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OLDER PEOPLE IN SCOTLAND: RESULTS FROM THE SCOTTISH HOUSEHOLD SURVEY 1999-2002

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RESULTS FROM THE SCOTTISH HOUSEHOLD SURVEY 1999-2002

Gillian Raab, Napier University

and

Charlotte MacDonald

Scottish Executive Social Research
2004

CONTENTS

LIST OF TABLES

LIST OF FIGURES

EXECUTIVE SUMMARY

INTRODUCTION

The Scottish Executive aims to promote active ageing and to support continued independence in later life. This analysis of Scottish Household Survey (SHS) data is designed to inform that strategy and to highlight trends in social and demographic characteristics.

The report is based on 4 years of SHS data from 1999-2002 and follows on from an earlier report by the same authors which utilised data from 1999 - the first year of the SHS. In order to give a more detailed picture of the lives of older people, the SHS results are supplemented by census 2001 results, UK government statistics and findings from research.

POPULATION PROFILE

Census 2001 found that nearly half (49 percent) of the adult Scottish population living in households was aged over 50. Households with at least one member of pensionable age make up nearly one third of all households in Scotland.

People who live in care homes or institutions such as hospitals are not represented in the SHS. A significant proportion of older people are therefore excluded from any SHS analysis. This is particularly true for the 85+ age group of whom 22 percent are long-term residents of care homes or hospitals.

Women living alone form the largest group of people aged 70+. However the recent trend for men to live longer has produced a corresponding decline in the proportion of women aged 65-74 who are widowed.

There has been an increase in owner occupation since 1999 amongst the over 50s although this trend is less consistent for single person households than for others.

Rural areas have higher proportions of over 50s than urban areas. More detailed analyses show that it is the deficit of younger people in the age range from 18 to 34 that is responsible for these area differences.

There has been a slight increase in the minority ethnic population in Scotland since the 1991 Census. The numbers of older people classed as belonging to minority ethnic groups in Census 2001 represent 1 percent of the population aged 50-59 and decreasing proportions in older age groups.

EMPLOYMENT AND INCOME

According to UK Government statistics, the proportion of people in the UK aged from 50 to state pension age who are in paid work has started to increase in the last few years following a 30 year decline.

Being permanently sick or disabled accounts for 13 percent of males in their 50s and 20 percent in their early 60s, according to the SHS. The employment pattern for women in their 50s is somewhat different to that of men. A much smaller proportion were self-employed (5

percent compared with 13 percent of men), and about a quarter (24 percent) were in part-time employment.

Although the position of pensioners (i.e. people over state pension age) in the overall UK income distribution has improved in the past 20 years, poverty amongst pensioners remains an issue - according to analysis of UK wide surveys by the Department of Work and Pensions. Incomes for the most well off pensioners have risen more quickly than for the least well off and older pensioners are more likely than younger pensioners to be amongst the least well off.

People over state pension age are less likely to feel they have difficulty managing financially and are less likely to worry about money than people aged 50+ who have not yet reached state pension age.

VOLUNTEERING AND CARE GIVING

Overall about a quarter of people aged over 50 said they had done some volunteering in the past 12 months. Older people in rural areas are more likely to be volunteers than those in urban areas.

People are increasingly likely to be helping other older people as they get older themselves: 30 percent of volunteers aged 75+ were doing this kind of work compared with 14 percent of volunteers aged 50-64. Church and other faith organisations are the most common sphere for volunteering, and more so for older age groups. More than half of older people volunteering were providing some kind of service. This was the most common category of volunteering with fundraising coming second.

Most of the people providing unpaid care are supporting someone outside their own household rather than another member of the same household. The amount of care provided is likely to be greater when provided within the same household. The over 50s are more likely than younger people to be providing unpaid care to others in the same household.

Women aged 50-64 are more likely to be providing care than men in the same age group. However amongst the over 65s, the percentage providing care is higher for men than for women.

Caring has more impact on the personal lives, health and relationships of carers than on their financial or employment situation according to some research evidence. Compared with non-carers, the incidence of poor physical health is higher amongst people who provide 50+ hours of care per week, but lower for other carers. It is recognised that mental ill-health is under-reported in general household surveys.

LEISURE ACTIVITIES

Evidence from the Scottish Health Survey 1998 suggests that most people in Scotland are not active enough to maintain good health and that older people are less likely to take the recommended level of exercise than younger people. SHS results show that older women are less likely to take exercise (in the form of walking or cycling) than older men.

A relatively small minority of people over 65 have internet access in their households (18 percent aged 65-74). This underlines the need for alternative channels of information to be maintained so that older people are not disadvantaged.

There has been a rapid increase in internet access in the 50-64 age group. Internet access is more likely among men, people on higher incomes and in rural areas.

Recent research indicates that having access to private car travel either as a driver or a passenger makes a positive contribution to quality of life for older people. People without car access face a range of barriers to using public transport.

The older people were the less likely they were to have made a journey the previous day. Men were more likely to have made a journey than women.

COMMUNITY AND NEIGHBOURHOOD

Research conducted in England suggests that older people living in socially deprived areas are much more likely to experience fear of crime and isolation than older people in Britain as a whole.

For most people, particularly if retired from work, their social networks are largely composed of family, friends and neighbours. Most people in the SHS aged 50+ had had face to face contact with family outside the household in the previous 2 weeks. People in remote towns and rural areas were more likely to have had telephone contact and slightly less likely to have had personal contact than others.

The oldest age groups were the least likely to have had recent contact with friends, with 21 percent of men and women aged 75+ reporting no contact in the previous 2 weeks, compared with 15 percent of the 65-74 age group.

Personal contact with family and friends is slightly lower for the 75+ age group but around 90 per cent of all age groups did report personal contact in the previous 2 weeks. Over 80 percent of over 50s had had contact with neighbours in the previous 2 weeks.

A very high proportion of people said they felt supported by family and friends where they live. Over 90 percent felt they could rely on friends and family to help out if they were alone and to keep an eye on their house if it was empty.

Positive views are also apparent in the aspects which people said they liked and disliked about their neighbourhood. Only 4 percent of older people of all ages could think of nothing good about their neighbourhood. Fifty-one percent of all older people had nothing negative to say about their neighbourhood.

HEALTH AND SOCIAL SUPPORT

Men aged 60-64 are much more likely to suffer long-term health problems than women of the same age. In older age groups it is women who tend to have worse health.

The incidence of different types of illness varies significantly in the reports of men and women and by age group. From the age of 65, women were more likely than men to report

health problems affecting their legs, whereas heart problems were more commonly reported by men than women of the same age.

Evidence from a UK government survey suggests that 10 per cent of the 60-74 age group have 'significant levels of neurotic symptoms' and 19 percent have some cognitive impairment. Whereas cognitive impairment is more common at the older end of the age range, neurotic symptoms appear to become less common.

Older people (65+) who reported that they needed help or care are in the minority. Even amongst women over the age of 85, when people are most likely to be dependent, only 47 percent said they needed care.

People who received care at home were more likely to receive it from another household member than from an outside source, unless they lived alone.

The majority of people living alone and needing care received more than 4 hours per week from an outside source and 20 per cent received more than 20 hours per week. Not surprisingly, people not living alone were very unlikely to be receiving more than 20 hours of care per week from outside the home.

Up until the age of 75, the most common source of outside support is relatives, with home helps only involved with small proportions of people aged 65-74. For the over 75s, relatives are less likely to be a source of outside care than are home helps. Women are more likely than men to receive outside support.

There is significant variation in home care provision by council area which appears to be unrelated to levels of need, as identified in the SHS. A separate analysis of this variation is presented in Annex 1 of this report.

The proportion of people with equipment and adaptations to help with every day living has increased since the SHS started in 1999. At least half of those who reported any difficulty with everyday living, and over 70 percent of people with personal care difficulties, had equipment/adaptations in 1999. In 2002 these rates had increased to over 60 percent for all types of difficulties and around 80 percent for personal care difficulties.

1. INTRODUCTION

1.1 This analysis of Scottish Household Survey (SHS) data was commissioned to inform policy thinking about older people in Scotland and to highlight trends in social and demographic characteristics. The report is based on 4 years of SHS data from 1999-2002 and also draws on census 2001 results and findings from research.

1.2 This is the second report about older people in Scotland based on results from the SHS. The first report using 1999 SHS data was an early attempt at detailed analysis of the SHS by statisticians outwith the SHS team itself (MacDonald et al 2001). Since then some revisions and additions have been made to the survey and it is now possible to provide a fuller analysis of some areas of interest to policy makers. These areas include support received by people with long term illness or disability, contact with neighbours, and activities such as internet use and journeys from home.

1.3 In our last report we highlighted some of the limitations of the SHS as a source of information on older peoples' lives. Most of these limitations are still relevant for the later years of the survey. Questions introduced in 2001/02 on social support and community involvement were helpful, but those on the use of leisure facilities were dropped at that time. The survey is still not collecting information on social class or participation in educational activities, such as evening classes, for people over retirement age.

1.4 A number of analyses of particular topics have been published in the past 3 years which draw on SHS and other national survey data. These include a detailed analysis of differences in urban and rural households (Scottish Executive 2003d) and a very full report on the health and well-being of older people in Scotland (Wood and Bain 2001). Rather than attempt to update the analyses in these reports, we have cited them where appropriate and provided results which are complementary.

HOW OLD IS 'OLDER'?

1.5 The age at which we become 'older' is determined in part by our life experience and our own perception of ourselves, and in part by the social environment. Increasingly, policies focused on the older population pay attention to people in their 50s. In this age group people are increasingly likely to withdraw fully or partially from the labour market, to be involved in caring for relatives other than their own children, and to engage in day time leisure activities and volunteering. It should be recognised that these trends are partly the result of the availability of generous occupational pensions and voluntary severance packages for people who have been in secure long term employment. This situation is beginning to change and the UK government is looking at ways of encouraging more people to remain in employment throughout their 50s and 60s.

1.6 People in their 60s are predominantly retired from work and experiencing the privileges and stigma attached to being 'old age pensioners'. Reaching state pensionable age (60 for women and 65 for men) provides a passport to a number of concessions and free services such as entertainment, bus travel, eye tests, prescription medicines and free personal and nursing care (on the basis of assessed need). On the other hand health and social work agencies often apply different eligibility criteria and cost ceilings when treating or supporting

people over state pensionable age resulting in a distinction between provision for older people as opposed to 'adults'.

1.7 For many people, the biggest change they experience in later life is the death of a spouse. Women live longer than men on average and therefore single and widowed women form a large proportion of the older population. The combination of retirement and widowhood can lead to social isolation and so opportunities for leisure activities, transport and social contact are particularly important.

1.8 In the population aged 75+ there is a high incidence of illness and disability compared with younger age groups, and in the 85+ age group the incidence of dementia is particularly high. One 'solution' in Scotland has been to move people into care homes as they become dependent on high levels of personal and nursing care. But the majority of people in their 80s live independently, some with the help of private or local authority funded services. In general, the quality of life of people in their 80s living independently is greatly influenced by very basic factors such as their ability to walk, to use transport, to move around their house safely and to have support from and contact with other people.

PRESENTATION OF RESULTS AND METHOD OF ANALYSIS

1.9 We have had four years of SHS data available to us. Depending on the topic, we have used all four years, the most recent three, two or one years. Where the underlying question is new or has changed during the period, only the years since the change are presented. Where there is a clear trend in the data, the separate years are presented graphically to indicate the trend. Where there is no discernible trend the available years are aggregated in a single table or graph.

1.10 Unlike the earlier report, this new analysis does not aim to compare the older population with younger adults. The age groups used in the tables and graphs vary depending on the topic and on the results. Tables relating to employment, for example, distinguish the 50-59 and 60-64 age groups because of the high degree of variation we expect to see between these age groups and with older age groups. Table relating to health distinguish people in their late 80s from people aged 75-84 for similar reasons. Narrow age bands have been used when variation was detected, for example between people aged 60-64 and 65-69 in relation to health problems. Wider age bands are used when variation within the age band is not evident.

Statistical methods

1.11 Because the SHS has a complex survey design the methods used to judge whether the patterns seen are more than chance have to take account of this. The details of how this was done are in the Technical Annex. The general approach to investigating an aspect of older peoples lives has been to carry out a modelling procedure to look at the main inter-relationships between sets of variables. This procedure has then guided tables which are presented in the report. Full details of the modelling are not reported but the conclusions of the analysis are summarised in the relevant paragraphs. This allows a focussed approach towards investigating a topic rather than simply pre-specifying tables which may or may not prove to have any interesting relationships. Where comment is made in the text about changes over time, or any other inter-relationships between the variables, this indicates that the patterns seen are more than the chance effect due to small numbers that may happen in

certain categories even with the large amount of data available to us over the four years of the survey.

Urban rural classification changes over time

1.12 The urban and rural classification used in the SHS is based on classification of settlement types of urban areas according to whether the settlements contain more than 10,000 people. The surrounding areas are defined as accessible or remote according to their drive time to the nearest settlement of size 10,000 or more. The urban rural indicator is re-calculated every year in the SHS based on current estimates of settlement size.

SUMMARY

- This analysis of Scottish Household Survey (SHS) data aims to inform the Scottish Executive's strategy for older people and to highlight trends in social and demographic characteristics.

- The report is based on 4 years of SHS data from 1999-2002 and also draws on census 2001 results and findings from research. Depending on the topic, we have used all four years, the most recent three, two or one years.

- This is the second report about older people in Scotland based on results from the SHS. Our earlier report highlighted some of the limitations of the SHS as a source of information on older peoples' lives. Most of these limitations are still relevant for the later years of the survey.

- The age at which we become 'older' is determined in part by our life experience and our own perception of ourselves, and in part by the social environment. The minimum age for inclusion in most of our analysis is 50, reflecting an age at which lifestyle and employment patterns start to change significantly. The age groups used in the tables and graphs vary depending on the topic and on the results.

2. POPULATION PROFILE

OLDER PEOPLE IN THE POPULATION

Older people in households and in communal establishments – Census 2001

2.1 In parts of this section we use the 2001 Census data rather than the SHS because it enables us to include the total population, not just the household population. People who are in long-stay care in hospitals or care homes are counted in the census as living in communal establishments. These people are not included in SHS samples.

2.2 Census 2001 found that 43 percent of the adult (18+) Scottish population living in households was aged over 50. Women are more numerous than men in every age band (Table 2.1) and the proportion of women surviving into late old age is higher than for men: 8 percent of women are aged 75+ compared with 5 percent of men.

Table 2-1 Census 2001 household population by age and sex

	male	%	female	%	all
0-17	559,583	23	533,606	21	1,093,189
18-49	1,082,750	45	1,139,441	44	2,222,191
50-59	312,683	13	322,825	12	635,508
60-64	123,559	5	136,380	5	259,939
65-74	197,151	8	242,954	9	440,105
75-84	98,040	4	158,060	6	256,100
85+	19,582	1	49,391	2	68,973
Total	**2,393,348**	**100**	**2,582,657**	**100**	**4,976,005**

Census 2001

2.3 The proportion of people in communal establishments is important, particularly for the 85+ age group at 22 percent (Table 2.2). It is important to bear in mind when discussing SHS results for the oldest age group that this large minority of people is not represented.

Table 2-2 Population aged 65+ in households and communal establishments

	65-74	75-84	85+	All 65+
Household	440,105	256,100	68,973	765,178
Communal	5,928	14,412	19,382	39,722
percent in communal establishments.	*1.3*	*5.3*	*21.9*	*4.9*
All	**446,033**	**270,512**	**88,355**	**804,900**

Census 2001

2.4 Households with at least one member of pensionable age make up nearly one third of all households in Scotland. Table 2.3 shows that only 8 percent of all households include both pensioners and non-pensioners - three quarters of these are two person households. About half of all households including a pensioner are single person households. More than three quarters (77 percent) of pensioners living alone are women - Figure 2.2 highlights the very high proportions of older women who live alone in the oldest age groups.

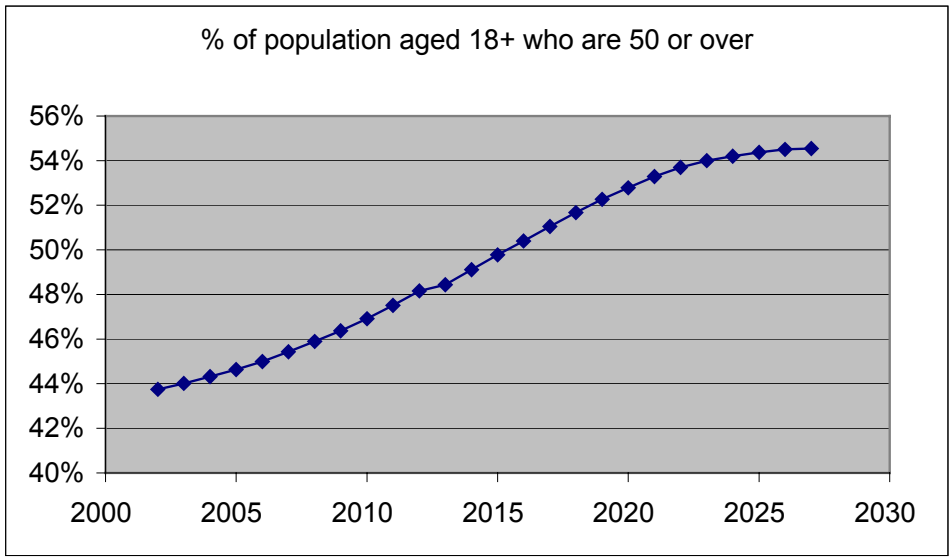
Table 2-3 Pensioner household types as percentage of all households

All single pensioner households	328,448	15%
lone male pensioner households	*75,322*	*3%*
lone female pensioner households	*253,126*	*12%*
2 or more all pensioner households	186,244	8%
1+ pensioner with 1 non-pensioner	126,181	6%
1+ pensioner with 2+ non-pensioners	43,448	2%
all hhs with pensioners	684,321	31%
all households	**2,192,246**	**100%**

Census 2001

2.5 The most recent population projections for Scotland, with 2002 as a base, estimate how the age structure of the population is expected to change in the next 25 years. Figure 2-1 shows that the percentage of the adult population aged 50+ is expected to increase from over 43% in 2002 to over 54% in 2027.

Figure 2-1 Population projections 2002-2027



Government actuary's department population projections 2002.

