

THE FUTURE OF YOU

By *Amanda Cheng*

The actress Billie Burke once said, “Age is of no importance, unless you are cheese”. How true is this in the U.K, and what does this mean for the elderly of the future? This article highlights current issues on employment and isolation, explores current standards of care, and considers an ever-increasing trend towards inadequately met health and social needs for the future generation of geriatrics. It will also look at recent policies introduced to acknowledge such problems, and strategies aimed at improving matters for the elderly population.

Society harbours a deep ambivalence regarding its elderly, and nowhere is this more apparent than in the labour market. Age discrimination has received media attention over the years, often depicted as a frustrated battle between older people and their employers. An older individual’s potential can be overlooked and underestimated as a result of being judged disproportionately on age. Currently, a ‘lower than average proportion of over-50s’ are in employment. However, the government is working to address this issue with a new strategy, ‘Opportunity Age’,¹ that focuses on achieving higher employment rates and flexibility for over-50s in continuing careers. Its legislation in 2006 regarding employment and vocational training made it unlawful to discriminate against workers in recruitment, training, and promotion or dismissal situations on the basis of age alone. It also removed the compulsory retirement age of 65 and instead termed it a ‘national default age’ that employers have a choice to adopt. Such moves may reflect changing attitudes and are obviously encouraging, as a greater proportion of the population will be reaching retirement age and should be provided with a realistic framework that will allow them genuine flexibility and choice regarding when to stop work, or how to gain employment on a more level-playing field.

The World Health Organization estimates that there will be 1.2 billion people worldwide aged over 60 by the year 2025, and 2 billion by 2050.² There are many issues that this ageing population will face in the modern world; but while a bleak portrait is often painted of an expanding dependent population, this must be weighed against the

improvements that have resulted from the rising number of individuals reaching this age bracket, and hence demanding transformations in the way they are being treated.

Poor employment and retirement prospects may play a role in the incidence of elderly depression. The ‘Geriatric Depression Scale’³ provides us with insight into emotions that one might potentially experience in future years and consists of a clinical assessment ranging from “Do you feel that your life is empty?” to “Do you feel pretty worthless the way you are now?” The thought of answering ‘yes’ to either of these, at any stage of life, would seem sufficient to dampen anyone’s spirits.

In 1999, the BBC reported that up to 17% of the elderly are suffering from depression at any given point.⁴ While this is in line with the general population, the report also proposed that ageism played a part in geriatric depression’s going largely undetected. Symptomatic behavioural changes ranged from increased anxiety, to slowness of thought and loss of interest in daily activities. These symptoms would be more noticeable in a younger person, perhaps, as it might otherwise be assigned to the characteristics of the general ageing process. However, ‘geriatric depression’ as such is not inevitable and resignation to the familiar ‘grumpy old man’ stereotype may have contributed to its going drastically unnoticed for so many years.

Even *The Daily Mail*⁴ felt compelled to comment, perhaps illustrating the far-reaching nature of an issue that will clearly affect people from many different social backgrounds. The paper labelled it a ‘mental health crisis’, reporting that two million elderly and a quarter of those over 65 now suffer depression without adequate service or support. The U.K inquiry into Mental Health and Well-Being in Later Life⁴ predicts that 3.5 million elderly will suffer depression whilst almost a million will have dementia by 2021 – a rather depressing statistic in itself.

It should be noted that the majority of the elderly do not fall victim to depression, and effective interventions are now beginning to address and target damage caused by years of ignorance, discrimination and under-funding of care services. The National Institute for Mental Health in England published a report that addressed the need for strategies to improve the state of mental health and well-being in England.⁵ Regarding the older population, its aims are to improve

³ Geriatric Depression Scale: <http://www.southstaffshhealthcare.nhs.uk/goodPractice/DCP/DCP-49163/leaflets/TheGeriatricDepressionScale.pdf>.

