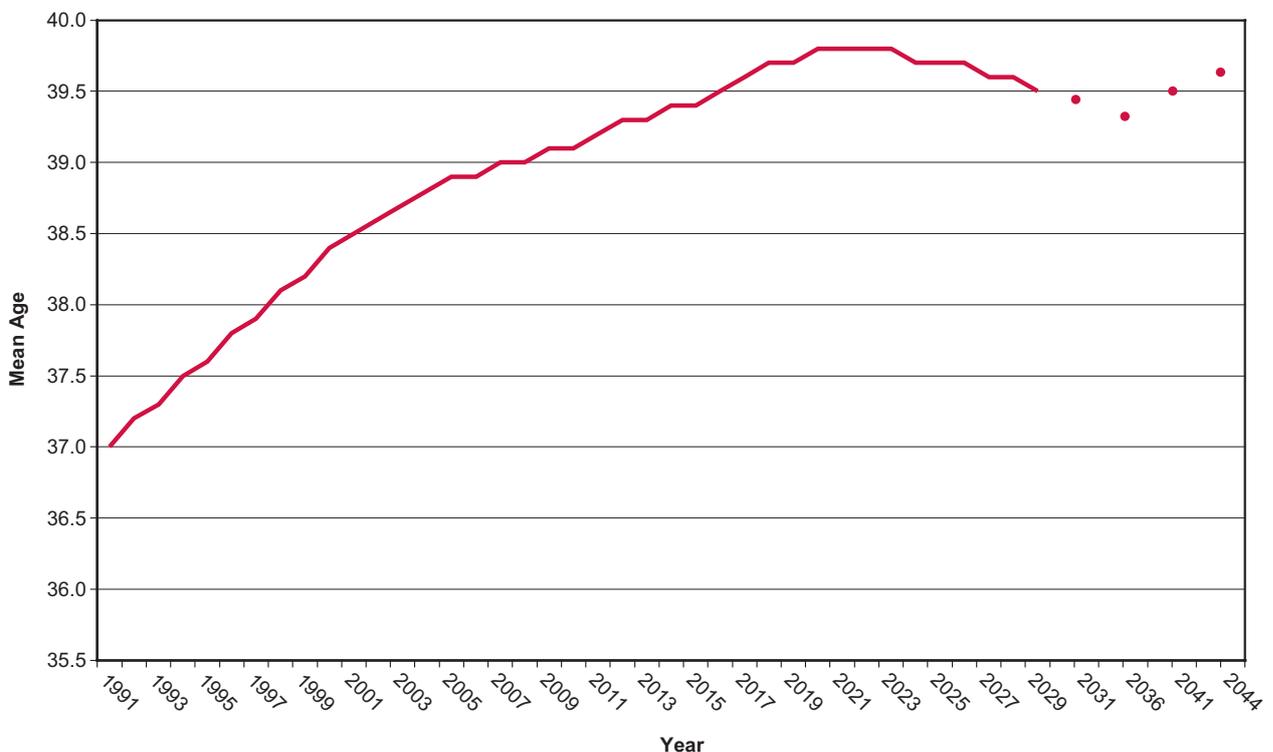
- **Rise in the average age in the working population:** the mean age of those in the working age population is gradually increasing. Figure 35 shows the increase in the mean age of those in the working age population. This process began in the 1980's. Between 1991 and 2005 the mean age rose from 37 to 38.9 years. This trend is expected to continue until it peaks at 39.8 by 2022.

* Currently 60 for women and 65 for men. From 2010 the female state pension age will be gradually increased to 65 by 2020.

OLDER WORKING LIVES

- **Rise in absolute numbers of older people in the workforce:** Between 1997 and 2005, the number of people aged 50+ in employment rose from 481,000 to 631,000.
- **Rise in the proportion of employees who are older:** In recent years, there has been an increase in employment among older people. We have seen increases in employment rates for men aged 50 to 64 from 69% in 1984 to 71% in 2005 and an increase for women aged 50 to 59 over the same period from 54% to 67%.

Figure 35: Mean Age of Working Age Population, Scotland, 1981 to 2044



Source: Mid Year Population Estimates- GROS&GAD Projections (2004 Based). Compiled by Scottish Executive Labour Market Statistics Branch.

A typology of older workers?

It is recognised throughout the evidence that the characteristics of the older population are diverse, with different needs and aspirations. As such their experience and expectation of work in later life and throughout their life course are different.

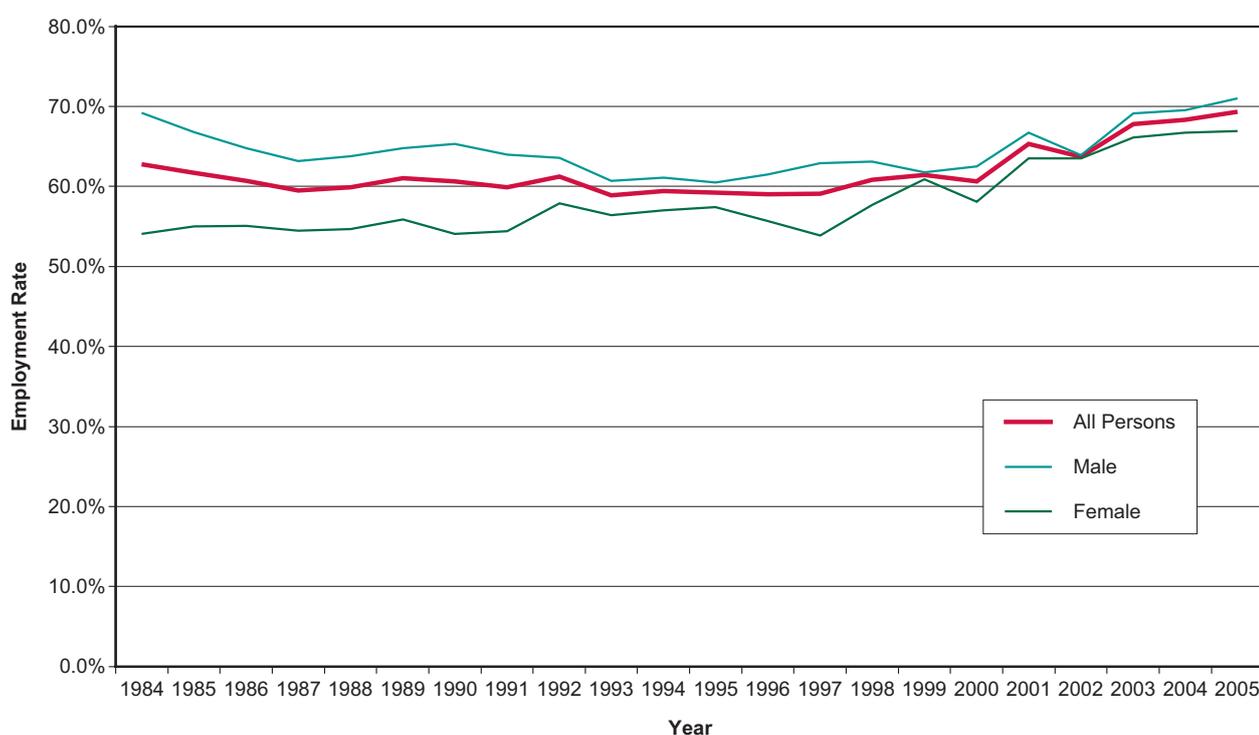
Three distinct groups of workers, each with a different set of attitudes and choice in work and retirement have been identified in research ⁴⁶ into the older workforce:

- **Choosers:** These are likely to be professional workers, typically with high incomes and qualifications, who have had the most positive experience in work throughout their life course and who enjoy what they do. They are likely to consider staying in employment after retirement.
- **Survivors:** For this group, who typically have low income and routine jobs. Income is the main reason for continuing to work. For this group change is pushed upon them and is often a negative experience. Most 'survivors' are working full-time and still paying off a mortgage. For this group, retirement is more likely to represent financial hardship.
- **Jugglers:** Jugglers appear to have chosen to combine with other roles and are most likely to consider work after retirement if it is flexible enough to balance with other commitments. For this group the social benefits of work are important.

Patterns of 'Older' Employment

Figure 36 shows; there has been a general increase from 63% in 1984 to 69% in 2005 in the overall employment rate for those aged 50 to SPA. In recent years the participation of older workers has increased at a faster rate.

Figure 36: Employment Rate, 50 to State Pension Age, Scotland 1984 to 2005



Source: Compiled by Scottish Executive Labour Market Statistics Branch.

OLDER WORKING LIVES

The employment rate for men in that age group decreased between 1984 and 1995 and recovered from 1996 onwards to a similar figure to 1984. The increase in overall employment rates for older workers has been driven by increase in the employment rates for women of that age group. The employment rate for older women aged 50 to 59 has increased from 54.1% in 1984 to 66.9% in 2005. This increase has significantly narrowed the gap between male and female labour market participation in the 50 to SPA group. This increase is likely to be linked to the ageing of birth cohorts of women who had higher employment rates earlier in life than earlier cohorts.

Despite this increased participation of women in the labour market, a number of factors can be identified which disadvantage older women in the labour market:⁴⁷

- Higher incidences of part-time working with lower hourly earnings, progression and terms and conditions
- Broken career patterns due to more caring responsibilities
- Lower life-time earnings
- Concentration in low paid sectors of the economy

Figure 37 shows that

- The employment rates for our older population are broadly consistent with the UK as a whole.
- Those aged beyond state pension are more likely to work part-time (64.2%) and to be self-employed (25.2%) compared to those below SPA.
- Average time in their current job is 13.7 years for those aged 50 to State Pension ages and 15.2 years for those beyond SPA in employment.
- The great majority of people working after 50 are still in permanent employment. 96% for those aged 50 to SPA and 92.1% for those older.

^a Just over 5% of the SPA and over 65 live in medical and care institutions. They are not included in these figures.

^b No data available for those aged SPA+ because only individuals in employment are asked to provide details of their educational qualifications.

^c The unemployment rate is the number of ILO unemployed (unemployed, ready to start work in a fortnights, having looked for work in the last four weeks) as a percentage of the total labour force.

^d Not in employment and either not seeking work or not available for work.

Figure 37: Older people in the Scottish & UK labour market

Background Details:	SCOTLAND		GB	
	50-59/64 (SPA)	SPA and over	50-59/64 (SPA)	SPA and over ^a
Total population (000s)	794	933	8,860	10,511
per cent of all 16+	19.6%	23.0%	19.3%	22.9%
per cent from ethnic minorities	1.0%	0.8%	5.3%	3.3%
per cent women	42.6%	64.1%	42.1%	62.6%
per cent with no qualifications	21.8%	27.5%	21.3%	25.6%
In employment:				
Total (000s)	547	72	6,269	1,081
per cent of age band	68.9%	7.7%	70.8%	10.3%
per cent of all in employment who are:				
- self-employed	12.3%	25.2%	17.4%	25.3%
- working part-time	20.7%	64.2%	24.3%	69.0%
- in a permanent job	96.0%	92.1%	95.7%	90.2%
proportion of those with no qualifications who are in employment ^b	47.7%	no data	50.9%	no data
Average time in current job (yrs)	13.7	15.2	13.0	14.8
Average gross hourly wage (£)	11.37	8.49	11.56	8.94
ILO unemployed:				
Total (000s)	19	*	198	24
per cent in age band	2.4%	*	2.2%	^
ILO unemployment rate ^c	3.3%	*	3.1%	2.2%
per cent of all ILO unemployed who are unemployed for a year or more	43.8%	*	36.1%	30.7%
Inactive: ^d				
Total (000s)	228	859	2,394	9,407
per cent of age band	28.7%	92.1%	27.0%	89.5%
would like work (000s)	52	10	475	123
per cent of age band	6.6%	1.1%	5.4%	1.2%
... and available to start work in a fortnight (000s)	14	*	138	63
per cent of age band	1.8%	*	1.6%	0.6%
retired (000s)	47	811	550	8,951
per cent of age band	5.9%	86.9%	6.2%	85.2%

Source: DWP (2006) Older Workers Statistical Information Booklet.

OLDER WORKING LIVES

Employment rates for the older population vary across Scotland. The employment rate is higher in rural areas possibly due to links with higher incidence of agriculture and self employment. Figure 38 shows the spatial differences between employment rates for each of the Local Authority areas in Scotland in 2005. The levels of highest employment for people aged 50 to SPA are in Shetland Islands (85.8%), Orkney Islands (78%) and East Dunbartonshire (79.2%). The lowest levels of employment amongst the same age group are in East Ayrshire (57.7%) Glasgow City (58.8%) and Inverclyde (60.5%). Levels of high worklessness (unemployed or economically inactive) for people aged 50 to SPA are in Inverclyde (39.5%), Glasgow City (41.2%) and East Ayrshire (42.3%). People in the same age group who live in East Dunbartonshire (20.8%), Eilean Siar (23.7%) and Aberdeenshire (23.5%) are less likely to be workless.

Figure 38: % People aged 50 to SPA by economic status and local authority area, Scotland, 2005

Source: Annual Population Survey 2005	Proportion	
	In Employment	Unemployed or Economically Inactive
Scotland	69.1%	30.9%
Aberdeen City	74.8%	25.2%
Aberdeenshire	76.5%	23.5%
Angus	76.3%	23.7%
Argyll & Bute	71.9%	28.1%
Scot Borders, The	76.1%	23.9%
Clackmannanshire	70.6%	29.4%
West Dunbartonshire	66.0%	34.0%
Dumfries and Galloway	68.0%	32.0%
Dundee City	67.4%	32.6%
East Ayrshire	57.7%	42.3%
East Dunbartonshire	79.2%	20.8%
East Lothian	73.9%	26.1%
East Renfrewshire	71.2%	28.8%
Edinburgh, City of	74.5%	25.5%
Falkirk	65.7%	34.3%
Fife	72.0%	28.0%
Glasgow City	58.8%	41.2%
Highland	73.6%	26.4%
Inverclyde	60.5%	39.5%
Midlothian	69.8%	30.2%
Moray	73.6%	26.4%
North Ayrshire	63.9%	36.1%
North Lanarkshire	58.8%	41.2%
Orkney Islands	78.0%	22.0%
Perth and Kinross	74.7%	25.3%
Renfrewshire	66.2%	33.8%
Shetland Islands	85.8%	14.2%
South Ayrshire	71.2%	28.8%
South Lanarkshire	66.9%	33.1%
Stirling	68.4%	31.6%
West Lothian	67.5%	32.5%
Eilean Siar (Western Isles)	76.3%	23.7%

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Figure 39 shows occupation groups by age. Those aged 50 to SPA are more likely to work in the managerial and professional roles (explained by their length in service), but less likely in Sales and Customer Service occupations than the total working population.

Figure 39: Employment by Age Group and Occupation Group, Scotland, 2005

Occupation Group	Age 50 to SPA	All Working Age
Managers and Senior Officials	14.2%	12.6%
Professional occupations	14.3%	12.4%
Associate Professional and Technical	11.4%	14.4%
Administrative and Secretarial	12.5%	12.4%
Skilled Trades Occupations	12.4%	11.0%
Personal Service Occupations	8.5%	8.5%
Sales and Customer Service Occupations	4.7%	8.9%
Process, Plant and Machine Operatives	10.3%	8.0%
Elementary Occupations	11.8%	12.0%
All	100.0%	100.0%

Source: Annual Population Survey 2005 (Jan to Dec)

In terms of industry of employment, Figure 40 illustrates that those aged 50 to SPA are more likely, than the working population as a whole, to be working in public administration, education and health but less likely to be working in distribution, hotels and restaurants.