Older people in households – SHS results

2.6 Widowhood becomes increasingly common in the 60s for women and in the 70s for men. However, the survey numbers were large enough to detect a trend towards lower proportions of widows between the ages of 65 and 74, and for men aged 70-74 (Table 2.4). These trends, relating to increased survival of partners, result in a small but significant reduction in the proportions of these age-groups living alone (Figure 2.2).

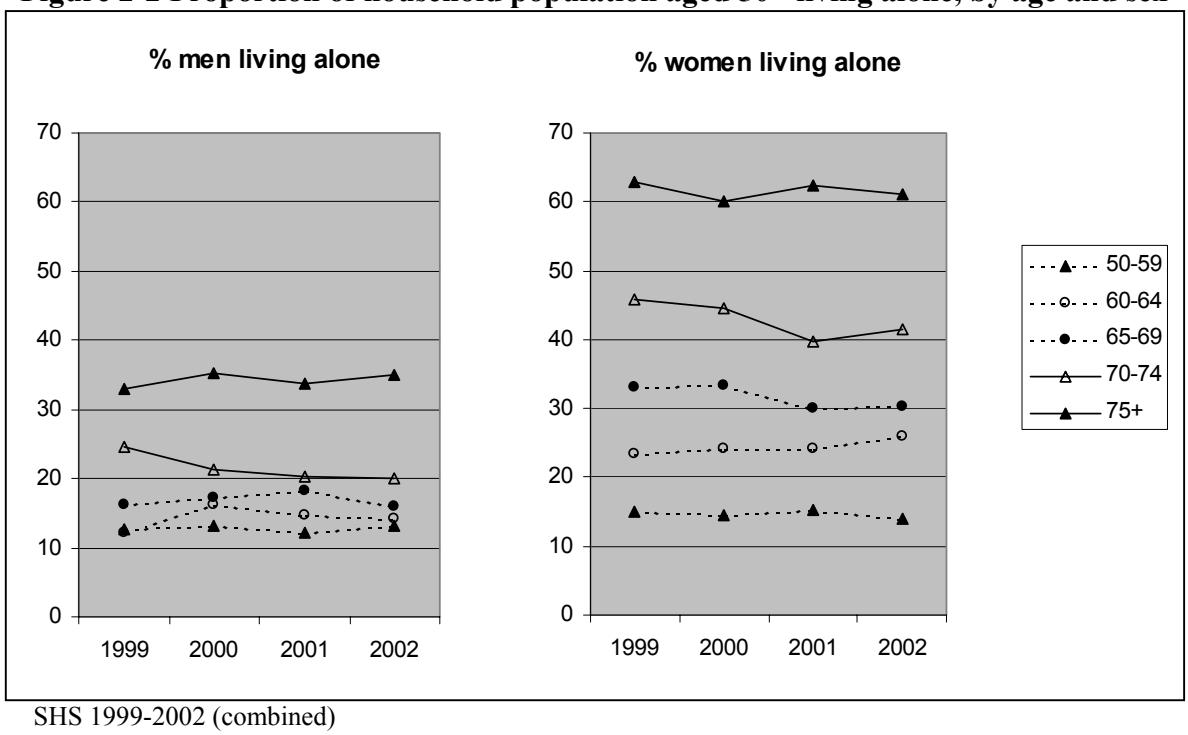
Table 2-4 Marital status by age group and sex

Row percentages

Age group	Married or cohabiting	Single/ Never Been Married	Widowed	Divorced or separated	All	Base
Males						
50-59	82	8	2	8	100	7,988
60-64	82	6	5	7	100	3,660
65-69	79	6	8	6	100	3,432
70-74	74	6	16	3	100	2,794
75+	60	6	31	3	100	3,786
Females						
50-59	76	6	6	12	100	8,395
60-64	69	5	16	10	100	4,134
65-69	61	6	26	7	100	3,932
70-74	48	8	40	5	100	3,541
75+	24	11	62	2	100	5,881

SHS: 1999-2002 combined

Figure 2-2 Proportion of household population aged 50+ living alone, by age and sex



SHS 1999-2002 (combined)

HOUSING TENURE

2.7 Owner occupation is the dominant form of housing tenure in Scotland, with the exception of single person households. Over the four year SHS period there was a significant trend towards even greater levels of owner occupation (see Figure 2.3) though less consistent for single person households than for others.

2.8 The pattern of housing tenure for selected household types (Table 2.5) shows that 'large adult' households (comprising three or more adults and no children) are slightly more likely to be owner occupiers than 'older smaller' households (comprising two adults only of whom at least one is a pensioner). However these two household types are very similar in tenure pattern compared with single pensioner households over half of whom were renting.

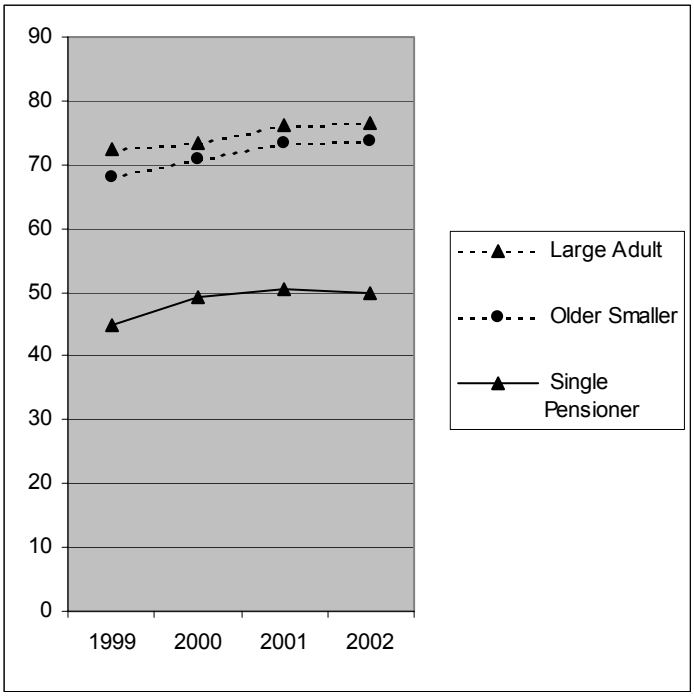
Table 2-5 Household tenure by selected household types

Column percentages

	Large Adult	Older Smaller	Single Pensioner	All households
Owned outright	23	59	42	21
Buying with help of loan/mortgage	51	13	7	32
All owner occupiers	**75**	**72**	**49**	**53**
Rent - LA/SH	16	21	38	22
Rent - HA, Co-op	3	4	9	7
Rent - private landlord	6	2	3	7
Other	1	2	2	5
Total	**100**	**100**	**100**	**100**
Base	**6,065**	**8,908**	**9,714**	**60,865**

SHS: 1999-2002 Combined

Figure 2-3 Trends in owner-occupation by household type



SHS 1999-2002

URBAN AND RURAL AREAS

2.9 In all rural areas, there are higher proportions of the adult population aged over 50 than in urban areas. The differences in the demographic profiles of urban and rural areas is evident in Table 2.6 (based on SHS samples for 4 years combined). In the urban areas (the first 3 columns), 26 percent of men are aged 60+ compared to 31 percent in remote rural areas. In remote rural areas, including small remote towns, the proportion of people over 75 (particularly women), is higher than in urban areas. More detailed data on the age distributions of urban areas using population data (Scottish Executive, 2003) show that it is the deficit of younger people in the age range from 18 to 34 that is responsible for these area differences.

2.10 The total population age 75+, in households and communal establishments, is shown as a percentage of the total population aged 18+ by council area in Figure 2.4. Councils are ranked by the percentage of men and women combined who are 75+. The predominantly rural council areas figure in the lower part of the graph with Eilean Siar having a particularly high proportion of older women (over 15 percent).

Table 2-6 Urban/rural classification by age group and sex

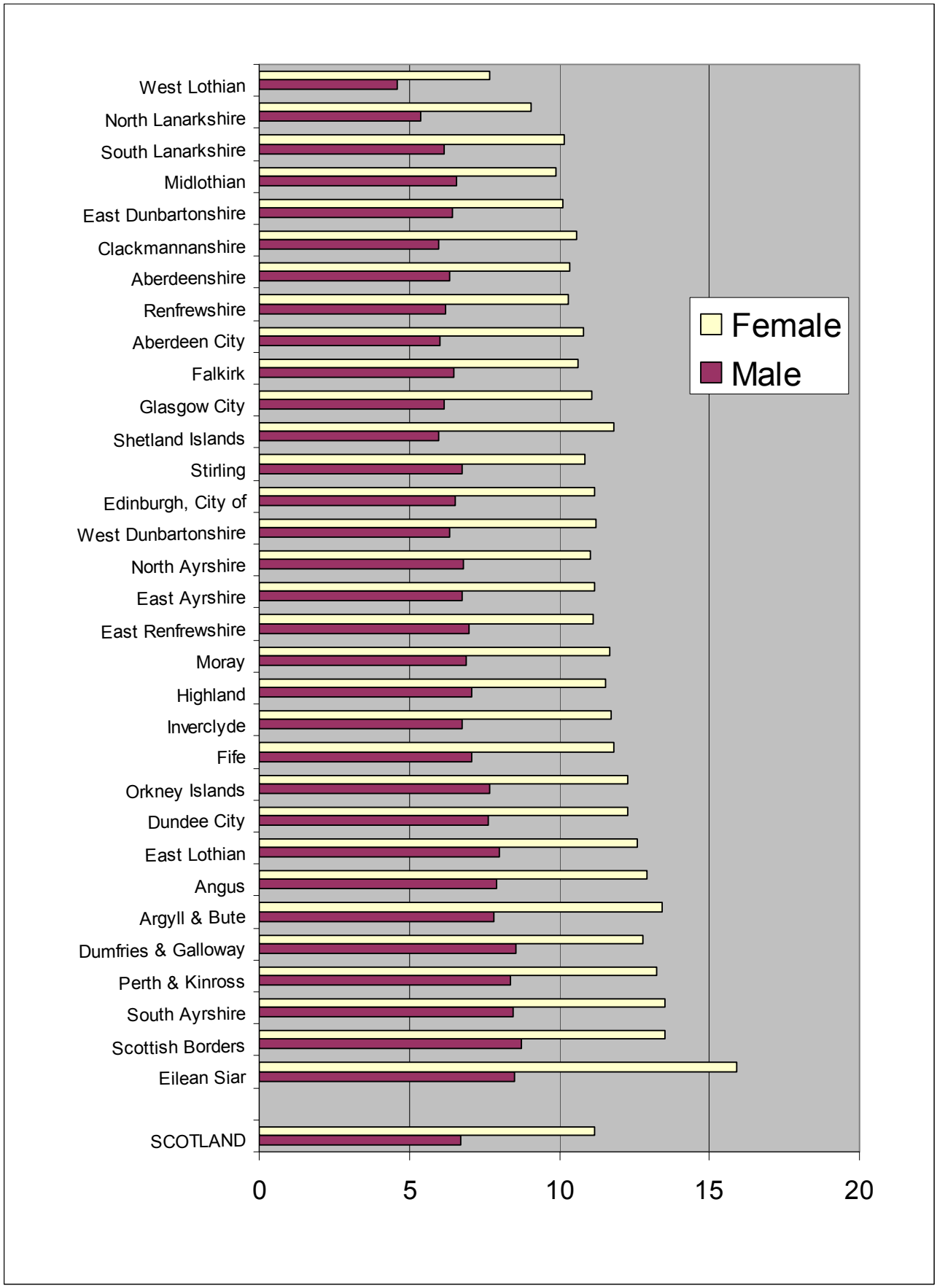
Column percentages

	Large urban areas[1]	Other urban	Small accessible towns	Small remote towns	Accessible rural	Remote rural	All
Males							
under 50	60.1	58.3	56.9	55.7	54.4	51.2	57.8
50-59	13.9	15.5	17.0	15.4	18.0	17.3	15.5
60-64	6.9	7.1	7.1	8.0	7.4	8.8	7.2
65-69	6.4	6.6	7.1	6.5	6.9	7.6	6.7
70-74	5.3	5.4	4.9	6.1	6.0	6.6	5.5
75+	7.3	7.2	7.1	8.3	7.2	8.5	7.4
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Base	**16,721**	**15,445**	**5,191**	**2,223**	**6,663**	**4,771**	**51,014**
Females							
under 50	56.8	56.4	55.5	50.6	54.1	48.4	55.6
50-59	12.9	14.4	15.7	14.9	16.7	16.5	14.4
60-64	6.9	7.1	7.1	7.4	7.1	8.1	7.1
65-69	6.6	6.7	6.8	8.1	6.5	7.7	6.7
70-74	6.2	6.0	5.9	6.5	6.1	6.8	6.1
75+	10.6	9.4	9.0	12.5	9.5	12.5	10.1
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Base	**19,654**	**17,611**	**5,922**	**2,599**	**7,179**	**5,006**	**57,971**

SHS: 1999-2002 combined

[1] Settlements over 125,000 population – the city conurbations of Edinburgh, Glasgow, Aberdeen and Dundee.

Figure 2-4 Total population age 75+ as a percent of population 18+, 2001 Census



MINORITY ETHNIC GROUPS

2.11 Numbers of older people of minority ethnic origin in the SHS are too small to allow for statistical analysis within this report so this section uses 2001 census data. The total number of adults identified as being in minority ethnic groups in Scotland in Census 2001 is 68,566. This represents 1.7 percent of the adult population (aged 18+) – a slight increase since Census 1991. The percentage is lower in older age groups as can be seen in Table 2.7. The largest groups originate from the Indian sub-continent and from China, but a sizeable minority are classified as 'other' in the published tables.

Table 2-7 Age by ethnic group

Age group	Total population	Indian	Pakistani and other S Asian	Chinese	Other minority ethnic groups	All minority ethnic groups	*Percent minority ethnic groups*
18-49	2,257,408	8,663	20,979	9,834	16,397	55,873	*2.48*
50-59	639,106	1,200	2,093	1,170	1,742	6,205	*0.97*
60-69	500,849	806	1,766	727	797	4,096	*0.82*
70-79	372,440	330	534	333	543	1,740	*0.47*
80+	193,344	108	177	115	253	653	*0.34*
All 50+	1,705,739	2,444	4,570	2,345	3,335	12,694	*0.74*

Census 2001: SCROL Table S201

2.12 The census shows a largely urban population concentrated in Scotland's 4 main cities. The local authorities of Glasgow, Edinburgh, Dundee, Aberdeen along with East Dumbartonshire and East Renfrewshire have the highest proportions of ethnic minorities. Taken together they include 68% of the ethnic minority population compared to their overall share of 32% of the Scottish population. The groups from the Indian sub-continent are the most concentrated in these areas particularly in the Glasgow area[2]. The Chinese and other groups are more dispersed across Scotland. The lowest percentages of ethnic minorities are found in Orkney, and in rural areas particularly those in the South of Scotland.

2.13 The geographic distribution of ethnic minorities changes somewhat at the older age groups. Older people in Chinese and 'other' minority ethnic groups are more dispersed across Scotland than the younger members of these groups. This is less so for Indian and particularly for the Pakistani and South Asian groups where the concentrations in the Glasgow area are maintained at older ages. Forty two percent of people of the Indian ethnic group and 50% of the Pakistani and other South Asian live in the Glasgow area. The census also provides some data on the health of older people by ethnic group (see Chapter 7 of this report).

2.14 A recent more detailed analysis of census data relating to the minority ethnic population can be found in 'Analysis of Ethnicity in the 2001 Census', Office of the Chief Statistician, February 2004. The Scottish Executive audit of research on minority ethnic issues (Netto et al 2001) provides a valuable source of mainly qualitative research findings relevant to many aspects of older peoples lives.

[2] Glasgow city, East Dumbartonshire and East Renfrewshire

SUMMARY

- Census 2001 found that nearly half (49 percent) of the adult Scottish population living in households was aged over 50. Households with at least one member of pensionable age make up nearly one third of all households in Scotland.

- People who live in care homes or institutions such as hospitals are not represented in the SHS. A significant proportion of older people are therefore excluded from any SHS analysis. This is particularly true for the 85+ age group of whom 22 percent are long-term residents of care homes or hospitals.

- Women living alone form the largest group of people aged 70+. However, now that there is a trend for men to live longer, there is a corresponding decline in the proportion of women aged 65-74 who are widowed.

- There has been an increase in owner occupation since 1999 amongst the over 50s although this trend is less consistent for single person households than for others.

- Rural areas have higher proportions of over 50s than urban areas. More detailed analyses show that it is the deficit of younger people in the age range from 18 to 34 that is responsible for these area differences.

- There has been a slight increase in the minority ethnic population in Scotland since the 1991 Census. The numbers of older people classed as belonging to minority ethnic groups in Census 2001 represent 1 percent of the population aged 50-59 and decreasing proportions in older age groups.

3. EMPLOYMENT AND INCOME

OLDER PEOPLE IN PAID WORK – UK GOVERNMENT SATISTICS

3.1 The proportion of older people (i.e. from age 50 up to state pension age) in paid work has shown a slight increase in the past few years, according to official UK benefits and employment statistics quoted in Moss and Arrowsmith (2003). In the 5 years from 1997 to 2002 the employment rate of this age group increased by 3.4 percent, faster than for younger ages. This follows a marked downward trend since the 1970s.

3.2 From their secondary analysis of the Labour Force Survey, Family Resources Survey and British Household Panel Study, Smeaton and McKay (2002) conclude that employment rates for men over state pension age have also fallen significantly since the early 1970s and at best have been static for women. Real earnings among people over state pension age declined by 5 percent between 1979 and 1995.

3.3 Smeaton and McKay 2002 identified two sub groups of people working after state pension age. For one group, the less affluent, working after state pension age is associated with financial hardship (including no occupational pension, income less than £100 for men and still paying a mortgage), and for women, being separated or divorced. For others, the predictors were a reasonable level of education, living in more affluent areas and having good health. Smeaton and McKay found that women and men working after state pension age were more likely to feel they were financially 'comfortable' and to feel they were in good health. The ability of people to sustain or improve health was better among continuing workers than among those remaining out of the labour market.