⁴ Daily Mail/Health Section http://www.dailymail.co.uk/pages/live/articles/health/healthmain.html?in_article_id=475014&in_page_id=1774, 13 August 2007.

⁵ National Institute for Mental Health in England; ‘Making it possible: Improving Mental Health and Well-being in England’.

¹ Department for Work and Pensions HM Government Report: Opportunity Age – Meeting the Challenges of the 21st Century; Chapter 2 ‘Age and the Workforce’.

² World Health Organization (2007) population prediction: <http://www.who.int/ageing/en/>.

life satisfaction and increase opportunities for the elderly to participate in the community. Importantly, it acknowledges the existing problem of often-undiagnosed elderly depression, and details how mental health promotion will target the key risk factors by promoting supportive schemes such as 'befriending, intergenerational projects', as well as improved uptake of education, sport and leisure. Outreach programs will aim to provide greater support for the isolated and vulnerable, including further reviews of day care and sheltered accommodation.

On the other hand the more positive aspects of ageing in the modern world should not be overlooked. Indeed, we may be the first generation of retirees to be in tune with the internet, mobile phones and computers: technologies that help to keep people in touch with society. It will be of interest to witness how the present focus and reliance on computer technology in generations born after 1940 will continue after retirement age.

We can also feel positive about plans to improve financial support for the elderly as the year 2010 will see the government implementing changes to create a 'fairer' and 'more widely available' State Pension.⁶ The number of qualifying years will be reduced to 30, and more generous pensions are also promised. These reforms will be phased in over many years, implying that the younger you are at present, the more noticeable the effects will be. Those currently aged below 28 will benefit from pensions increased in line with earnings rather than with prices, and will thus allow you to receive an estimated £40 more per week if you decide to retire around the year 2050.⁷ The pension age for women will, however, rise from 60 to 65 (between 2010-2020), bringing it into line with that for men.

The *English Longitudinal Study of Ageing (ELSA)*⁸ provides data from a large-scale survey of people living in England over the age of 50. Findings from the first wave of the survey were published in 2003 and found an inequality of wealth existing across the older population. This was greater than the inequality based on income and it revealed the so-called 'average' wealth measures to be driven by a small number of very wealthy individuals. The worrying prospect of being elderly

and possibly in poor health whilst living in poverty is evidenced by the finding that a quarter of single men and women over 50 had 'almost no wealth at all' in the *ELSA* study.

The ability to manage one's own finances throughout life, and to benefit from one's savings, is imperative for a sense of happiness and well-being. Consider the situation whereby you reach retirement age and promptly commence self-congratulation upon having never been declared bankrupt, but then suddenly fall victim to the cruel hands of old age and your health deteriorates. You might then have to face parting with painstakingly saved money in order to meet costs of various medical services, institutions or care homes.

Different funding systems exist throughout the U.K. In England, the local council carries out a 'care assessment'⁹ irrespective of finances to assess qualification for a care home. They are not obliged to provide funding but can offer various home-help packages. It might be assumed that to grow old in one's own home is always preferable to entering a care institution. Aside from retaining home comforts and personal savings, it maintains independence and a sense of remaining a part of the wider community.

One potential problem with helping elderly people to remain in their own homes is that many risk holding themselves 'prisoner' unnecessarily, due to their perception of modern day crime, which is often actually greater than real crime rates.¹⁰ News reports of an increasingly dangerous society bombard them daily despite crime levels remaining apparently stable as published in the *2006/07 Crime in England and Wales Survey*.¹¹ A raised awareness of the modern 'yob' culture increases anxiety irrespective of what crime statistics illustrate, and the current climate of violent youth offences alongside a general lack of respect does not bode well for the future. Venturing out to local shops could become increasingly difficult around parts of the U.K for constant, if often unwarranted, fear of being attacked.

In the context of crime fear and a general sense of impending doom upon opening one's own front door, there are calls for the government to further provide a safe and reliable public transport service. It can be a struggle to locate good services at the best of times, and poor accessibility and lack of safety further threaten to restrict mobility. Good public services are particularly important for those

⁶ BBC News/Business
<http://news.bbc.co.uk/1/hi/business/5015928.stm>, 25 May 2006.

