

JRF Programme Paper
Minimum Income Standards

**MINIMUM INCOME STANDARDS
AND OLDER PENSIONERS' NEEDS**

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This paper:

- explores whether different needs among older pensioners may alter significantly the income they need for an acceptable standard of living;
- assesses life changes in later old age; and
- identifies likely areas where needs may differ and remain the same.

The Joseph Rowntree Foundation (JRF) commissioned this paper as part of its programme on minimum income standards, which aims to define an 'adequate' income, based on what members of the public think is enough money to live on.

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Executive summary

Background, aims and approach

The Minimum Income Standard (MIS) defines how much income people need in order to reach a minimum socially acceptable standard of living in the UK today. The MIS for pensioner households represents a minimum for pensioners in general and is based on the needs of hypothetical case study pensioner households – singles and couples – aged 72 without significant health problems. However, the rapid increase in the population of older pensioners makes it particularly salient to ask whether the current MIS for pensioner households is adequate for meeting the needs of this growing group of older pensioners. An MIS based on a relatively healthy person in their early 70s may be of limited relevance to a pensioner a decade or so older.

This research set out to explore whether different needs among older pensioners may alter significantly the income they need for an acceptable standard of living, and if so the nature and rationale for this difference.

There were three main elements to the research: consultation with experts, a review of the literature, and focus groups with older pensioners. An advisory panel comprising academic experts from the fields of medical and social gerontology was held to discuss the effects of ageing on the physical, cognitive and psychological characteristics of older pensioners and to inform the literature review. A separate panel of experts in older people and ageing issues was convened to feed their views and experiences into the research process.

A selective literature review was conducted of the evidence on the physiological and cognitive factors associated with ageing. The purpose of the literature review was to understand the prevalence of physical and cognitive conditions in later old age, how they affect older people's capacities, and to identify whether some conditions might be considered to be norms at particular ages.

Four focus groups with members of the public aged between 80 and 89 were conducted. The first group was held to inform the design of the subsequent groups. The following three groups discussed selected areas of the existing MIS pensioner budgets in detail.

How life changes in later old age (Chapter 2)

The literature review identified a number of physical factors associated with ageing. These include: reduced lung and heart function, heart disease, reduced muscle and grip strength, incontinence, and sensory loss – both hearing and sight.

Cognitive function, such as memory, speed of information processing and executive function, declines with age, but the extent of change varies greatly between individuals. In the case of dementia, the strongest risk factor is age itself. Subjective well-being is shown to decline in later life, whilst the risk of depression in later life increases.

Health changes in later life impact on older people's lifestyles, such as giving up driving, and their ability to carry out activities of daily living. Activities that older people have difficulty with include: washing, lifting or carrying heavy bags, housework and odd jobs, and cutting toenails. Whilst there is no single age at which these age-related conditions occur, marked increases are observed in their prevalence from the mid 70s onwards.

Defining the scope of an MIS for older pensioners (Chapter 3)

Older pensioners recognised distinctive aspects of later old age, although they struggled to define it as a life stage with a clear starting point. This was because the health-related effects of ageing and their capacity to carry out their usual activities changed very gradually over time. It was also related to attitudes and mind-set, in that they did not see themselves as being old. Older pensioners thought that the term 'elderly' was the best way to describe someone who was an older pensioner. Being elderly was associated with having less energy and getting tired more easily.

The older pensioner case study that was developed with the input of participants in the first focus group is shown below. Based on evidence from the literature review and consultation with experts it was agreed that, for the purposes of this research, an older pensioner would be defined as someone in their 80s.

Victor/ia is in his/her 80s and lives on his/her own in a one-bedroom flat. He/she is in reasonably good health, but compared to 10 years ago Victor/ia:

- is unable to walk as far or as fast as he/she used to;
- struggles to kneel or to get up from kneeling;
- struggles with carrying and lifting;
- gets colder quicker;
- and has a worse memory.

The developmental stages of the research sought to identify the key areas of the MIS budgets where needs might be different for older pensioners. The most important areas to focus on were identified as: managing in the home, leisure activities and social participation, and transport.

How the needs of older pensioners differ (Chapter 4)

Three groups of older pensioners reviewed the existing MIS for pensioner households and discussed whether it met the needs of an older pensioner. Overall, the most striking aspect of the findings is that the structure and overall character of the minimum budget requirements of older pensioners is very similar to that of younger pensioners.

There were no areas where 'slowing down' was thought to save money because a pensioner would need to do or have less. This applied, for example, to the frequency of social and leisure activities outside the home. Older pensioners agreed with the decisions made for younger pensioners and came up with a very similar list of social activities.

Areas of life where being older and frailer brought additional needs were additional items in the home, including a jar opener, a step ladder with safety side rails and grab rails for the bath. Additional clothing items included more nightwear (pyjamas and nighties) to allow for accidents in the night and stays in hospital and some extra items for keeping warm, such as thermal vests scarf and gloves.

For day-to-day cleaning and housework no additional needs were identified. Someone in their 80s in relatively good health (as described in the case study) would be able to manage housework, albeit doing it more slowly than they used to. It was the more occasional jobs that older pensioners were unable to manage, such as taking down curtains, moving heavy furniture and cleaning windows. Participants said that they would ask friends, family or a neighbour

to help them with these jobs. Alternatively a council-run handy-man service or AgeUK HandyVan service would meet this need.

There was strong agreement in all groups that an older pensioner would not be doing their own decorating and that a decorator would be needed, but there were mixed opinions as to how often rooms would need decorating. Depending on the frequency, this is a potential additional cost to the existing MIS for pensioner households.

The most significant additional costs are those that recur. The main recurring additional cost identified by groups was chiropody. The weekly cost of chiropody would work out at between about £1.50 (£20 every three months) and £4.00 (£25 every six weeks) according to the groups' specifications. In addition, the additional warmth requirements of an older pensioner could add about £1 a week for a single person with minimum heating costs.

Other possible areas of additional need, but where it was not possible in the groups to reach a clear-cut agreement for specifying a different minimum, were transport and food. Participants were unable to agree whether bus travel was accessible for an older pensioner. For older pensioners able to use the bus additional taxi trips and bus fares (at peak times) may be needed for hospital visits. If bus travel is not an accessible option, additional transport costs would be incurred through using community services such as Dial A Ride, or use of taxis. Dietary requirements could, potentially, be lower for older pensioners. Nutritional experts acknowledge that older people need to eat less. This was not, however, identified as being a main area of change in later life by older pensioners.

Taken together, these costs are unlikely to add a very large amount to the cost of a pensioner budget. For example, the largest item identified as a clear-cut additional need, chiropody, is estimated to add of the order of 1-2 per cent to a minimum pensioner budget.

Conclusions (Chapter 5)

A key finding from the research is that older pensioners do not have fewer needs compared to younger pensioners. When discussing a minimum acceptable standard of living older pensioners did not need less and there was no evidence that they had lower expectations, or that there were spending economies from life being less 'full'.

The research has identified some areas where older pensioners have additional needs to younger pensioners. These can be considered as

universal needs that most pensioners in their 80s will be likely to have. Some of these additional needs, such as additional nightwear, a safety step ladder and electric tin opener, add relatively little to the weekly income required by an older pensioner. Other additional needs, such as chiropody and heating, will have a greater impact on income requirements. Overall, the additional needs that older pensioners were all agreed upon add only a few per cent to their overall minimum budgets. However, some items were harder to specify clearly – for example, additional transport needs differ among individuals too much to be easily generalised.