Figure 40: Employment by Age Group and Industry Group, Scotland, 2005

Occupation Group	Age 50 to SPA	All Working Age
Managers and Senior Officials	14.2%	12.6%
Professional occupations	14.3%	12.4%
Associate Professional and Technical	11.4%	14.4%
Administrative and Secretarial	12.5%	12.4%
Skilled Trades Occupations	12.4%	11.0%
Personal Service Occupations	8.5%	8.5%
Sales and Customer Service Occupations	4.7%	8.9%
Process, Plant and Machine Operatives	10.3%	8.0%
Elementary Occupations	11.8%	12.0%
All	100.0%	100.0%

Source: Annual Population Survey 2005 (Jan to Dec)

Older People and their jobs

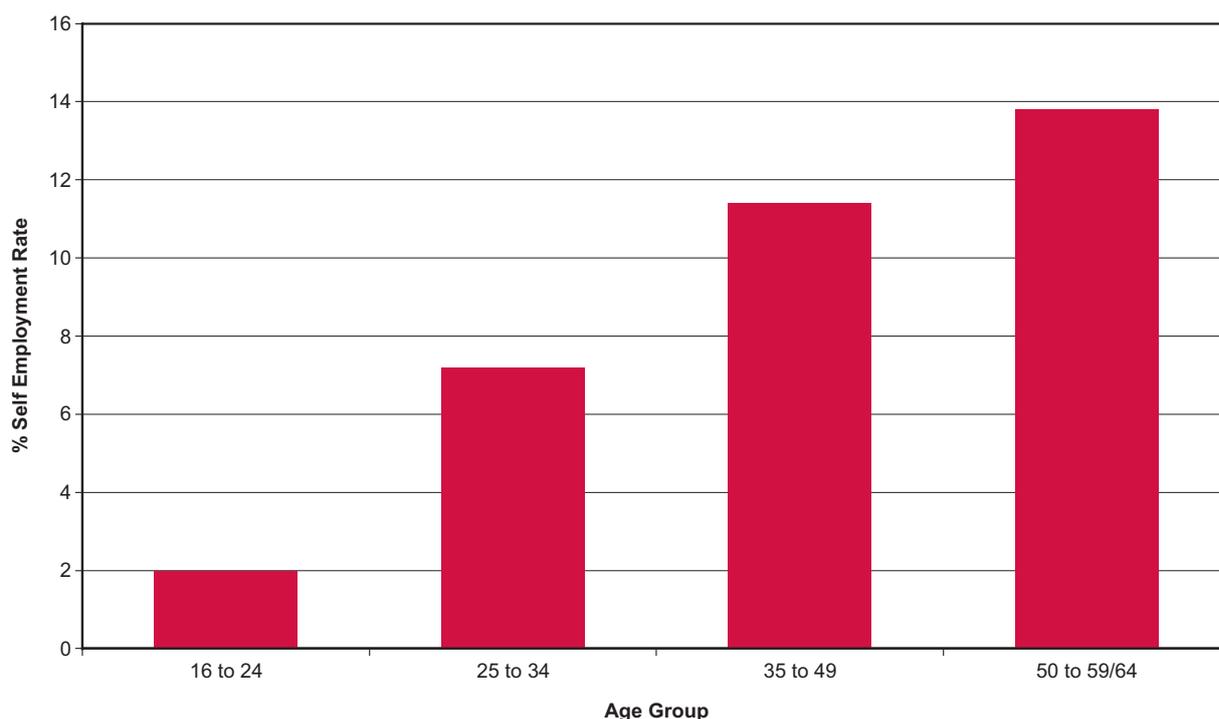
The forms of employment taken up by older workers have changed since the 1980's with an increase in non-standard and more flexible forms of employment such as part-time work and self-employment.

The incidence of part-time working increases with age for both men and women. Part-time work is an important bridge between full-time work and retirement. The evidence highlights that the majority of older workers in the UK, 85% of men and 94% of women working part-time choose to do so, and that preference increases with age. ⁴⁸ Established gendered patterns of working persist into older age, with older women more likely to work part-time than older men.

As shown in figure 37, in spring 2006, 20.7% of people aged 50 to SPA worked part time. This substantially increases after state pension age when 64.2% of people aged SPA and over worked part-time. ⁴⁹

Recent research has also shown that self-employment is also important for older workers, particularly among older men. Figure 41 shows that older workers are more likely than younger age groups to be self employed. In 2005, 13.8% of people aged 50 to SPA were self-employed compared to 7.2% of those aged 25 to 34. The magnitude of the effect is stronger for men. This rise in self-employment among is also linked to the rise in the numbers of mature entrepreneurs – Generation 'M'. This is predicted to increase, as older individuals increasingly set up businesses on their own. ²¹

Figure 41: Self-Employed as a Proportion of all those in Employment by Age Group, Scotland, 2005



Source: Annual Population Survey 2005. Compiled by Scottish Executive Labour Market Statistics Branch.

Evidence from a range of research highlights consistent findings about the positive experience older workers bring to employers. Older workers:

- Work better in teams
- Are less likely to leave
- Have lower rates of absenteeism
- Have better interpersonal skills

As well as the benefits that older workers bring to employers, a recent study of the well-being of people aged 50 to 75 found that those who were employed had higher levels of well-being than those who were unemployed or retired. The highest levels of well-being were found in those who were working after state pension age.⁵⁰

For some people leaving the labour market can result in poverty, insecurity and social exclusion, which in turn can lead to ill-health, depression and disenchantment.⁵¹ Work is an important way of engaging with people, building social networks and overcoming social exclusion.⁵²

The increased availability of flexible working arrangements can affect the labour market participation of older men and women by: ⁵³

- Allowing older workers to remain in their existing employment by downshifting in some way, either through reducing their hours and/or amending their working roles.
- Providing opportunities for 'bridged' employment between career occupation and retirement.
- Encouraging those not currently working because of their caring responsibilities, health issues or unemployment to return to the labour market.

Recent research ⁵⁴ into employers (such as the one highlighted) who have adopted flexible retirement policies has shown that retaining older workers can:

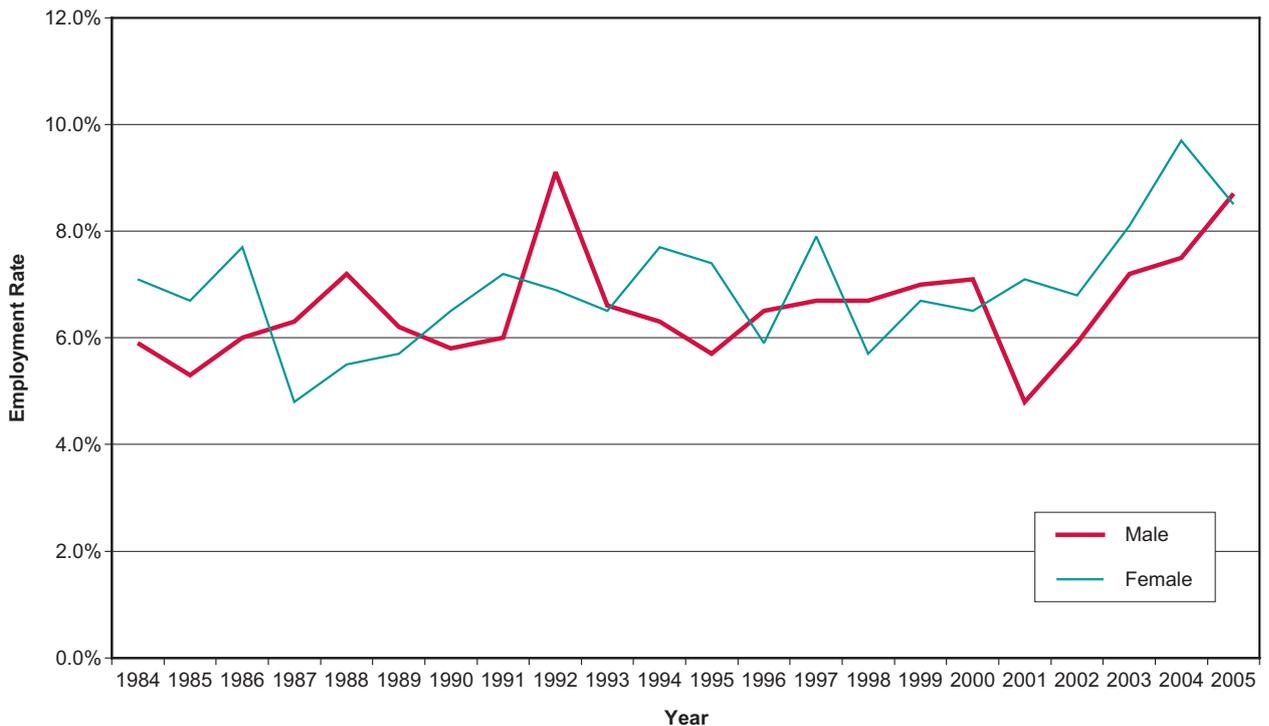
- Reduce recruitment and training costs of new workers
- Retains skills and experiences
- Improves staff morale and loyalty
- Promotes greater diversity in the workplace and is more reflective of customers/client profiles.

Still Working? State Pension Age and Beyond

Beyond state pension age, there is less attachment to the labour force compared with younger ages across the life course. As figure 37 indicates, just over 92% of this age group are economically inactive. However, a proportion of the labour force in Scotland continue to work beyond State Pension Age (SPA). Figure 42 shows the employment rate for those at SPA ages and over from 1984 to 2005. The employment rate for people in this age group was 7.7 % in 2006, 86.9% are economically inactive due to retirement.

OLDER WORKING LIVES

Figure 42: Employment rates for those at SPA age and over from 1984 to 2005.

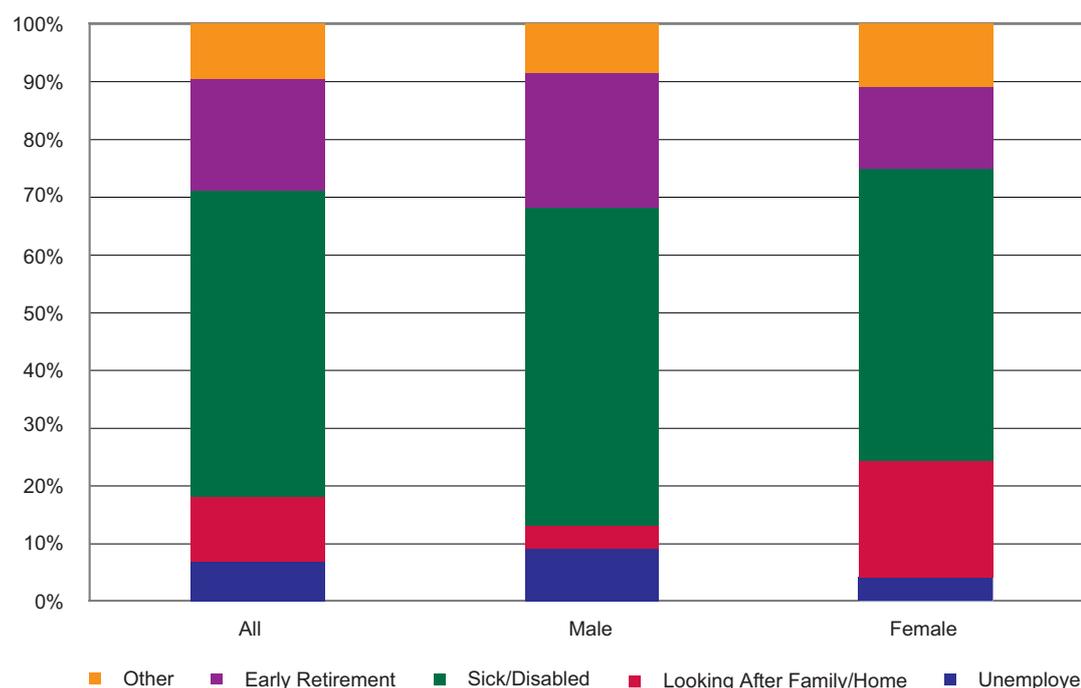


Source: Labour Force Survey (March to May Quarter each year). Compiled by Scottish Executive Labour Market Statistics Branch.

Research suggests⁵⁵ that financial hardship is an important reason to continue working, such as the absence of an occupational pension, low income and still paying a mortgage. Amongst males continuing to work beyond SPA, pension provision was the main reason for continuing to work and for women being separated or divorced were more likely to be working beyond SPA. Having more educational qualifications were also associated with working beyond SPA while having none was associated with leaving work. Part-time opportunities are particularly important to propel working beyond SPA ages. Working beyond the SPA ages is strongly associated for those working in the years preceding SPA.

Economic Inactivity

Figure 43: Proportion on those aged 50 to State Pension Age Not In Employment by Reason, Scotland, 2005



Source: Annual Population Survey 2005. Compiled by Scottish Executive Labour Market Statistics Branch.

Despite the growth in employment rates among older workers many still leave the labour force ahead of the State Pension Ages. It is in their 50s that people begin to leave the labour market permanently.

- In 2005, a total of 244,000 people aged 50 to SPA were not working in Scotland.
- Of that group, 46,000 people were economically inactive due to being in retirement, 23.1% of men and 13.9% of females, accounting for 19.1% of that age group.

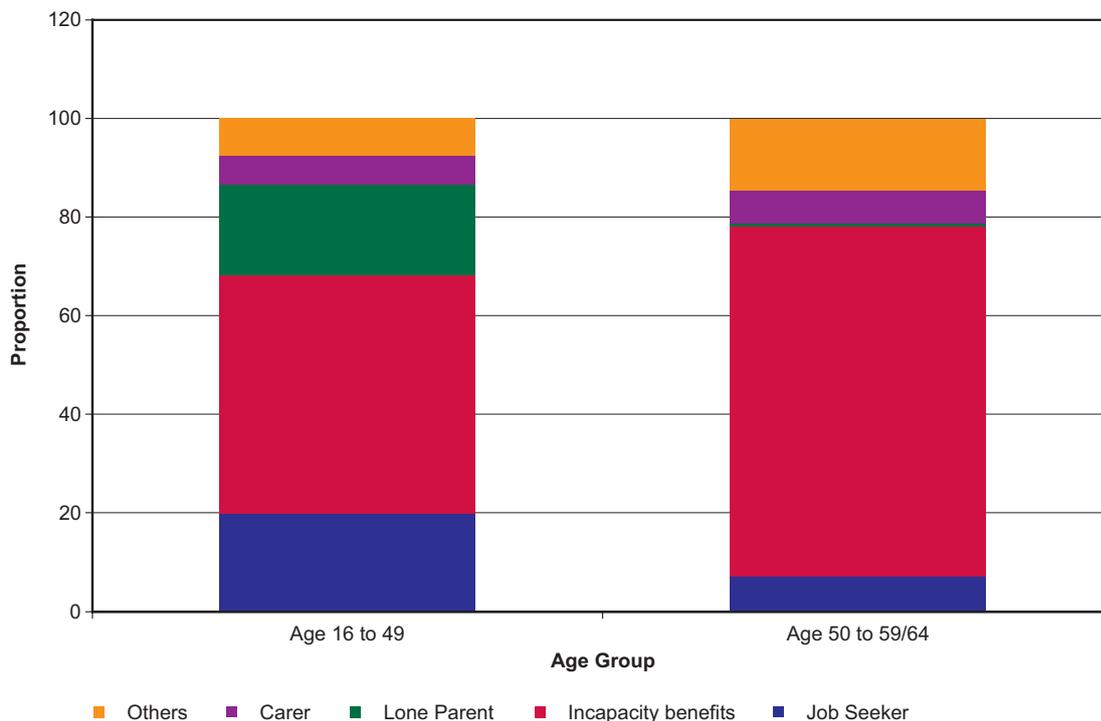
Figure 43, shows that the main reason for not working is due to being sick or disabled (52.7%) and this is the main reason for both males and females. This compares to 39.9% for people aged 35 to 49 who do not work. This reason is one of the most common 'pushing' factors cited in the evidence and is most associated with low retirement age and exit from the labour market.

OLDER WORKING LIVES

The lower a person's retirement age, the more likely it was that they would have left work because of illness or disability⁵⁶ and this is especially significant for those in their 50s and early 60s. Men and women in lower social class groups are especially likely to cite health-related reasons for leaving work ahead of SPA. The likelihood of someone leaving work through ill-health or disability after the age of 50 re-entering the labour market is slim, and declines rapidly as the length of unemployment increases.

This evidence coincides with the increased levels of incapacity claimant benefits which increased with age as shown in figure 44. Older people are more likely to claim these benefits due to the likelihood of being sick and/or disabled and thus out of work.

Figure 44: Working Age Benefit Claimants by Age Group and Client Group, Scotland, August 2005



Source: Work and Pensions Longitudinal Study, Department for Work and Pensions. Compiled by Scottish Executive Labour Market Statistics Branch.

Unemployment is low in this age group compared to younger age groups. 6.9% of people aged 50 to SPA are unemployed compared to 20.5% of 25 to 34 year olds and 27% of 16 to 24 year olds.

Retirement Pathways

An important part of the labour market experience of older workers is the transition from work to retirement.

The Pension Commission Report (2004) estimates that trends in mean age of retirement in the UK have been decreasing since 1950, but the trend of earlier retirement has been reversing over the last eleven years since 1995:

- On average men retire later than women.
- For women, the most frequent retirement ages are 59-61 while for men they are 64-66.
- The estimated mean retirement ages in 2004 are 63.8 for men and 61.6 for women ⁵⁷.

The report highlights that it is unlikely that society or individuals will wish to choose an increase in retirement ages which is greatly more than the proportional to future increase in life expectancy. The Commission predicts that this will partly and should be left to individuals who will to a degree make their own balance between saving level, retirement ages and incomes in retirement. However it predicts that the increase in employment rates for the over 50's is set to continue due to less generous pension provision and fewer tax payers for each person drawing upon state resources.

It is apparent from the evidence that whilst older workers face a common transition, they are on the other hand, a diverse group and are as varied as the rest of the labour force.

Research into work and ageing contrasts economically inactive older worker with total choice and control to those with virtually none at all. Between these extremes there are a variety of experiences and expectations. The baby boomers for example are more likely to have greater expectations about the nature of employment after 50 and about suitable lifestyles in employment. ⁵⁸

Research on work and ageing shows that many factors have an important influence on when people retire. A combination of 'push' and 'pull' and a wealth of other inter-related factors are cited as factors influencing movement out of employment.

Researchers at University of Surrey ⁵⁹ have identified the following factors:

- **Feeling Valued at Work:** workers who believe they are making a positive contribution in their jobs, are more likely to stay in work. These people live longer, and have active lives after formal retirement.