⁷ Security in Retirement: towards a new pensions system.
http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/25_05_06_pensions_summary.pdf, May 2006.

⁸ Marmot, M, Banks, J. and Blundell, R. (Eds.) Health, wealth and lifestyles of the older population in England: The 2002 English Longitudinal Study of Ageing (ELSA). Institute for Fiscal Studies.

⁹ Paying for Care
http://www.helptheaged.org.uk/en-gb/AdviceSupport/FinancialAdvice/CareHomeFunding/Funding/as_funding_190106_2.htm.

¹⁰ BBC News/Fear of Crime
<http://news.bbc.co.uk/1/hi/uk/3044625.stm>.

¹¹ BBC News/Crime Statistics
<http://news.bbc.co.uk/1/hi/uk/6906554.stm>.

requiring transport to hospitals or social events, and this is where poorly served areas are at risk of failing their elderly community. A bus journey can be delayed, time consuming, intimidating and generally rather exhausting, making it difficult to imagine why an elderly person would want to travel at all. Subsidised travel for the elderly does exist to help alleviate at least the cost of transport, and illustrates recognition of the fact that easing the ability to travel can make a huge difference in the lives of older people.

Substantial social exclusion affects some 1.1 million people in the older population.¹² Risk factors include single person households, no children, poor health, lack of transport, rented accommodation and low income. Table 1¹³ summarises the risk of social exclusion for people aged over 50 on the basis of accessibility to means of travel. It shows that those with no motor vehicle, and those who rely on public transport, score higher on all measures of exclusion. Table 1 shows the percentages of risk for social exclusion in the different categories, described in Table 2 (see Appendix, p. 8).

Ageing consumers will see a changed 'high street Britain' by 2015 with current trends pointing towards the demise of small local shops and independent convenience stores; these are currently closing at a rate of 2000 per year.¹⁴ Isolation amongst the elderly will therefore increase as many currently rely on the small retail sector to provide regular points of social contact. A sense of isolation among the elderly population is in part due to withdrawal from the wider community, but the problem is often exacerbated by rogue tradespeople and bogus callers that prey on the vulnerable and sometimes forcefully attempt access into homes. *Help the Aged* operates a 'Senior-Safety Bogus Caller Scheme' employing a door alert button with a connection to a response centre in the event of emergencies¹⁵ and more widespread schemes should be encouraged if the elderly are to ever feel safe in their own homes. A fear of accidents

¹² New Horizons Research Programme Social Exclusion of Older People: Future Trends and Policies http://www.communities.gov.uk/pub/129/TheSocialExclusionOfOlderPeopleFutureTrendsandPoliciesThinkPiece_id150112_2.pdf, Department for Communities and Local Government, June 2006.

¹³ Table 1 and Table 2 extracted from The Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA) Final report, Jan 2006.

¹⁴ High Street Britain 2015/House of Commons/All-Party Parliamentary Small Shops Group <http://www.nfsp.org.uk/uploads/pdfs/High%20Street%20Britain%202015%20report.pdf>, 2006.

¹⁵ Age Concern/Bogus Callers <http://www.helptheaged.org.uk/en-gb/AdviceSupport/HomeSafety/BogusCallers/default.htm>.

presents further problems and *Help the Aged* claims that insufficient NHS resources are available to improve the mobility of the elderly via services such as podiatry. This renders many elderly people housebound, in pain and at increased risk of falls.¹⁶

Different home care schemes operate across the U.K and in England; the local council assesses your weekly income¹⁷ regardless of personal finances so that you should not have to pay for community care equipment or adaptations of up to £1000. However, home care schemes involve a multitude of administration forms, booklets and small print to plough through in order to determine which 'care package' you are entitled to. This complicated and tedious bureaucracy is often unavoidable, as the decision to seek help from the state is necessary for many to relieve the strain of coping with disability and illness.