3.4 Improving choices in work and retirement is the theme of a research summary published recently (Hirsch 2003), emphasising the social as well as the economic gains to be made. The UK Government recognises the need to encourage older workers to remain in employment in order to maintain the size of the workforce relative to the population. Lissenburgh and Smeaton (2003) in an analysis of the Labour Force Survey, discuss the role of flexible employment (temporary, part-time or self employment) in bridging the gap between permanent full-time work and retirement. They propose a range of policy measures which might increase incentives to take up flexible employment and suggest that the promotion of lifelong learning and active ageing agendas are potentially helpful.

LEAVING WORK – SHS RESULTS

3.5 Within the period 1999-2002, the SHS shows short-term fluctuations in the participation rates of older people in the labour market. The overall trend suggests a slight increase in employment amongst men and women aged 65+ over the four year period.

3.6 Leaving full-time employment before state pension age is, for some, a positive choice supported by accumulated savings and pension entitlements and having paid off a mortgage. For others, early retirement is forced by redundancy or ill health.

3.7 Considering older men in the 50-64 age group, being permanently sick or disabled accounted for 13 percent of males in their 50s and 20 percent in their early 60s. For the early 60s group, the proportion permanently retired exceeds the proportion in full time employment. This may partially reflect the fact that the pensionable age in many occupations is 60.

3.8 The employment pattern for women in their 50s is somewhat different to that of men. A much smaller proportion were self-employed (5 percent compared with 13 percent of men), and about a quarter (24 percent) were in part-time employment. Looking after home and family accounted for 18 percent of women in their 50s. The same proportion of both men and women in their 50s (6 percent) described themselves as permanently retired from work.

Table 3-1 Economic status by age group and sex*

Column percentages

Economic status age 18+	Age group						
	18-49	**50-59**	**60-64**	**65-74**	**75-84**	**85+**	**Total**
Males							
Self employed	8	13	8	4	0	0	8
Employed full time	67	57	29	3	0	0	49
Employed part time	2	3	5	3	0	0	3
Looking after the home or family	1	1	1	0	0	0	1
Permanently retired from work	0	6	31	89	98	99	22
Unemployed and seeking work	7	5	4	0	0	0	5
At school	1	0	0	0	0	0	0
In further/higher education	7	0	0	0	0	0	4
Gov't work or training scheme	0	0	0	0	0	0	0
Permanently sick or disabled	4	13	20	2	1	1	6
Unable to work due of short-term ill health	1	1	1	0	0	0	1
Other	1	1	1	0	0	0	1
Total	100	100	100	100	100	100	100
Base	**14,030**	**4,497**	**1,837**	**3,166**	**1,757**	**311**	**25,598**
Females							
Economic Status	18-49	50-59	60-64	65-74	75-84	85+	Total
Self employed	3	5	2	1	0	0	3
Employed full time	41	33	7	0	0	0	28
Employed part time	22	24	12	2	0	0	17
Looking after the home or family	17	18	10	5	4	4	14
Permanently retired from work	0	6	63	90	94	94	27
Unemployed and seeking work	3	2	0	0	0	0	2
At school	0	0	0	0	0	0	0
In further/higher education	8	0	0	0	0	0	4
Gov't work or training scheme	0	0	0	0	0	0	0
Permanently sick or disabled	3	11	4	1	1	1	4
Unable to work because of short-term illness or injury	1	1	0	0	0	0	1
Other	1	0	0	0	0	1	1
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Base	**15,389**	**4,687**	**2,076**	**3,797**	**2,407**	**637**	**28,993**

SHS 2001 and 2002 combined

*Note: Official government employment data is based on the UK Labour Force Survey. SHS data reported here are not directly comparable with officially reported rates.

PENSIONER INCOME

3.9 Pensioner income is analysed in detail for the Department of Work and Pensions based on the Family Resources and Family Expenditure Surveys for 2000-01 (DWP 2003). This source reports that the position of pensioners (i.e. people over state pension age) in the overall UK income distribution has improved in the past 20 years. This results from a

combination of faster income growth for pensioners compared with non-pensioners overall and the fact that low income non-pensioner groups, (such as workless households and single parents) have become more numerous. Poverty amongst pensioners remains an issue nevertheless. Incomes for the most well-off pensioners have risen more quickly than for the least well off and older pensioners are more likely than younger pensioners to be amongst the least well off.

3.10 On average net income for single women was less than for single men (£160 compared with £189 in 2001/2) and this difference had been relatively unchanged over time. The higher level of occupational pensions received by men is the main source of the difference (DWP 2003).

3.11 There is an indisputable link between standard of living (measured in terms of income) and quality of life. Research by Age Concern England and the Family Budget Unit has estimated incomes needed for a 'Low Cost but Acceptable' standard of living (LCA) likely to enable older people to avoid poverty (Parker 2000). The LCA living standard takes account of psychological, social and physical needs, recognising that older people require sufficient funds to allow social integration and the avoidance of chronic stress. The estimates were based on data from national surveys, market research and health and good practice standards, and also on discussions with older people on low incomes to establish their expenditure preferences and needs. A second and higher set of benchmark estimates produced by the same researchers (Modest but Adequate or MBA) allows for comfort but not luxury: it excludes the cost of running a car and allows for two 5 day holiday breaks within the UK. Age Concern argues that budget standards such as LCA and MBA are useful tools in the success of Government policies aimed at tackling social exclusion and poverty.

3.12 In Scotland the officially recognised indicator of low income is based on the 60% median threshold. According to the latest statistics released by the Department of Work and Pensions, 21 percent of pensioners in Scotland are in relative poverty whilst 8 percent are in absolute poverty[3].

SHS income data

3.13 As stated in the SHS Users Guide, the SHS has, for some time, been generally acknowledged (by the SHS Technical Group) to be of sufficient quality only for using as a classificatory variable and presenting information in broad income bands. In our earlier report we took account of the limitations of SHS income data in presenting results for 1999 in income bands for one person and 'couple' households only.

3.14 Table 3.2 presents comparable figure based on SHS 2001-2002, showing variation in income distribution for each household type. Thirty four percent of two pensioner households reported net incomes lower than £10,000. For single pensioner households, 23 percent of men and 27 percent of women report net incomes below £6,000. Amongst the better off households: 28 percent of two person households with a male pensioner have net incomes above £20,000 compared with 24 percent of households with a female pensioner. It

[3] These results from the DWP's Households Below Average Income analysis were published in March 2004. For a full discussion of the meaning and use of income indicators by the Scottish Executive see Annex A of *Social Justice: Indicators of Progress 2003,* p124-131. http://www.scotland.gov.uk/library5/social/sjip03-00.asp

is likely that these results reflect both the lower earnings of women compared with men and the higher pensions of men compared with women.

Table 3-2 Net reported household income - all one or two person households with one or more person over 50

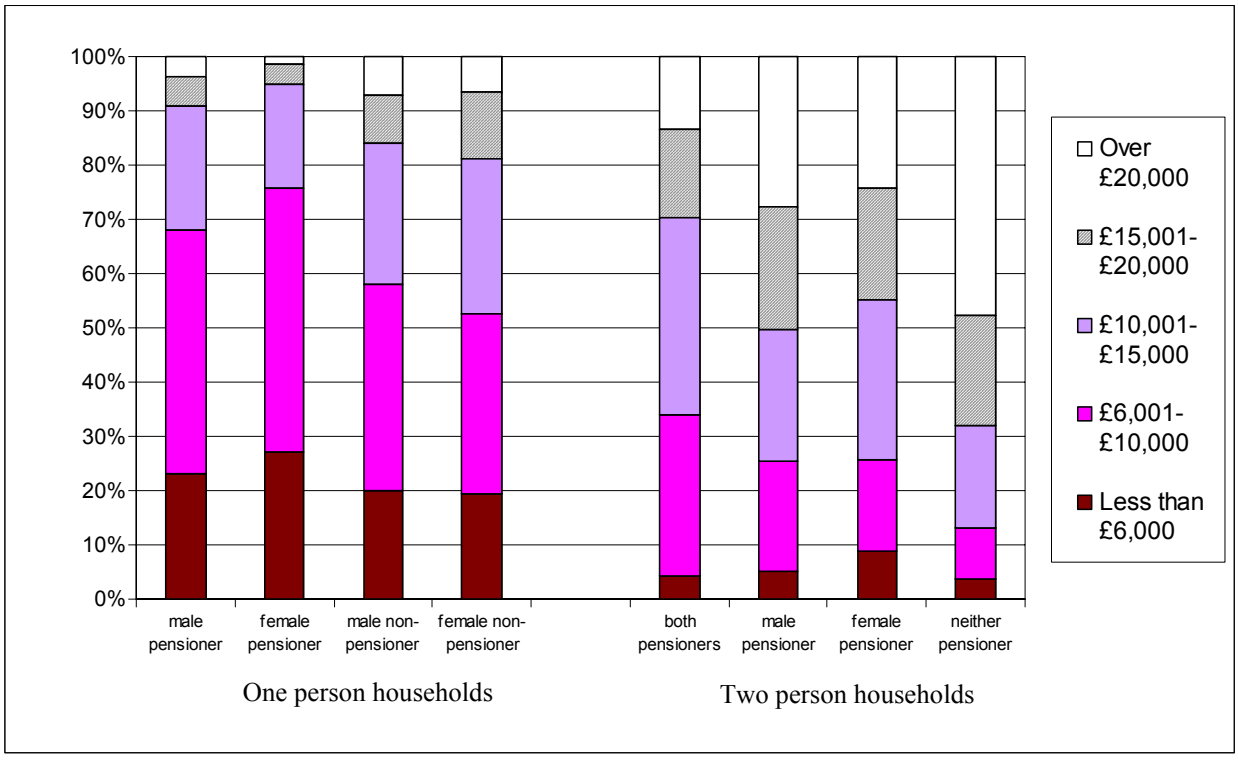
Column percentages

Net reported household income	Single person households				Two person households*			
	male pensioner	female pensioner	male non-pensioner	female non-pensioner	both pensioners	male pensioner	female pensioner	neither pensioner
Less than £6,000	23	27	20	19	4	5	9	4
£6,001-£10,000	45	48	38	33	30	20	17	10
£10,001-£15,000	23	19	26	29	36	24	29	19
£15,001-£20,000	5	4	9	12	16	23	21	20
Over £20,000	4	1	7	7	13	28	24	48
Total	100	100	100	100	100	100	100	100
Base	**1219**	**3,556**	**759**	**610**	**2,720**	**190**	**751**	**2,497**

SHS: 2001 and 2002 combined

*Couples include same-sex couples.

Figure 3-1 Average net household income for one and two person households



SHS: 2001 and 2002 combined

MANAGING FINANCES

3.15 People living alone who are over state pension age appear to be less likely to have difficulty managing financially than those in the 50-60/65 age group. This is apparent in Table 3.3 which shows 22 percent of lone males and 19 percent of lone females aged between 50 and state pension age not managing very well or having difficulty with their finances. In contrast, only 7 percent of lone males and 5 percent of lone females over state pension age report such difficulties. This contrast is not shown in the responses of couples.

3.16 Couples were more likely to say that they manage very well financially than people living alone. Where both partners, or one female partner, are over state pension age a slightly lower percentage report that they manage very well compared with other older couples – 20 percent compared with 25 percent and 24 percent for the other categories of couples shown in Table 3.3.

Table 3-3 How people aged 50+ feel they manage financially by household type

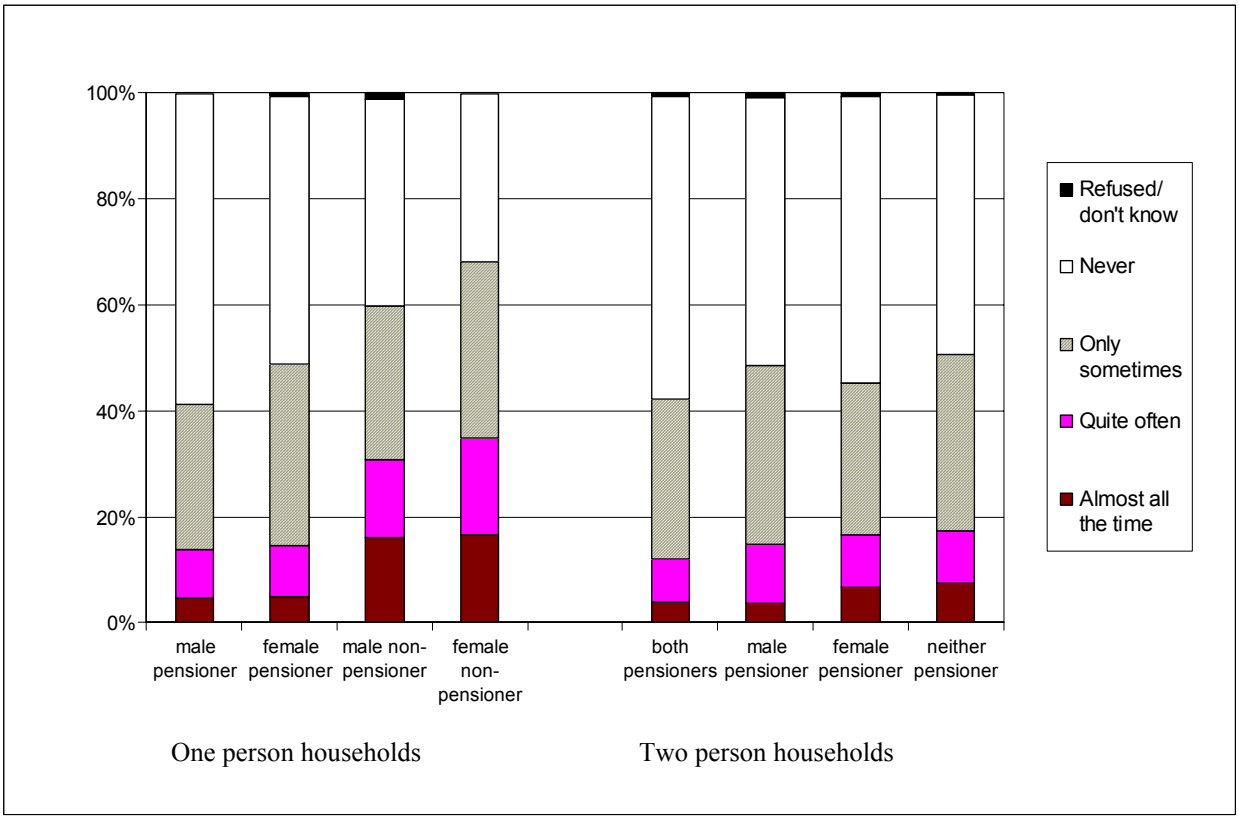
Column percentages

	Single person households				Two person households*			
All households with one person over 50	male pensioner	female pensioner	male non-pensioner	female non-pensioner	both pensioners	male pensioner	female pensioner	neither pensioner
In deep trouble	0	0	2	1	0	0	0	0
Some difficulties	2	1	8	8	1	3	2	3
Don't manage very well	5	4	12	10	2	4	3	3
Get by alright	44	44	43	44	40	33	39	34
Quite well	35	34	23	26	36	35	34	36
Very well	14	16	11	12	20	25	20	24
	100	100	100	100	100	100	100	100
Base	**1,111**	**3,454**	**767**	**667**	**2,455**	**190**	**731**	**2,480**

SHS 1999-2002 combined *Couples include same-sex couples

3.17 This tendency for people living on their own to have less of a problem with their finances once they reach state pension age is confirmed in Figure 3.2. Single person households containing people over state pension age were markedly less likely to worry about money than single person households with members aged 50 – 60/65. Figure 3.2 shows a similar, though less marked, pattern amongst couple households.

Figure 3-2 How often people aged 50+ worried about money in the past few weeks by household type



SHS 2001-2002

SUMMARY

- According to UK Government statistics, the proportion of people in the UK aged from 50 to state pension age who are in paid work has started to increase in the last few years following a 30 year decline.

- Being permanently sick or disabled accounted for 13 percent of males in their 50s and 20 percent in their early 60s. The employment pattern for women in their 50s is somewhat different to that of men. A much smaller proportion were self-employed (5 percent compared with 13 percent of men), and about a quarter (24 percent) were in part-time employment.

- There is evidence from the SHS of a slight increase in employment amongst men and women aged 65+ over the four year period 1999-2002.

- Although the position of pensioners in the overall UK income distribution has improved in the past 20 years, poverty amongst pensioners remains an issue, according to analysis of UK-wide surveys by the Department of Work and Pensions. Incomes for the most well off pensioners have risen more quickly than for the least well off and older pensioners are more likely than younger pensioners to be amongst the least well off.

- People over state pension age who live alone are less likely to feel they have difficulty managing financially and are less likely to worry about money than people living alone who are aged from 50 up to state pension age. Couples who are both over state pension age are slightly less likely to worry about money than other older couples.

4. VOLUNTEERING AND CARE GIVING

VOLUNTEERING

4.1 Collecting survey data on volunteering is notoriously difficult because of the wide range of activities which might be included and the different ways people describe these activities. Volunteer Development Scotland published an analysis in 2003 of a range of survey approaches found that when the term 'volunteering' was avoided in the question the amount of voluntary activity reported was much higher.

4.2 A 2002 Scottish Opinion Survey which used this approach found that 38 percent of the adult population 'undertaking unpaid activity in the past year to help others' (VDS 2003). Avoiding the term 'volunteering' may also account for this survey finding that young people (aged 18-24) were 1.5 times more likely to be involved as volunteers than people aged 65+.

4.3 Since 2000 the SHS has adopted a similar approach by asking whether people had over the last 12 months 'given up any time to help any clubs, charities, campaigns or organisations' in an unpaid capacity. In presenting results for the three years 2000-2002, this type of unpaid work is referred to below as 'volunteering'.

4.4 Overall about a quarter (24%) of people aged over 50 said they had done some volunteering in the past 12 months. It is clear from Table 4.1 that older people in rural areas are more likely to volunteer than those in urban areas[4]. There is also an association between higher income and volunteering which is evident for both urban and rural areas (Figure 4-1). In general, more than twice as many of the people whose household income is over £20,000 are volunteering, compared with people in the two lowest income groups where annual household income is lower than £10,000 (39 percent compared with 18 percent).

4.5 Self employed and part-time employees are more likely to volunteer (36 percent in both groups) than full time employees (29 percent) and 22 percent of retired people are volunteering. In all of these sub-groups, rural residents were more likely to have volunteered than urban dwellers.