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- **Social environment:** the social networks that are linked to work are important to most people. They are more likely to stay in work if they get on with colleagues and there are opportunities for social interaction.
- **Control:** many older people have developed ways of working which suit their personal styles and strengths and value the opportunity to have their say in how the work is organised and carried out.
- **Flexibility:** where employers offer opportunities for flexible work (for example part-time phased reduction in hours or responsibility) people stay in work longer. Most people who would consider working beyond retirement age would only do so on a flexible basis.
- **Health:** those who do are more likely to continue in poor health and to have lower incomes after retirement. Early assessment of risk and appropriate action can reduce the likelihood of people becoming sick and disabled in their 50s.
- **Personal ‘mission’:** for many people, work is focused on a cause or a long term sense of purpose, such as contributing to the community, caring for others, or professional reputation. This can be one of the main reasons for remaining in work or staying ‘active’ in a voluntary role.
- **Caring responsibilities:** during their 50s and 60s many people find themselves with growing responsibilities for elderly parents and sometimes for grandchildren or dependent parents. Evidence suggests that caring roles will become increasingly influential over people’s life choices as individuals will have both children and elderly relatives to care for. It means that people in their 50s represent a pivot generation with both care and work roles and that carers may be inclined to leave work if they are unable to balance work and caring.

Tomorrow’s Working Lives

A declining population and ageing workforce brings with it questions about the future of the Scottish labour market.

“An increase in 2% in employment among the 50 and over age groups would more than offset the initial decline in the absolute size of the working aged population up to 2015”⁶⁰

Recent evidence is showing that the demand for more flexible and non-standard forms of employment will increase amongst older workers and the general population. Looking forward,

the evidence highlights that, changing demographics are likely to have a continued impact upon the expectations and perceptions of current working patterns.

A study by the Work Foundation ⁶¹ into people's aspirations about ways of working highlights the way in which changing demographics is having an impact on the expectation of their working lives: Increasing amounts of two income households mean there needs to be some way of managing childcare, eldercare and housework and the evidence concludes that there is support for making flexible working practices available to all throughout the life course.

For example, the study showed:

- 84% thought employers should offer part-time work to those near retirement age in order to retain them
- 88% of employers should offer flexible working to everyone
- 92% should invest money in changing working practices
- 9% thought employers should keep working the same way they have always done.

The evidence highlighted a **generation gap**:

- younger age groups were more likely to want to work flexibly at the start of their career.
- whereas older age groups were more likely to want to work flexibly when they have older children.
- Younger workers are much more likely to want to stop working when they reach 60.
- Older workers over the age of 55 are more likely to be working full-time than not working at all.

In line with trend analysis ⁶² we can predict that employers will increasingly look at non-traditional groups such as older workers. The proportion of people in the Scottish Labour market should remain constant or fall only slightly. This is because people from abroad will be entering the labour market and more women and older people will be entering or staying in the labour market.

The evidence is telling us:

- There is likely to be an increased supply of people wanting to work part-time and flexibly especially after state pension ages.
- Unlike immediate predecessors, today's over 50s believe they will work into their 60s due to current pension situation.
- People increasingly believe that organisations need to respond to changing demographics and child/eldercare responsibilities.
- Retirement is less likely to be based on past traditional models, but more on a transitional approach, where people might continue to be active in the labour market and in the community in different ways.



Health and Well-Being:

- **Health takes on a particular significance in later life:** The proportion of people with both a long-term illness and a disability increases with age: 13% of people aged 70 years and over have both a long-term illness and disability compared to 2% of 30-39 year olds. ⁶⁴ Many people in older age groups still consider themselves to be in good health even if they have a long-term illness which restricts their daily lives.
- **Healthy life expectancy is increasing:** A girl born in Scotland in 2000 could expect to live for 78.7 years: 57.5 (73 per cent) of these years could be expected to be spent free from limiting long-term illness, and 67.2 (85 per cent) years could be expected to be spent in good or fairly good general health. ⁶⁵
- **Healthy ageing?:** The majority (65%) of people aged over 50 years in Scotland are living without a long-term illness or disability. This compares with 91% of persons aged 0-49 years living with no long-term illness or disability. ⁶³ The majority of older people in Scotland continue to live in the community well into later life 45% of people aged 65 and over live at home, the majority in good health. ⁷⁰ Older people are more likely to feel that their health-related quality of life is poor. They are more likely than their younger counterparts to say that poor-health and pain affect their daily life, for example: 27% of men aged 75 years and over reported that ill health limited their ability to perform moderate activities 'a lot' compared with only 6% of men aged 18-24 years. ⁶⁹
- **Health-related behaviours** The likelihood of smoking falls with age; 19% of males and 24% of females aged 60-74 years smoke. ⁶⁶ Older people are more likely to drink alcohol frequently than younger age groups: 3% of males aged 16-24 years reported usually drinking every day, compared with 29% of those aged over 75 years. Older people are, however, less likely to have exceeded the recommended number of units in the last week: 31% of males aged 16-24 years reported drinking more than 21 units, compared with 15% of those aged over 75 years. ⁶⁷ Older people are less likely to undertake the minimum recommended amount of physical activity. Only 23% of men and 16% of women those aged 65-74 years were achieving it. ⁶⁸

Health is an important dimension of quality of life amongst people of all ages and takes on a particular significance in later life. The health behaviours and status of older people have typically been less of a focus among researchers than younger age groups. However, evidence points to the on-going importance of health status and behaviours and lifestyles across the life course.

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

Perceptions of health and ageing

Research⁷¹ with older people in Scotland found that older people think about their health in two ways:

- The first focusing on physical fitness, youthfulness and appearance and orientated towards the future
- The second focusing on mental as well as physical well-being, functional capacity, independence and capability and orientated towards the future.

While it is believed that a person can influence their own health, this tends to draw on the first set of ideas. It is evident from research that people do not believe that a person can significantly alter their longer term life chances. A genuine interest in one's older self and future health is rare. Health related decisions are more likely to be prompted by a more immediate concern with loss of youth (especially for baby boomers) or by a health crisis (especially for those in older age groups and the most elderly).

HEALTH STATUS IN LATER LIFE

Perception of general health: How do the older population view their health?

Figure 45 shows self-assessed general health by age. Self-assessed health is a useful measure of how an individual regards their own condition generally, and is known to be related to the incidence of chronic and acute disease, as well as being a good predictor of mortality.

Figure 45: Self assessed general health by sex and age

Aged 16 and over								2003
Self-assessed general health	Age							Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %	%
Men								
Very good	45	42	41	37	29	21	16	35
Good	43	40	41	38	36	34	41	39
Fair	11	14	14	16	22	29	29	18
Bad	1	4	3	7	9	12	10	6
Very bad	0	0	1	2	4	3	5	2
Very good/good	88	82	82	75	65	55	56	74
Bad/very bad	1	5	5	9	13	16	15	8
Women								
Very good	45	39	40	39	27	23	18	34
Good	44	47	37	34	38	36	33	39
Fair	9	11	16	20	25	27	33	19
Bad	2	3	5	5	8	12	13	7
Very bad	0	0	2	2	2	2	1	
Very good/good	89	86	77	73	65	58	51	73
Bad/very bad	2	4	6	7	10	14	15	8
Bases (weighted):								
Men	580	608	761	668	569	406	260	3853
Women	566	658	812	691	601	493	468	4290
Bases (unweighted):								
Men	336	454	733	614	633	510	327	3607
Women	404	600	886	795	777	581	493	4536

Source: Scottish Health Survey (2003).

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

- Three-quarters of adult men (74%) and women (73%) in Scotland classified their health as either 'very good' or 'good'.
- Self-assessed general health was strongly associated with age. 56% of men aged 75 years and over and 55% of men aged 65-74 years rated their health as either 'very good' or 'good' compared to 88% of 16-24 year olds and 82% of 25-34 year olds.
- Amongst older age groups, males aged 65 to 74 were more likely to rate their health as 'very bad' or 'bad' (16%) than younger age groups.
- Women aged 75 years and over are slightly less likely than their male counterparts to rate their health as 'very good' or 'good': 51% compared to 56%.

In general, the odds of people reporting poor health increases steadily with age. Analysis of Scottish Health Survey 2003 data shows that:

- The likelihood of men aged 25-34 years reporting poor general health is 7 times higher than among men aged 16-24 years, and increases markedly with age to around 20 times higher among men aged 65 years and over.
- A similar pattern is evident for women, though the ratios are smaller: women aged 75 years and over are 9 times more likely to report poor general health than those aged 16-24 years.

These trends are mirrored in the reporting of long-standing illness, shown in Figure 46. This indicates that:

- Reporting of long-standing illness (both limiting and non-limiting) is strongly related to age.
- Around one sixth (17% of men and 16% of women) of 16-24 year olds report at least one long-standing illness compared to two thirds (65% of men and 67% of women) of the 75 years and over age group.
- From the age of 55 onwards, the majority of both men and women report having a long-standing illness.

The prevalence of limiting long-standing illnesses increases with age to a much greater extent than the prevalence of non-limiting long-standing illness.

- Among men, 7% of those aged 16-24 years had a limiting long-standing illness compared with 44% of those aged 75 years and over; whilst the corresponding figures for non-limiting long-standing illness were 10% and 20%.
- A similar pattern is evident for women, 10% of those aged 16-24 years had a limiting long-standing illness compared with 52% of those aged 75 years and over, whilst 7% and 15% had a non-limiting illness.

Figure 46: Reporting of Long-standing illness and Limiting Long-standing illness by age

Aged 16 and over							
Long-standing illness & limiting Long-standing illness	Age						
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65-74 %	75+ %
Men							
No long-standing illness	83	70	66	58	46	34	35
Limiting long-standing illness	7	16	20	28	35	47	44
Non-limiting long-standing illness	10	15	14	14	19	19	20
Total with illness	17	30	34	42	54	66	65
Women							
No long-standing illness	84	74	65	58	44	39	33
Limiting long-standing illness	10	14	23	25	38	43	52
Non-limiting long-standing illness	7	13	13	17	19	18	15
Total with illness	16	26	35	42	56	61	67
Bases (weighted):							
Men	580	608	761	668	569	405	260
Women	566	658	812	691	601	493	468
Bases (unweighted):							
Men	336	454	733	614	633	509	327
Women	404	600	886	795	777	581	493

Source: Scottish Health Survey 2003

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

Whilst the link between the prevalence of long-standing illness and ageing is well evidenced, many people still consider themselves to be in good health, even if they have a long-standing illness that limits their daily activity.

- Just 8% of adults rate their health as 'bad' or 'very bad', yet more than one in five (22%) report having a limiting long-standing illness.
- Those with a limiting long-standing illness were more likely to rate their health as 'very good' or 'good' than to rate it as 'bad' or 'very bad'.

Health-related quality of life

Questions concerning people's ability to undertake activities of daily living and how their health impacts on this provides a good measure of their ability to live independently and how health impacts on their quality of life. In much of the research, poor and worsening satisfaction with life amongst older people was clearly associated with decreasing ability to perform everyday tasks due to declining health.

First used in the 2003 Scottish Health Survey, the SF-12 is a widely used self-reported generic measure of health status, consisting of both physical and mental health components.

The data shows a strong relationship between age and response to questions, with older people more likely than their younger counterparts to report that poor health or pain affected their daily lives. The physical component scores of health-related quality of life therefore decreased with age in both sexes, for example:

- 6% of men aged 18-24 years said that ill-health limited their ability to perform moderate activities 'a lot' compared with 27% of men aged 75 years and over. The corresponding figures for women were 4% and 36%.
- 4% of men aged 25-34 years said that ill-health limited their ability to climb several flights of stairs 'a lot' compared to 23% of men aged 65-74 years and 34% of men aged 75 years and over.
- Men and women over state pensionable ages were more likely to report that they felt calm and peaceful all or most of the time during the past four weeks than adults younger than pensionable ages. Between 51% and 56% of men aged 18-64 years said they had felt calm and peaceful compared with 69% of men aged 65-74 years and 67% of men aged 75 years and over. A similar pattern is evident for women: between 40% and 46% of those aged 18-54 years had felt calm and peaceful; rising to 50% at age 55-64 years and peaking at 62% among those aged 65 years and over.
- The mean mental component health summary scores of the SF-12 were similar for all age groups in men, while scores for women increased slightly with age.

Much of the research on healthy ageing advocates that, since longer lives are not necessarily seen as better lives, there is a continuing need for health promotion messages which focus on a healthy quality of life, rather than simply longevity and extension of life for our ageing population.

Living with Disabilities

As well as understanding the prevalence of long-standing illness in the older population and their perception of general health status and quality of life, it is important to highlight that the probability of illness combined with disability increases with age.

Ill-health associated with the ageing process may be accelerated for people with a disability. People with, for example, severe physical disabilities may experience marked declines in their health well before they reach old age.

The prevalence, type and severity of disability increases with age. Recent Scottish Household Survey data ⁷² shows that:

- Prevalence of disability and long-term illness increases with age. This is particularly evident for those aged 60 years and over; for example: 7% of people aged 50-59 years have a disability compared to 11% of 60-69 year olds and 17% of people aged 70 years and over.
- People aged 70 years and over are slightly more likely to have a long-term illness than a disability (21% compared with 17%).
- The likelihood of having both a long-term illness and disability increases with age; for example: 9% of people aged 60-69 years and 13% of people aged 70 years and over have both a long-term illness and disability compared to 2% of 30-39 year olds and 6% of 50-59 year olds.
- People over 50 are more likely to have health problems associated with the legs and feet and age-related disabilities such as difficulty hearing, seeing, and arthritis.
- The incidence of age-related sensory and functional disabilities in particular is evident in the 75 and over age group. For example, 6% of people with a long-standing health problem or disability in the 70-74 age group have difficulty hearing; this increases to 16% of the 75 and over age group. Similarly, 7% of those with a long-standing health problem or disability, aged 70 to 74, have difficulty seeing; this increases to 14% in the 75 and over age group.

As expected, people with long-term illnesses or disability are more likely to experience difficulty with activities of daily living and more likely to need use of aids or adaptations in the household. This evidence is important in understanding the impact of people's illnesses on their ability to care for themselves and live independent lives.

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- Activities found more likely to cause difficulty among older people with a long-term illness or disability are climbing the stairs, walking for ten minutes, standing for ten minutes, using the bus and housework. ⁷³
- Difficulty with activities which are suggestive of a higher degree of disability such as preparing main meals, washing and dressing - also show an increase with age. The use of aids and adaptations in the household due to illness or disability also increases with age. The most common aids and adaptations used by older age groups are handrails, walking sticks and bath/shower seats. ⁷⁴

Despite the fact that there may be increasing numbers of people with disabilities, it should be highlighted that the English Longitudinal Study of Ageing (ELSA) shows that over 80% of all people aged 50 years and over report no difficulties with specific activities of daily living. ⁷⁵

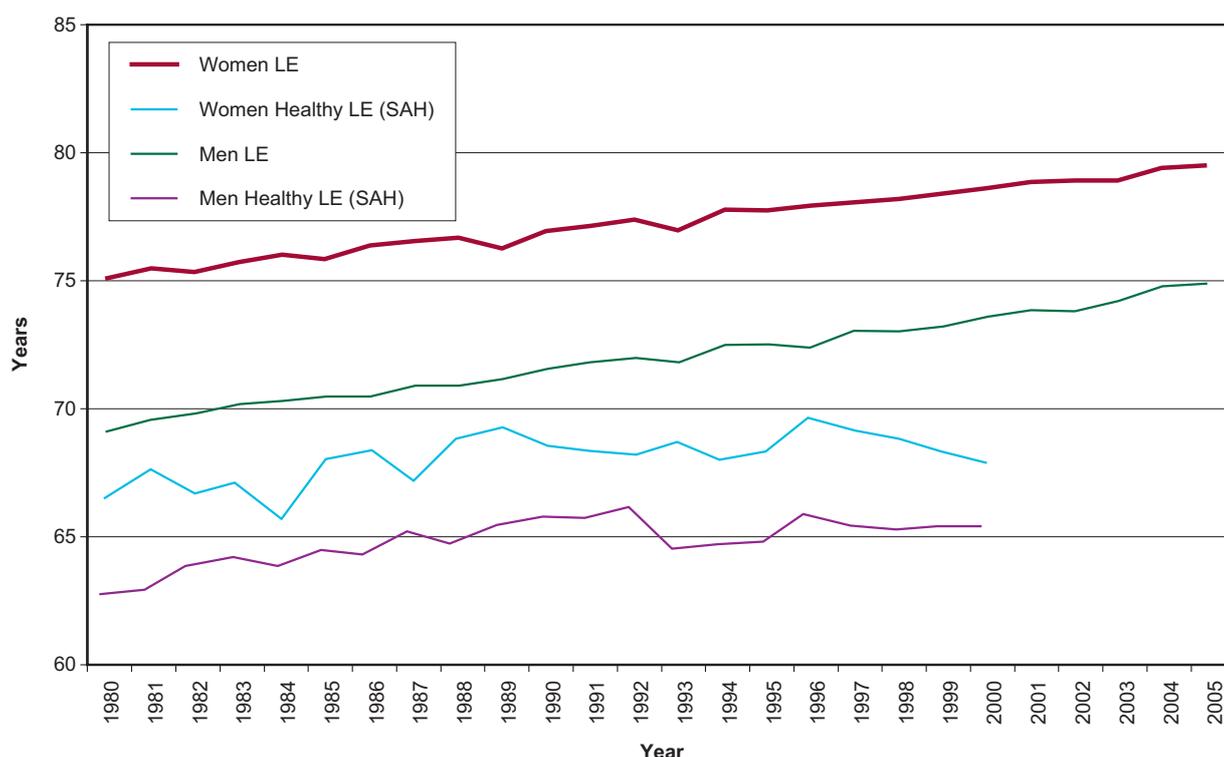
Living Longer and Healthier?