Major health conditions in later life include dementia, stroke, ischaemic heart disease and many more. By 2021, an estimated 940,000 people will suffer dementia in the U.K, and is predicted to rise to 1.7 million by 2051.¹⁸

Health authorities require long-term strategic care plans involving more research into dementia, and a greater consideration for the projected needs of

Box 1: The Grogan Case

Mrs Grogan a 65-year-old multiple sclerosis sufferer with dependant oedema, double incontinence, 'nil' mobility requiring a wheelchair and two people to transfer her, and also cognitive impairment, was admitted into a nursing home in 2003. The accommodation was provided by her local authority at a cost of £600 per week. In 2003, 2004 and 2005, she was continually refused fully funded NHS care. She received £125 per week contribution from the NHS but was then forced to sell her asset - the family home - so as to meet remaining costs. Mrs Grogan brought the case to the High court challenging her Trust's decision not to fund all her care and accommodation - arguing primarily that the NHS should fund for both of these if her primary need was for healthcare. She succeeded in challenging the decision by Bexley NHS Trust whose assessment criteria was found in court to be 'fatally flawed'.

¹⁶ Help the Aged/Podiatry <http://www.helptheaged.org.uk/en-gb/Campaigns/HealthAndSocialCare/Podiatry/>

¹⁷ Help the Aged/Paying for home care services <http://www.helptheaged.org.uk/en-gb/AdviceSupport/FinancialAdvice/CareHomeFunding/ProblemsWithFunding/>.

¹⁸ Alzheimer's Society/Policy Positions http://www.alzheimers.org.uk/News_and_campaigns/Policy_Watch/demography.htm.

dementia patients.¹⁹ The *Alzheimer's Society* is currently campaigning for dementia sufferers to receive fully funded NHS care.²⁰ Dementia is highly debilitating as it progresses, and can require high levels of nursing. Fully funded NHS care has been at the centre of widespread debate, but there remains 'no national criteria' and local rules are strict and restrict services to those with 'primarily health care needs'.²⁰

The 'Grogan Case' in January 2006 (see Box 1)²¹ caused a media furore regarding entitlement to fully funded care. Thousands nationwide potentially face similar battles with the current system having already caused many to lose homes or life savings.

Concerns last year were fuelled when it emerged that only a quarter of workers in social care had proper formal training – contributing to cases of bullying, neglect and violent abuse.²² The line between restraint and abuse is thin, and care homes have a history of misusing powerful anti-psychotic drugs to maintain their residents in an almost permanently sedated state. The elderly have fallen victim to an ongoing so-called 'chemical cosh',²³ rendering them particularly vulnerable and institutionalised. The use of electronic tags has also been reported as a means of controlling 'troublesome residents' against their will.²⁴ There have also been cases in which sedative drugs from a deceased patient have actually been 'stockpiled' to provide supplies for staff to administer without a GP's approval. In 2003, it was estimated that more than 22,000 nursing home residents were receiving powerful sedatives for no apparent medical reason.^{25 26}

¹⁹ Alzheimer's Society/Caring for someone with dementia
http://www.alzheimers.org.uk/Caring_for_someone_with_dementia/Residential_and_nursing_care/index.htm.

²⁰ Fully Funded NHS Care
http://www.helptheaged.org.uk/en-gb/AdviceSupport/FinancialAdvice/CareHomeFunding/Funding/as_funding_190106_5.htm.

²¹ The Grogan Case
<http://news.bbc.co.uk/1/hi/programmes/panorama/4763710.stm>, 5 March 2006.

²² BBCNews<<http://news.bbc.co.uk/1/hi/health/4688356.stm>, 7 February 2006.

²³ Care homes dispense 'chemical cosh'
<http://news.bbc.co.uk/1/hi/health/1693854.stm>, 5 December 2001.

²⁴ Care home residents 'drugged and tagged'
<http://news.bbc.co.uk/1/hi/health/1766801.stm>, 18 January 2002.