This research has focused on the needs of older pensioners in good health, without specific health conditions or disabilities, and who are living in homes that are small and easy to heat. While this research intended to explore the minimum that older pensioners need, a large proportion will have additional needs above this minimum baseline.

This includes older pensioners with health conditions and disabilities who can face additional costs to meet transport, heating, food, as well as care and assistance needs. Such additional costs would also vary according to a person's access to local support (whether from family, friends, neighbours, community-based support, voluntary or statutory services) and facilities (local shops, post office, pharmacy, medical practice, hospital, accessible leisure, transport). Nor has this research examined differences in needs of people aged over 90 – for whom the likelihood of increased physical, sensory and cognitive impairments and health conditions appears to increase. Additional costs for older pensioners could also arise as a result of living situations different from those assumed in the MIS research. The MIS is based on social tenants, who live in well-insulated flats, and in urban areas – an assumption which produces modest housing costs that help determine the minimum income that nobody should fall below. However, this is not the prevailing living situation for older pensioners in the UK.

Given these important caveats, it would be a mistake to conclude from this exploratory research that the minimal additional costs identified are the whole story for the majority of older pensioners. What we can say with some certainty, however, is that the cost of living does not reduce for older pensioners in their 80s compared to older pensioners in their 70s.

Introduction

Background

The Minimum Income Standard (MIS) defines how much income people need in order to reach a minimum socially acceptable standard of living in the UK today. It is based on detailed research into what members of the public think households need, in terms of goods and household services, to reach this standard. In 2008, a team from Loughborough University and the University of York made the first calculation of such a standard for the Joseph Rowntree Foundation for families with children, working age adults without children and pensioners (Bradshaw *et al.*, 2008). Since then, the MIS team at the Centre for Research in Social Policy (CRSP) at Loughborough University has updated it regularly (Davis *et al.*, 2012, Davis *et al.*, 2010).

The MIS for pensioner households is intended to represent a minimum for pensioners in general and is based on the needs of hypothetical case study pensioner households – singles and couples – aged 72 without significant health problems. However, the rapid increase in the population of older pensioners – the number of people aged 80 and over is projected to double from 2.9 million (5 per cent of the UK population) in 2010 to 5.9 million by 2035 (ONS, 2012) – makes it particularly salient to ask whether the current MIS for pensioner households is adequate for meeting the needs of this growing group of older pensioners. Decline in physical and cognitive function, such as sensory loss, decline in muscle mass and strength, slower information processing and reaction times, are part of the ageing process. This can impact on people's ability to carry out everyday activities and therefore what they may need in order to meet a minimum acceptable standard of living.

Thus, an MIS based on a relatively healthy person in their early 70s may be of limited relevance to a pensioner a decade or so older. Furthermore, what older pensioners consider to be a minimum acceptable standard of living may also differ as a result of age and cohort effects. Therefore, this research set out to explore whether different needs among older pensioners may alter significantly the income they need for an acceptable standard of living, and if so the nature and rationale for this difference.

The welfare benefits and tax system already makes distinctions between older and younger pensioners, which seem to presume that older pensioners have additional needs and living costs to younger pensioners. For example: the winter fuel payment pays 50 per cent more to pensioners aged 80 and over; pensioners are entitled to a free TV licence once they reach age 75; and

pensioners aged 75 and over have a slightly higher tax allowance than pensioners aged 65 to 74. In exploring the adequacy of the MIS for older pensioners, this research will provide some initial evidence on the issue of whether living costs rise, fall, or stay the same as pensioners get older.

Research questions

In exploring whether and how the minimum needs of older pensioners differ from those of younger pensioners, the research sought to understand:

- how life changes in later old age and whether this stage of life represents a meaningful social category;
- the physical and cognitive changes that occur in later old age, to provide an informed framework that an MIS for older pensioners needs to take into account in terms of assumptions about older people's capacities;
- the areas of the MIS where needs for household goods and services differ for older pensioners compared to younger pensioners and the reasons for this;
- the emerging policy and social implications of the research findings for older pensioners' minimum income requirements (whilst recognising the limitations inherent in this exploratory study).

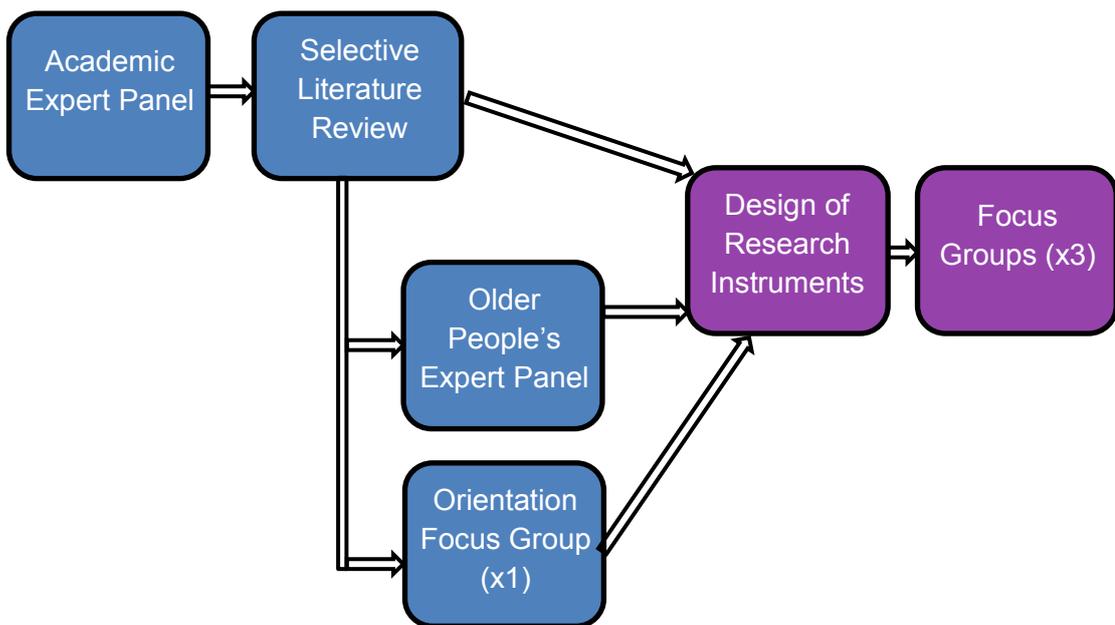
In exploring the minimum needs of older pensioners, the research was focused on older pensioners in relatively good health. It sought to exclude additional needs resulting from specific health problems or disabilities, but to take into account that 'good' health at this stage of life will involve a certain level of frailty or physical limitation as a result of the ageing process. The reason for not specifying more serious additional needs related to health or disability is that the research was seeking to consider a baseline minimum which no older pensioner should fall below, while acknowledging that many have specific additional needs that adds to such a baseline.

The research was focused on the needs of older pensioners living independently in their own home (using the case of someone renting a flat from a social landlord as an example representing minimum costs). While the situation of older pensioners living in care homes will differ considerably from this example, this is not the norm even for pensioners over 85: by the early 2000s just under half of men and two-thirds of women of this age group were living alone in private households (Falkingham, 2010).

Methodology

There were three main elements to the research methodology: consultation with experts, a review of the literature and focus groups with older pensioners. The literature review and expert consultation fed into the design of the focus groups.