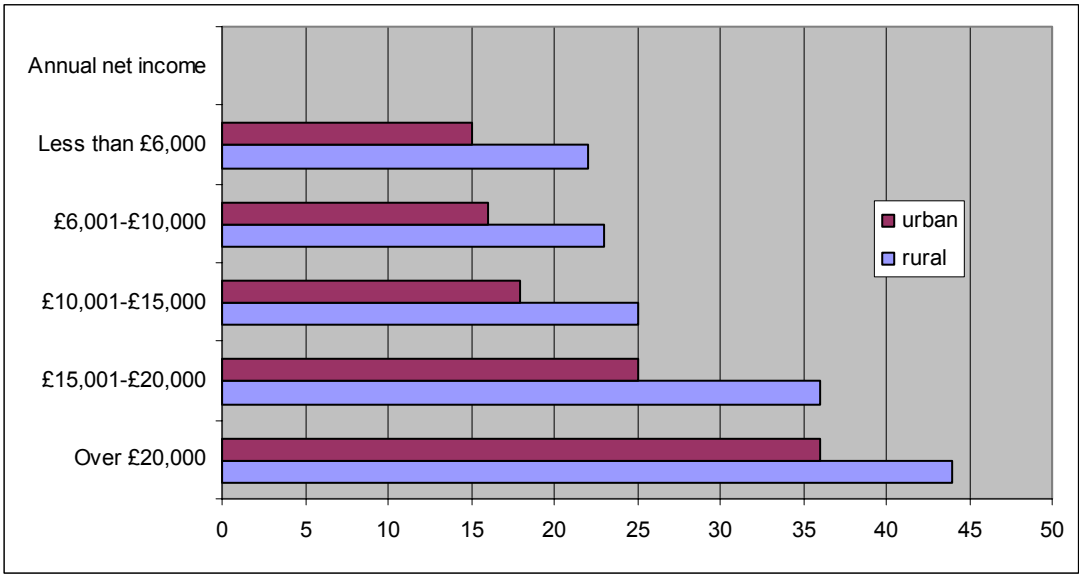
Table 4-1 Percentage aged 50+ doing any volunteering in past 12 months

	rural		urban		all	
	%	base	%	base	%	base
Age group						
50-64	35	2,406	25	3,790	29	6,196
65-74	31	1,488	21	2,586	25	4,074
75+	16	1,322	14	2,232	15	3,554
Sex						
Male	27	2,206	21	3,495	23	5,701
Female	31	3,010	21	5,113	25	8,123
All	29	5,216	21	8,608	24	13,824

SHS random adult sample 2000-2002 combined

[4] 'urban areas' refers to cities and towns with populations of 10,000 or more, all other areas are included in 'rural areas'

Figure 4-1 Rate of volunteering by people aged 50+ by income and urban/ rural area



SHS 2000-2002

Type of volunteering activity

4.6 It is clear from Table 4.2 that the popularity of different types of volunteering activity varies with age. People are increasingly likely to be helping other older people as they get older themselves: 30 percent of volunteers aged 75+ were doing this kind of work compared with 14 percent of volunteers aged 50-64. Volunteering connected with church or religion is the most common amongst people aged 50+ and increasingly so for older age groups: amongst people aged over 75 who volunteer, 62 percent do so with a religious organisation compared to 37 percent of people aged 50-64. It will be interesting to see whether this level of activity around religious organisations is sustained in future generations.

4.7 The pattern of types of volunteering was broadly similar in urban and rural areas, with rural areas having higher rates of volunteering in all categories. There is a difference in the proportion volunteering with religious organisations - reported by 50 percent of volunteers aged 50+ in urban areas and 44 percent in rural areas. Although a smaller proportion of rural volunteers were involved in church/religion based volunteering, because of the higher rate of volunteering in rural areas the proportion of older people actually volunteering in this way was slightly higher than in urban areas. Other differences are that rural-dwelling older people are more likely to be involved in arts and culture related volunteering (12 percent) than urban-dwelling volunteers (9 percent) and slightly less likely to be involved in volunteering connected to sports or in helping vulnerable people.

Table 4-2 Volunteers aged 50+ by age and sphere of activity

Column percentages (do not sum to 100 as more than one activity may be involved)

Age group	50-64	65-74	75+	all
Sphere of activity	**%**	**%**	**%**	
Church/Religious	37	49	62	**47**
Health	22	25	22	**23**
Working with older people	14	24	30	**22**
Sports activities	22	23	19	**22**
People with disabilities/vulnerable	17	13	10	**14**
Arts, culture	9	10	12	**10**
Professional Societies	8	6	7	**7**
Children or young people	10	7	3	**7**
Community involvement	4	4	4	**4**
Political Party, Trade Union	3	2	2	**2**
Other	7	5	5	**6**
Base	**6,196**	**4,074**	**3,554**	**13,824**

SHS random adult sample 2000-2002 combined

4.8 More than half of older volunteers were providing some kind of service (Table 4.3) and this was slightly more likely in urban areas than in rural, although in general there were proportionately more volunteers in rural areas (Table 4.1). Fundraising was also a common type of volunteering activity but more so in rural areas (50 percent of volunteers) than in urban areas (37 percent).

Table 4-3 Volunteers aged 50+ by type of activity and urban/rural area

Column percentages (do not sum to 100 as more than one activity may be involved)

	Rural	Urban	All
Type of activity	%	%	%
Fundraising	50	37	42
Management committee	30	24	27
Provide some kind of service	56	59	57
Help with campaigning	12	9	10
Help with administration	22	21	21
Other	4	6	5

SHS random adult sample 2000-2002 combined

CARE GIVING

4.9 For many people in their 50s and 60s decisions about employment are influenced by caring responsibilities. A recent study examining how older people deal with these competing demands characterises people in their 50s as the 'pivot' generation (Mooney et al 2002). The researchers conclude that for people who are employed, the cost of caring is not primarily financial. The main effect of providing informal care was not to draw them away from paid work, nor to affect their performance at work. Instead, caring affected their personal lives, health and relationships. Changes in the attitude of employers towards care responsibilities and more flexible approaches to working hours would help to alleviate stress for informal carers in employment.

4.10 The General Household Survey (GHS) has collected data on care-giving across Britain since 1985. Findings based on the 2000 GHS indicate that in general there has been

little change in the prevalence of caring in Britain over the past decade and little change in the demographic profile of carers (Maher & Green 2002).

4.11 Overall, 9.6 percent of people in Census 2001 reported providing some care for others, with, as expected, a higher proportion of females taking on caring roles.

4.12 From the SHS results it is clear that people providing unpaid care are more likely to be supporting someone outside their own household than another family member, although the amount of care provided is likely to be greater when provided within the same household. Over the period 1999-2002, 3.3 percent were caring for members of their own household and 9.0 percent were caring for people outside the household. While it is likely that some people would be involved in both types of caring, the structure of the SHS makes it difficult to combine the information[5].

Caring for people in the same household

4.13 Older people (aged 50+) are more likely to be providing unpaid care to others in the same household than are younger people. In the 50-64 age group 5 percent of men and 6 percent of women are in this category. Over the age of 65, the proportion of men caring for another household member increases slightly whereas the proportion of women decreases, particularly aged 75+ (Table 4.4). Since a higher proportion of older men than of women live as couples, they are more likely to have a partner to care for (see Fig 2.2).

Table 4-4 Unpaid care provided to members of the same household

Percentage of each age group by sex

	household carers			
Age of carer	**male**		**female**	
	%	base	%	base
under50	1.9	33,665	2.6	35,176
50-64	4.9	9,542	5.9	10,199
65-74	6.5	4,777	5.8	5,725
75+	5.5	3,007	3.2	4,532
All	**3.1**	**50,991**	**3.6**	**55,632**

SHS 2000-2002 combined

4.14 Table 4.5 illustrates how the pattern of caring within households changes with the age of household members. The majority of carers in the under 50 age group live in households of 3 or more members and almost half of them (47 percent) are engaged in shared or mutual care. In contrast, 75 percent of people aged 65+ providing care within the household are living with only one other person.

[5] SHS asks about these different kinds of unpaid caring in separate interviews. In the household questionnaire a total of 3,488 (3.3 percent) of all household members reported caring for one or more within the household. The 'random adult' question on unpaid care outside the household identified 5,444 such carers (over the four year survey period 1999-2002) corresponding to 9.0 percent of the population.

Table 4-5 Household carers by age and type of household

Row percentages

Age group	Two person households		Larger households		All	
	Sole carer	Mutual care	Sole carer	Shared or mutual care		
	%	%	%	%	%	**base**
under50	19	1	33	47	100	**1,521**
50-64	55	6	20	19	100	**1,048**
65-74	75	5	8	13	100	**624**
75+	85	6	4	5	100	**295**

SHS 2000-2002 combined

4.15 Most of those who are sole carers within a household provide care for very long hours, with 64 percent providing continuous care and a further 12 percent caring for more than 20 hours per week[6].

Caring for people outside the household

4.16 More than half of those who provided care to a 'sick, disabled or elderly person' outside their own household were aged over 50. The 50-64 age group were the most likely to be involved in this type of caring. However the amount of care provided by older people is under-represented in the SHS since the unpaid work of grandparents caring for young children is not asked about.

4.17 Women were more likely to be caring for someone in a different household than were men, in the 50-64 age group (Table 4.6). For people aged 65 and over, men are as likely to provide care for people outside the household as are women. The proportions of both men and women caring outside their own household drop sharply for age groups over 65.. Although a higher proportion of older men provide care, the numbers are not large enough to establish that this is more than a chance effect.

Table 4-6 Unpaid care provided to members of a different household

Percentage of each age group by sex

Age of carer	unpaid care outside the household			
	male		female	
	%	Base	%	Base
under50	7.5	11,569	11.4	14,280
50-64	11.1	5,241	16.5	6,010
65-74	8.3	3,234	8.6	4,504
75+	4.4	2,324	3.9	4,387
All	**8.2**	**22,368**	**11.4**	**29,181**

SHS 2000-2002 combined

4.18 Most (73%) of people caring for someone outside their own household were caring for one other person. Table 4.7 shows the largest group are people in their 50s and early 60s caring for parents. Over the age of 65, the person cared for outside the household is more likely to be another relative, friend or neighbour.

[6] It is difficult to obtain estimates of the total time spent in providing care for others from the SHS. The hours caring inside and outside the household cannot readily be combined (see footnote 3). When more than one household member provides care within the household only the total hours for the household are recorded.

Table 4-7 Recipients of unpaid care provided by members of a different household, by sex and age of carer

Row percentages

	Care recipient					
Carer age group	parent	other relative	friend or neighbour	other	all	all
Male	%	%	%	%	%	base
50-64	68	19	11	3	100	624
65-74	27	37	30	6	100	271
75+	5	57	34	4	100	97
All	**52**	**27**	**18**	**4**	**100**	**992**
Female						
50-64	63	19	15	3	100	1,143
65-74	20	39	35	6	100	393
75+	4	45	44	7	100	161
All	**50**	**25**	**21**	**4**	**100**	**1,697**

SHS 2000-2002 combined

4.19 On average, those who provide care outside the household spend fewer hours caring than people providing care to someone in the same household: 45 percent spend 1-4 hours per week and 31 percent 5-20 hours caring.

Hours of care provided – census 2001 results

4.20 Census 2001 reports on total hours of unpaid care provided, not distinguishing between care for people in the same household and care for others. These results show variation between different age groups in the proportions of men and women caring for up to 20 hours per week. In the 50-59 age group - the group most likely to be engaged in caring - 10 percent of men and 14 percent of women provide up to 20 hours per week (Table 4-8). People in older groups are less likely to be providing care at this level reflecting the SHS results that in a high proportion of cases, recipients of unpaid care are parents (Table 4-7).

4.21 From the more detailed SHS results discussed above, we know that those providing fewer hours of care are likely to be caring for non-household members and those providing long hours are likely to be caring for other household members. The census results show that people over the age of 65 are just as likely to be providing a very high level of care (50+ hours) as they are to be providing less than 20 hours of care (Table 4.8). Thus, these older carers, as a group, are much more likely than carers in their 50s to be providing very high levels of care.

Table 4-8 Hours of care provided for others by age and sex

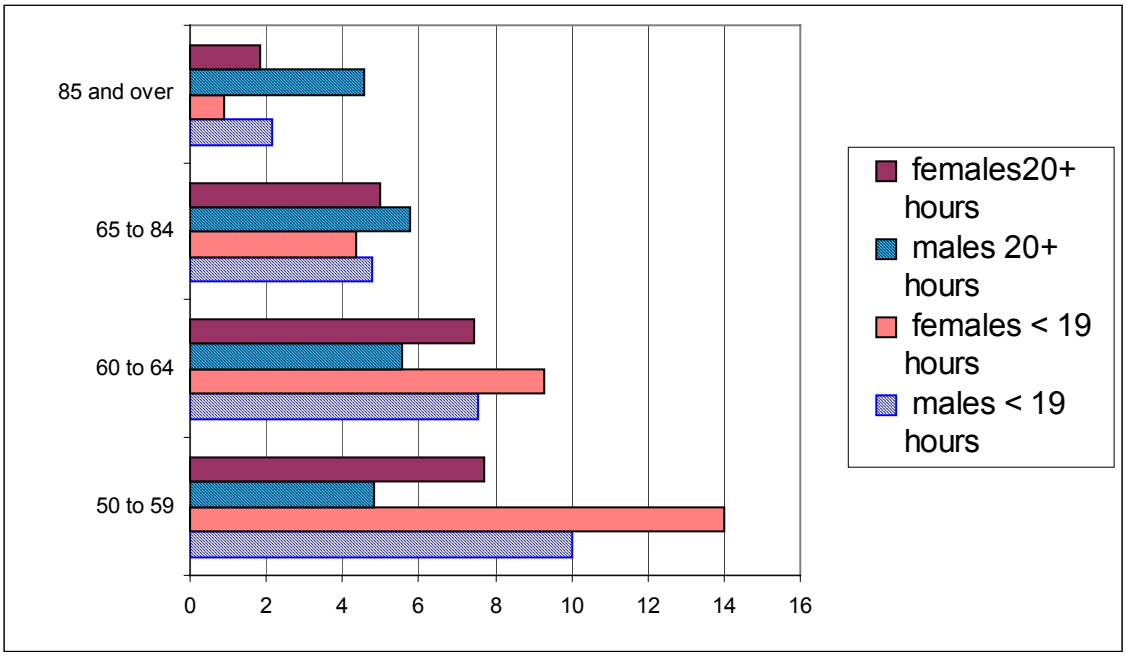
Percentages of each age group by sex

Age group	Males			Females		
	hours of care provided			hours of care provided		
	1 to 19 hours	20 to 49 hours	50+ hours	1 to 19 hours	20 to 49 hours	50+ hours
50 to 59	10.0	1.7	3.2	14.0	3.0	4.8
60 to 64	7.6	1.6	4.0	9.3	2.2	5.3
65 to 84	4.7	1.2	4.6	4.4	1.0	4.0
85 and over	2.2	0.7	3.8	0.9	0.3	1.5

Census 2001: SCROL Table cas025

4.22 Women aged 50-64 are more likely to be providing each level of care than are men in the same age group. However amongst the over 65s, the percentage providing each level of care is higher for men than for women. This is particularly noticeable in the 85+ age group where men were more than twice as likely (6.7 percent) as women (2.7 percent) to be providing care (Table 4.8). This reflects the fact that a higher proportion of older men are living with a spouse or partner, for whom they may be caring, than is the case for older women who are more likely to live alone. These results are illustrated in Figure 4.2.

Figure 4-2 Proportions providing care for others by age and sex



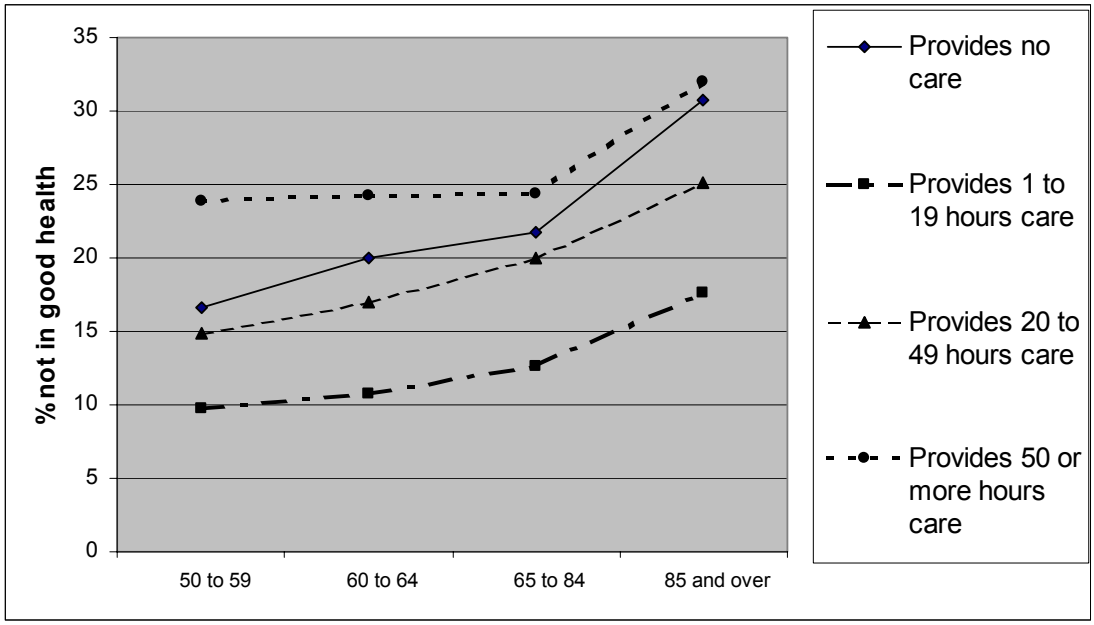
Census 2001: SCROL Table cas025

Carers' health

4.23 Maher and Green's General Household Survey analysis of caring (2002, p 24) shows that people providing care for more than 20 hours per week are more likely to report having poor health and that this is particularly marked amongst carers aged 65+. Neither the SHS results nor those from the 2001 census confirmed this finding. It is not clear whether the figures Maher and Green quote have been fully adjusted for the different age and sex distributions of carers and non-carers.