²⁵ Elderly drugs deaths 'a scandal'
<http://news.bbc.co.uk/1/hi/health/2747293.stm>, 11 February 2003.

²⁶ Thousands of old people 'drugged'
<http://news.bbc.co.uk/1/hi/health/3242851.stm>, 5 November 2003.

Almost half of England's care homes failed to meet the minimum medication standards, according to *The Commission for Social Care Inspection* in 2006,²⁷ and *The National Care Association* wants dramatic improvements in the way medication is handled by the time the 2008 report is published. The situation continues to trouble an ageing population despite the government last year detailing plans for a committee of 'dignity guardians' involving charities and agencies advising on methods for protecting the dignity of vulnerable people.²⁸

Moving from the care home to the hospital, older people risk being a low priority in the development of health services, despite their occupying some two-thirds of all hospital beds. A person over 65 may receive different, cheaper, and inferior services to a younger person²⁹ suffering from the same illness. 21% of facilities failed to reach minimum standards on dignity and privacy, according to a *Select Committee on Human Rights*³⁰, which heard evidence of residents being left to lie in their own urine or excrement.

Help the Aged claims that half a million elderly in the U.K suffer abuse or neglect, and the government acknowledges that neglect is still a significant issue.³¹ However, more than a third of the general population have never even heard of 'elder abuse'. The national campaign *Enough is Enough* was launched last year and presented shocking statistics, for example that a quarter of abusers are sons and daughters.³² It further fuelled calls for a 'zero-tolerance' approach and for elder abuse to be prioritised alongside child abuse.

The Department of Health and the Ministry of Justice have been criticised for a lack of leadership and guidance for health and care providers. Governmental response, like that of many before, has been to promise reviews, integration of regulatory systems and further service improvements. However, the government and campaigners have long battled in tackling this issue and yet it continually re-emerges that respect for the elderly is at a particularly low ebb.

Basic human rights are continuously contravened; for example, in one hospital an elderly patient was reported as having been left exposed from the waist down and ignored despite being in an emotional state after wetting his bed and nightclothes. He was also found to be wearing an incorrect nametag - all whilst staff teams rotated on the wards to such an

²⁷ Many care homes 'fail on drugs'
<http://news.bbc.co.uk/1/hi/health/4686712.stm>, 7 February 2006.

²⁸ Call to protect vulnerable adults
<http://news.bbc.co.uk/1/hi/health/4794480.stm>, 13 March 2006.

²⁹ Health system 'neglects elderly'
<http://news.bbc.co.uk/1/hi/health/4848646.stm>, 27 March 2006.

³⁰ Older patients' rights 'abused'
<http://news.bbc.co.uk/1/hi/health/6944699.stm>, 14 August 2007.

³¹ 'Half a million' elderly abused
<http://news.bbc.co.uk/1/hi/uk/6338091.stm>, 7 February 2007.

³² Elderly mental health care 'poor'
<http://news.bbc.co.uk/1/hi/health/6940068.stm>, 13 August 2007.

extent that no-one knew his medical history or why he had been admitted.³³

Frail patients additionally fall victim to infection, and are particularly vulnerable to hospital-acquired infections such as *Methicillin Resistant Staphylococcus Aureus* (MRSA) and *Clostridium Difficile* (*C. Difficile*). *C. Difficile* primarily affects the elderly, and rates rose by 2% last year.³⁴ It affected more than 15,000 patients over 65 at the beginning of 2007, causing fatality where antibiotics failed to kill spores in the gut.³⁵ Such infections target care homes as well as wards - both of which still require urgent improvements regarding hygiene and cleanliness.