Figure 1 The research process



Consultation with experts

a) Academic Expert Panel

An advisory panel comprising academic experts on ageing from the fields of medical and social gerontology was convened at the start of the research to discuss the effects of ageing on the physical, cognitive and psychological characteristics of older pensioners. The panel identified key studies and sources of literature to be included in the literature review.

b) Older People's Expert Panel

An expert panel was convened comprising: older people involved in ageing issues via older people's networks and forums; and representatives from local organisations providing support services to older people living independently. The overall purpose of the panel was to consult with older people as experts

and to feed their views and experiences into the research process. The panel were asked to consider:

- the findings from the literature review;
- whether older old age represents a distinct life stage, how it can be defined and how needs differ;
- issues around possible under-reporting of needs amongst older pensioners;
- the role of public and community services and informal support from friends and family in meeting the needs of older pensioners and how the research should take these into account.

Literature review

A selective literature review was conducted of the evidence on the physiological and cognitive factors associated with ageing. The purpose of the literature review was to understand the prevalence of physical and cognitive conditions in later old age, how they affect older people's capacities, and to identify whether some conditions might be considered to be norms at particular ages. Both national and international studies were reviewed.

A review of JRF-funded research on older people's lifestyles, needs and values was also conducted to ensure that the research built on, and was informed by, existing knowledge.

Focus groups with older pensioners

Four focus groups with members of the public aged between 80 and 89 were conducted. Eight people, who included men and women from a mix of socio-economic groups, attended each group. The age band for selecting participants (age 80 plus) was determined by the previous stages of the research. All of the groups were held in towns and cities in the East Midlands [1]. Participants were recruited in town centres and through community groups.

a) Orientation group

The first group, an orientation group, was held to inform the design of the subsequent groups. Following a general discussion on how life changes in later old age and whether later old age represents a distinct life stage, the findings from the literature review were fed back for discussion. The orientation group was asked to identify the areas of the MIS budgets where needs change most and were given the task of drawing up a case study for an

older pensioner in reasonably good health. The case study is a key element of the MIS research method that is used to represent a household category for which a generic MIS can be developed and to steer participants away from focusing only on their own individual experiences and circumstances.

b) MIS discussion groups

The following three groups discussed selected areas of the existing MIS pensioner budgets in detail. Due to time constraints it was not possible to cover every component of the MIS budgets and the groups focused on the key areas identified in the earlier stages of the research. One group reviewed the existing budget items and were asked whether and how the content of the budgets needed to be revised to meet the needs of an older case study pensioner. The other two groups were asked to review some areas of the existing MIS budget, but for other areas were asked to develop 'from scratch' (a blank sheet approach) their own list of the goods and services that would be required by an older pensioner.

The review approach enabled groups to cover more areas of the MIS budgets within the time available and facilitated a structured discussion on differences between the needs of a 72-year-old case study and those of an older pensioner. The 'blank sheet' approach, although more time consuming, facilitated a discussion that focused only on the needs of an older pensioner, whereby participants were not prompted or influenced by the decisions made by previous MIS groups. Using this combination of review and 'blank sheet' methods also tested the reliability of the findings across the three groups.

In exploring the needs of older pensioners, all of the groups worked to the definition of 'minimum essential needs' that is used in all MIS research groups:

'A minimum standard of living in Britain today includes, but is more than, just food, clothes and shelter. It is about having what you need in order to have the opportunities and choices necessary to participate in society.'

Report Outline

The research findings are presented in Chapters 2 to 5. Chapter 2 presents the findings from the literature review. Chapter 3 describes the developmental stages of the research, including the development of an older pensioner case study and identification of the key areas where older pensioners' needs may differ to younger pensioners. Chapter 4 reports on the discussions held with older pensioners on how needs differ for an older pensioner, compared to the

current MIS for pensioner households (based on the needs of a younger pensioner). Overall conclusions from the research are drawn in Chapter 5.

How life changes in later old age

To understand how older pensioners' needs might differ from younger pensioners', the research first sought to gain an understanding of the effects of ageing and how these impact on older pensioners' lifestyles. A review of selected literature on the physical and cognitive factors associated with ageing sought to investigate whether there are certain conditions in later old age that can be observed to be prevalent or normal and whether there are particular ages at which certain conditions commonly occur.

Physiological changes during the ageing process

Lung function

A review of the effect of ageing on the respiratory system (Sharma and Goodwin, 2006) shows that lung function declines progressively after the age of 35, but that the rate of decline can double after the age of 70. With age respiratory muscle strength decreases, alveolar dead space increases, immunological changes increase, and structural changes to the thoracic cage can occur as a result of age-related osteoporosis. As well as a general impairment to breathing and aerobic capacity, age-related decline in lung function predisposes older people to increased risk from respiratory diseases such as pneumonia and increases their vulnerability to heart failure.

Heart function

Cardiovascular capacity also decreases with age (Lattaka, 1994; Sharma and Goodwin, 2006). This means that the capacity of the heart to increase its pumping ability to both enable it to respond to demands put on the body and to enable it to withstand disease declines with age. Death from cardiovascular disease increases steeply with age, approximately doubling with each decade. Cardiovascular disease is rare below the age of 30 but increasingly common above the age of 60 (British Heart Foundation, 2008). The Health Survey for England (2010) found that the prevalence of ischaemic heart disease (IHD – reduced blood supply to the heart muscle due to coronary artery disease) was fairly constant in men in most age groups. However, the oldest age group (75 and over) showed a consistent increase – the prevalence of IHD or stroke was 13 per cent in 55-64 year old men, but 37 per cent amongst men aged 75 plus, and only 5 per cent in women aged 55-64 compared to almost 28 per cent in women aged 75 plus.

Muscle and grip strength

Muscle strength and grip strength also decline in later life. In an eight-year longitudinal study (Basse, 1998) loss of handgrip strength deteriorated significantly in both men and women, but was greater amongst older women. A progressive reduction in muscular strength and mass is observed with ageing. Known as sarcopaenia it is one of the factors that may explain deterioration of physical function with age (Giampoli, 1999). Studies show that the strength of knee muscles decline by 10 to 15 per cent each decade until the age of 70-75 and thereafter accelerates to 25 to 40 per cent per decade (Hughes, 2001; Goodpaster, 2006). This combined deterioration in muscle mass and strength affect the extent to which older people are able to move around and complete activities of daily living (see below). It may also explain the prevalence of falls in older people. A study by WHO (2007) showed that 28 to 35 per cent of people (worldwide) aged 65 and over fall each year, but increases to 32 to 42 per cent for those over 70 years of age. Fatal falls increase exponentially with age for both men and women and are highest for those aged 85 and over.

Continence

The likelihood of incontinence increases with ageing. Severe incontinence rapidly increases in women at aged 70 through to 80. Incontinence in men also increases with age, but among 70 to 80-year-old men is less than half that of women (Nitti, 2001).

Sensory loss

Age-related hearing loss (known as presbycusis) is widespread amongst older people – 71 per cent of over people aged over 70 have some degree of hearing loss (Action on Hearing Loss, 2011). Hearing loss is greater among people aged 75 and over (Parker, 1997) and one study found a prevalence of 95 per cent in the 80 plus age group (Stach, 1990).

However some people may not have a noticeable complaint of deafness or be aware of their hearing loss due to its gradual onset (Weston, 1964). Studies also show an increased prevalence of age-related macular degeneration (AMD) amongst the oldest old. In the UK the prevalence of late-stage AMD was 5 per cent amongst people aged 65 and over compared to 12 per cent amongst those aged 80 and over (Owen and Jarrar, 2012).