4.24 Standard tables are available from Census 2001 giving the numbers providing care by their answer to the question on good health: "Over the last twelve months would you say that your health has been *Good, Fairly Good, Not good.*" Those providing care were more healthy than those not providing care, with the exception of the group providing 50+ hours of care (Figure 4.3). A similar pattern was seen for males and females examined separately.

Figure 4-3 Percentage not in good health by hours of caring



Census 2001: SCROL Table cas025

4.25 The SHS results allow us to examine the rates of long-term illness or disability reported by carers, compared to those not providing care. Carers under 50 are somewhat more likely to report a long term illness or disability than older carers. This is true for people aged 65+ caring for other household members, and for all aged 50+ caring for non-household members (Table 4.9). The results do not differ by the number of hours of care provided. If anything, older carers who provided very long hours of care within a household were *less* likely to have a long term illness or disability than those providing fewer hours of care.

Table 4-9 Percentage of carers and non-carers who are sick or disabled by age and sex

% With illness or disability	**Care for household members**		**Care for non-household members**	
	Caring	**No caring**	**Caring**	**No caring**
Age	**%**	**%**	**%**	**%**
under 50	10	9	11	9
50-64	16	24	19	26
65-74	24	35	25	35
75+	23	48	24	47
All	14	19	16	20
Base all ages	**3,309**	**78,005**	**5,171**	**50,404**
Source	SHS 2000-2002 household data		SHS random adult 1999-2002	

4.26 The fact that carers report lower levels of illness does not imply that caring has any health benefit. Some level of fitness is required to provide care and, within couples, it may be the more fit who will be reported as the carer.

4.27 As we will see in Chapter 7, results relating to long-term illness and disability in the SHS are mainly reflecting physical health, and mobility in particular. This suggests that the questions asked about health may be insensitive to stress and other mental health problems

which may affect carers. An analysis of carers' mental health in England based on the GHS found that female carers in general suffered worse mental health than women in equivalent age groups, whereas for men there was no significant difference. Older carers (aged 65+) on average scored significantly lower in terms of neurotic symptoms than younger carers (Singleton et al 2000).

SUMMARY

- Overall about a quarter of people aged over 50 said they had done some volunteering in the past 12 months. Older people in rural areas are more likely to be volunteers than those in urban areas.

- People are increasingly likely to be helping other older people as they get older themselves: 30 percent of volunteers aged 75+ were doing this kind of work compared with 14 percent of volunteers aged 50-64. Church and other faith organisations are the most common sphere for volunteering, and more so for older age groups. More than half of older people volunteering were providing some kind of service, with fundraising also accounting for a high proportion.

- Most of the people providing unpaid care are supporting someone outside their own household rather than another member of the same household. The amount of care provided is likely to be greater when provided within the same household. The over 50s are more likely than younger people to be providing unpaid care to others in the same household.

- Women aged 50-64 are more likely to be providing care than men in the same age group. However amongst the over 65s, the percentage providing care is higher for men than for women.

- Caring has more impact on the personal lives, health and relationships of carers than on their financial or employment situation according to some research evidence. Compared with non-carers, the incidence of poor physical health is higher amongst people who provide 50+ hours of care per week, but lower for other carers. It is recognised that mental ill-health is under-reported in general household surveys.

5. LEISURE ACTIVITIES

5.1 In this chapter we look at a limited range of leisure activities which are covered by the SHS and which may contribute to quality of life for older people. These activities include some forms of physical exercise, use of the internet and access to private and public transport. The SHS travel diary also records recent journeys and their purpose. As mentioned in the introduction to this report, information about leisure activities is limited since questions on the use of leisure facilities have been dropped from the SHS, and people over retirement age are not asked about participation in educational activities, such as evening classes. Results on the use of leisure facilities from earlier years of the SHS are in our previous report.

5.2 A qualitative study of the experiences and expectations of people leaving paid work after 50 found that how they came to leave work had an influence on how they wanted to spend their time (Barnes et al 2002). The need to maintain a balance between doing things for others and pursuing personal enjoyment was evident. The study concludes that older people would benefit from policies designed to promote greater choice about staying on at work, better information about welfare benefits and activities and better social space for older people to encourage them to go out.

PHYSICAL ACTIVITY

5.3 The target for physical activity proposed in the Scottish Executive 'Towards a Healthier Scotland' (1999) is 30 minutes of moderate physical activity (such as brisk walking) on 5 or more days per week. Evidence from the Scottish Health Survey 1998 (Shaw et al 2000) suggests that most people in Scotland are not active enough to maintain good health and that older people are less likely to take the recommended level of exercise than younger people. In 1998 only 14 percent of men and 8 percent of women aged 65-74 took the minimum recommended level of physical activity (Wood and Bain 2001).

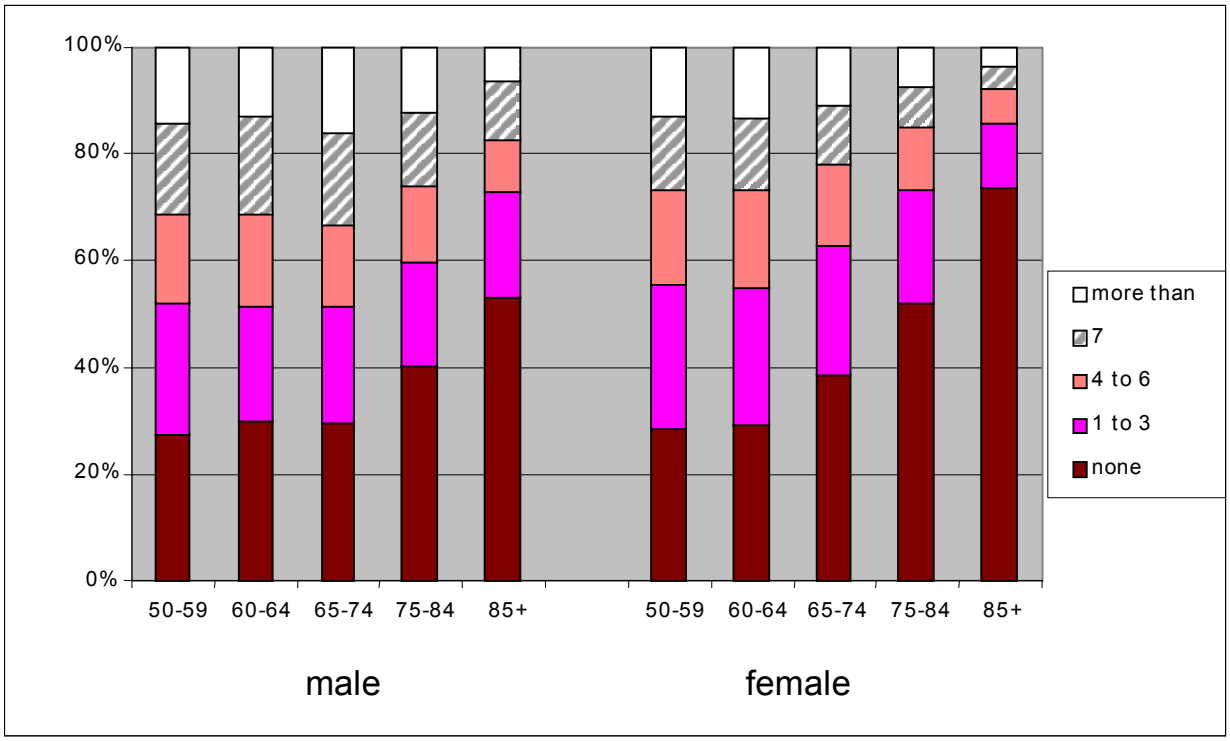
5.4 The SHS collects information on whether people have walked or cycled for 'more than a ¼ of a mile' in the past week. Results for the period 1999-2002 show no trend in physical activity measured in this way. Physical activity connected with housework, gardening and other tasks is not recorded in the SHS.

5.5 Up until the age of 65, men and women were equally likely to say they had walked or cycled the specified amount. Over the age of 65, men were more likely to be physically active in these ways than women: 70 percent of males aged 65-74 and 57 percent aged 75+, compared with 60 percent of women aged 65-74 and 42 percent aged 75+. Figure 5.1 illustrates this variation using an overall walking/cycling score derived from information about the number of days when people walked or cycled for a purpose or for leisure.

5.6 The number of 'activity days' presented in Figure 5.1 is simply the total of the number of days when any of these activities was reported. For example, someone who reported walking for a purpose on 4 days, walking for leisure on one day and cycling for leisure on two days would get a score of 7.

5.7 Whilst over half of the 85+ age group of both sexes scored zero, the proportion of men in that age group scoring zero was considerably less than the proportion of women.

Figure 5-1 Activity days reported[7] by age and sex



SHS: 2000-2002 combined

5.8 The number of activity days reported was also related to household income level. Higher incomes were associated with more activity, particularly in the over 65s. Older people in small towns (remote or accessible) were slightly more active on this measure than those in other types of areas.

Other research on older people's physical activity

5.9 Preliminary results from a study examining influences on changes in thinking skills as people age (based on the Lothian Birth Cohort 1921) found that 31 percent reported 'frequent participation' in active sports and swimming and other physical exercise whilst 49 percent reported frequently walking (CSO 2003). In this study 'frequency' was not defined by the researchers: each response reflects the individual's own understanding of 'frequent' and 'rare' participation using a Likert scale.

5.10 According to a Dundee study involving people aged 65-84, levels of knowledge about the benefits of physical activity are already high and direct promotion of leisure time physical activity is unlikely to be successful (Crombie et al 2002). Physical activity was assessed by the amount of time spent per week on housework, gardening, 'purposeful walking' (e.g. to the shops or bus stop) and leisure time physical activity. All of the participants lived independently and almost all engaged in some housework, although 21 percent did not undertake any heavy housework. Only 6 percent said they did no purposeful walking, and 44 percent said they did between 2-4 hours per week. About a third (36 percent) did not take part in any leisure time physical activity - men were more likely than women to be taking part.

[7] Activity days reported = Total number of days [cycling for a purpose + cycling for leisure + walking for a purpose + walking for leisure]

5.11 Despite engaging in low levels of activity the majority of participants in the Dundee study thought they were doing enough exercise to keep healthy. The most powerful barrier to taking more exercise was found to be lack of interest. Symptoms of ill health, beliefs about health, lack of transport and social inhibitions were amongst other barriers encountered.

INTERNET ACCESS

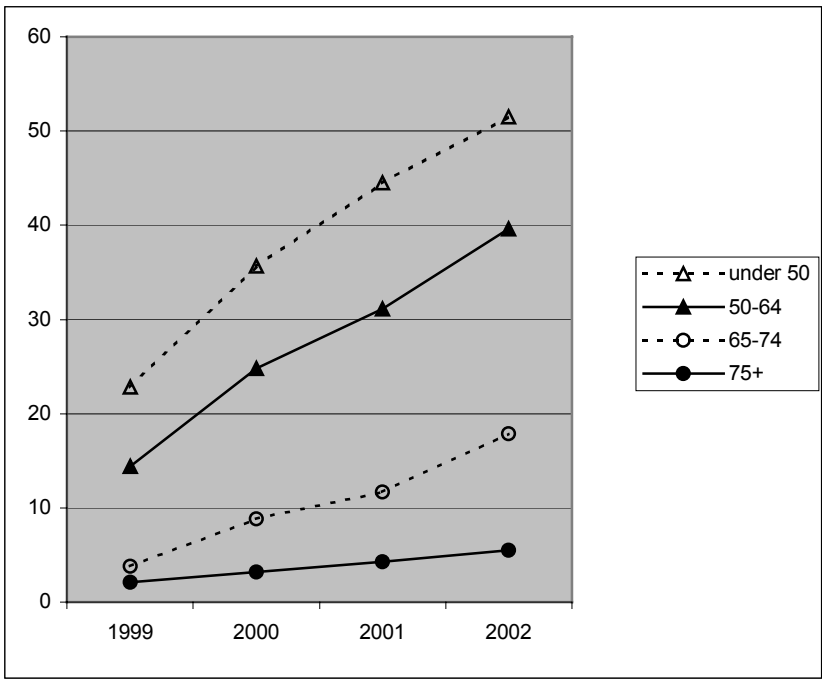
Household access to the internet

5.12 The positive contribution which internet access can make to people's lives is well understood. A huge range of services and information are now accessed via the internet. Much of the information now available about health and medical matters in particular was simply not available in the past. The internet offers entertainment and educational resources as well as a means of contacting others which may be of particular value to people whose lives are restricted by lack of transport or poor mobility.

5.13 Although internet access generally has increased rapidly, only a minority of people over 65 have internet access in their home. The proportion of the 65-74 age group is only 18 percent. There is clearly a need for alternative channels of information to be maintained so that the majority - without internet access - are not disadvantaged.

5.14 Rapid increase in access to the internet amongst all age groups is reflected in Figure 5.3. The rate of increase for people in their 50s and early 60s has been very similar to that for the younger adult population. Even for the 75+ age group, most of whom live alone or with a partner of a similar age, the proportion with internet access at home increased from 2 percent in 1999 to 6 percent in 2002.

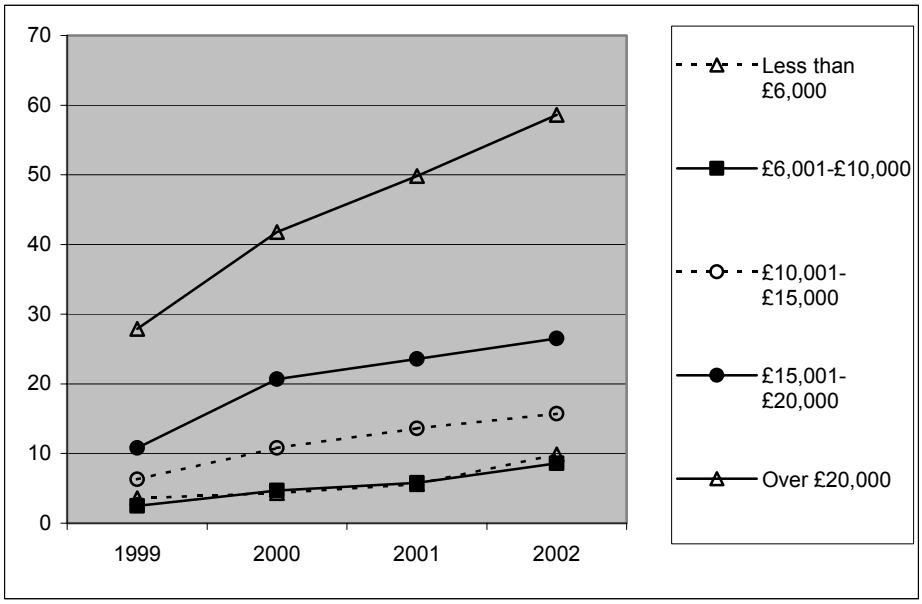
Figure 5-2 Access to the internet at home, for all household population by age



SHS 2001-2002 combined

5.15 Unsurprisingly it is those in the upper income groups who are the most likely to have access to the internet at home, with the greatest rate of increase over the period 1999-2002. Figure 5.4 shows the trend in household internet access for individuals aged 50+ in different household income bands. The rates of increase over the four years are similar for households on incomes below £20,000, although the proportions with internet access are lower at lower income levels. In households with incomes above £20,000, internet access for older people has shot up from 28 percent in the 1999 SHS to 59 percent in 2002.

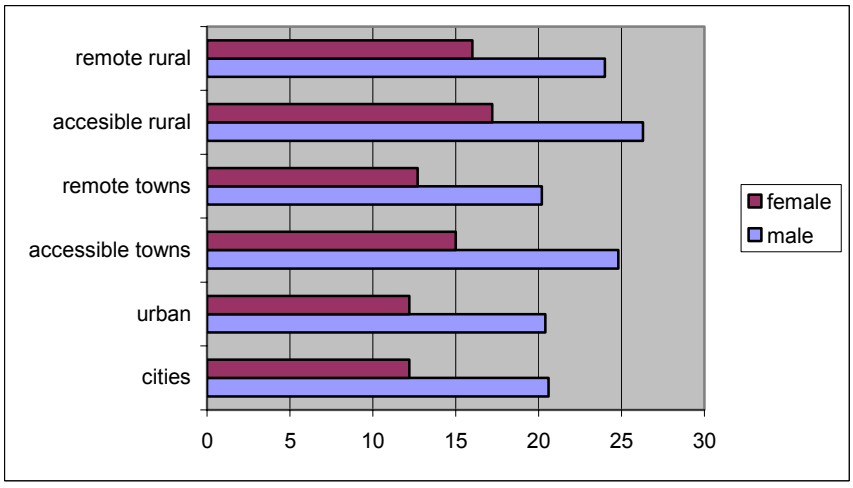
Figure 5-3 Household access to internet for all aged 50+ by household income



SHS 2001-2002 combined

5.16 Individual access to the internet – as opposed to household access – was included in the SHS in 2001 and 2002 only. Analysis of results for these two years show that men were more likely to access the internet than women and that access was more likely in rural areas than in urban.

Figure 5-4 Internet use by rurality and sex for people aged 50+



SHS random adult sample 2001-2002 combined

GETTING ABOUT

Use of private and public transport

5.17 Having access to private car travel either as a driver or a passenger makes a positive contribution to quality of life for older people. This is the main finding of a recent exploratory study on transport and ageing conducted in Paisley and East London (Gilhooly et al 2003). People are likely to experience more limited car access in old age if their health deteriorates. Giving up driving in old age was not something that existing car drivers wanted to think about or plan for. However those who had taken the decision found fewer problems with public transport than were anticipated by the car drivers. The older people interviewed were reluctant to ask for lifts unless they were able to reciprocate in some way.

5.18 Access to public transport was also associated in the Paisley/East London study with better quality of life but to a lesser extent than car access. Satisfaction with public transport tended to be low although people in the 59+ age group were more likely to be satisfied than the 45-58 age group. Concern about personal safety in the evening or at night, while walking to or waiting at stops and stations as well as while on the bus or train, was the most commonly mentioned barrier to using public transport. Only one third of respondents thought that bus operators considered the needs of older people - a view supported by evidence from interviews with transport operators (Gilhooly et al 2003).

5.19 Barriers to transport use are explored in research on the role of transport in social exclusion in urban Scotland (Hine and Mitchell 2001). For people without car access, the public transport facilities available in a local area - bus times, routes, fares, waiting areas - influence whether they can make journeys for work or social reasons. Low income and physical or sensory impairment can make barriers to transport use insurmountable. This study makes the point that those living on the edge of a city or town were more reliant on the car and faced greater barriers to public transport use than those living near to the centre.