As outlined in Chapter Two, it is clear from demographic evidence that people in Scotland are living longer. Health expectancies are as important as life expectancy in an ageing population. The question remains, however, whether people are living longer in poor health or in good health and whether older people will be healthier in the future than they are now.

There is a range of evidence on current trends in life expectancy and healthy life expectancy. However, the most robust evidence highlights the fact that **healthy life expectancy is increasing and age-specific levels of ill health are declining.** ⁷⁶

Healthy life expectancy (HLE) is defined as the number of years people can expect to live in good health. The discrepancy between healthy and total life expectancy therefore indicates the length of time people can expect to spend in poor health.

Figure 47: Life/Healthy expectancy at birth by gender Scotland 1980-2005



Scottish Executive (2004) Social Focus on Disability

Figure 47 shows the increases in healthy life expectancy since 1980.

- A girl born in Scotland in 2000 could expect to live for 78.7 years: 57.5 (73%) of these years could be expected to be spent free from a long-term limiting illness, and 67.2 (85%) years could be expected to be spent in good or fairly good general health.
- A boy born in 2000 could expect to live for 73.3 years: 54.5 of those years could be expected to be spent free from a long-term limiting illness and 64.6 years could be expected to be spent in good or fairly good general health.

In terms of quality of life, healthy life expectancy at birth (based on Self-Assessed Health) has also increased over the longer term but at a lower rate than the increase in overall life expectancy. The gap between life expectancy and healthy life expectancy is greater for women than for men, suggesting that women spend more years of their lives in poor health.

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The Healthy Life Expectancy in Scotland (2004) report found that:

- Healthy life expectancy at birth has increased over time, but has not kept pace with the increases in life expectancy at birth;
- Both measures of healthy life expectancy at age 65 have increased over the last 20 years at a similar rate to life expectancy at age 65;
- The increases in healthy life expectancy and life expectancy are larger for men than women.

The major determinant of increasing future demand for care for older people in Scotland will be demographic change involving increasing numbers of older people and in particular the oldest old. The report highlights that the exact outcome will be affected by changes in age-specific levels of ill-health and disability and increases in healthy life expectancy. If past trends in age specific levels of ill-health and disability and past increases in healthy life expectancy continue, they will serve to mitigate to some extent the impact of an ageing population on the demand for care.

Inequalities in Health

As highlighted throughout this report, older people, like the population as a whole, are a diverse group. As with the population as a whole, inequalities exist within the older population linked to demographic factors such as sex, ethnicity and socio-economic status. Evidence on factors contributing to health inequalities is well documented. Inequalities can relate to:

- The determinants of health including life circumstances (eg, socio-economic factors)
- Health status
- Access to health care

The evidence suggests that healthy ageing can be achieved for the majority of people if they experience health-enhancing socio-economic, environmental and lifestyle factors throughout the life course.

The evidence highlights the following factors:

- **Occupational group:** There is an occupational difference in the prevalence of most health outcomes in older people including: heart disease, respiratory illness, self-reported poor health, long-standing illness and mental health symptoms. Men in routine or manual occupational class households are most likely, and men in professional or managerial class households were least likely, to report having each of these conditions. ⁷⁷ Similar trends related to occupational class are evident for health-related behaviours. For example, sedentary behaviour increased with age more rapidly for men and women in routine or manual households than for those in professional or managerial households. ⁷⁸
- **Socio-Economic group:** A study in England found that life expectancy for men from social class I and II was 2.6 years longer than that for men of the same age from social class IV and V. Older people from social class I and II could expect to live in good health, free from disability for a longer period and, hence, enjoy longer total life expectancy than people of the same age from social classes IV and V. ⁷⁹
- **Geography/area deprivation:** There are regional and area based differences in health. For example, people aged 50 and over are more likely to rate their health as 'good' in the East Renfrewshire, Aberdeen City and Eilean Siar areas. ⁸⁰ Furthermore, negative perceptions of health increase with age in deprived areas. 28% of people aged 50-59 in the most deprived areas rate their health as 'good' compared to 60% of the same age groups in the least deprived areas. ⁸¹ There is a similar trend in older age groups. There are many reasons for area-based inequalities in health ranging from differences in the socio-economic characteristics of different areas, migration patterns of healthy older people, differences in lifestyle and other poorly understood issues relating to 'healthiness' or otherwise of different environments.
- **Ethnicity:** As highlighted, self-perception of health is highly correlated with age. There is little evidence on health of older minority ethnic populations. However, Census 2001 data ⁸² when broken down by age band, can show inequalities amongst the ethnic population. Within the 35-59 age groups, Pakistanis report the poorest health with only 81% considering themselves to be in good or fairly good health. The Chinese have the best reported health perception with 94% reporting good or fairly good health, in the 60 and over age group, Pakistanis report the poorest health with only 59% of people aged 60 and over reporting good or fairly good health. In comparison, the other white group (81%), Bangladeshi (80%) and other ethnic group (80%) reported the highest percentages of people in good or fairly good health.

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

Healthy Ageing

The lifestyles that people adopt across their life course influence and, in turn, are influenced by their health and well-being. Evidence of the lifestyles of different age groups in Scotland highlights the potential for improving the health and well-being of today's older people and also informs the debate about promoting healthy lifestyles in younger age groups in order to facilitate their healthy ageing.

Lifestyles encompass a wide range of health related behaviours; however, the main focus of this evidence is on:

- Mental health and well-being
- Smoking
- Alcohol
- Physical activity and exercise

Mental Health and Wellbeing

Research⁸³ into the mental health and well-being of older people in Scotland, carried out in 2004, supported older people to prioritise the issues that affect mental health and well-being in later life. Key issues identified were:

- **Family and friends** (the family was a major factor in promoting positive mental health and well-being)
- **Positive attitudes** (having a sense of values, being open and tolerant of new ways of doing things, and being willing to learn)
- **Keeping as active as possible** (physically, socially and mentally)
- **Maintaining capability and independence** (loss of capability or loss of health were identified as the main barriers to mental health and well-being in later life)
- **Negotiating transitions** (retirement and the linked topic of resources; moving from the family home; bereavement). For some, retirement was felt to bring freedom, but for others it brought a sense of not being valued and loss of social contact

While we know about factors that promote mental well-being, there is a lack of detailed and reliable Scottish data on the extent to which older people experience mental health problems. Household surveys are thought to under-report people living in the community with mental health problems. This is partly because of the high proportion of people with dementia and other severe and enduring mental health problems who live in care homes, which are excluded from such surveys.⁸⁴ Also, some national surveys exclude people over the age of 74. In addition, there is evidence that mental health problems among older people are under-diagnosed by health professionals.

Psychosocial health⁸⁵ was measured in the Scottish Health Survey (1995, 1998 and 2003) using the GHQ12, a widely used screening instrument to detect possible mental health problems in the general population. Findings indicate that:

- Women aged 16 and over were more likely than men to have high GHQ12 scores, indicating the presence of a possible mental health problem (17%, versus 13%). This was true of all ages, though the differences between men and women aged 55-74 were smaller than for other age groups.
- The proportion of men aged 16-64 with a high GHQ12 score remained constant over the three years in which the survey was carried out, while it declined slightly among women, from 19% in 1995 and 1998 to 17% in 2003.

Analysis of a UK survey of psychiatric morbidity⁸⁶ amongst people living in private households in the UK found that for older people:

- One in ten people aged 60 to 74 in private households in the UK had a common mental disorder (such as anxiety, depression and phobias).
- Women aged 60 to 74 were more likely than men to have a common mental disorder (12% of women compared to 8% of men).
- In the 60-74 age groups, people were more likely to be identified as having a common mental disorder if they were divorced or separated, on low income, in receipt of state benefit, or had long-standing health problems.

Smoking and Well-being

The likelihood of smoking falls with age, reflecting both a 'healthy survivor effect' as well as patterns of smoking cessation.⁸⁷

Evidence from the Scottish Household Survey 2005 shows that:

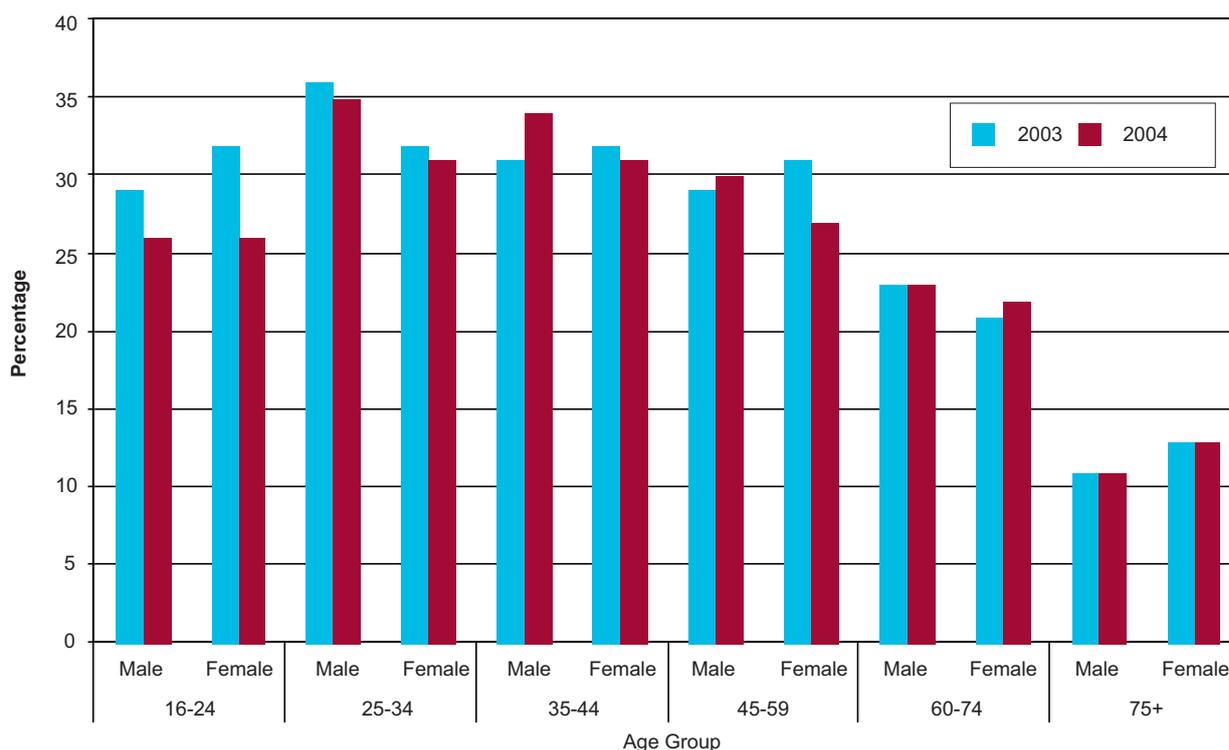
- Self-reported smoking prevalence decreases with age, for example: 19% of males aged 60-74 years and 11% of males aged 75 years and over smoke, compared to 28% of males aged 16-24 years and 36% of males aged 25-34 years.
- The pattern is similar in females, with 24% of females aged 60-74 years and 11% aged 75 and years over smoking compared to 29% aged 25-34 years and 28% aged 16-24 years.
- Across all age groups, men and women are generally equally likely to smoke, with the exception of the 45-74 years age group where females are more likely to smoke than their male counterparts.

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

Figure 48 shows the trends in prevalence of smoking from 2003 to 2004.

- Between 2003 and 2004, the prevalence of smoking is estimated to have decreased most for those aged 16-24 years for both males (a fall of 3 percentage points) and females (a fall of 8 percentage points).
- Amongst older age groups, the prevalence of smoking amongst those aged 75 years and over has stayed the same.
- Amongst the 60-74 age groups, smoking amongst females increased slightly but decreased amongst the 45-69 age groups.

Figure 48: Trends in prevalence of smoking by age and gender, Scotland 2003 to 2004



Source: Scottish Household Survey (2005)

Physical Activity and Ageing

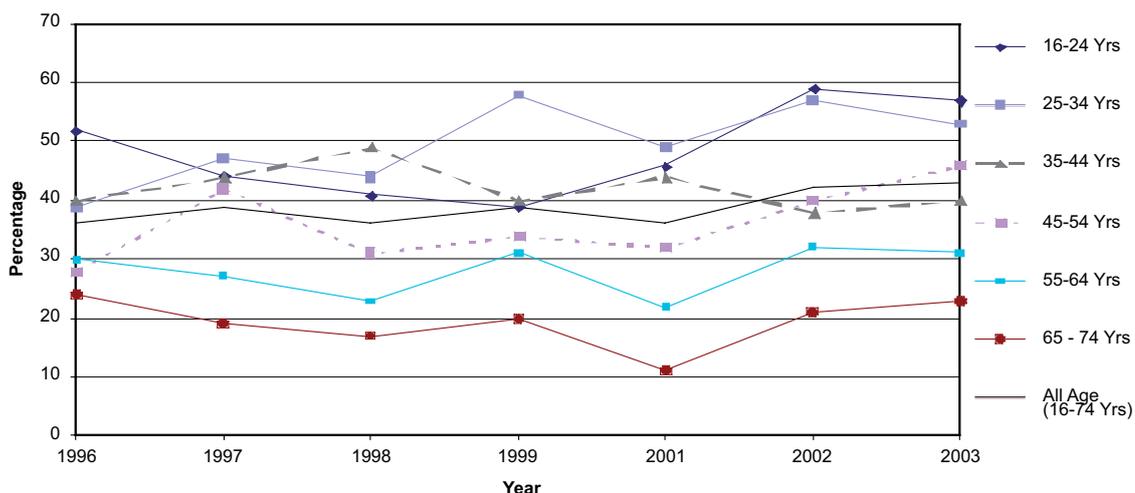
A wealth of evidence exists detailing the health benefits of regular moderate activity for older people. More specifically, regular lifelong exercise is linked to the decreased risk of cardiovascular diseases, osteoporosis, diabetes and some forms of cancer.⁸⁸

Figure 49 shows data from The Health Education Population Survey (HEPS) which samples adults aged 16-74 years in Scotland. It shows that levels of recommended physical activity in Scotland tend to decline with age and are fairly low for each age group. These patterns have been fairly consistent over time with some apparent peaks in 1999.

In 2003, HEPS estimates that:

- 57% of 16-24 year olds were achieving recommended levels of physical activity.
- This compares to 46% of those aged 45-54 years and 23% of those aged between 65-74 years.

Figure 49: Trend in percentage of adult respondents achieving recommended levels of physical activity by age group, Scotland, 1996 to 2003.

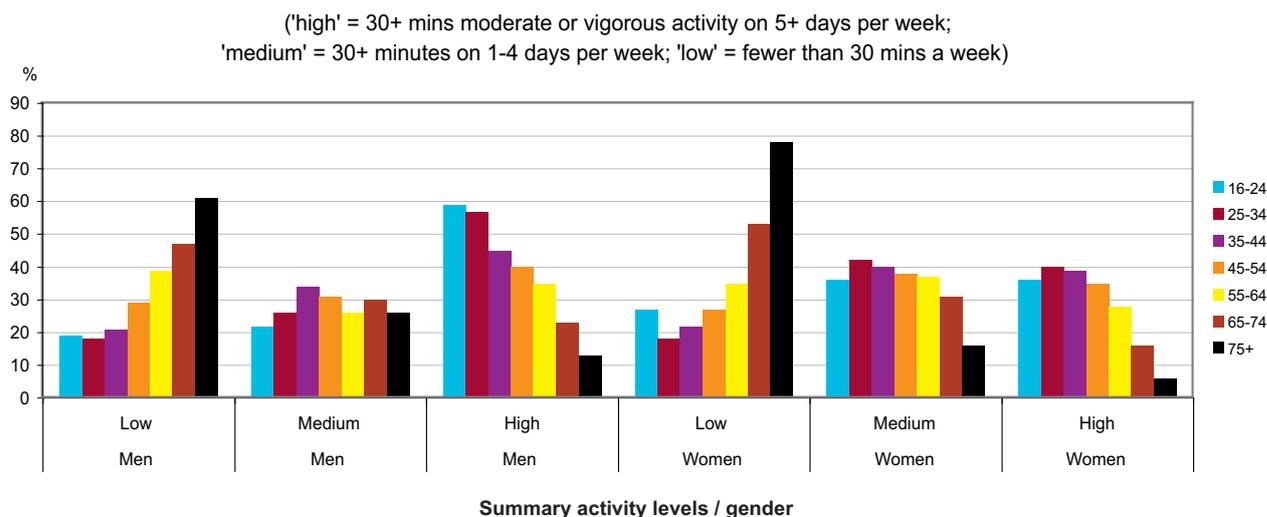


Source: Health Education Population Survey (HEPS)

Older People are particularly likely not to undertake the minimum recommended amount of physical activity or to be completely inactive. This is most prevalent in the 65-74 age group.