Similarly, an Australian study found an exponential increase in the occurrence of late-stage AMD, being 25 times more frequent in people aged 80 plus

(compared to 55 to 69 year olds) as compared to only six times more frequent amongst people in their 70s (compared to 55 to 69 year olds) (Centre for Vision Research). Sight loss impacts on people's ability to read, recognise faces, and carry out daily activities, as well as their mental health (Thomas Pocklington Trust, 2010). Older people with sight impairment have been found to be two to five times more likely to suffer with depression than someone without vision impairment (Orzech, 2007).

Cognitive function

Cognitive function, such as memory, speed of information processing and executive function, declines with age, but the extent of change varies greatly between individuals. Deary and Gow's review (2008) of 'normal' cognitive ageing reviewed studies showing that when one cognitive ability starts to decline, so do others and that those whose cognitive ability is declining are also those whose general bodily frailty is increasing. The review identified a number of lifestyle factors that are shown to offer protection against cognitive decline, including strong social networks, participation in social activities, and activities that reduce cardiovascular risk factors.

In the case of dementia, the strongest risk factor is age itself (Stewart and Prince, 2008). Studies have found that between one and two per cent of people aged 65-69 have dementia, compared to over 20 per cent of people aged 85 plus (CFAS, 1998; Knapp, 2007).

Psychological well-being

In addition to an association between depression and sensory and other physical changes, Stewart and Prince (2008) note that depression is linked to age and that dementia and depression are interrelated. In their view the restriction in social participation that is associated with chronic health conditions, increases the risk of depression in later life.

Studies have also shown that quality of life and subjective well-being decline in later life. One study (Zaninotto *et al.*, 2009), found that quality of life (measured by ability to do certain activities, depression, being in the poorest income quintile, size of social networks and receiving positive support from others) deteriorates after the age of 70 regardless of income or wealth and declines most steeply among the oldest old. Smith (2000), drawing on the Berlin Ageing Study, also found a downward slant on various aspects of subjective well-being, generally beginning after the age of 80.

Lifestyle changes in later life

Activities of daily living

Data from the English Longitudinal Survey of Ageing shows how difficulty with carrying out everyday activities increases with age and that the need for help with managing daily activities is highest for those in the oldest age category (Falkingham *et al.*, 2010; Breeze and Lang, 2006). For example, between the ages of 75 to 84, 35 per cent of men and 41 per cent of women had difficulty with at least one task; this rose to 58 per cent of men and 65 per cent of women aged 85 and over. The most common problems were with washing or dressing, shopping and doing work around the house (Breeze and Lang, 2006). The physical movement which older people had the most difficulty with was stooping, kneeling or crouching – 47 per cent of men and 58 per cent of women aged 75 and above reported difficulty with this (Falkingham *et al.*, 2010). Over half of women (55 per cent) aged 75 and over reported difficulty with lifting or carrying heavy bags and weights. However, this was a much less frequently reported difficulty for older men (29 per cent). A longitudinal study of people aged 85 and over in Newcastle (Jagger *et al.*, 2011) showed that only 20 per cent of people reported no difficulties carrying out daily activities and that overall, women were significantly more likely than men to report having difficulty in carrying daily activities. The activity which most older people had difficulty with was cutting their own toenails – 54 per cent of women and 35 per cent of men were unable to do this.

Qualitative research studies have similarly identified difficulties faced by older people in carrying out daily activities and the need for low level support, for example, with cleaning, gardening, getting in and out of the bath, shopping and odd jobs such as replacing light bulbs and cleaning windows (Clough *et al.*, 2007; Hill *et al.*, 2009).

Discussions with older pensioners in the orientation focus group on how life changes in later old age supported these findings. Participants talked about having less energy and having to do things more slowly such as housework and walking more slowly which meant that it took longer to walk to places and that they couldn't walk as far as they used to. They also reported difficulties with lifting and carrying things, and with kneeling and crouching.

In addition to difficulties carrying out physical daily activities, older people can face difficulties managing their personal affairs due to failing eyesight, difficulties writing and difficulty understanding correspondence if not written in plain English (Clough *et al.*, 2007; Raynes *et al.*, 2006).

Driving cessation

Giving up driving or driving less is also associated with ageing. This is linked to poor eyesight, decreased confidence and increased concerns about the risks of driving (Hill *et al.*, 2007). A participant in the orientation focus group had given up driving due to cost, whereby it was not cost effective for them to run a car when they had a free bus pass. Older drivers have more difficulty with glare and luminance (taking longer to recover from glare and needing more brightness to see), find it harder to maintain a constant speed, and have slower reaction times (DFT, 2001). From the age of 75 years and above older people are more likely to be represented in crashes involving killed or seriously injured casualties because they are frailer and thus more susceptible to injury or death (Musselwhite, 2011). Stopping driving can limit access to family, friends, shops and services and is associated with an increase in depression and a poorer quality of life (Breen *et al.*, 2007; Musselwhite, 2011).

Loneliness

Another feature of later life discussed in qualitative research studies and in the orientation focus group is the experience of bereavement and loneliness. Older pensioners living alone are at most risk of isolation and loneliness if their health limits their ability to get out and meet people (Hill *et al.*, 2009; Clough *et al.*, 2007). Participants in the orientation focus group raised the issue of loneliness as one of the main changes that had occurred as they got older as partners and friends died:

Interviewer: *'So compared to when you were in your 60s what would you say the main changes have been?'*

Female Respondent: *Loneliness.*

Male Respondent: *Yes it does, because I've seen most of my pals off, I've seen so many, I mean dare I say it, I've been five times up the crematorium and I've got a season ticket for the place I have!'*

Maintaining close relationships with family and friends has been identified as a key component of health and well-being in later life (Katz *et al.*, 2011; Reed *et al.*, 2003; Bowers *et al.*, 2009; Godfrey *et al.*, 2004).

Conclusions

The literature shows a wide range of physical, cognitive and social conditions associated with ageing. Whilst there is no single age at which these age-

related conditions occur, marked increases are observed in their prevalence from the mid 70s onwards.

The evidence also shows that physical and cognitive changes in later life are interrelated, with physical activity being a protective factor for both heart disease and cognitive function. Decline in physical and cognitive health is also linked with depression. A consequence of age-related changes in health is that many older people are less able to carry out daily activities than they used to.

Defining the scope of an MIS for older pensioners

This chapter reports on how the research developed a specification for an MIS for older pensioners which informed the design of the research tools to be used in the main focus groups with older pensioners. This process of specification drew on the literature review, on the older people's expert panel discussion, and on the orientation focus group with older pensioners.

A meaningful and distinct social category

A question that the research sought to explore was whether later old age represented a meaningful and distinct life stage. Older pensioners themselves recognised distinctive aspects of later old age, although they struggled to define it as a life stage with a clear-cut starting point. This was because the health related effects of ageing and their capacity to carry out their usual activities changed very gradually over time.

'You just deteriorate a little bit each year and each year you find out you can't do so much that you done from when you was 60 ... it creeps up on you and one day you wake up and think, like I did, god I'm nearly 83 ...'

(Female, age 82)

It was also related to attitudes and mind-set, in that they did not see themselves as being old, nor feel much different to how they felt when they were younger.

'I still think the same generally as I did 10, 20 years ago.'

(Male, age 84)

'I didn't realise how old I was until my daughter told me.'

(Male, age 85)

However, older pensioners thought that the term 'elderly' was the best way to describe someone who was an older pensioner, as opposed to 'frail' or '4th age' and accepted that they themselves were elderly. Being elderly was associated with having less energy and getting tired more easily.

In this respect, the evidence from older pensioners themselves corresponded well with the evidence from the literature. There is no single point at which the features of later old age suddenly occur, yet there are numerous clear-cut differences between the typical characteristics of someone in their early 70s with someone in their late 80s, as described above.