5.20 Older people living in rural areas are much more likely to have access to a car than others. In the four major cities, more than half (56 percent) of the over 65s have no access to a car. For those living in towns the proportion lies between at 40 and 50 percent, but in rural areas the proportion is much lower – 31 percent in accessible and 28 percent in remote areas.

5.21 Time taken to walk to the nearest bus stop is recorded in the SHS. The following analysis relates only to people aged 65+ who had no access to a car (53 percent of the age group as a whole). People aged 65+ were more likely to take longer than younger people, with 15 percent taking more than 6 minutes, compared with 7 percent of younger adults and 1 percent of over 65s reporting no bus service.

5.22 As expected, time to the nearest bus stop was variable depending on how rural or urban the area. Table 5.1 shows that a relatively high proportion (25 percent) of people aged 65+ in remote rural areas were more than 6 minutes from the nearest bus stop compared with 13 percent in the cities and 11 percent in other urban areas. Small remote towns appear to have a better service in this respect than small accessible towns.

Table 5-1 People aged 65+ with no access to a car: distance to nearest bus stop by area
Column percentages

Time from bus stop	Large urban areas	Other urban	Small accessible towns	Small remote towns	Accessible rural	Remote rural	Total
0-6 mins	88	89	82	88	80	68	85
Over 7 mins	13	11	18	12	20	25	15
No Service	0	0	0	0	1	8	1
Total	100	100	100	100	100	100	100
Base	**4,320**	**3,293**	**1,003**	**490**	**899**	**670**	**10,675**

SHS 1999-2002 combined

5.23 Table 5.2 is of largely historical interest now that free off-peak bus travel is available within all council areas (see Introduction). During the survey period it is clear that residents of rural areas were disadvantaged with more than a third of people aged 60+ paying full fares compared with only 20 percent in the cities.

Table 5-2 People aged 60+ paying reduced train or bus fares by area
Row percentages

Area	Reduced fare	No reduced fare	Total	Base
Large urban areas	80	20	100	10,334
Other urban	77	23	100	9,146
Small accessible towns	73	27	100	3,068
Small remote towns	66	34	100	1,501
Accessible rural	65	35	100	3,946
Remote rural	58	42	100	3,151

SHS 1999-2002 combined

Journeys

5.24 The SHS travel diary records details of journeys using any mode of transport, made by respondents on the previous day. As expected, the older people were, the less likely they were to have made a journey the previous day. There was also a marked difference between men and women which increased with age. Amongst the 50-64 age group the difference was quite small - 73 percent of women had made a journey compared with 76 percent of men - but in the oldest group (85+) only 29 percent of women had made a journey compared with 45 percent of men. This difference may well reflect the difference noted in health status between men and women at this age (see Chapter 7).

Table 5-3 Percentage of older people who travelled in the day or evening or both on the previous day, by age group and sex
Percentages for each age group

Age Group	Male (%)	Female (%)	Base
50-64	76	73	9749
65-74	64	59	6297
75-84	55	47	4001
85+	45	29	994

SHS 1999-2002 combined

5.25 Shopping was the most likely purpose of the journey for all age groups, with the exception of men aged 50-64 who were more likely to have made a journey to work. The proportion of health service visits increased slightly with age. Entertainment accounted for 12 percent of visits amongst women aged 75+ - a higher proportion than for other groups. However given the relatively low proportion of women at this age who had made a journey at all (Table 5.3), this does not signify a very high rate of entertainment journeys.

Table 5-4 Purpose of journey by age and sex

Column percentages – do not sum to 100 as more than one journey or purpose is possible

	males			females		
Age group	**50-64**	**65-74**	**75+**	**50-64**	**65-74**	**75+**
Work/education	44	6	2	32	4	2
Day trip	6	10	11	7	9	8
Escorting someone	10	10	8	9	6	7
Shopping	30	46	45	41	49	47
Visit friends/family	13	17	13	18	19	16
Entertainment	7	10	9	8	10	12
Visit hospital/health service	5	6	8	4	6	7
Other personal business	9	12	13	10	10	9
Sport	4	8	6	3	4	2
Other	10	11	10	8	1	13
Base	**3,239**	**1,698**	**865**	**3,871**	**2156**	**1,429**

SHS 1999-2002 combined

5.26 People who made a journey on the previous day were most likely to have driven or been a car passenger, although less so in the oldest age groups. The likelihood of walking or travelling by bus increased with age. Taxis were used by a small percentage of older people but more often by women than by men.

Table 5-5 Travel on previous day by mode of travel, by age and sex

Column percentages- do not sum to 100 as more than one journey/mode of transport is possible

Purpose	**males**				**females**			
Age group	**50-64**	**65-74**	**75+**		**50-64**	**65-74**	**75+**	
Walk	21	28	30		26	28	31	
Drive	68	60	45		41	22	14	
Passenger	11	10	15		32	37	35	
Bicycle	1	1	1		1	0	0	
Bus	10	13	17		17	26	26	
Taxi	2	2	2		3	4	6	
Rail	1	1	1		2	1	1	
Base	**3,239**	**1,698**	**865**		**3,871**	**2156**	**1,429**	

SHS 1999-2002 combined

SUMMARY

- Evidence from the Scottish Health Survey 1998 suggests that most people in Scotland are not active enough to maintain good health and that older people are less likely to take the recommended level of exercise than younger people. SHS results show that older women are less likely to take exercise (in the form of walking or cycling) than older men.

- A relatively small minority of people over 65 have internet access in their households (18 percent aged 65-74). This underlines the need for alternative channels of information to be maintained so that older people are not disadvantaged.

- There has been a rapid increase in internet access in the 50-64 age group. Internet access is more likely among men, people on higher incomes and in rural areas.

- Recent research indicates that having access to private car travel either as a driver or a passenger makes a positive contribution to quality of life for older people. People without car access face a range of barriers to using public transport.

- The older people were the less likely they were to have made a journey the previous day and men were more likely to have made a journey than women.

6. COMMUNITY AND NEIGHBOURHOOD

6.1 In our earlier report (MacDonald et al 1999) we noted that most older people rated their neighbourhood as 'very good'. Positive rating of neighbourhood was related to age, so that the older the people the more likely they were to be pleased with their neighbourhood – only 2 percent of men and 6 percent of women aged 85+ rated their neighbourhood as poor. Since the 1999 survey more questions have been added which tell us more about how people relate to their neighbourhood and the social networks which they rely on.

6.2 National surveys dealing with attitudes to neighbourhood and fear of crime can be particularly misleading since such attitudes are influenced by local characteristics and events. This point is made in a recent study of the lives of older people in socially deprived areas of Liverpool, Manchester and London aimed to highlight differences in the social experiences of this group compared with older people in Britain as a whole. From a survey of 600 people aged 60+, the study found that people aged 60+ living in these areas are twice as likely to experience poverty and disproportionately vulnerable to serious crime compared with older people in Britain as a whole. Older people in these socially deprived areas display a considerable degree of attachment to their local areas, in spite of recognising social and environmental problems. In spite of this, a significant minority of older people in these socially deprived areas can be described as being socially isolated and/or severely lonely (Scharf et al 2002).

SOCIAL NETWORKS

6.3 For most people, particularly if retired from work, their social networks are to a large extent composed of family, friends and neighbours. Earlier in this report we discussed activities such as work, volunteering and caring for others which clearly have a social role to play. Here, we look at SHS results from 2001-2002 about recent contact with family, friends and neighbours, and about some ways in which older people might rely on neighbours.

Contact with family

6.4 A large proportion of older people live alone, particularly in the oldest age groups (Figure 2.2) and therefore contact with family involves visits to or from relatives. The majority who do not live alone live with their partner or spouse. However a minority of older people belong to other kinds of living groups, principally two generation households.

6.5 Table 6.1 shows the relationship which people over 50 have with others in the same household. Three types of two generation households are shown: those where the person over 50 is living with their own child(ren) and the 'child' is the highest income earner – only around 1 percent of older men and 2 percent of older women are in this position; those where the older person or their spouse is the highest income earner – this type is quite common amongst the 50-64 age group where in many cases children will not have reached adulthood; and those where the person over 50 is living with their own parents – a very unusual living group. Grandparents living in three generation families, included in the 'other' column, comprise less then 0.5% of all older people.

Table 6-1 People aged 50+ by living group, age group and sex

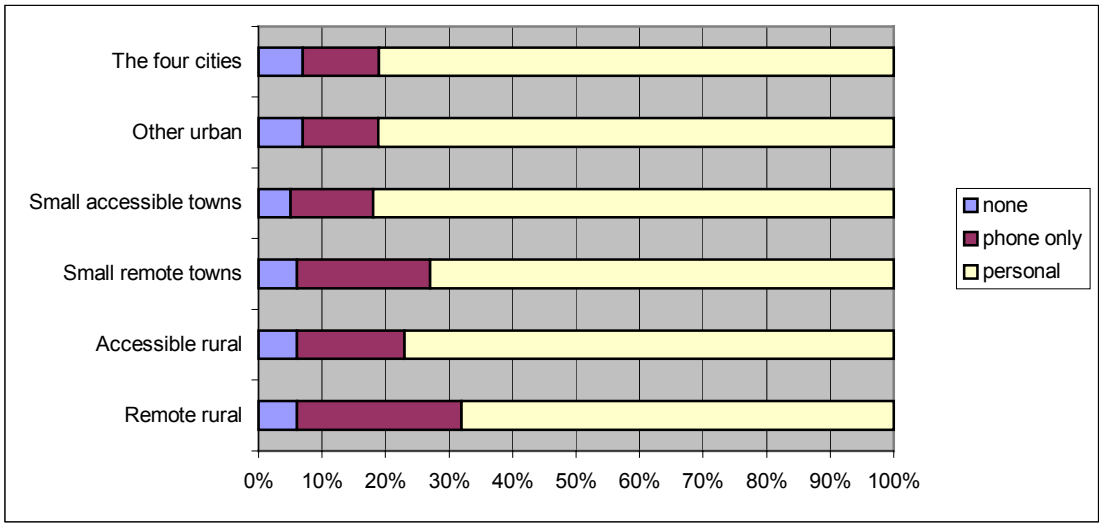
Column percentages

	Male				Female			
Living group	**50-64**	**56-74**	**75+**	**base**	**50-64**	**65-74**	**75+**	**base**
Alone	29.0	32.9	52.6	**2,120**	32.2	53.1	78.99	**4,342**
With partner	45.6	58.6	40.7	**2,892**	46.4	38.1	13.9	**2,955**
With children (1) [child is highest income earner]	0.9	1.0	1.3	**61**	1.2	2.1	2.3	**150**
With children (2) [parent is highest income earner]	19.3	4.3	2.8	**672**	15.8	3.4	2.3	**709**
With own parent(s)	0.6	0.1		**18**	0.2	0.0	0.0	**9**
With non-relatives	0.3	0.5	0.1	**19**	0.6	0.4	0.3	**37**
With other	4.4	2.7	2.5	**206**	3.6	2.9	2.4	**259**
All over 50s	100	100	100		100	100	100	
base	**2,894**	**1,754**	**1,340**	**5,988**	**3,627**	**2,480**	**2,355**	**8,462**

SHS 2001-2002 combined

6.6 Contact with family who live in separate households is likely to be more important in combating isolation for individuals who live alone than it is for those who live with others. Most people aged 50+ had had personal (i.e. face-to-face) contact with family outside the household in the previous 2 weeks. The likelihood of having this level of contact was similar for people living with others and those not, with couples being slightly more likely to have had personal contact with other family. People in remote towns and rural areas were more likely to have had telephone contact and slightly less likely to have had personal contact than others (Figure 6.1). There was no significant difference between men and women or between age groups in relation to types of contact.

Figure 6-1 Contact with family for all aged 50+ in previous 2 weeks by urban/rural area



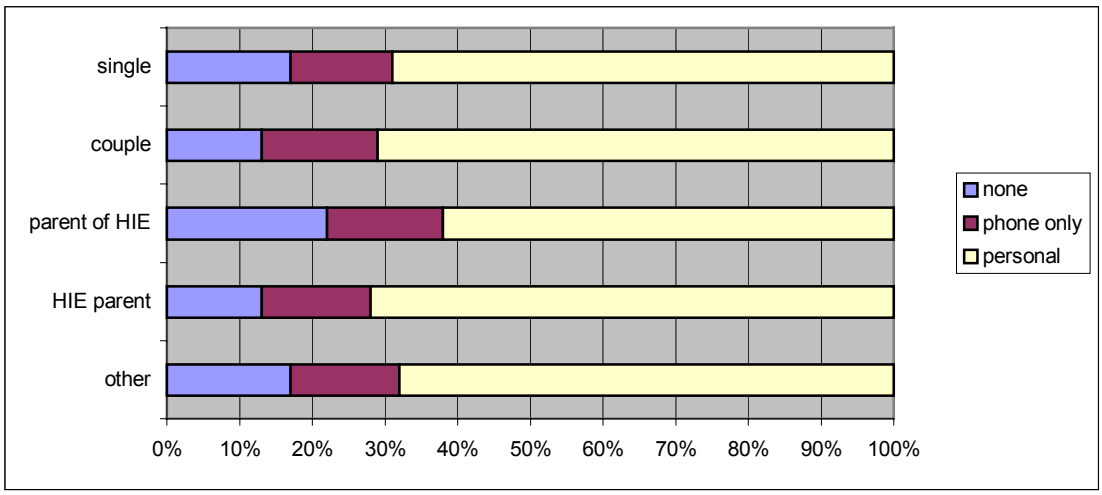
SHS 2001-2002 combined

Contact with friends

6.7 Personal contact with friends in the previous 2 weeks was reported by around three quarters of the 50-64 age group with a further 14 percent having had telephone contact only. The oldest age groups were the least likely to have had recent contact with friends, with 21 percent of men and women aged 75+ reporting no contact in the previous 2 weeks, compared with 15 percent of the 65-74 age group. Face to face contact, rather than telephone only, was also a little less likely for the oldest group. These results were very similar for men and women.

6.8 Some association was found between contact with friends in previous 2 weeks and the type of household the older person lived in. Single people and people living with their children (where the child is the highest income earner) were less likely to have had contact with friends than couples and people living with children (where the older person is the highest income earner) (Figure 6.2). It seems likely that many people living with their children will have moved away from their home neighbourhood thus accounting for less contact with friends.

Figure 6-2 Contact with friends in past 2 weeks: all aged 50+ by type of household*



SHS 2001-2002 combined
*HIE -= highest income earner – see para 6.4.

6.9 Having personal contact with friends and family seems slightly less likely for the 75+ age group than for younger people. However around 90 per cent of all age groups did report having this kind of contact in the previous 2 weeks.

Table 6-2 Contact with friends and family by age group and sex

Row percentages

	no contact	phone only	personal	all	base
Male	%	%	%	%	
50-64	3	5	92	100	**2,894**
65-74	3	7	90	100	**1,752**
75+	3	8	89	100	**1,340**
Female					
50-64	2	6	92	100	**3,627**
65-74	2	6	92	100	**2,479**
75+	4	6	90	100	**2,354**

SHS 2001-2002 combined

Contact with neighbours

6.10 The overwhelming majority of older people said they had spoken to a neighbour in the previous two weeks. Personal contact with neighbours was less likely to be reported the older people were. Thus, Table 6.3 shows that 85 percent of men and 82 percent of women aged 75+ had had contact with their neighbours in the previous 2 weeks compared to 88 percent of men and 87 percent of women in the 50-64 age group. This difference might be accounted for by the older group being out of doors less frequently but the survey tells us nothing about the nature of the contact. However the incidence of neighbourly contact seems high for all age groups.

Table 6-3 Contact with neighbours in previous 2 weeks by age group and sex

Cell percentages

	male		female	
	%	base	%	%
50-64	88	2,801	87	3,536
65-74	87	1,690	86	2,392
75+	85	1,293	82	2,272

SHS 2001-2002

FEELINGS ABOUT NEIGHBOURHOOD

6.11 A very high proportion of people said they felt supported by family and friends where they live. This was indicated by responses to questions about three different ways that friends and family might support them in the neighbourhood: helping out, keeping an eye on their home, and giving advice or support. Responses were scored on a 5 point scale. Over 90 percent felt they could rely on friends and family to help out if they were alone and to keep an eye on their home if it was empty, although men were slightly less likely than women to 'agree strongly' with these statements (Table 6.4).

6.12 Both men and women were less likely to feel they could get advice or support than to feel supported in the other two more practical ways. This difference was particularly marked for men aged 50-64, only 56 percent of whom agreed strongly with the statement that they could turn to friends or relatives in the neighbourhood for advice or support, compared with 65 percent of women of the same age group.

Table 6-4 Reliance on friend/relatives by age group and sex

Row percentages

If I was alone and needed help I could rely on my friends/relatives in this neighbourhood to help out

Response	strongly agree	tend to agree	neither agree or disagree	tend to disagree	strongly disagree	all
male	%	%	%	%	%	base
50-64	62	31	3	4	1	2,801
65-74	71	23	3	3	1	1,690
75+	66	26	3	4	0	1,293
female						
50-64	70	24	2	3	1	3,536
65-74	72	23	2	3	0	2,392
75+	71	21	3	4	1	2,272

If my home was empty I could count on one of my friends/relatives in this neighbourhood to keep an eye on my home

	strongly agree	tend to agree	neither agree or disagree	tend to disagree	strongly disagree	all
male	%	%	%	%	%	base
50-64	66	29	2	2	1	2,801
65-74	76	20	1	2	1	1,690
75+	69	25	3	3	0	1,293
female						
50-64	76	20	2	2	1	3,536
65-74	76	20	2	2	0	2,392
75+	73	20	3	3	1	2,272

I feel I could turn to friends/relatives in this neighbourhood for advice or support

	strongly agree	tend to agree	neither agree or disagree	tend to disagree	strongly disagree	all
male	%	%	%	%	%	base
50-64	56	32	6	5	1	2,801
65-74	64	26	4	5	1	1,690
75+	59	28	5	6	1	1,293
female						
50-64	65	26	3	4	2	3,536
65-74	66	25	4	5	0	2,392
75+	66	23	4	6	1	2,272

SHS 2001-2002

6.13 These positive attitudes to social support found in the neighbourhood are also apparent in what people said they liked and disliked about their neighbourhood. Only 4 percent of older people of all ages could think of nothing good about their neighbourhood. Table 6.5 shows positive aspects ranked by the number of times they were mentioned. The majority (59 percent) found their neighbourhood quiet and peaceful, and 31 percent selected 'friendly people' as a good aspect of their neighbourhood. The oldest group (aged 75+) were more likely to mention friendly people and good neighbours than were the younger age groups. The convenience of shops was also mentioned relatively frequently, although 'good local shops' was much lower down the list. Only 17 percent mentioned safety and low crime as positive aspects of their neighbourhood.