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

Figure 50: Percentage achieving high, medium and low summary activity levels by age and gender, Scotland 2003



Source: Scottish Health Survey 2003

Figure 50 shows the percentage of males and females achieving low medium and high activity levels by age. It illustrates:

- Low activity levels are more prevalent in later life (aged 65 years and over) where between 47 and 61% of men and between 53 and 78% of women are inactive.
- Men are more likely than women to be in high activity groups across all age groups.

Participation rates in different activity types ⁸⁹ amongst the older population shows that:

- 74% of men and 78% of women aged 55 to 64 report some physical activity in the last four weeks compared to 91% men and 93% of women aged 25-34 years.
- Amongst women aged 55-64 years the most common activity types are: heavy housework (62%), sports and exercise (30%) and walking (24%).
- Amongst men aged 55-64 years, the most common activity types are spread across a greater range of types including: heavy housework (38%), sports and exercise (36%), gardening/DIY (35%) and walking (25%).

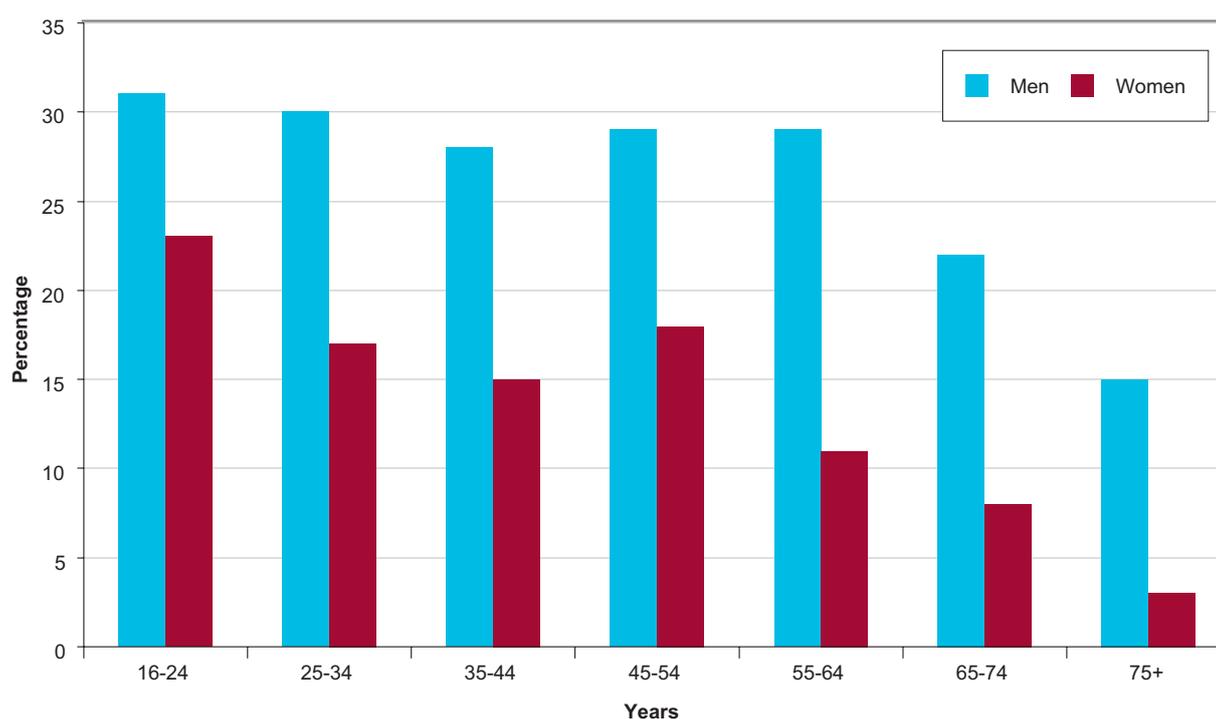
Alcohol and Ageing

Recent research⁹⁰ into alcohol and ageing has shown that, when comparisons are made of different age groups across a range of indicators (mean levels of alcohol consumption, proportions exceeding weekly limits, and problems associated with alcohol consumption), a decrease with age is generally observed.

More specifically:

- Older people report drinking smaller quantities than middle age people, who report drinking less than younger age groups.
- Patterns of drinking change with age. Compared with younger age groups, older people are more likely to drink every day and less likely to binge drink. Increased frequency of drinking with age is particularly pronounced in men. Recent Scottish Health Survey data⁹¹ reports, for example, that 3% of males aged 16-24 years reported usually drinking almost every day compared to 29% of those aged 75 years and over.
- Exceeding recommended limits appears to decline with age, but a substantial minority of men aged 65-74 years drink in excess of recommended weekly limits.
- There are also generational differences in drinking locations. Older people are more likely to drink alcohol at home and someone else's home than younger age groups.⁹²

Figure 51: Percentage exceeding recommended weekly alcohol consumption limits (21 units for men; and 14 units for women) by age and gender, Scotland 2003



Source: Scottish Health Survey (2003)

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

This picture is evident in Figure 51, which shows that the proportion of men and women exceeding the weekly limits decreases with age, although the pattern is different for men and women.

- Among men, the proportion who said they consumed more than 21 units per week is fairly uniform (at around 30%) up to the 55-64 age group.
- From the 65-74 age group among men, the proportion decreases, to 22% and then to 15% of those aged 75 years and over.
- Among men, the proportion who said they exceeded 21 units per week is fairly uniform (at around 30%) up to the 55-64 age group.
- From the 65-74 age group, the proportion of men exceeding 21 units' decreases to 22%, and to 15% of those aged 75 and over.
- For women, it is the youngest age group (16-24 years) who are the most likely to report drinking more than the recommended 14 units per week (23%).
- This proportion decreases to between 15% and 18% for those aged 25-49 years before a larger reduction to 11% in the 55-64 age group and to 3% of women aged 75 years and over.

Survey data also shows that consumption of alcohol amongst cohorts of older people, has been rising over time, suggesting that people may be taking patterns of drinking from a younger age through the life course into later life. The present generation of older people for example, drink more than their predecessors; this is also coupled with a rising number of older people exceeding the recommended levels.

The Alcohol and Ageing research ⁹³ report highlights that alcohol may have a potential negative impact on Scotland's population ageing healthily, specifically for the baby boomers. It concludes that:

'if the 20% of present 45-64 year olds (baby boomers) who exceed recommended levels do not reduce their drinking, the number of older people in Scotland whose drinking may be a threat to healthy old age will rise from 80,700 to 223,500 by 2031'. ⁹⁴

This is echoed in other research ⁹⁵ which states that today's younger generations will need to avoid bringing alcohol related problems into tomorrow's ageing population.

PATTERNS OF HEALTH AND SOCIAL CARE

Older people are key users of both primary and secondary health and social care services in Scotland. For example, recent NHS statistics provided by ISD show that:

- There were at least 8.1 million contacts with GP Practice Teams (including District Nurses) by patients aged 65 years or over in the year 2004/05 in Scotland, accounting for around one third of all contacts.
- GP consultation rates increase with age from the 55-64 year old age groups upwards.
- There are corresponding higher rates of referral of older people to hospital outpatients departments, with 334 thousand people aged 65 and over being referred in 2004/05.
- In 2004/05, 196,000 people aged 65 plus were admitted electively to hospital (64% of these as daycases). This was 34% of Scottish elective hospital admissions. Older people have higher demand for surgery; the rate of elective admissions per thousand population 65 and over is 235 compared with 90 for under 65s.
- In 2004/05, there were 191 thousand emergency hospital admissions of people 65 and over, accounting for 41% of all emergency admissions.
- Emergency admission rates increase steeply for men and women up to the oldest age groups. Emergency admission rates are higher in men than women in all age groups, and the male excess increases with age. The number of emergency admissions in the oldest age groups have increased in recent years. For example the annual number of emergency admissions aged 85 years and over increased four fold between 1981 to 1999, and has been increasing since. It is difficult to determine how much the trends in emergency admission rates reflect positive factors such as more active and effective management of illness in older people; or how much they reflect adverse factors such as older people's loss of informal support networks and lack of community based care.⁹⁶
- More than half of the medicines prescribed in the community are for patients aged 60 and over, who are all entitled to free prescriptions.

PROMOTING AND MAINTAINING HEALTH AND WELL-BEING

Older people's perception of health services

Research ⁹⁷ conducted into older people's perception of the NHS in Scotland confirmed that older people (defined as 60 or over in research) are generally satisfied with the health service. More specific findings from the research included the following:

- One in six older people (17%) say that they feel that as a group they receive a poorer service than other groups. Those who feel that way tend to say they feel undervalued and marginalised by the health service.
- The most common difficulties older people say they encounter when using the health service are long delays before appointments. Older people who feel that the service provided to their age groups is worse than others receive are particularly likely to highlight problems with doctors not listening to them or not giving enough time for consultations.
- When older people report a positive experience it tends to be because staff treated them with respect and kindness, rather than because they feel the level of service they receive is exceptional.
- The most common improvements older people would like to see in health services were: 'prioritise older patients/shorter waiting list times' (16%) and 'more staff' (12%).

Receipt of Care

Unpaid care

Recent research into unpaid care in Scotland ⁹⁸ has shown that older people are significant recipients of unpaid care:

- Two-thirds of adults in receipt of care were aged 65 and over.
- A significantly higher proportion of adults in receipt of care were from older smaller (28%) and single pensioner households (33%).
- Relatives are the most common source of outside support for people in receipt of care up to age 75. From age 60 upwards the contribution of home help increases, and for those aged 75 and over, the home help contribution exceeds that from relatives.
- Older people living alone were much more likely than people living with others not to receive the care they required.

Older People and Community Care

Balance of Care

The changing balance in the provision of long-term care to older people, particularly the shift in emphasis from long-term hospital care towards community care, is illustrated by the points below. Home Care and personal services aim to encourage older people and others in need to remain in their own homes for as long as they are able, and to live as independently as possible.

- Between March 2000 and September 2005 the number of residents in care homes for older people has decreased by 2 per cent from 34,402 to 33,716.⁹⁹
- At September 2005 there were 46 care home places per 1,000 adults aged 65 years and over compared to a rate of 49 in March 2000. During this period, the number of care home residents aged 65 years and over has decreased by 2% from 34,402 to 33,716.
- The number of older people receiving home care services reached a low in 2002 at around 53,600 people. This has increased each year to 57,900 in 2005. Over this time we have seen a shift toward more intensive home care provision.¹⁰⁰

Research¹⁰¹ into older people and community care in Scotland found that local networks of community based groups and other social networks played an important role in providing support and in connecting people to community care services. Older people, whose first priority is to maintain independence, place a high value on having a wide choice of social and transport facilities and having access to services such as physiotherapy and chiropody. However, the extent to which services are utilised depends on older people knowing:

- Help is available
- What help is available
- How to access help when it is needed.



Housing, Transport and Planning

- **Access to transport is important for older people to maintain a good quality of life:** Although there has been an increase in the number of older households owning cars, car ownership continues to fall as people age, as does the frequency of driving, particularly among females. Access to good local public transport is therefore vital for older people. As people age they are less likely to make a journey, but when they do they are heavily reliant on local bus services.
- **The local physical and social environment becomes increasingly important as people age** and can impact upon their mobility, health and general well-being.
 - Physical:**
Although older people are more likely to use local services they are less likely to find them convenient.
 - Social:**
Older people are more likely to feel positive and involved in their local community than younger people.
- **Housing trends have implications for the provision of housing for older people:** These include:
 - An increase in the number of older people owning their own homes.
 - Older people as a group, particularly those who own their own homes, being more likely to be fuel poor.
 - A projected increase in the number of older people living alone, particularly older men. A desire among older people to remain in their own homes as they age, which has implications for the provision of home care and aids and adaptations.

The environment, both physical and social, where older people live is important for their mental well-being and public health. This chapter considers three key elements in relation to older people's environments: housing, transport and local neighbourhood. First, it considers housing issues including tenure and housing quality. Second, it looks at travel and transport use among older people including how frequently they travel, reasons for travelling and the mode of transport used. Lastly, this chapter examines how involved older people feel within their local neighbourhood and their use, and perceptions, of local services.

TRANSPORT, HOUSING AND PLANNING

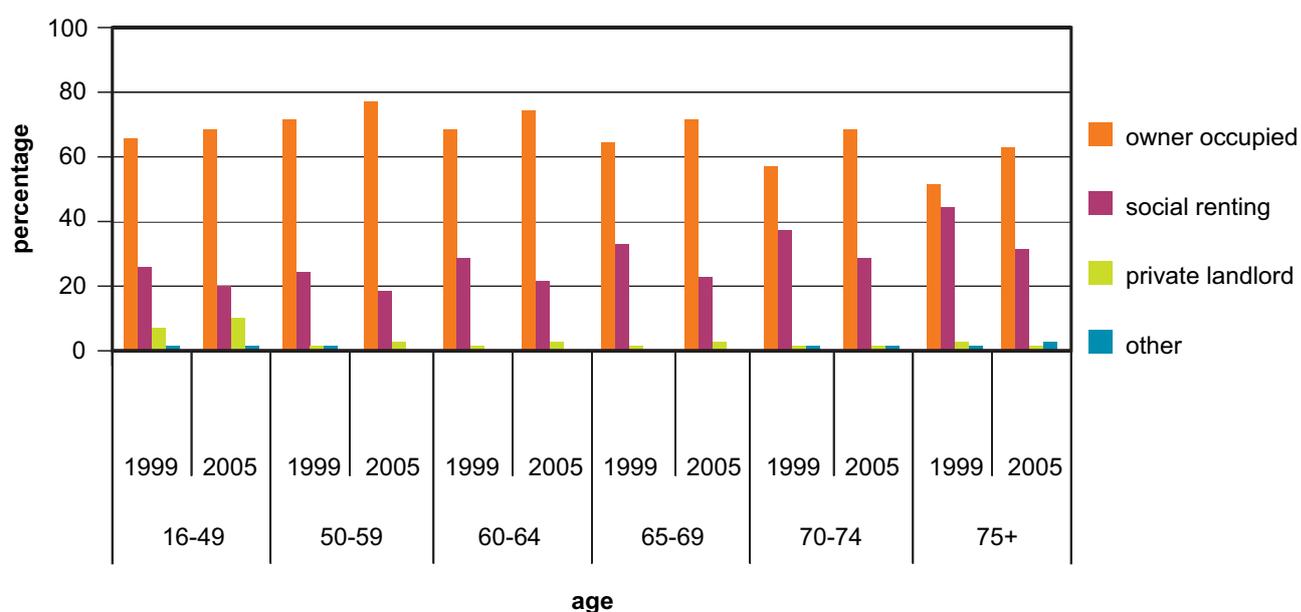
Housing

Housing issues, including tenure and housing quality, are of fundamental importance to the health and independence of older people^{102 103}. This section considers the key trends relating to the housing of older people including changes in tenure patterns, the problems of fuel poverty among older households, and changing household types. It goes on to consider what expectations and aspirations older people have in relation to their housing and changes in the provision of home services and specialist housing.

Tenure

As Figure 52 below illustrates most people in Scotland are owner-occupiers (70%), either owning their property outright or buying with the help of a mortgage. Although owner occupation has been rising among all age groups, the rate of increase has been more marked among older people. Among the 16-49 year age group, owner-occupation rose very slightly between 1999 and 2005 from 66% to 68%, compared to an increase from 52% to 63% among those aged 75 years and over. Owner-occupation peaks among the 50-59 year age group (at 77%) and then gradually decreases with age.

Figure 52: Tenure by age group and year



Source: Scottish Household Survey (2005)

Renting from a social landlord is much more common among people over the age of 70. However, the percentage of adults renting from a social landlord has been decreasing rapidly among older age groups. For example, between 1999 and 2005 social renting fell by 10% among those aged 65-69, by 9% among those aged 70-74 and by 13% among those over the age of 75. This compared to a decrease of 6% among the 16-49 year age group.