Developing the case study

All MIS budgets are based on a case study hypothetical person that is used to represent the household type for whom the MIS budget is being drawn up. A key issue for the development of the case study for an older pensioner was deciding what age they should be. A clear message throughout these preliminary stages of the research was that age is not in itself a good measure of needs because each older person is individual in terms of how their body ages and how this affects their capacities and therefore their needs. Yet participants accepted that it was possible to characterise some of the changes that typically take place as people age.

Views of participants in the orientation focus group were that late 70s, approaching 80, was a time when capabilities and needs started to change more noticeably and was an age at which pensioners could start to be described as being elderly. Discussions amongst the older people's expert panel converged around the view that an older pensioner was someone in their 80s. Although age-related health issues could affect people's ability to carry out activities of daily living in their 70s, it was felt that changes in health were likely to be more life changing and have a more noticeable impact on needs for people in their 80s.

As outlined in Chapter 1, the focus of the research was on the needs of older pensioners in relatively good health, without specific health problems or disabilities, but taking into account changes in physical and cognitive function that commonly occur as part of the ageing process. Drawing on the findings from the literature review, a summary of the key findings was given to participants in the orientation focus group to inform a discussion about the characteristics of a case study older pensioner. This was framed around how age-related health changes would affect what the case study person could do and what they would have difficulty doing, rather than focusing on specific types of impairment.

The older pensioner case study that was developed for use in the main focus groups is shown below. In the main data collection phase the description of the case study person resonated strongly with focus group participants.

Victor/ia is in his/her 80s and lives on his/her own in a one-bedroom flat. He/she is in reasonably good health, but compared to 10 years ago Victor/ia:

- is unable to walk as far or as fast as he/she used to;
- struggles to kneel or to get up from kneeling;
- struggles with carrying and lifting;
- gets colder quicker;
- and has a worse memory.

In MIS groups the case study is used as a projection technique whereby participants are asked to consider the needs of the case study, rather than their own needs. This was particularly important in this research given the concern (raised by the older people's expert panel) that older pensioners may sometimes under-report their own needs and have low expectations. This concern was even more salient when MIS focuses on drawing up a 'minimum' income standard. Participants were asked to imagine that the case study was a neighbour and to consider what would be an acceptable living standard for them.

The case study did not specify whether or not there were relatives living nearby, but left it to participants in the main focus groups to decide whether any needs for help and support could be provided by a friend or relative. Similarly, whether needs for services could be met through public and community services, or through private provision, was left to participants to discuss and decide in the main focus groups.

Identifying likely key areas where needs may differ

Given that it would not be possible to cover all aspects of the MIS budgets in detail in the main focus group discussions, the developmental stages of the research sought to identify the key areas of the MIS budgets where needs might be different for older pensioners. The most important areas to focus on were identified as:

Managing in the home

This is not an area covered by the existing MIS pensioner budgets, which assume that people are able to do their own cleaning, shopping and decorating. As described in Chapter 2, difficulty with carrying out activities of

daily living is common amongst older pensioners. It was an area where participants in the orientation focus group agreed that needs increase.

Leisure activities and social participation

Participating in leisure and social activities is highly valued by older people. At a time when physical abilities are declining, fulfilling personal objectives and having something meaningful to do through taking part in activities, whether for leisure or learning, that provide enjoyment, is a key component of health and well-being in later life (Katz *et al.*, 2011; Reed *et al.*, 2003; Bowers *et al.*, 2009; Godfrey *et al.*, 2004). For older pensioners in the orientation focus group, going out was still a very important part of their lives, although they had to adapt the types of activities they undertook to ones that were less physically demanding.

Transport

Access to transport is a key enabler to well-being in later life, enabling people to access local amenities, services and opportunities for social participation (Clough *et al.*, 2007; Godfrey *et al.*, 2004). The existing MIS for pensioners assumes that pensioners are able to travel by bus using their free bus pass, with a small additional allowance for taxis. A key issue to explore in the focus groups was whether this would be adequate for older pensioners who might have difficulty using public transport.

How the needs of older pensioners differ

This chapter presents the findings from the three MIS discussion groups with older pensioners and the areas where the minimum needs of older pensioners were identified as being different from those of younger pensioners. It also notes the many areas where needs were judged as being the same.

Household items and furniture

No additional age-related needs were identified. The existing budgets for furniture and appliances in the lounge, dining area and kitchen were considered to be adequate. Only after specific prompting did some participants think that a jar opener and an electric tin opener should be added to the list of items.

Similarly, the provision for home entertainment (television with Freeview, DVD player, CD/radio) and for communications (a home telephone package and pay as you go mobile phone) were considered to be adequate for the needs of an older pensioner. As in previous MIS pensioner groups, whether the internet and a home computer/laptop was an essential need was widely debated, but not considered essential [2]. Some participants had never used a computer whilst others regularly used the internet for on-line shopping and staying in touch with relatives.

In the bathroom all three groups talked about the difficulty of getting in and out of the bath, and most participants took a shower rather than a bath. Where the shower is over the bath (rather than a separate shower) handrails and a seat in the bath to sit on would be needed. Others thought that the bath would need to be replaced with a walk in shower which had handrails and a seat. One group also added grab rails next to the toilet. If these were not provided for free by Social Services then they would need to be bought, plus the cost of paying for someone to install them.

Housework and home maintenance

For day-to-day cleaning and housework no additional needs were identified. Someone in their 80s in relatively good health (as described in the case study) would be able to manage housework, albeit doing it more slowly than they used to and through making small adaptations such as using a mop to clean the floor rather than on their hands and knees and having a lightweight vacuum cleaner.

'I can manage it myself, but there is times when I've done me bedrooms and I've just thought I'll sit on the bed for five minutes and get me breath back. And going upstairs, I just take me time you know.'

(Male, age 82)

It was the more occasional jobs that older pensioners were unable to manage, such as taking down curtains, moving heavy furniture and cleaning windows (both inside and outside). These tasks involve standing on a ladder or steps and/or heavy lifting which older pensioners were unable to manage, or did not want to take the risk of falling. Participants said that they would ask friends, family or a neighbour to help them with these jobs. Alternatively a council-run handy-man service or AgeUK HandyVan service [3] would meet this need. One group suggested adding to the MIS budget the cost of a window cleaner at £7 every six weeks.

There were mixed views as to whether an older pensioner in their 80s would be able to change a light bulb. For those that still did this an older pensioner needed a step ladder with handrails at the sides and top to hold on to assist with balancing. This would also be needed for reaching high cupboards. This is an addition to the existing MIS pensioner budget which includes only a standard two-step ladder.

There was strong agreement in all groups that an older pensioner would not be doing their own decorating and that a decorator would be needed, but there were mixed opinions across the groups as to how often rooms would need decorating, ranging from once every ten years for the whole home, to one room each year, to every three years for the whole home. Groups were of a similar view that the cost for decorating one room such as a bedroom or lounge was £300-£400 (including materials). This is a potential additional cost to the existing MIS for pensioner households. However, there is no clear-cut decision from the main MIS research as to whether a 72-year-old pensioner would be doing their own decorating, and the budget is based on figures of average spending by pensioners from the Expenditure and Food Survey (£150/year) – effectively mixing together those who hired others to do their decorating and those who only have to pay for materials. The presumption by older pensioners that a decorator would always be needed suggests that on average their costs would be higher.

Clothing and footwear

All three groups reviewed the clothing and footwear lists included in the male and female pensioner MIS. Whilst there were mixed views as to whether the budget was adequate, some considering it not enough and others too

generous, two areas of additional age-related needs were identified. Groups increased the number of nightwear items (pyjamas and nighties) to allow for accidents in the night and stays in hospital.