Disturbing rates of malnutrition among the elderly are also reported. Patients over 80 have a five times greater prevalence of malnutrition than those under 50, and *Age Concern* is promoting 'protected mealtimes'³⁶, calling for increased assistance and time for the elderly to eat. If the issue remains unresolved, its financial toll on healthcare threatens to overtake that of obesity.³⁶

Help the Aged claims that elderly people who are dying receive insufficient care and support, often being forced to endure dirty and noisy surroundings. As life draws to a close, we all hope for dignity and equal priority as younger people, however only 8.5% of elderly cancer sufferers reportedly die in a hospice compared to 20% of all cancer patients.³⁷

Court battles highlight the plight of campaigners in bringing the needs of the elderly to public attention. Despite failing in their High Court bid to force the NHS to fund Alzheimer's drugs, recent campaigners succeeded in proving that the *National Institute for Health and Clinical Excellence* (NICE) had unlawfully discriminated against 'significant groups of people'. NICE had deemed the drugs only cost-effective in later-stage disease, which outraged many who argued that it could

often be effective in early-stage sufferers, who were surely deserving of the £2.50-a-day drug.³⁸

The Department of Health in their *National Service Framework for Older People*³⁹ acknowledged that the elderly are the primary users of health and social care services, and pioneered a comprehensive strategy for improvement and integration of these services to improve quality of care. Progress for older people in terms of service has indeed been made over recent years. It includes the introduction of *The Care Standards Act 2000* that implements a strong, independent regulatory body for care outside the NHS by creation of the *National Care Standards Commission*. This works to ensure that care homes reach National Minimum Standards and aims to improve the quality of life for the elderly. Greater guidance was introduced for all public services on the development of policies and protocols in order to help protect vulnerable elderly from abuse, and greater access was provided to health services. Examples of these include free NHS eye examinations for over-60s and free influenza immunisation to the over-65s.

The National Service Framework details various 'themes' in its report including the issue of tackling age discrimination within the health service. It also states its focus on improving hospital care standards, reducing strokes and falls in the elderly and providing the necessary support in these events. It addresses the need for support in Mental Health services and also the general concept of increased health promotion and independence in the older population.

Collaborative studies are much required to determine the direction of future initiatives and the *Medical Research Council* is currently leading efforts to research the 'ageing brain, frailty and health related quality of life'.⁴⁰ It funds initiatives such as the *New Dynamics of Ageing Programme*, aiming to improve quality of life, and the MRC is currently a member of two major stakeholder groups⁴¹ working to help co-ordinate and provide support for ageing research initiatives.

In summary, our futures encompass numerous issues ranging from depression to pension reforms, from abuse to financial concerns. We must encourage people to remain socially active as they age, in the face of an increased perception of crime vulnerability to attack. Interestingly, there have also been suggestions of a possible decline in the number of members in the

³³ 'I was shocked by the lack of care'
<http://news.bbc.co.uk/1/hi/health/6945648.stm>, 14 August 2007.

³⁴ Emmanuel, F.X.S. (2004) Methicillin Resistant Staphylococcus Aureus (MRSA) and its clinical impact.
<http://www.behindthemedicalheadlines.com/articles/methicillin-resistant-staphylococcus-aureus-mrsa-and-its-clinical-impact>.

³⁵ Hospital bugs 'remain a problem'
<http://news.bbc.co.uk/1/hi/health/6913873.stm>, 24 July 2007.

³⁶ Malnourishment in hospitals: an overview
<http://www.ageconcern.org.uk/AgeConcern/hungry2bheard/overview.asp>, 2007.

³⁷ End of Life Care
<http://www.helptheaged.org.uk/en-gb/Campaigns/HealthAndSocialCare/EndOfLifeCare/>, 2007.

³⁸ 'Alzheimer's drugs remain limited'
<<http://news.bbc.co.uk/1/hi/health/6939950.stm>, 10 August 2007.

³⁹ Department of Health (2001). National Service Framework for Older People.

⁴⁰ Medical Research Council/ Joint Initiatives
http://www.mrc.ac.uk/OurResearch/ResearchFocus/Ageing/index.htm#P71_5539, 2007.