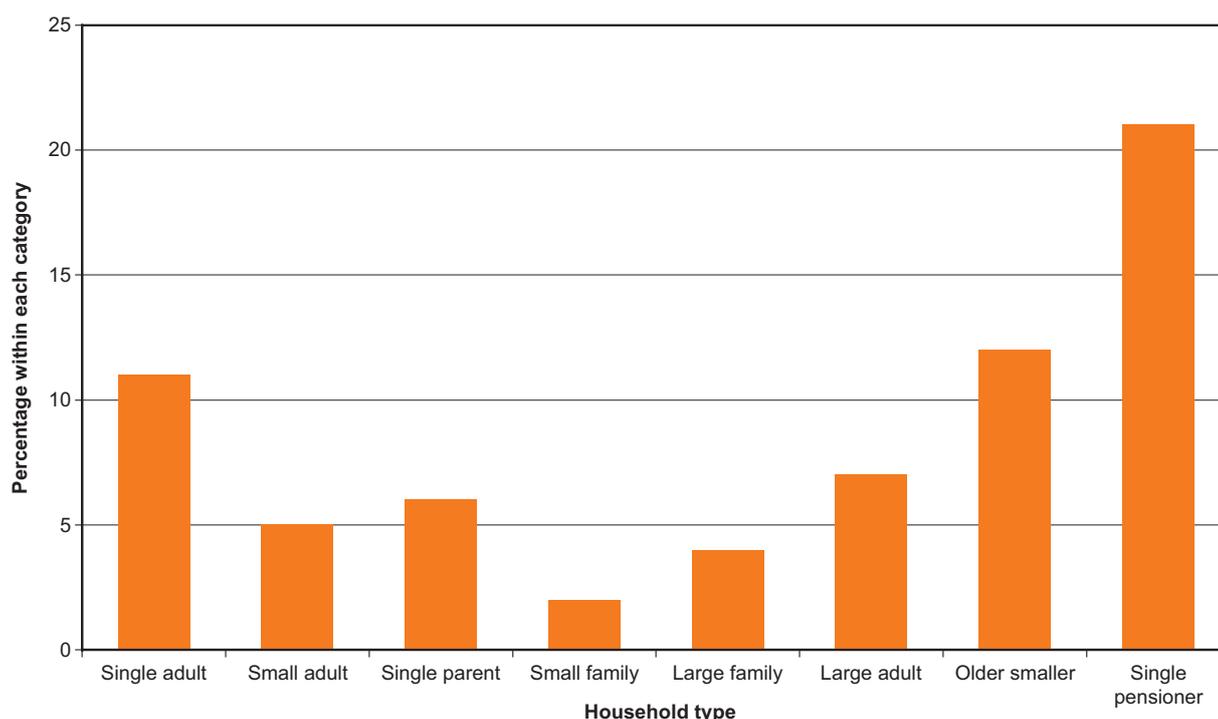
Fuel Poverty and Energy Efficiency

The proportion of households which are fuel poor ¹⁰⁴ increases with the age of the head of household. 6% of homes with a head of household aged 16-49 are fuel poor compared to nearly one-third (32%) of those with a head of household aged over 75 years.

Among people over the age of 60, a higher proportion of owner occupiers are fuel poor compared to those who rent (for example, among those over the age of 75, 43% of owner occupied households are fuel poor compared to 20% of those in the rented sector).

As Figure 53 below illustrates, older smaller and single pensioner households are most likely to be fuel poor.

Figure 53: Proportion of Fuel Poor Households by Household type



Source: Scottish House Conditions Survey (2003)

TRANSPORT, HOUSING AND PLANNING

The proportion of households with a 'poor' energy efficiency rating ¹⁰⁵ also increases with age. For example, 8% of homes with a head of household aged 16-49 have a 'poor' rating compared to 12% of those with a head of household over the age of 75 years. Similarly, the proportion of households with a 'good' energy efficiency rating decreases with age – from 34% of homes with a head of household aged 16-49 to 28% of those with a head of household over the age of 75.

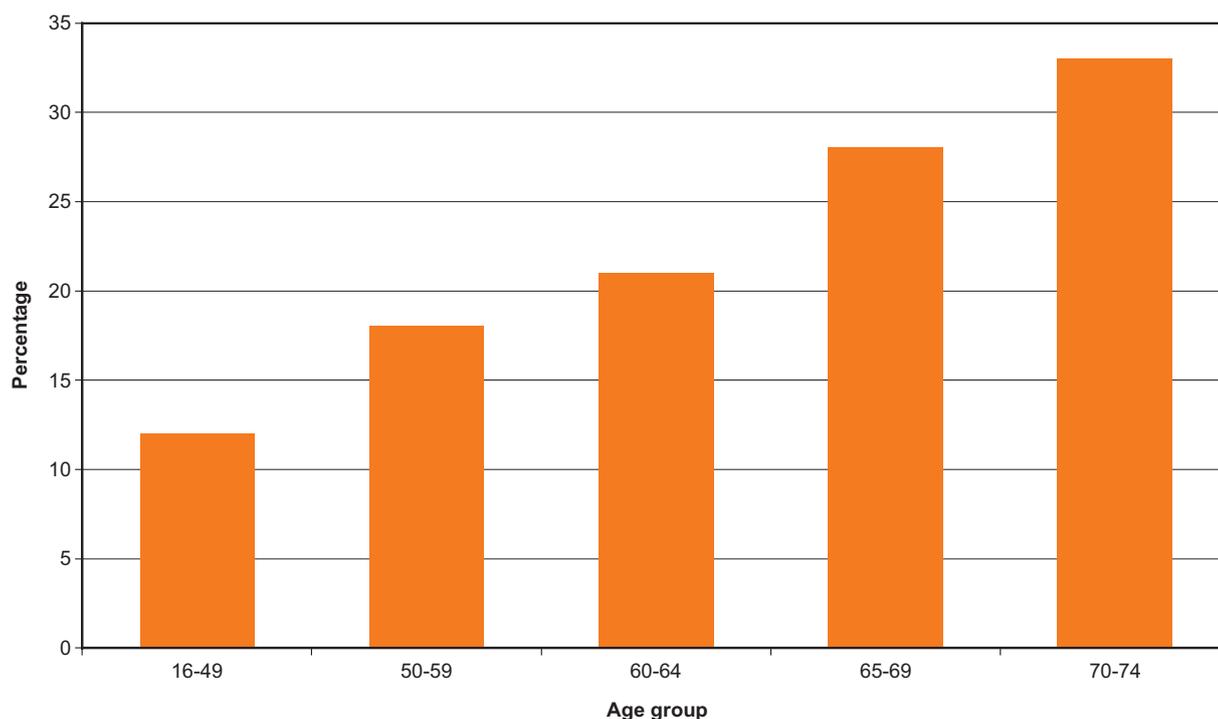
Among those over the age of 70, a higher proportion of owner occupied households have 'poor' energy efficiency compared to those who rent (among those aged 70-74, 10% compared to 7%, and among those over the age of 75, 15% compared to 8%).

Living Arrangements

Older people are more likely to live alone as illustrated in Figure 54. 12% of those aged 16-49 live alone and this figure increases with age, reaching a peak of 54% among those over the age of 75. Women are more likely to live alone than men, and this is more marked as age increases (19% of women aged 50-59 live alone compared to 15% of men; 63% of women over 75 years live alone compared to 36% of men).

This trend is set to continue and there is a large projected increase in households containing only one adult, from 34% of households in 2004 to 42% of households in 2024. However, the number of older men living alone is projected to increase more rapidly than that of women (from 330,000 households in 2004 to 490,000 in 2024). ¹⁰⁶

Figure 54: Proportion of adults living alone

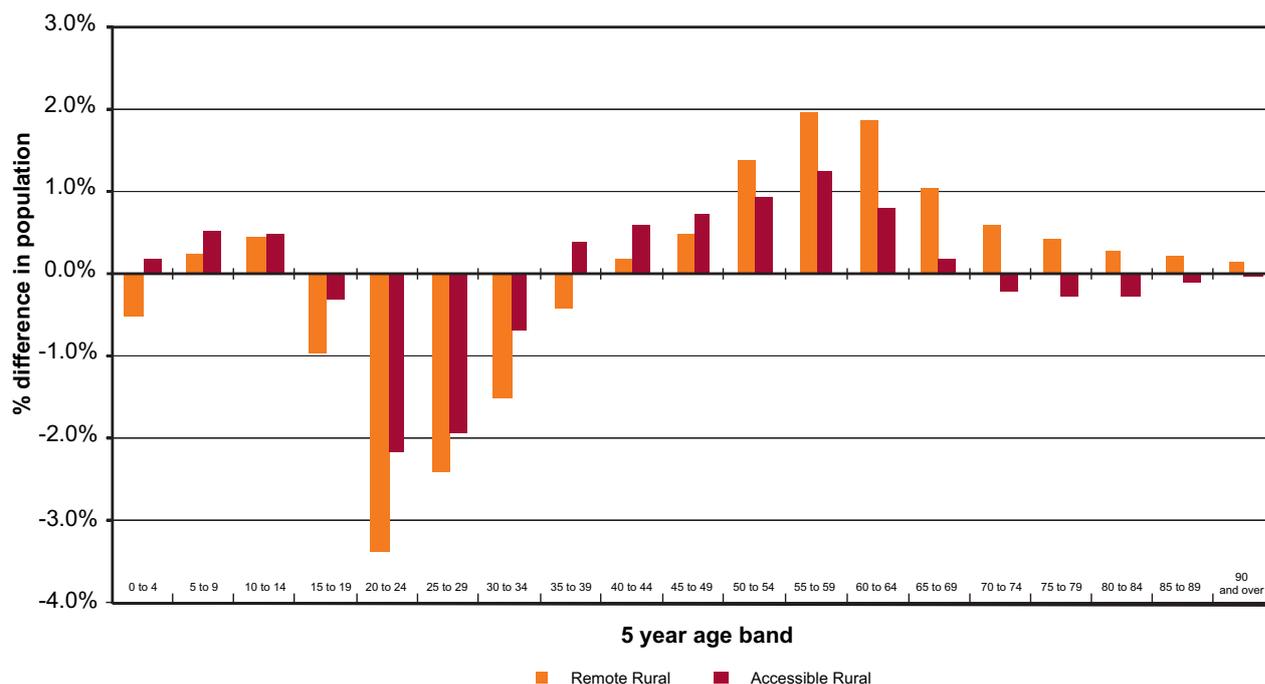


Source: Scottish Household Survey (2005)

Urban Rural Distribution

As Figure 55 demonstrates, rural areas have a lower percentage of the younger population and a higher proportion of the older population compared to urban areas. This is particularly apparent in the 50-64 year age band. Similarly, rural areas have a higher percentage of households with older adults (two or more adults with one or both of a pensionable age) than the rest of Scotland.

Figure 55: Differences of age distribution of population of rural areas, relative to rest of Scotland, 2004



Source: Rural Scotland, Key Facts 2006: People and Communities, Services and lifestyle, Economy and Enterprise. Scottish Executive

All of these trends have a number of implications for the provision of housing for older people. Added to this are the changing aspirations and expectations of older people.

Older People's Housing Aspirations

It is well documented in the literature that as people age they prefer to stay in their own homes. Evidence shows that four-fifths of older people would prefer to live in their own homes and that older people are reluctant to move into residential or nursing care.¹⁰⁷

As people age they want to continue to be able to make informed choices about their housing and have a say in their housing options and solutions reflecting a keenness to retain their independence.¹⁰⁸

Older people have rising expectations about the range, quality and size of housing they would prefer¹⁰⁹ and, in particular, the next generation of older people will have spent their lives in good quality housing.¹¹⁰

However, older people are not a homogeneous group and have varying aspirations and expectations. The decision about where to live and when to move is complex and highly dependent upon individual circumstances, including health status.

Housing Options: Staying Put vs. Moving On

There are many positive reasons for people remaining in their own homes as they age including having more control and independence, emotional and practical ties, and sufficient space. However, staying at home can also be influenced by more 'negative' reasons including a lack of realistic alternatives, not having enough information about alternatives, and fear of change. Older people also fear losing their home and savings by moving to residential or sheltered accommodation. ¹¹¹

Enabling people to remain in their own homes as they age is dependent upon a number of factors, including the physical design of the house and the availability of home support.

Physical design of house

Housing needs to be suitable for people at all stages of their lives. ¹¹² Therefore, main facilities and living areas may need to be adapted as people age, so that the home remains accessible and older people maintain an independent lifestyle, with good quality of life .

However, more recently it has been argued that a more inclusive approach to housing design should be adopted to ensure that housing meets the needs of all members of the community, regardless of their age and mobility needs. ¹¹³ This concept of 'lifetime homes' is based on the premise that most of the difficulties currently experienced in mainstream housing can be eliminated by some simple design modifications to 'ensure that no one is the victim of architectural discrimination'. ¹¹⁴

The concept of lifetime homes ensures flexibility in design in order to support people's changing needs and functional capacity. For example, through planning stipulations it covers access to the home, the layout and facilities inside the home as well as the accessibility and design of fixtures and fittings.

TRANSPORT, HOUSING AND PLANNING

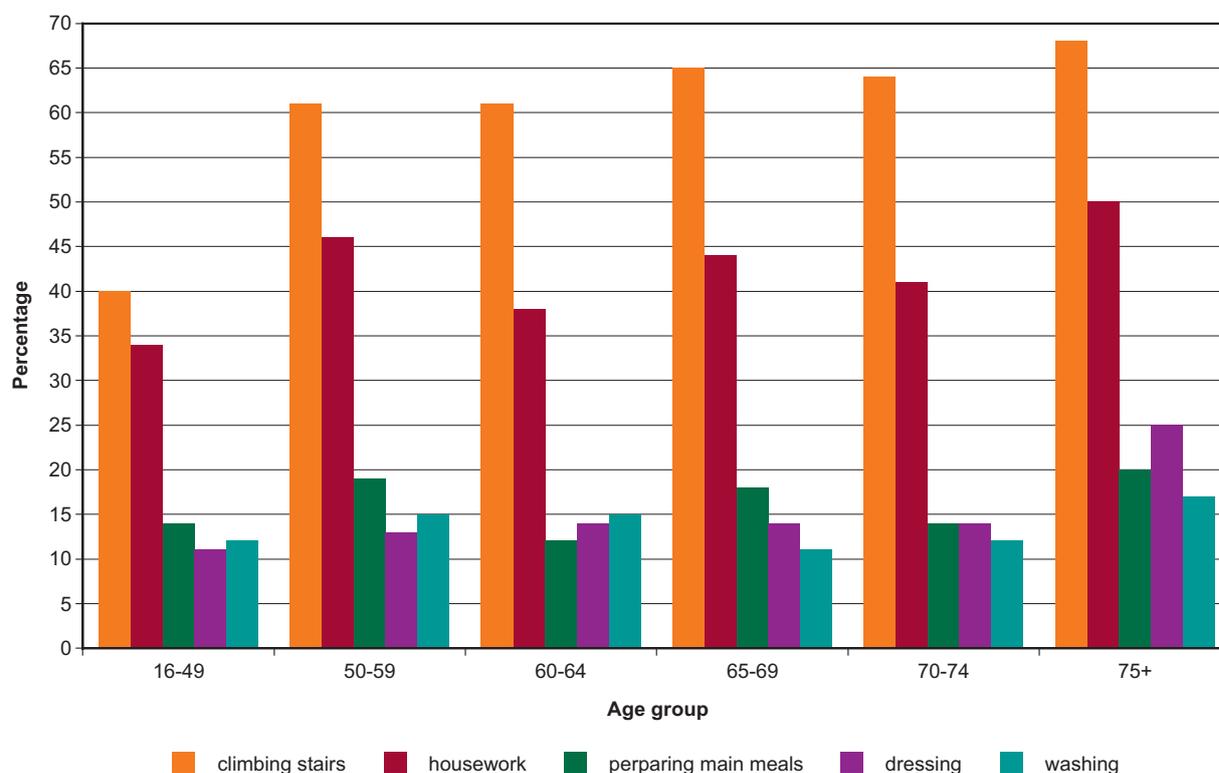
Home Support

Although the majority of older people do not require support or assistance to maintain an independent and active life, the need for support does increase with age.

As people age they are more likely to have a long-term illness or disability. For example, 15% of those aged 16-49 years have a long-term illness or disability and this figure increases with age to 27% of 50-59 year olds, 36% of 60-64 year olds, 41% of 65-69 year olds, 45% of 70-74 year olds and over half of those aged over 75 years (56%).¹¹⁵

The Scottish Household Survey collects information on activities people find difficult. However, this information is only collected for households where a member has a long-term illness or disability. It does not collect this information for older people who do not class themselves as having a long-term illness or disability. Among those with a long-term illness or disability, activities found difficult increases with age. As illustrated in Figure 56 below, this includes climbing stairs, doing housework, preparing main meals, dressing and washing.

Figure 56: Activities found difficult by age group



Source: Scottish Household Survey (2005)

This has implications for the level of support which people may need as they age, particularly if there is a desire among older people to remain in their own homes.

Within Scotland, there are three main forms of support provided to people at home:

Housing Support. Older people can access a range of different housing support via the Supporting People Programme. This includes help with claiming benefits and managing money, basic cleaning and shopping support, support in staying safe and secure at home, accessing other specialist care, support and housing services, and linking older people with social and leisure activities. In 2004-05, 82,968 older people received assistance from the Supporting People programme in Scotland.¹¹⁶

Property related services including care and repair services, handy person's schemes and garden maintenance, equipment and adaptations and central heating programme. For example, the Scottish Executive Central Heating Programme was introduced in 2001-02 and provides central heating, insulation measures, energy efficiency advice and a benefits entitlement check to private households where the householder or their partner is over the age of 60 and has no central heating system or one that is broken. For households where the householder or partner is over the age of 80, the programme also upgrades or replaces partial or inefficient systems.¹¹⁷ Care and repair services and the fitting of equipment and adaptations enables people to stay at home longer.¹¹⁸ In a qualitative study in England, Heywood¹¹⁹ found that minor adaptations, such as handrails, had lasting and positive consequences for those who had received them including feeling safer from the risk of an accident and a perceived positive effect on health. Similarly, major adaptations, such as bathroom conversions and lifts, had 'transformed' people's lives. Adaptations may be particularly important in circumventing an unwanted move into alternative accommodation, or facilitating a move back home following time in hospital.