'When you're in your 80s you've got to be prepared to go into hospital in a hurry and you need far more nighties and dressing gowns, slippers, all sorts for that. I mean I've been rushed in twice since I've been 80.'

(Female, age 82)

There were also additions made to clothing budget for keeping warm, although different groups added different items to the list. These items included thermal vests, long-johns, scarf and gloves that were not included in the existing male pensioner wardrobe.

Toiletries and Healthcare

The main additional healthcare need identified was chiropody/footcare. All groups agreed that someone in their 80s would need to see a chiropodist for getting their toenails cut as they would not be able to bend down to cut them themselves. A chiropodist would also be seen for treating corns and calluses.

'...I'm fairly agile, but I still can't get down to cut my toe nails and neither can I see what I'm doing.'

(Female, age 84)

The frequency that someone would need to go varied from between once every six weeks to once every three months. Groups agreed that this service would need to be paid for. Although there were some free services provided by the NHS these were thought to either be for people with other health conditions such as diabetes, or to have very long waiting lists. The cost of a chiropodist was between £20 and £25 per visit.

In terms of everyday toiletries (shampoo, toothpaste, shower gel etc.) and medicine cabinet items (first aid, cough and cold remedies) there were no additional age-related needs.

Social participation and leisure activities

One group reviewed the existing MIS budget for leisure activities, the other two groups were asked to draw up a leisure budget from scratch. Overall, all three groups came up with very similar answers which were similar to the existing MIS pensioner budget. Groups agreed on a minimum of two activities per week which could be exercise related (such as bowls, walking, swimming,

dancing, Thai-Chi), or a social activity (such as bridge, dominos, coffee morning, luncheon club, bingo, craft classes, computer classes). In addition groups thought that there should be an allowance for eating out, such as a pub lunch, some groups thought a minimum would be once/month, others once/week. Reflecting research studies on what older people feel is important (see Chapter 3.3) there was no evidence that older pensioners had fewer needs for taking part in social and leisure activities than younger pensioners.

'I don't think our needs are any different to the 70-year-olds.'

(Male, age 88)

Similarly, all groups agreed that the existing MIS holiday budget of a five-day coach holiday in the UK with half board accommodation and some evening entertainment, would meet the needs of an older pensioner.

Transport

Discussions around minimum transport needs were less straightforward. There was debate as to whether someone in their 80s would be able to travel by bus and not everyone agreed with the existing MIS transport budget of mostly bus travel, using the free bus pass, supplemented by two taxi journeys/week. Some participants thought that the bus would meet the bulk of transport needs, others thought that it would depend on how close the person lived to a bus stop and how high the step onto the bus was. An alternative mentioned for people who could not use buses or did not live close to a bus route was Dial A Ride, which had to be paid for, but was cheaper than using taxis.

One group who agreed that the bus would meet most travel needs, identified additional needs to the existing MIS transport budget. Some extra taxi trips were considered necessary for hospital or GP visits. A small allowance might also be needed for attending early hospital appointments when it would not be possible to use the free bus pass.

Heating

Heating requirements in MIS have been estimated by a heating engineer, based on the cost of keeping a home at a standard of warmth considered adequate for a person of a given age. This standard is slightly higher for a 72-year-old pensioner than for an adult of working age (21 rather than 20 degrees in the living room). For an older pensioner a higher standard again, 23 degrees, would conform to the standard used for sheltered housing. Calculations by a heating engineer suggest that this would add about £1 a

week to a minimum heating bill for an older pensioner. Note that this minimum assumes that the pensioner is living in a well-insulated one-bedroom flat, and for those living in larger or less well-insulated accommodation, the difference would be greater.

Overview and interpretation of differences

Overall, the most striking aspect of the above findings is that the structure and overall character of the minimum budget requirements of older pensioners is very similar to that of younger pensioners. The former may live life at a slower pace, but the things that these groups said a pensioner in their 80s would need to buy in order to have a minimum acceptable standard of living did not differ fundamentally from those specified for a pensioner aged 72.

One important aspect of this overall result is that there were no areas where 'slowing down' was thought to save money because a pensioner would need to do or have less. This applied, for example, to the frequency of activities outside the home and the range of clothes needed, which is partly associated with the ability to socialise. Older pensioners agreed with the decisions made for younger pensioners, and indeed came up with a very similar list of social activities when starting from a blank sheet.

On the other hand, there are areas of life where being older and frailer could be expected to add to someone's needs, such as managing in the home. In some instances these potential additional costs did not arise. For example, it was not thought that someone in reasonable health would need a cleaner, just that they would take longer to clean their home. In other instances they did arise, such as decorating (this is discussed further below) and the need for certain additional possessions. These include a jar opener, a step ladder with safety side rails, grab rails for the bath and additional nightwear. There were not, however, many of these items, and their overall effect on the cost of living is likely to be small. For example, an electric jar opener costs £20 from Argos, and if it lasted ten years, this would add 4p a week to a household budget. Similarly, bathroom grab rails can be bought for around £10 each and assuming they lasted five years this would also add 4p a week to a household budget (per rail).

The most significant additional costs are those that recur. The main recurring additional cost identified by groups was chiropody. The weekly cost of chiropody would work out at between about £1.50 (£20 every three months) and £4.00 (£25 every six weeks) according to the groups' specifications. In addition, the additional warmth requirements of an older pensioner could add

about £1 a week for a single person with minimum heating costs; more for someone in a harder to heat home.

Three other possible recurring items could be different for older pensioners, but the research does not provide a clear-cut basis for specifying a different minimum:

Where bus travel was considered to be accessible for older pensioners, one group raised the possibility that additional taxi trips and bus fares (at peak times) may be needed for hospital visits. This is hard to quantify, and the amount of specified taxi travel has grown in the main MIS pensioner budgets, so it would be difficult to say with confidence that this adds a given additional cost. Participants who thought that bus travel was not an accessible option for older pensioners suggested that additional transport costs would be incurred through using community services such as Dial A Ride, or use of taxis.

The cost of hiring a decorator when rooms need repainting is a clear and significant expense for older pensioners, but how much this adds to the minimum budget of younger pensioners depends on the frequency that rooms are re-decorated which the focus groups did not come to an agreement on. Taking the least frequent option we estimate that costs would be similar, but the most frequent option could cost more than double the existing pensioner budget of £150/year.

Dietary requirements could, potentially, be lower for older pensioners. Nutritional experts acknowledge that older people need to eat less, and this is already reflected through a small difference between the MIS pensioner and non-pensioner food budgets. This was not, however, identified as being a main area of change in later life by older pensioners in the orientation group – some ate less than they used to, others did not. Physiologically, change in body composition reduces required calorie intake by roughly five per cent per decade after the age of 60 [4]. Even if this were fully reflected in food costs, it would reduce by only about £2 a week the food budget of an 82-year-old compared to a 72-year-old – representing only just over one per cent of the total household budget.

Taken together, these costs are likely to add a significant although not very large amount to the cost of a pensioner budget. For example, the largest item identified as a clear-cut additional need, chiropody, is estimated to add of the order of 1-2 per cent to a minimum pensioner budget. Even a combination of this and some of the less clear-cut additional costs is unlikely to add more than five per cent (about £7 a week, net of rent and council tax).

Conclusions

This research has explored whether and how the needs of older pensioners differ from those of younger pensioners and in doing so, has sought to examine whether the current MIS for pensioner households is adequate for meeting the needs of older pensioners. The research has also given older pensioners an expert voice as to what they need in order to reach a minimum acceptable standard of living.