Table 6-5 Aspects of neighbourhood particularly liked, by age group

Column percentages – do not sum to 100 as more than one response could be given

	50-64	**65-74**	**75+**	**All**
	%	%	%	%
Quiet/peaceful	61	58	57	59
Friendly people	28	33	36	31
Convenient shops	32	33	28	31
Good neighbours	23	26	27	25
Nicely landscaped/open spaces	22	21	21	22
Good outlook/view	21	22	22	22
Good public transport	17	21	18	19
Safe/low crime	17	17	17	17
Good local shops	12	13	12	12
Area well maintained	11	12	13	11
Good local leisure facilities	5	5	3	5
Good local schools	7	4	2	5
Other	6	5	4	5
Nothing	4	4	4	4
Good facilities for children	2	1	1	2
Base	**13,026**	**8,407**	**6,971**	**28,404**

SHS 1999-2002 combined

6.14 Over half (51 percent) of all older people had nothing negative to say about their neighbourhood. Of the specific aspects disliked, 'young people hanging about' and vandalism were the most frequently mentioned, with the 75+ age group slightly less likely to mention these things than younger people (Table 6.6).

Table 6-6 Aspects of neighbourhood particularly disliked, by age group

Column percentages – do not sum to 100 as more than one response could be given

	50-64	65-74	75+	All
Nothing	47	53	63	**52**
Other	14	11	9	**12**
Young people hanging about etc	11	10	7	**10**
Vandalism	8	8	6	**7**
Poorly maintained rundown	6	6	4	**6**
Poor public transport	6	5	4	**5**
Drug abuse	5	5	3	**5**
Noise	5	5	4	**5**
Problem with neighbours	4	4	3	**4**
Problems with dogs	3	4	3	**4**
Poor local shops	5	4	3	**4**
Alcohol abuse	4	4	3	**4**
Unsafe/crime	4	4	3	**3**
Poor local leisure facilities	4	2	1	**3**
Traffic/speed	3	3	2	**3**
Nowhere for children to play	3	2	1	**2**
Remoteness/isolation	2	2	1	**2**
Poor outlook/view	1	1	1	**1**
Poor local schools	0	0	0	**0**
Base	**13,026**	**8,407**	**6,971**	**28,404**

SHS 1999-2002 combined

6.15 The older people were, the less likely they were to say they felt involved in their local community. In the 75+ age group, 37 percent of men and women said they felt not at all involved compared with 27 percent of the 50-64 age group. Slightly higher proportions of the younger age group said they felt involved compared with the older age groups. Women were slightly more likely than men to say they were involved 'a fair amount' (Table 6.7).

Table 6-7 Feeling of involvement in local community by age group and sex

Row percentages

	male					female				
	great deal	fair amount	not much	not at all		great deal	fair amount	not much	not at all	
age	%	%	%	%	base	%	%	%	%	**base**
50-64	7	21	45	27	4,391	7	23	42	27	**5,443**
65-74	6	21	42	30	2,652	6	23	40	31	**3,741**
75+	5	19	40	37	1,927	6	22	35	37	**3,499**
All	**6**	**21**	**43**	**30**	**8,970**	**6**	**23**	**40**	**31**	**12,683**

SHS 1999-2002 combined

6.16 Responses to this question were quite variable by urban/rural area type. People in remote towns and rural areas were more likely to say that they were involved 'a great deal' or 'a fair amount' in their local community than people in accessible areas and larger towns and cities.

Table 6-8 Feeling of involvement in local community by urban/rural area and sex
Row percentages

	male					female				
	great deal	fair amount	not much	not at all		great deal	fair amount	not much	not at all	
age	%	%	%	%	base	%	%	%	%	base
large urban areas	5	18	42	34	2,959	6	22	38	34	4,376
other urban	4	18	46	31	2,522	5	20	42	33	3,644
small accessible towns	7	21	45	28	945	6	23	43	28	1,268
small remote towns	11	26	41	22	411	8	29	42	20	640
accessible rural	8	24	44	24	1,203	9	27	38	26	1,523
remote rural	11	36	37	16	916	11	33	37	19	1,218
All	**6**	**21**	**43**	**30**	**8,967**	**6**	**23**	**40**	**31**	**12,679**

SHS 1999-2002 combined

SUMMARY

- Research conducted in England suggests that older people living in socially deprived areas are much more likely to experience fear of crime and isolation than older people in Britain as a whole.

- For most people, particularly if retired from work, their social networks are largely composed of family, friends and neighbours. Most people aged 50+ had had face to face contact with family outside the household in the previous 2 weeks. People in remote towns and rural areas were more likely to have had telephone contact and slightly less likely to have had personal contact than others.

- The oldest age groups were the least likely to have had recent contact with friends, with 21 percent of men and women aged 75+ reporting no contact in the previous 2 weeks, compared with 15 percent of the 65-74 age group.

- Personal contact with family and friends is slightly lower for the 75+ age group but around 90 per cent of all age groups did report personal contact in the previous 2 weeks. Over 80 percent of over 50s had had contact with neighbours in the previous 2 weeks.

- A very high proportion of people said they felt supported by family and friends where they live. Over 90 percent felt they could rely on friends and family to help out if they were alone and to keep an eye on their house if it was empty.

- Positive views are also apparent in the aspects which people said they liked and disliked about their neighbourhood. Only 4 percent of older people of all ages could think of nothing good about their neighbourhood. Fifty-one percent of all older people had nothing negative to say about their neighbourhood.

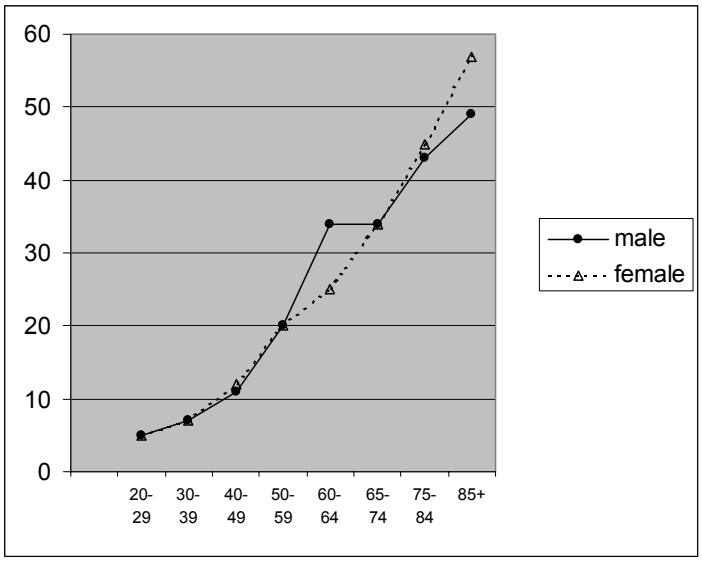
7. HEALTH AND SOCIAL SUPPORT

HEALTH ISSUES

7.1 The majority of older people up until the age of 85 do not report having long-term illness or disability. Nevertheless, certain types of physical illness are strongly associated with old age. These include arthritis and other musculo-skeletal conditions, heart and circulatory diseases, and eye complaints. In our earlier report (MacDonald et al 2001) we referred to results from the Scottish Health Survey 1998 (Shaw et al 2000) which reports on the health of the household population up to the age of 74.

7.2 There was no evidence from the SHS that the proportion of older people experiencing long-term illness or disability was changing over the four year period, despite the change in how the question was asked. Striking differences between men and women at different ages are illustrated in Figure 7.1. Men aged 60-64 are much more likely to suffer long-term health problems than women. In older age groups it is women who tend to have worse health.

Figure 7-1 Percentage with long term illness/ disability by age group and sex



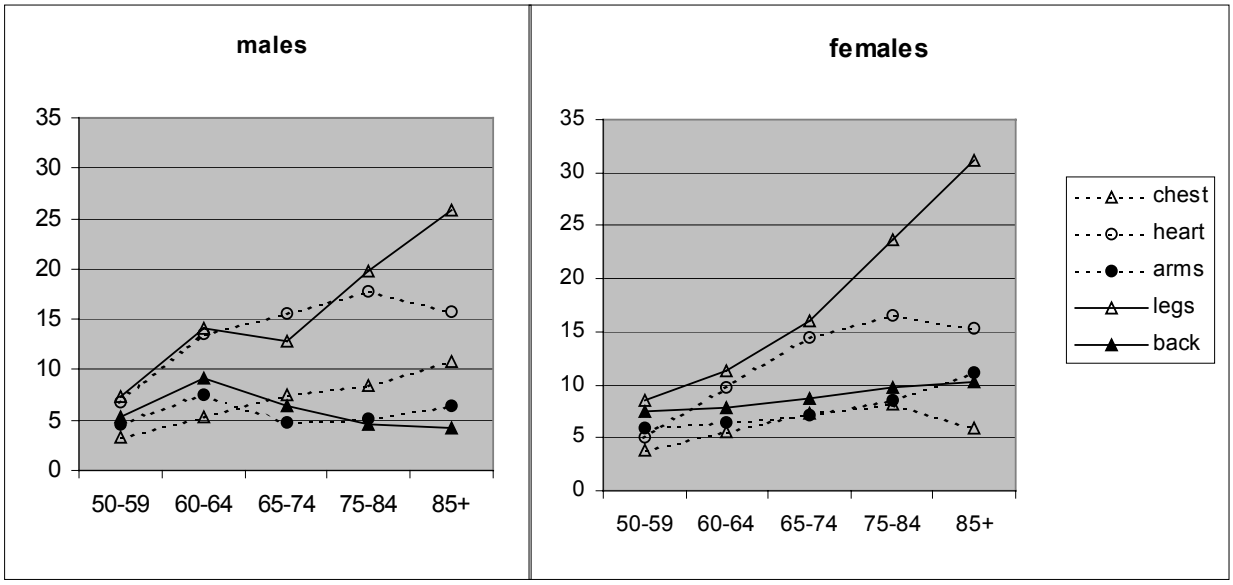
SHS 1999-2002

7.3 In 2001 and 2002 the SHS gives more detail about the kinds of illness or disability people had than in previous years' surveys. The pattern varies significantly between the reports of men and women and between different age groups. From the age of 65 women were more likely than men to report health problems affecting their legs, whereas heart problems were more commonly reported by men than women of the same age. Other differences include: more hearing problems were reported in men than women aged 75+; and disability involving the arms or the back were increasingly common in older age groups of women, whereas in men, such problems are more common in the 60-64 age group than in older age groups.

7.4 The five most commonly reported causes of illness and disability in people aged 50+ are shown in Figure 7-3. Cohen et al.(1995) have discussed how the answer to this type of question can vary between types of survey. They show that this type of question mainly reflects physical illness and is insensitive to psycho-social problems. As illustrated below, a

more focused approach is needed to identify problems with mental health (see Evans et al 2003).

Figure 7-2 The five most commonly reported causes of illness or disability for people 50+



Source SHS 2001-2002

7.5 The 2001 census included questions on long-term illness and on general health. Table 7.1 gives results for the reported health of those aged 60+ by ethnic group. As we noted in chapter 2 the age structure at older ages for minority ethnic groups is biased towards younger groups. Thus we might have expected that they would report fewer health problems than the majority of the population. This is far from the case for the ethnic groups from the Indian subcontinent who report a much higher rate of health problems than the whole population (Table 7.1).

Table 7-1 Limiting illness and less than good health aged 50+ by ethnic group

	% with limiting illness	% in less than good health	base
All aged 60+	51%	22%	1,066,633
Indian	56%	32%	1,244
Pakistani and other South Asian	63%	37%	2,477
Chinese	49%	21%	1,174
Other minority ethnic groups	50%	24%	1,593

Source 2001 Census Table S207

Mental health

7.6 Mental health is an essential element of well-being in later life. However, mental health issues, particularly dementia, tend to be under recorded in general household surveys. In any case, a relatively high proportion of people with dementia live in care homes and are therefore excluded from household surveys. More detailed and reliable information on the mental health of older people is now available in a study based on a national survey of psychiatric morbidity of people aged 16-74 living in private households in Great Britain

(Evans et al 2003). This study employed standardised measures to identify common mental disorder[8] and to assess cognitive function in the 60-74 age group.

7.7 One in ten respondents were found to have 'significant levels of neurotic symptoms' (common mental disorder). The younger people within this age group were found to be more likely to experience common mental disorder than the older ones. In particular, a marked difference was found between men aged 60-64 (13 percent with common mental disorder) and those aged 65-69 (6 percent). In the 60-74 age group, people were more likely to be identified as having a common mental disorder if they were divorced or separated, on a low income, in receipt of state benefit (excluding housing benefit), with long-standing physical health problems or had experienced several stressful life events. At every age within the age group studied, people with a common mental disorder had poorer physical health than others and were three times more likely to be receiving some form of community care.

7.8 Cognitive impairment was detected in 19 percent of the 60-74 age group, with no significant difference in the proportions of men and of women. Factors which were associated with cognitive impairment included: age, low level of education, low socio-economic group and low income. People with evidence of cognitive impairment were more likely than those without to have difficulty with activities of daily living, even though levels of physical health did not differ significantly between the two groups.

NEED FOR CARE

7.9 Wood and Bain (2001) document quite thoroughly the recent changes in utilisation of health and social services by older people, using a range of statistical sources. Since 2001, SHS has collected information about the nature of major health problems. This allows us to examine more closely the need for and use of support.

7.10 Older people who reported that they need help or care are in the minority. Even amongst women over the age of 85, when people are most likely to be dependent, only 47 percent said they needed care (Table 7.2). For the 75-84 age group the proportion of those needing care – 17 percent of men and 23 percent of women - is about half what it is for the 85+ group.

Table 7-2 Need for care by age group and sex

All over 50	Male		Female	
Age group	percent needing care	Total	percent needing care	Total
50-59	5	8,767	7	9,143
60-64	9	3,515	8	4,011
65-74	10	6,027	13	7,239
75-84	17	3,134	23	4,498
85+	38	548	47	1,209
All	**10**	**21,991**	**13**	**26,100**

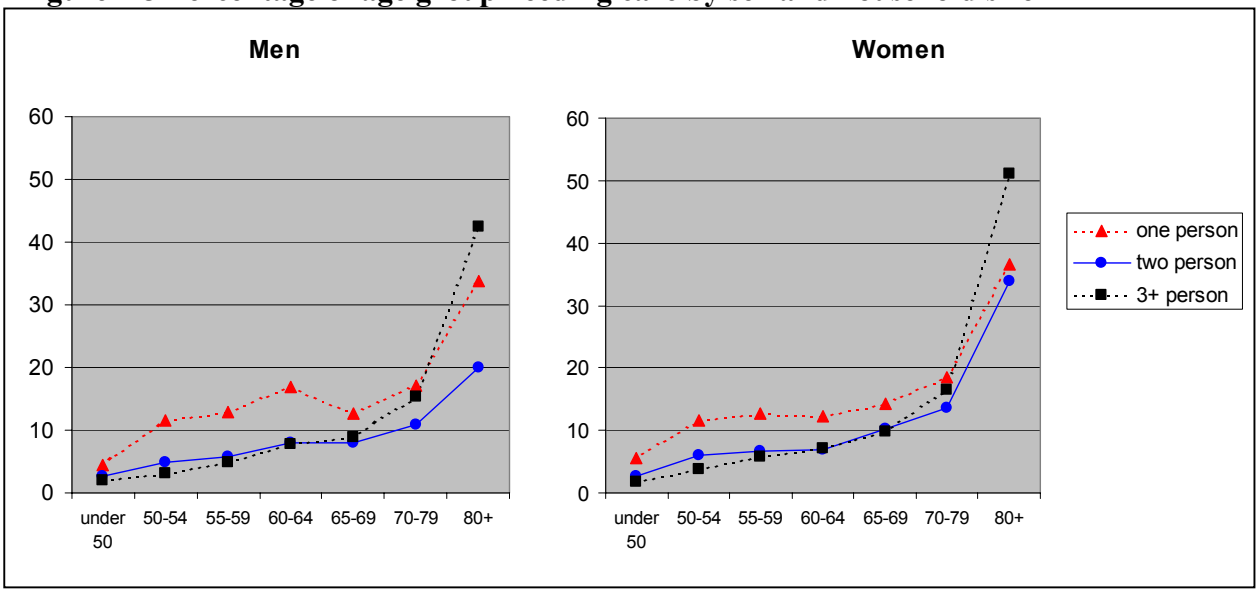
SHS 1999-2002 Combined

7.11 There was no time trend evident for the 1999-2002 period in the proportion of people needing care. Statistical modelling confirmed that being aged 75+ and being female increased the likelihood of needing care. Those living alone were more likely to report a

[8] This general description includes anxiety disorders, depressive episode, phobias, obsessive compulsive disorder and panic disorder (Evans et al 2003, p4)

need for care, except for the oldest age groups. Those in the oldest age groups living in households with more than two members were the most likely group to need care (Figure 7.3). Need for care was much more likely among those who reported long term illness or disability: 35% among those with illness or disability and less than 2% for those without. The middle income categories reported need for care proportionately more often than did those in the lowest or highest income groups. This was especially pronounced for those living alone.

Figure 7-3 Percentage of age group needing care by sex and household size



SHS 1999-2002 combined

7.12 The health problems described above were major contributors to a report of need for care from household members. More than half of those over 50 who reported that they needed care had health problems with their legs or feet, presumably affecting their mobility (Table 7.2). Mental health problems appear to contribute little to the need for care, but they may well be under-reported in the SHS.

Table 7-3 Major health problems for all those aged 50+ for whom a need for care is reported, by age group and sex.