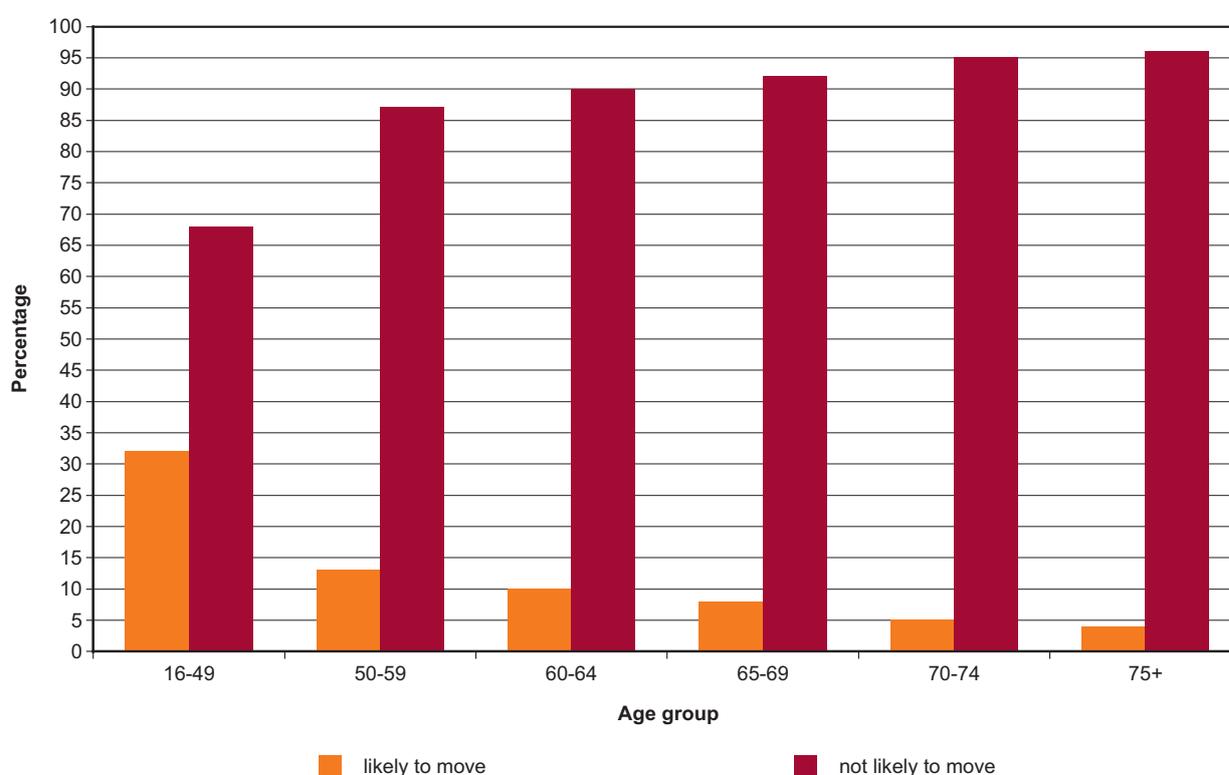
Again, the Scottish Household Survey collects information on the aids and adaptations used for those households where a member has a long-term illness or disability. The most common aids and adaptations used were handrails, walking stick/crutches and bath/shower seats.

Although the evidence indicates that most older people would prefer to stay in their own homes, there will continue to be a significant minority of older people who require higher levels of care and support that cannot be realistically delivered at home.

The decision to move is often influenced by 'push' factors away from the existing home, for example insufficient care, rather than 'pull' factors to a new home.¹²⁰

As illustrated in Figure 57 below more older people report that they are not likely to move within the next five years. For example, just under one-third (32%) of those under the age of 50 report they are likely to move compared to only 4% of those over the age of 75.

Figure 57: Likelihood of moving within the next 5 years



Source: Scottish House Conditions Survey (2002)

Specialist Housing

Specialist housing is often viewed as a positive choice for many older people ¹²¹ as it provides social contact, a secure environment, flexible care and accommodation suited to those with mobility problems. However, older people may resist moves to specialist housing on the grounds of restricted space, the concentration of older people and the implication of loss of independence. ¹²²

Within Scotland, the provision of specialist housing for older people has increased in recent years. The provision of very sheltered housing has increased from 671 places in 1995 to 3,893 in 2005, while the number of sheltered housing places has increased from 31,897 in 1995 to 33,936 in 2005. ¹²³

During the same period, there was a fall in the number of places in medium dependency housing, from 17,424 in 1995 to 13,413 in 2005.

Care Homes

There is a continued need for the provision of care homes for those who are too frail and vulnerable to live in their own home, although these are often acknowledged as a last resort among older people.

With the increase in home care provision and specialist housing, there has been a simultaneous decline in the provision of care homes. The number of care homes in Scotland has decreased from 1,060 in March 2000 to 969 in March 2005. Similarly, the number of residents in care homes has decreased from 34,402 in March 2000 to 33,716 in March 2005.¹²⁴

Transport

Access to transport can influence older people's well-being¹²⁵ and car ownership and access to transport have been found to be independent predictors of quality of life. This section considers how frequently older people travel, their reasons for travelling and the mode of transport used. It also considers how frequently older people use local bus and train services. All of the information presented in this section is from the Scottish Household Survey, unless otherwise indicated.

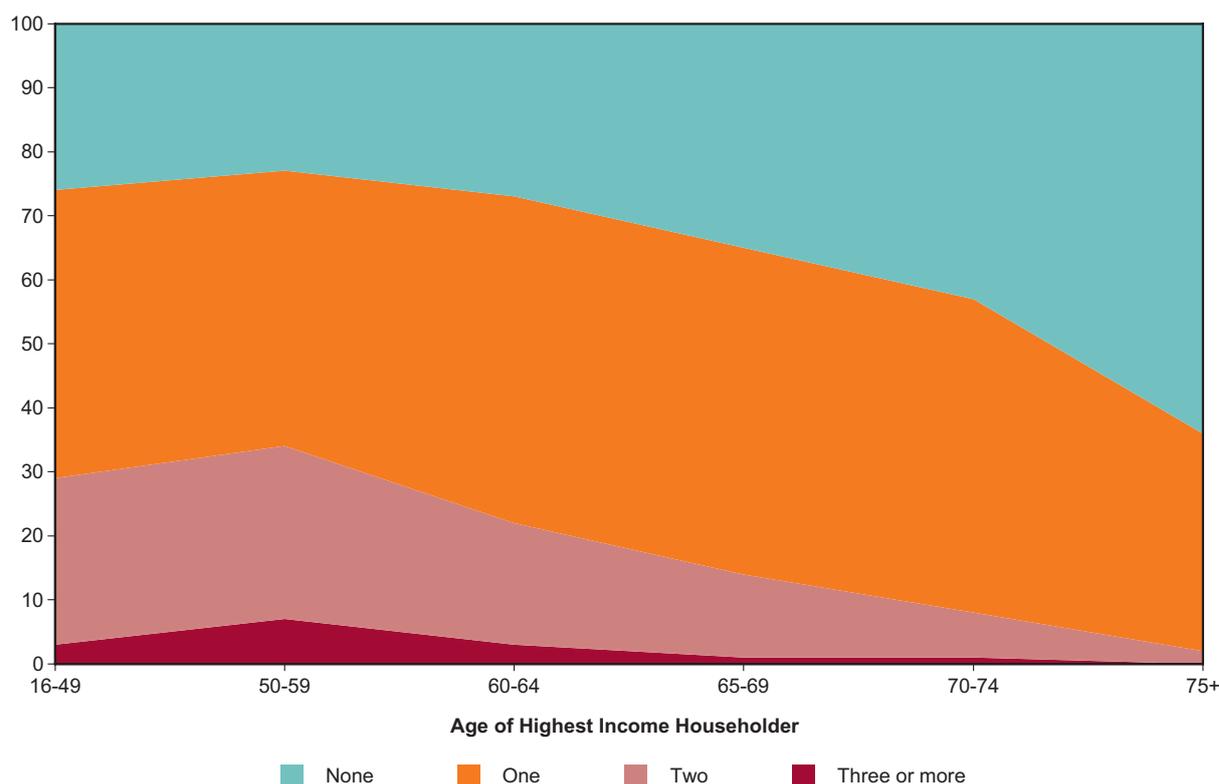
Travel Behaviour

The majority of older people in Scotland had made a journey the day before taking part in the Scottish Household Survey interview,¹²⁶ although the proportion falls with age. For example, 72% of those in their 50s had made a journey compared to less than half of those over 75 years (44%). The main purposes of journeys made by older people were for shopping, visiting friends and relatives and other personal business.

Access to cars and use

Household car accessibility varies strongly with the age of head of household. As illustrated in figure 58, car ownership peaks in households where the head of household is between the ages of 50 and 59 and falls away as age increases. For example, 78% of households where the head of household was aged between 50 and 59 own a car compared to just over one-third of households where the head of household was over the age of 75 (36%)

Figure 58: Cars available for private use



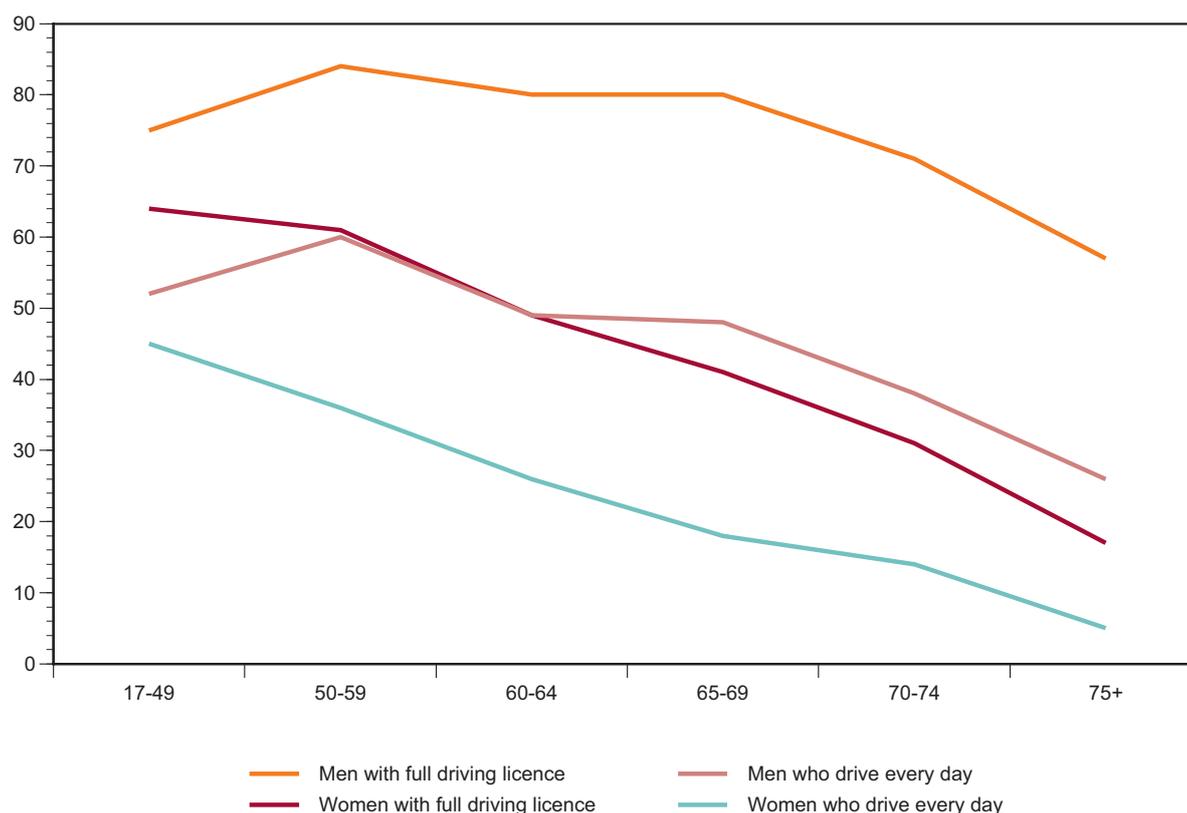
Source: Scottish Household Survey (2005)

There has been an increase in car accessibility in recent years and the most significant increase has been among older households. For example, between 1999 and 2005 households having access to one or more cars increased by 4 percentage points for heads of household aged 16-49 compared to 9-10 percentage points for heads of household aged over 65.

Frequency of Driving

People under the age of 60 are most likely to drive every day (48%) and this falls as age increases. For example, 36% of those aged 60-64 drive every day compared to just over one-tenth (13%) of those over 75 years. There is a clear difference between men and women in terms of frequency of driving, with men more likely than women to drive every day for all age groups, with the gap widening as age increases as illustrated in Figure 59 below.

Figure 59: Driving licence possession and frequency of driving by sex and age



Source: Scottish Household Survey (2005)

Public transport

As people age, car accessibility reduces and they become increasingly dependent on public transport. This section looks at older people’s use and perceptions of bus and train services.

Use of Bus Services

The use of bus services is greater for those who are over 60 years old. 34% of 50-59 year olds had used the bus service in the past month, increasing to a peak of 50% of 70-74 year olds, tailing off slightly for those aged 75+ (45%). 41% of those aged 16-49 had used the bus in the past month.

TRANSPORT, HOUSING AND PLANNING

Use of Train Services

The use of train services shows a different pattern. They are used less frequently than bus services by all age groups (17% compared to 41%). Older people are also less likely to have used train services in the past month than younger people. Just over one-fifth (21%) of 16-49 year olds had used the train in the past month and this figure gradually falls as age increases – 15% of those aged 50-59, 14% of those aged 60-64, 12% of those aged 65-69, just over one-tenth of those age 70-74 and falling to 6% of those aged over 75.

All age groups showed a higher level of both bus and train use in urban areas than in rural areas. In general, adults with a long-term illness or disability were more likely to use the bus and less likely to use the train than those with no disability or long-term illness (43% vs. 41% for buses, 10% vs. 19% for trains). However, those over 60 years old are less likely to use a bus if they have a disability or long-term illness; for example, 54% of over 75 year olds with no long-term illness or disability have used the bus in the past month compared to 37% of those with a long-term illness or disability.

Older people were more likely to think that buses ran on time (78% of people over 75 years agreed with this compared to around 70% of those aged under 60) and that fares were good value (80% of people over 75 years compared to just under two-thirds of those aged under 60). They were less likely to think that tickets were easy to understand (86% of people over 75 years compared to about 91% of those aged under 60) and that changing to another mode of transport was easy (68% of people over 75 years compared to around 72% of those aged under 60).

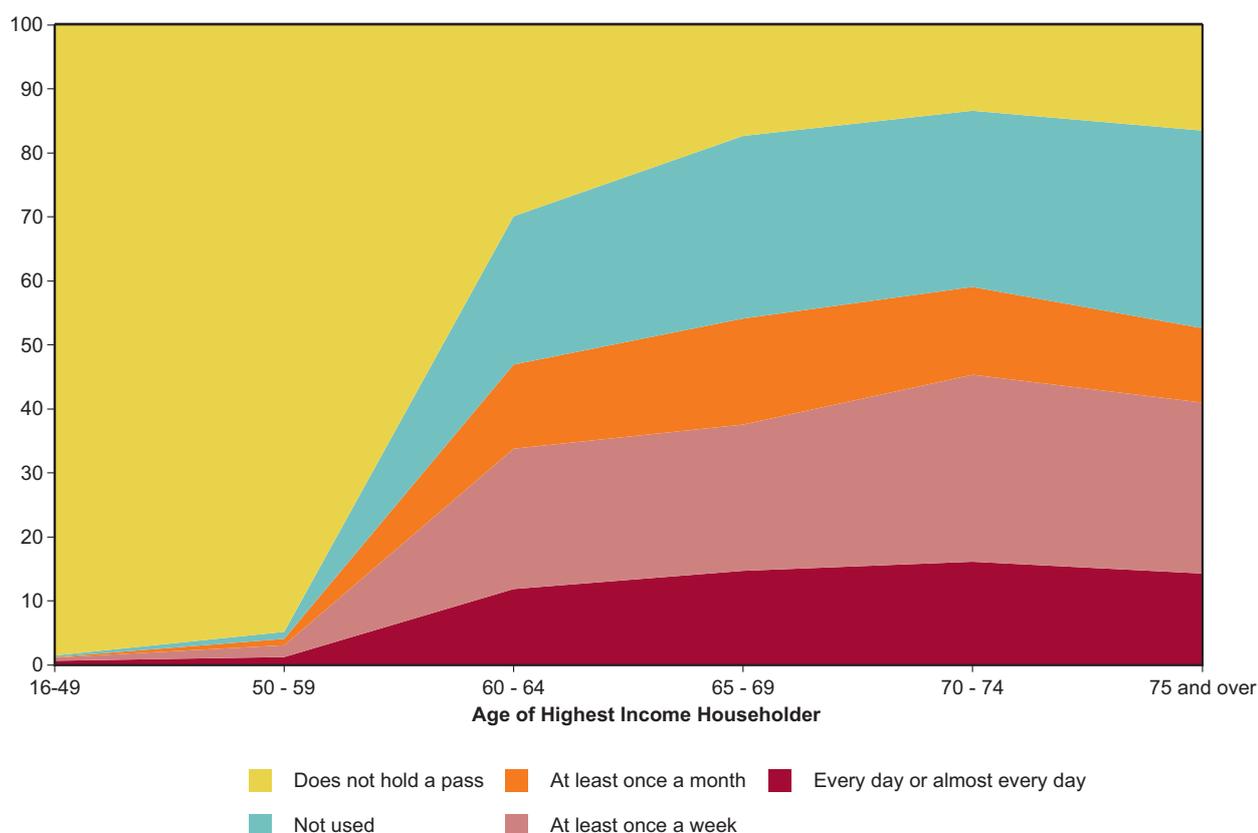
As people age health related reasons inhibit more frequent use of bus services. For example for those who do not use bus services more than once a week the number citing health reasons increases from 4-8% of those aged under 60 to 40% of those aged over 75

Older people were more likely to think favourably about trains than younger people with the biggest difference seen in thinking fares were good value (83% of people over 75 years compared to 54-61% of those aged under 60).