The MIS is a baseline of what members of the public think people need to achieve a minimum socially acceptable standard of living. It is a standard that as well as providing adequate food, clothing and shelter, provides opportunities for social and cultural participation and also gives people a degree of choice over how they meet these needs. As a baseline it is a standard that nobody should have to live below. It is also based on certain assumptions, one of which is that people are in good health and that any additional needs arising from disability or ill-health are met through additions to the baseline. A particular challenge for this research was identifying a baseline that would represent a minimum typically needed by any older pensioner, without including additional needs specific to particular health conditions or impairments.

The research identified a number of characteristics of later old age that made it distinct from the characteristics of younger pensioners:

- physical changes included restriction in movements (such as kneeling), less strength for lifting and carrying, less energy and stamina and feeling the cold more;
- cognitive changes included having a worse memory; and
- social changes included loneliness.

The research concluded that these characteristics were most distinct and had a more noticeable impact on older people's capabilities and needs when they were in their 80s. The lived experience of older pensioners was that ageing was a very gradual process, typified by having less energy, getting tired more easily and having to carry out daily activities more slowly. Being 'elderly' was a term that older pensioners thought best described this stage of life.

A key finding from the research is that older pensioners do not have fewer needs compared to younger pensioners. When discussing a minimum acceptable standard of living older pensioners did not need less and there was no evidence that they had lower expectations, or that there were systematic economies from life being less 'full'.

The research has identified some areas where older pensioners have additional needs to younger pensioners. These can be considered as universal needs that most pensioners in their 80s will be likely to have. Some additional needs, such as additional nightwear, a safety step ladder and electric tin opener add relatively little to the weekly income required by an older pensioner. Other additional needs, such as chiropody and heating, will have a greater impact on income requirements. Overall, the additional needs that older pensioners were all agreed upon add only a few per cent to their overall minimum budgets. However, some items were harder to specify clearly – for example, additional transport needs differ among individuals too much to be easily generalised.

Implications: the baseline and beyond

In interpreting these findings, it is essential to remember that the research has focused on the needs of older pensioners in good health, without specific health conditions or disabilities, and who are living in homes that are small and easy to heat. While this research intended to explore the minimum that older pensioners need, a large proportion will have additional needs above this minimum. It is also outside the scope of the MIS methodology to report on variations in costs based on the availability of local facilities (e.g. shops, pharmacy, accessible transport or leisure) or the availability or extent of assistance (e.g. having family, friends or others nearby who can readily provide ‘that bit of help’ or companionship).

Older pensioners with health conditions and disabilities can face additional costs to meet transport, heating, food, as well as care and assistance needs. This is important both because of the magnitude of the extra expenses that such conditions can create (especially in the absence of informal support networks or good local facilities) and because of their prevalence among older pensioners. Even for someone who does not have high personal care needs, a restriction in mobility or eyesight that necessitates, say, a weekly cleaner would add far more to a weekly budget than the small amounts identified as common to all older pensioners in this study. Census data show that 61 per cent of people in their early 80s, compared to 34 per cent in their early 60s, report having a limiting long-term illness (ONS, 2001 Census data). Not all such conditions necessarily create significant extra living costs, but this shows the extent to which the health of an individual pensioner is likely to be a consideration in assessing such costs. Nor has this research examined differences in needs of people aged over 90, three quarters of whom report limiting long-term illnesses.

Additional costs for older pensioners could also arise as a result of living situations different from those assumed in the MIS research. The MIS is based on social tenants living in flats in urban areas – which produces modest housing costs that help determine the minimum income that nobody should fall below. In reality pensioners are more likely to own their homes (76 per cent are home owners compared to 66 per cent of the overall population) and as a consequence are less likely to have the most energy-efficient homes (only eight per cent of owner occupiers live in the most energy-efficient homes compared to 20 per cent of those renting from local authorities and 29 per cent renting from housing associations (DCLG, 2012)). These differences could accentuate the gap between older and younger pensioners associated with items such as:

- Heating: the additional cost of heating homes to a warmer standard for older pensioners will be greater for homes that are hard to heat or in rural areas where available fuels are more expensive;
- Decoration and home maintenance: for owner occupiers and those in larger homes, the additional cost of hiring in services that previously they may have undertaken themselves is likely to be greater than in a social housing flat;
- Transport: in rural, less accessible areas, any additional transport costs such as taking taxis are likely to be greater, particularly for older people who are no longer able to drive.

All these factors suggest that, while ‘baseline’ costs for older pensioners are not much higher than for younger ones, most older pensioners are likely to have at least some requirements above this baseline. The findings of this report should not therefore be interpreted as showing that, in general, the cost of maintaining a minimum acceptable living standard remains about the same for pensioners as they grow older. It suggests rather that the things that all pensioners are likely to need cost only a bit more for pensioners in their 80s than at age 72 – but on top of this, a large proportion of older pensioners have individual needs that are additional.

The single most significant finding of this study is that the baseline living costs to which these additional needs must be added do not fall in later life: the everyday cost of going out, buying clothes and meeting other material and social needs was specified in very similar terms by older as by younger pensioners.

The implication of these findings for public policy is that there is a minor role for age-related benefits, but that many older pensioners require help supporting their particular needs. The additional costs identified in this

research are significantly smaller than either the amounts paid to people eligible for Attendance Allowance or the additional expenses that someone needing any form of weekly paid help is likely to face. The present system of triggering such support based on individual conditions rather than age thus seems justified. Similarly, while aging in itself can trigger some additional heating costs, the size and condition of the home is also important, again suggesting a targeted approach for additional help.

Notes

1. The fieldwork for the MIS is undertaken in the East Midlands which represents a region with relatively low living costs, but not the lowest.
2. The MIS for pensioners is the only household type where the internet and a home computer/laptop is not considered an essential need.
3. AgeUK HandyVan is a free service.
4. Information supplied by Sian Burr, nutritional adviser to MIS project.

References

Action on Hearing Loss (2011) Facts and figures on deafness and tinnitus.
<http://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx>

Bassey, E.J. (1998) 'Longitudinal changes in selected physical capabilities: muscle strength, flexibility and body size', *Age and Ageing*, Vol. 27, pp. 12-16.

Bowers, H., Clark, A., Crosby, G., Easterbrook, L., Macadam, A., MacDonald, R., Macfarlane, A., Maclean, M., Patel, M., Runnicles, D., Oshinaike, T., and Smith, C. (2009) *Older People's Vision for Long-term Care*. York: Joseph Rowntree Foundation.

Bradshaw, J., Middleton, S., Davis, A., Oldfield, N., Smith, N., Cusworth, L. and Williams, J. (2008) *A Minimum Income Standard for Britain – What People Think*. York: Joseph Rowntree Foundation.

Breen, D.A., Breen, D.P., Moore, J., Breen, P. and O'Neill, D. (2007) 'Driving and dementia', *BMJ*, Vol. 334, pp. 1365-1369.

Breeze, E. and Lang, I. (2006) 'Physical functioning in a community context' in *Living in the 21st century: older people in England - The 2006 English Longitudinal Study of Ageing (Wave 3)*.
http://www.ifs.org.uk/elsa/report08/elsa_w3.pdf

British Heart Foundation (2008) *Modelling the UK burden of cardiovascular disease to 2020: A research report for the Cardio and Vascular Coalition and the British Heart Foundation*: London.