Row percentages

age	Any health problem	problem with legs or feet	heart circulation problem	chest/respiratory problem	mental health	All
Male	%	%	%	%	%	base
50-64	93	47	36	19	11	397
65-74	94	47	39	27	3	291
75+	87	50	34	21	3	436
Female						
50-64	89	52	29	20	10	461
65-74	93	58	41	24	4	451
75+	85	51	28	16	4	847
All	89	51	34	20	6	2,883

SHS 2001-2002 combined

CARE RECEIVED

7.13 People who lived with someone else and received care at home were more likely to receive it from another household member than from an outside source. Table 7.3 shows that 57 percent of such people needing care were receiving 'continuous care' from within their own household. Only 5 per cent were receiving more than 20 hours per week of care from outside the home.

7.14 The majority of people living alone and needing care received more than 4 hours per week from an outside source and 20 per cent received more than 20 hours per week. Care provided by the person to themselves is also recorded in the SHS but excluded in this analysis.

Table 7-4 Hours of care provided to households with one person age 50+ in need of care
Column percentages

Hours of care per week	Single person households	Households with 2+ people	Households with 2+ people
	Outside care	Outside care	Inside care
None	6	71	10
1-4 hours per week	35	10	3
5-19 hours per week	32	11	8
20+ hours per week	14	3	11
Continuous care	6	2	57
Varies	6	3	10
Don't know	1	0	0
base	**1,896**	**2,017**	**2,017**

SHS 2000-2002 combined

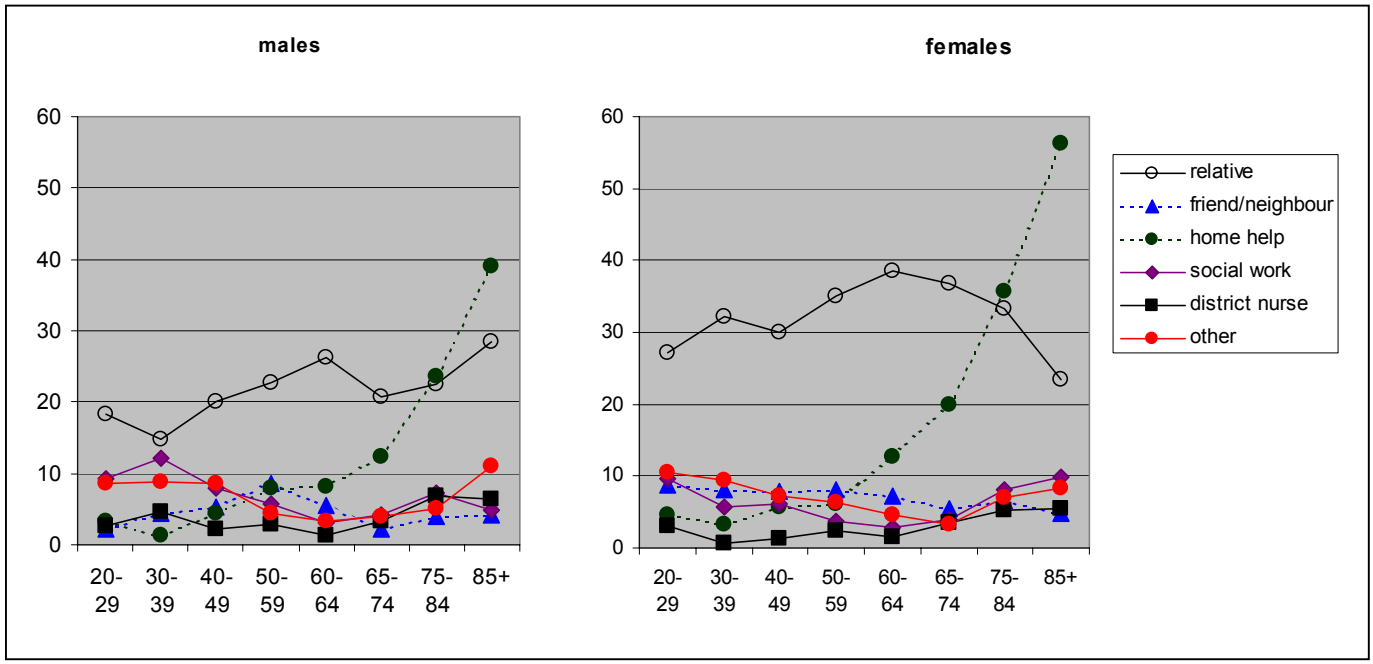
7.15 There were very few reports of unmet need for care among older people. Of those over 50, living alone and reporting a need for care only 3.5 percent reported that they did not receive any care, although a further 2.5 percent reported that they met their care needs themselves. The proportions were even lower for those living with others. Fewer than 2 percent of those over 50 in need of care and living with others reported that they received no care and a similar number reported that they met their own care needs.

Sources of care

7.16 In Chapter 4 we showed that the majority of unpaid carers were providing care to others outside the household, most commonly to parents or other relatives. It is not surprising therefore to find that, from the reports of people receiving care, relatives are the most common source of outside support, at least up to age 75. From age 60 upwards the contribution of home helps increases, and for those over 75, the home help contribution to care exceeds that from relatives. Other professional groups contribute relatively less (Figure 7.5).

7.17 Women are more likely than men to receive outside support from relatives, although less so in the oldest age groups. After the age of 75, the proportion of both men and women receiving home help support increases sharply (Figure 7.5).

Figure 7-4 Sources of outside care for those in need, by age and sex[9]



SHS 2000-2002

7.18 The Scottish Executive home care statistics relate to all clients rather than simply older people – the vast majority of clients are known to be older people but the proportion is likely to be variable between councils. Whilst the number of clients declined between 1998 and 2001, the number of client hours fluctuated over the same period.

7.19 In 1998 and 1999, clients received on average 5.1 hours of home care each week: this increased to 5.6 hours in 2000 and rose again in 2001 to 6.0 hours. The number of older people receiving intensive home care (more than 10 hours per week) has increased over the 4-year period. In 2001, 12.6 clients per 1,000 of the population aged 65 and over received intensive home care, compared with 11.4 in 2000 (Scottish Executive Community Care Statistics 2001). We identified significant variation in home care provision by council area which appears to be unrelated to levels of need, as identified in the SHS. A discussion of these results and a table are provided in Annex 2.

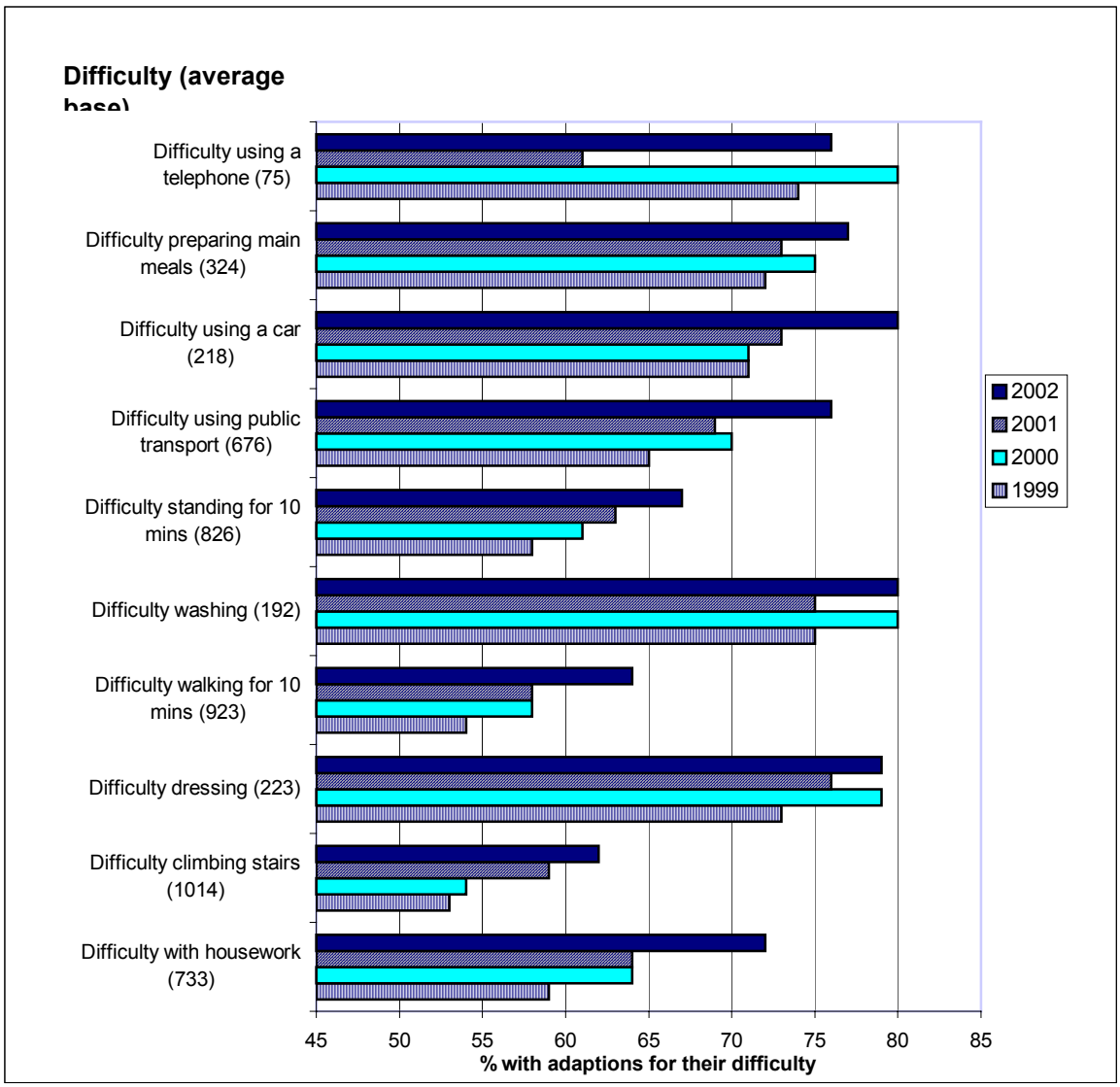
Equipment and adaptations

7.20 The proportion of people with equipment and adaptations to help with every day living appears to have increased since 1999. In the 1999 survey, at least half the people who reported any difficulty with every day living, and over 70 percent of people with personal care difficulties (i.e. with washing or dressing), had equipment or adaptations. In 2002 these rates had increased to over 60 percent for all types of difficulties and around 80 percent for personal care difficulties. Figure 7.5 shows changes in the proportions of people with equipment or adaptations over the period, for each type of difficulty asked about in the SHS[10]. This shows a consistent increase in the proportion of people with mobility difficulties - using a car or public transport, walking, standing, climbing stairs and housework - who have equipment or adaptations. The proportion of people with difficulties suggestive of a higher

[9] Health visitors and voluntary organisations, providing the least care for older people, are not shown.
[10] The SHS does not attempt to link the equipment or adaptation reported to particular difficulties

degree of disability – preparing main meals, washing and dressing – also shows and increase but the trend is less marked.

Figure 7-5 People aged 50+ who have equipment or adaptations for particular difficulties in every day living, as a percentage of all who report each difficulty.



SHS 1999-2002

SUMMARY

- Men aged 60-64 are much more likely to suffer long-term health problems than women of the same age. In older age groups it is women who tend to have worse health.

- The incidence of different types of illness varies significantly in the reports of men and women and by age group. From the age of 65 women were more likely than men to report health problems affecting their legs, whereas heart problems were more commonly reported by men than women of the same age.

- Evidence from a UK government survey suggests that 10 per cent of the 60-74 age group have 'significant levels of neurotic symptoms' and 19 percent have some cognitive impairment. Whereas cognitive impairment is more common at the older end of the age range, neurotic symptoms appear to become less common.

- Older people (65+) who reported that they needed help or care are in the minority. Even amongst women over the age of 85, when people are most likely to be dependent, only 47 percent said they needed care.

- People who received care at home were more likely to receive it from another household member than from an outside source, unless they lived alone.

- The majority of people living alone and needing care received more than 4 hours per week from an outside source and 20 per cent received more than 20 hours per week. Not surprisingly, people not living alone were very unlikely to be receiving more than 20 hours of care per week from outside the home.

- Up until the age of 75, the most common source of outside support is relatives, with home helps only involved with small proportions of people aged 65-74. For the over 75s, relatives are less likely to be a source of outside care than are home helps. Women are more likely than men to receive outside support.

- There is significant variation in home care provision by council area which appears to be unrelated to levels of need, as identified in the SHS. This is discussed in Annex 1.

- The proportion of people with equipment and adaptations to help with every day living has increased since the SHS started in 1999. At least half of those who reported any difficulty with everyday living people, and over 70 percent of people with personal care difficulties, had equipment/adaptations in 1999. In 2002 these rates had increased to over 60 percent for all types of difficulties and around 80 percent for personal care difficulties.

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ANNEX 1 TECHNICAL ISSUES

Assessing statistical significance

In drawing inferences from complex survey data it is not appropriate to use the same statistical methods that would be used for a simple random example. This is because the weighting and clustering involved in such a survey would result in estimates which were somewhat more imprecise than a simple random sample although on some occasions they may become more precise because of the matching features that are built into the design of the survey. The ratio of the variants of the sample survey estimates of a simple random sample is known as the design effect and the technical manual of the survey provides a table of such design effects for a few of the variables that are used in the survey and for calculation of their mean values. The table of design effects presented in the survey volumes give values which range from just below 1 to almost 2. These are presented for means and proportions of a few of the key variables. However, they do not cover all the variables of interest and they do not cover the provision of comparisons between groups. It is quite likely that these comparisons will be more precise than the corresponding means as calculated from a design effect.

In order to overcome these problems a statistical procedure has been used that allows for them to assess the significance of comparisons that allows for the differential weighting of the survey. This is particularly important for the random adult data set where some of the most extreme weightings occur.

There are two aspects of the survey which are important in relation to the standard error of comparisons. The first and probably most important is the weighting factor and this is particularly important for the random adult analyses. The other factor is the clustering of the survey. While this is probably very important for individual means it is less important and may even be beneficial for comparisons of different groups. Unfortunately at the time of carrying out the analysis, the information to group individuals into clusters was not available since this requires identification of the primary sampling units. Had this been available, allowance could have been made for this. However, procedures were used that allowed the weighting to be adequately considered and the table of design effects provided in the paper were used as a guide to ensure that no comparisons are highlighted that could potentially be simply due to noise.

The procedures used to implement this were the relatively new SAS procedures, SURVEY MEANS and most often SURVEY REG.

ANNEX 2 PROVISION OF CARE BY COUNCIL AREAS

As we saw in Chapter 7, the provision of care from outside the household to those who reported needing care varied by the age, sex and income of the person requiring care and also by whether they lived alone or with others. An initial analysis suggested that the provision of care also varied by the urban rural classification, but the inclusion of the local authority into the model for the provision of care showed that apparent urban rural differences were completely explained by differences between local authorities in the extent to which residents reported that their care needs had been met from outside. This enabled us to calculate a ranking of local authorities from rank 1 for East Renfrewshire which reported the greatest proportion of care needs being met to rank 32, Dundee City, which reported the lowest proportion of care needs being met. These rankings have been adjusted for the number of adults in the household and the age, sex and income of the person being cared for.

Wood and Bain (2001, page 61, table 40) present data supplied by the social work statistics team of the Scottish Executive which give the proportion of the population age 65+ who are home care clients for each local authority. These data provide a ranking of the authorities by their rate of provision of care. The table below compares the ranking of the official statistics for the provision of care for each local authority with the SHS data on the extent to which care needs are met from outside the household. We can see that in many cases there is good agreement between these two figures, for example Shetland, Orkney and Eilean Siar, are at the top of the rankings for both of these, and Perth and Kinross and Argyll & Bute are towards the bottom of each of the rankings. However, there are also substantial differences between the two rankings and these appear to relate to care not provided by the local authority, either by friends and family or by private carers. For example, East Renfrewshire comes at the top of the ranking for the reported met needs for care as reported in the SHS, but comes towards the bottom for provision by the local authority. In contrast, Dundee City comes near the top of the list of provision of care by the local authority but at the very bottom of the list in the reported provision of care from outside the household in those of need of care. It seems likely that this might be due to the fact that there is relatively little provision of care from private sources in this area.

The two rankings tell us something different. The first tells us simply how much care is provided by the local authority, whereas the second tell us to what extent the care needs of the population are met either by the local authority or from private sources. It would be possible to investigate this further by looking at individual sources of care for individuals but this would be beyond the remit of this study. The conclusion however, must be that the extent to which care needs are met for older people in Scotland by outside help varies substantially by the local authority in which the person resides. These inequalities are a combination of the individual resources that people can use to obtain care, but also by an apparent inequalities in the local authority provision of care in relation to local needs.

The table below also shows the rank for the reported need for care, again adjusted for age, sex, number of adults in the family and for income for all people aged 50+. A reported need for care is likely to be affected partly by a genuine need for care but also perhaps by whether or not services are available. Thus we can see that in the area with the lowest ranking for care needs met from outside the household also has the lowest ranking for the reported need for care and other similar patterns can be seen. The relationships here are clearly complex

but they give some insight into the way in which local authorities may be dealing with the needs of their populations.

Local authority	Rank for provision of care by local authority (1)	Rank for care needs met from outside household (2)	Rank for reported need for care (2)
Aberdeen City	3	15	19
Aberdeenshire	27	14	24
Angus	11	28	4
Argyll & Bute	31	30	30
Clackmannanshire	18	13	2
Dumfries & Galloway	28	12	14
Dundee City	5	32	31
East Ayrshire	30	10	16
East Dunbartonshire	22	8	32
East Lothian	16	26	12
East Renfrewshire	26	1	23
Edinburgh, City	13	23	21
Eilean Siar	2	3	3
Falkirk	9	31	5
Fife	6	11	29
Glasgow City	8	5	1
Highland	14	7	18
Inverclyde	12	27	11
Midlothian	17	19	17
Moray	19	6	25
North Ayrshire	21	24	13
North Lanarkshire	25	22	6
Orkney Islands	4	4	28
Perth & Kinross	29	25	20
Renfrewshire	15	9	7
Scottish Borders	20	16	27
Shetland Islands	1	2	26
South Ayrshire	24	17	22
South Lanarkshire	32	21	10
Stirling	23	20	9
West Dunbartonshire	7	18	15
West Lothian	10	29	8

(1) Source Wood & Bain (2001) care for clients 65+

(2) Source SHS adjusted data 2000-2002, see text