Concessionary fares

In 2005, 26% of adults held a concessionary travel pass.¹²⁷ As Figure 60 demonstrates, possession and use of a concessionary travel pass is linked with age. 2% of those under the age of 50 have a pass, compared with 5% of those in their 50's, 70% of those aged 60-64, and 83-87% of those aged 65 and over. 81% of those aged 60 and over held a concessionary pass; 75% of men and 85% of women. Possession of a concessionary pass also varies with income. For example, over four-fifths of those aged 60 and over living in households with an annual net income of under £15,000 have a pass, compared to 68% of those in households with a net income of over £20,000. Around 85% of people aged 60 or over in urban areas held a concessionary pass compared with just over two-thirds of those in rural areas.

Figure 60: Possession and use of concessionary travel passes



Source: Scottish Household Survey (2005)

TRANSPORT, HOUSING AND PLANNING

44% of women aged 60 and over had used the pass at least once a week in the past month compared to 32% of men. Adults aged 60 and over who lived in households with an annual net income of less than £10,000 were much more likely to have used their pass at least once a week than those in households with an income of more than £20,000. 52% of adults aged over 60 years in large urban areas had used their pass at least once a week in the past month compared to 13% in remote rural areas.

Neighbourhoods

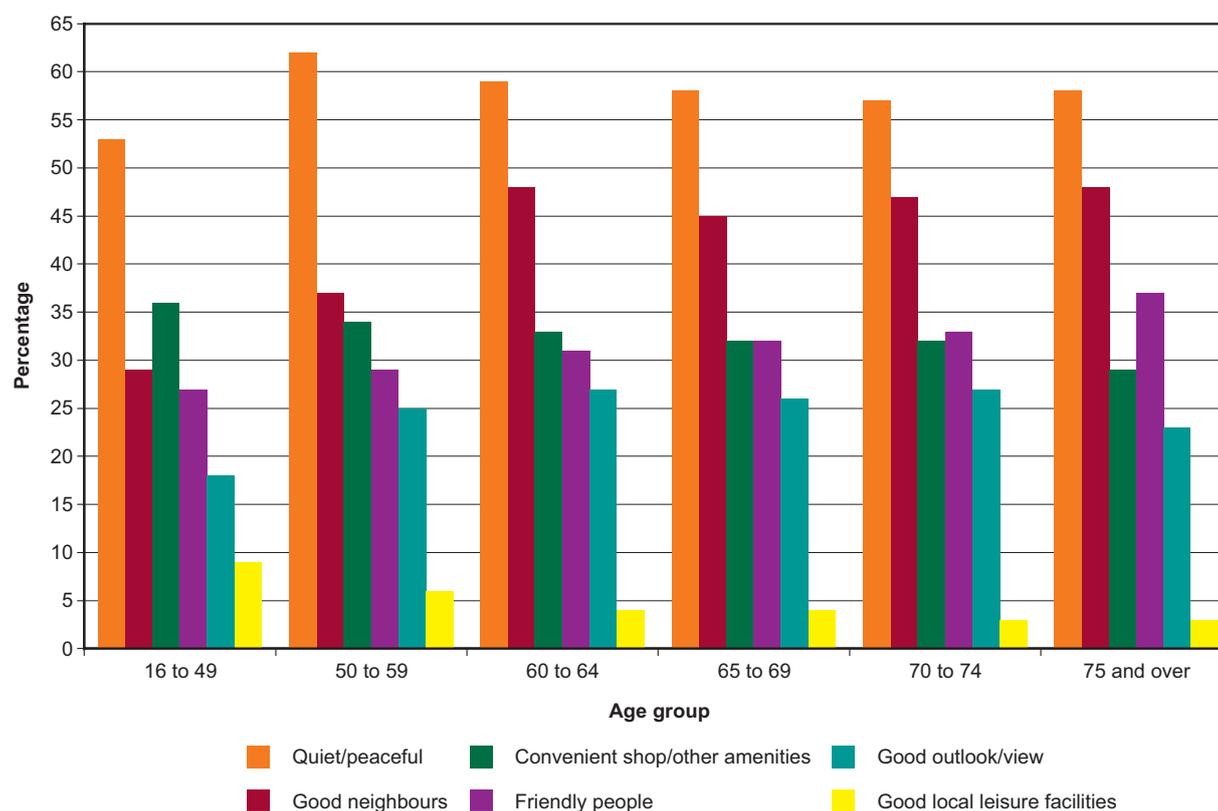
As people age and become less mobile, their immediate physical and social environment becomes increasingly important and can facilitate their mobility, health and sense of well being.¹²⁸ Their local neighbourhood will constitute a larger part of their social landscape within which most of their life will take place. Greater social integration can lead to more positive outcomes in later life.¹²⁹

Perceptions of, and involvement in, neighbourhoods

Older people are more likely to rate their neighbourhood as a 'very good' place to live than their younger counterparts.¹³⁰ For example, 45% of 16-49 year olds felt their neighbourhood was a very good place to live and this figure increased with age, peaking at 65% of those over the age of 75.

As Figure 61 below illustrates, older people are more likely to cite good neighbours, friendly people and it being quiet and peaceful as aspects of their neighbourhood they particularly liked. However, they are less likely than younger people to cite the convenience of local services (including convenient shops/other amenities, good local shops and good local leisure facilities).

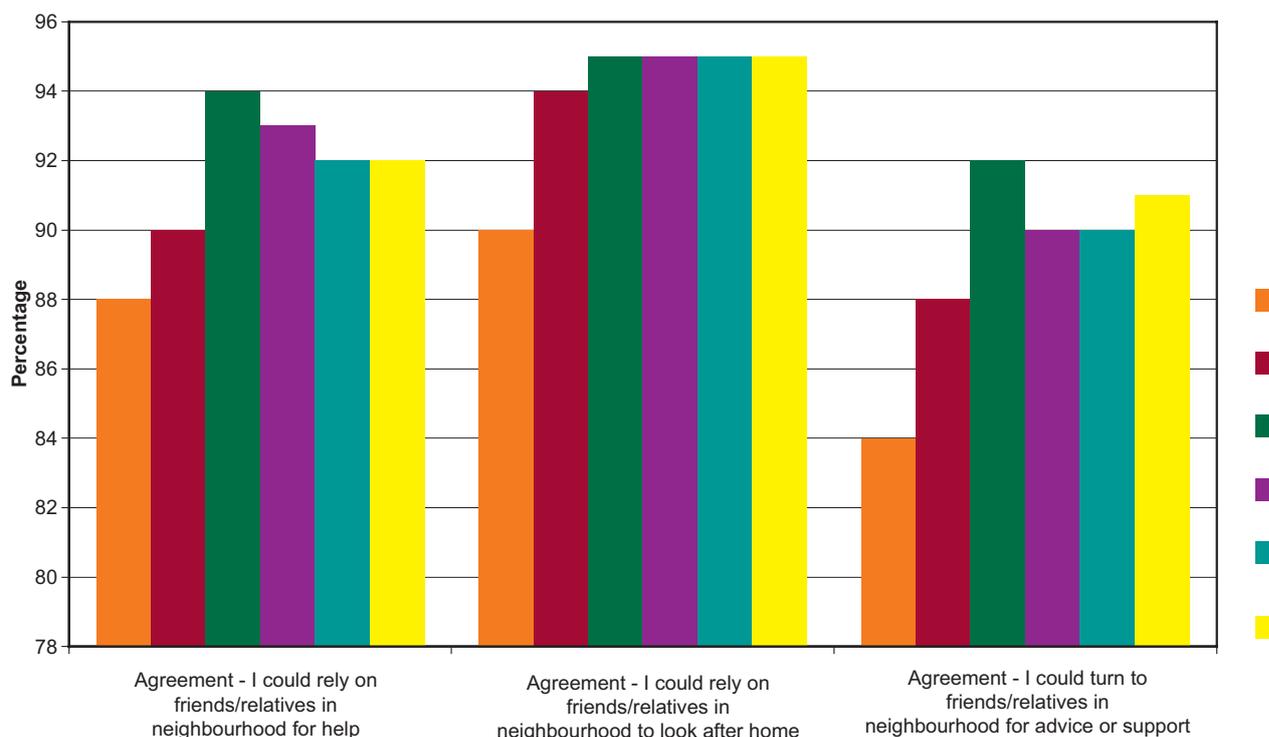
Figure 61: Aspects of neighbourhood particularly liked by age



Source: Scottish Household Survey (2005)

As Figure 62 illustrates, older people are more likely to feel involved in their local neighbourhood than their younger counterparts. They are more likely to agree that they can rely on friends/relatives in their neighbourhood for help and to look after their home and that they can turn to them for advice and support. For example, 84% of 16-49 year olds agreed they could turn to friends/relatives in their local neighbourhood for advice and support compared to 91% of those over the age of 75.

Figure 62: Involvement with other people in the neighbourhood by age group



Source: Scottish Household Survey (2005)

Convenience and use of local services

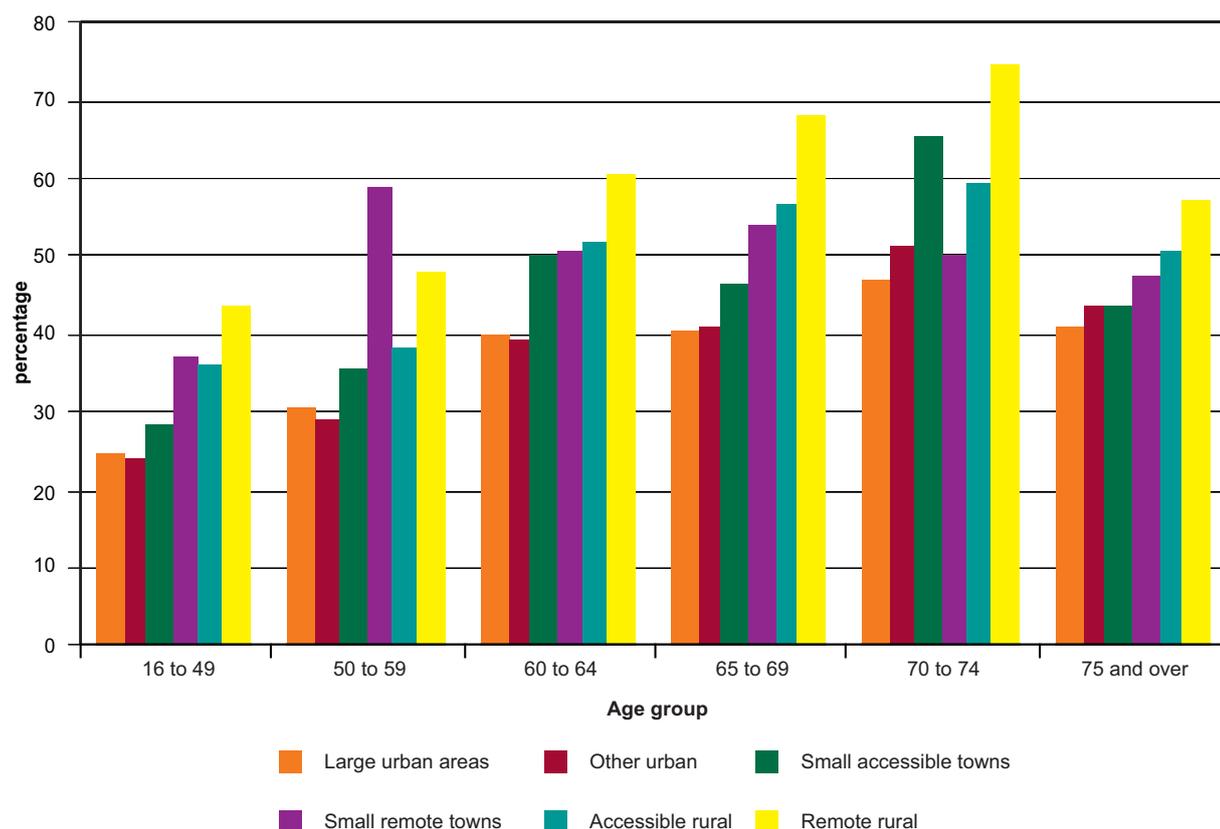
The convenience of local services becomes increasingly important as people age. For example, getting to the shops is not only about purchasing food but it is also about encountering friends in the street which can reinforce older people's sense of being part of a social community.¹³¹

As people age they are less likely to find local services convenient, including for example cash machine or ATMs, police stations, a hospital outpatient department, a petrol station and a public telephone box. Those over the age of 75 are particularly less likely to find local services convenient. For example, 87% of 16-49 year olds find cash machines or ATMs convenient compared to 63% of those over the age of 75. Similarly, 79% of 16-49 year olds find a petrol station convenient compared to just over half of those over the age of 75 (53%).¹³²

In contrast, older people are generally more frequent users of local services including post offices, banking services, doctors and hospital outpatient department than younger people. For example, those using a post office more than or about once a week peaks among the 70-74 year age group and then falls among those over the age of 75.

Older people in rural areas are more likely to be frequent users of local services than older people in urban areas. For example, as demonstrated in Figure 63 below, 75% of people aged 70-74 in urban areas use a post office about once a week or more compared to under half (47%) of those in large urban areas.

Figure 63: Use of post office by age and urban rural classification



Source: Scottish Household Survey (2005)

People in rural areas are generally less likely to find most local services as convenient as their urban counterparts. For example, 92% of those in large urban areas find a chemist/pharmacist convenient compared to 70% of those in remote rural areas.



SCOTLAND'S OLDER POPULATION OPPORTUNITIES AND CHALLENGES

The evidence highlighted in these chapters provides a snapshot of Scotland's current older population. It highlights changing circumstances in later life and provides evidence from which to measure the impact these changes will have for Scottish society, its economy and of course older people themselves. It has identified that ageing brings with it:

- Changes in employment patterns and economic activity
- Changes in income and spending patterns
- Changes in health status
- Changes in use and mode of transport
- Changes in leisure activities

This snapshot of Scotland's older population has shown some of the challenges in terms of trends in health, receipt of care, income and housing that population ageing will bring, but it has also presented some of the opportunities arising from population ageing. It provides evidence and insights into the factors associated with making some of the changes and the importance in making successful transitions throughout the life course, which help to sustain active ageing. Furthermore it demonstrates the already high value contribution that older people make to the socioeconomic fabric of Scotland.

This analytical volume draws on a large body of evidence from Scotland and the UK to support its findings, but there are nonetheless important areas where the available evidence is weaker and more research and data may be required, in particular on labour-market effects of ageing, the contribution of older people to the economy and society and changing aspirations and demand for services among older people.

As discussed, the ageing of Scotland's population will have a profound impact across the spectrum of Scottish society. Based on the key trends highlighted in this volume, key implications for policy will be:

Changing Perceptions of Ageing

The ageing of our population will not only affect our older people but our whole population. The social and cultural meaning of age is being redefined and the expectations of our older population are changing. Tomorrow's older people are likely to retain many of the core values that they adopted in their younger years.

SCOTLAND'S OLDER POPULATION: OPPORTUNITIES AND CHALLENGES

Healthy Ageing

Expectations of health care services are increasing and will continue to do so. Future cohorts of older people are likely to have higher aspirations and be more demanding than previous generations. To achieve optimal healthy life expectancy, lifestyle changes, and healthy related behaviours should start before birth and continue throughout the life course.

Flexible and Extended Working Lives

The growing numbers of older people choosing to work up to and beyond the current State Pension Ages will provide a reservoir of skills and experience for the Scottish labour market. Combating age discrimination will become increasingly important as older workers will make up an increasing share of the workforce. Choice, flexibility and autonomy will be key factors for older populations in the transition from work to retirement. A key issue will be greater flexibility, not only in terms of when retirement begins, but also in terms of combining employment with other roles such as caring or volunteering.

Lifelong Learning

Maintaining and extending skills and expertise will be important issues in securing the continuing place of older people in the workforce. The provision of life-long learning is likely, in future, to take more of a priority with employers, organisations and individuals and be increasingly integrated throughout the life course regardless of age. Employers will continue to seek to develop schemes which reskill and retain older employees.

Inclusive Communities

Housing, products, services and communities will need to cater for the increasing diversity of all age groups. This has implications for the designers of new homes and communities who will have to accommodate a wide range of expectations across the age groups. Community planners will have to take into account an older population that become more active and independent and demands greater control over their lives, while continuing to cater for the more vulnerable.





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