Centre for Vision Research, Blue Mountains Eye Study
<http://www.cvr.org.au/bmes.htm>

Clough, R., Manthorpe, J., OPSRI, Raymond, V., Sumner, K., Bright, L. and Hay, J. (2007) *The support older people want and the services they need*. York: Joseph Rowntree Foundation.

Davis, A., Hirsch, D., and Smith, N. (2010) *A minimum income standard for the UK in 2010*. York: Joseph Rowntree Foundation.

Davis, A., Hirsch, D., Smith, N., Beckhelling, J. and Padley, M. (2012) *Minimum Living Standards in Hard Times: What People Think*. York: Joseph Rowntree Foundation.

Deary, I., and Gow A. (2008) 'State-of-Science Review: E14: Determinants of Normal Cognitive Ageing: Implications for Mental Capital', Government Office for Science Foresight Project Mental Capital and Wellbeing.

Departments for Communities and Local Government (2012) English Housing Survey – Households 2010-11. London: Department for Communities and Local Government.

Department for Transport (2001) *Older Drivers: a literature review*. London: Department for Transport.

Falkingham, J., Evandrou, E., McGowan, T., Bell, D., and Bowes, A. (2010) *Demographic issues, projections and trends: Older people with high support needs in the UK* ESRC Centre for Population Change. York: Joseph Rowntree Foundation.

Giampoli, S., Ferrucci, L., Cecchi, F., Lo Noce, C., Poce, A., Dima, F., Santaquilani, A., Vescio, M. and Menotti, A. (1999) 'Hand-grip strength predicts incident disability on non-disabled older men', *Age and Ageing*, Vol. 28, pp. 283-288.

Godfrey, M., Townsend, J. and Denby, T. (2004) *Building a good life for older people in local communities*. York: Joseph Rowntree Foundation.

Goodpaster, B.H., Park, S.W., Harris, T.B. et al., (2006) The loss of skeletal muscle strength, mass and quality in older adults', in Sallinen, J., Stenholm, S., Rantanen, T., Heliovaara, M., Sainio, P. and Koskinen, S. (2010) 'Hand-Grip Strength Cut-Points to Screen Older Persons at Risk for Mobility Limitation', *Journal of Am Geriatr Soc*, Vol. 58(9), pp. 1721-1726.

Health Survey for England - 2010: Respiratory health. December 15, 2011: NHS, NatCen, National Statistics.

Hill, K., Sutton, L. and Cox, L. (2009) *Managing Resources in Later Life*. York: Joseph Rowntree Foundation.

Hughes, V.A., Frontrera, W.R., Wood, M. et al., (2001) 'Longitudinal muscle strength changes in older adults: Influence of muscle mass, physical activity and health', in Sallinen, J., Stenholm, S., Rantanen, T., Heliovaara, M., Sainio, P. and Koskinen, S. (2010) 'Hand-Grip Strength Cut-Points to Screen Older Persons at Risk for Mobility Limitation', *Journal of Am Geriatr Soc*, Vol. 58(9), pp. 1721-1726.

Jagger C., Collerton, J., Davies, K., Kingston, A., Robinson, L., Eccles, M., Von Zglinicki, T., Martin-Ruiz, C., James, O., Kirlwood, T. and Bond, J. (2011) 'Capability and dependency in the Newcastle 85+ cohort study. Projections of future care needs', *BioMedCentral Geriatrics*, Vol. 11, pp. 1-11.

Katz, J., Holland, C., Peace, S. and Taylor E. Edited by Blood, I. (2011) *A Better Life – what older people with high support needs value*. York: Joseph Rowntree Foundation.

Knapp, M., Prince, M., Albanese, E., Banerjee, S., Dhanasiri, S., Fernandez, J., Ferri, C., McCrone, P., Snell, T. and Stewart, R. (2007) *Dementia UK*. London: Alzheimer's Society.

Lattaka, E.G. (1994) 'Cardiovascular reserve capacity in healthy older humans', *Aging* (Milano), Vol. 6, pp. 213-23 in Baguneid, M., Fulford, P. and Walker, M. (1999) 'Cardiovascular surgery in the elderly', *Journal Royal College Surgery Edinburgh*, Vol. 44, pp. 216-21.

Medical Research Council Cognitive Function and Ageing Study (1998) 'Cognitive function and dementia in six areas of England and Wales: the distribution of MMSE and prevalence of GMS organicity level in the MRC CFA Study', *Psychological Medicine*, Vol. 28, pp. 319-335.

Musselwhite, C. (2011) *Successfully giving up driving for older people*. London: ILC-UK

Nitti, V. W. (2001) 'The prevalence of urinary incontinence', *Reviews in Urology*, Vol. 3, Supplement 1, pp. S2-S6.

Office for National Statistics, Census data 2001. Downloaded from: <https://www.nomisweb.co.uk> on 26 September 2012.

Office for National Statistics (2012) *National Population Projections, 2010-based Reference Volume: Series PP2*
www.ons.gov.uk/ons/dcp171776_253890.pdf

Orzech, D. (2007) 'Betrayed by Our Bodies – Sensory Loss in Aging', *Social Work Today*, Vol. 7, pp. 20.

Owen, C.G., Jarrar, Z., Wormald, R. et al., (2012) 'The estimated prevalence and incidence of late stage age related macular degeneration in the UK', *British Journal of Ophthalmology* [Online First] in *NHS News* 'Sight problems predicted to rise' Tuesday February 14, 2012.

Parker, C.J., Morgan, K. and Dewey, M.E. (1997) 'Physical illness and disability among elderly people in England and Wales: the Medical Research Council cognitive function and ageing study', *Journal of Epidemiology and Community Health*, Vol. 51, pp. 494-501.

Raynes, N., Clark, H. and Beecham, J. (2006) *The report of the Older People's Inquiry into 'That Bit of Help'*. York: Joseph Rowntree Foundation.

Reed, J., Cook, G., Childs, S. and Hall, S. (2003) *Getting old is not for cowards – Comfortable, healthy ageing*. York: Joseph Rowntree Foundation.

Sharma, G. and Goodwin J. (2006) 'Effect of aging on respiratory system physiology and immunology', *Clinical Interventions in Aging*, Vol. 1, No. 3, pp. 253–260.

Smith, N., Hirsch, D. and Davis, A. (2010) *A minimum income standard for rural households*. York: Joseph Rowntree Foundation.

Smith, J. (2000) 'The Fourth Age: A Period of Psychological Mortality?' Invited Lecture at Ernst Schering Research Foundation Forum in Harnack-Haus on Biomolecular aspects of aging: Social and ethical implications, Berlin, Germany.

Stach, B.A., Spretnjak, M.L. and Jerger, J. (1990) 'The prevalence of central presbycusis in a clinical population', *Journal American Academy of Audiology*, Vol. 1, pp. 109-115.

Stewart, R., and Prince, M. (2008) '*State-of-Science Review: SR-B2: The Influence of Demographic, Social and Physical Factors on Ageing and the Mental Health of Older People*', Government Office for Science Foresight Project Mental Capital and Wellbeing.

Thomas Pocklington Trust (2010) *The needs of frail older people with sight loss*. Occasional paper number 29.

Weston, T.E. (1964) 'Presbycusis – a clinical study', *Journal Laryngol Otolology*, Vol. 78, pp. 273-282.

WHO (2007) *Who Global Report on Falls prevention in Older Age*. Geneva: World Health Organization.

Zaninotto P., Falaschetti, E., and Sacker, A. (2009) 'Age trajectories of quality of life among older adults: results from the English Longitudinal Study of Ageing'. *Quality of Life Research*, Vol. 18, pp. 1301-1309.

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