⁴¹ Funders' Forum for Research on Ageing and Older People (FFRAOP) and Cross-Council Coordinating Committee on Ageing Research (XCAR).

'peak offending group – i.e. younger males'⁴² as a result of an ageing population.

Disturbing accounts of abuse alongside poor infection control, lack of funding for drugs, cases of hospital malnutrition and overstretched services hold important implications for our future quality of care. However, it is important to realise that the government and the general public are waking up to this potential crisis of affairs for the older people of our community. Steps are being implemented to tackle age discrimination and increase the numbers in employment, as well as to ensure that employers provide the re-training opportunities to older workers. With time, generations of elderly will become more adept at dealing with technology, and the greater numbers in work may well boost the economy. This may also help to reduce the individual sense of isolation and loss that can afflict those whom fall by the wayside after retirement age.

Media coverage that raises the elderly public profile is encouraging, and ITV's documentary *Malcolm and Barbara – A Love's Farewell*⁴³ recently won critical acclaim for its account of a couple coping with Alzheimer's disease, thus highlighting the extent to which society is susceptible to emotive media portrayals of ageing and disease. This should perhaps be exploited to its maximum in the quest to promote an awareness of the ageing process in a rich and non-stereotypical way.

Inspiration was similarly drawn from the BBC documentary that created *The Zimmers*.⁴⁴ A band of pensioners aged up to 100 released a cover of 'My Generation' – by The Who, in an attempt to voice feelings of real isolation and imprisonment echoing the experiences of ignored elderly people nationwide.

The future of you relies on such efforts to change public attitudes, and on increasing political will to target the genuine and specific needs of older people if we are to avoid entering a blur of illness and befuddled loneliness - accompanied only by a particularly enthusiastic strain of resistant bacteria.

Ageing is a privilege not granted to all, and can encompass a rich and rewarding stage of life for those who are given the time, financial support and opportunity. Many succeed in taking on roles in the

community and maintaining social connections, as well as benefiting from access to good quality free services. *The English Longitudinal Study on Ageing (ELSA)*⁴⁵ found that the majority of their respondents viewed the ageing process as a largely positive experience and did not even perceive themselves as being 'old'. It is therefore important not to resign oneself to the common misconception of older age being a time of inevitable mental and physical decline. The picture is highly variable, and the focus of the *ELSA* project⁴⁶ was to explicitly investigate the numerous and complex factors that determine what makes old age a time of misery for some whilst others enjoy a vigorous economic and social independence, suffering little disability and continuing their contribution to society. The elderly deserve a respect and priority that we would wish on ourselves in this rapidly changing world, as one's own end remains still, entirely unpredictable.

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In Memory of Maria Chan 1926-2007

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⁴³*Love's Farewell* Documentary

<http://www.alzheimers.org.uk/malcolmandbarbara/index.htm>, 8 August 2007.

⁴⁴*The Zimmers Band*

http://en.wikipedia.org/wiki/The_Zimmers (last modified: 17 July 2007).

⁴⁵ Banks, J., Breeze, E., Lessof, C. and Nazroo, J. (2006) *Retirement, health and relationships of the older population in England: The 2004 English Longitudinal Study of Ageing* (Wave 2).

⁴⁶ Marmot, M., Banks, J., Lessof, C. and Nazroo, J. (Eds.) *Health, wealth and lifestyles of the older population in England: The 2002 English Longitudinal Study of Ageing*.

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Appendix

Table 1: Percentage of elderly at risk of social exclusion in categories described below in Table 2

	Social %	Cultural %	Civic %	Services %	N'brhood %	Financial %	Material %	Cell per cent Base
Use of car/van								
Yes	10	10	11	7	12	8	7	8266
No	24	17	16	23	21	20	27	1633
Use of public transport								
A lot	17	13	13	9	17	15	16	1290
Quite often	14	11	9	8	14	11	15	1083
Sometimes	9	10	9	6	12	10	9	1937
Rarely	10	10	9	5	11	5	7	2832
Never	14	13	16	16	15	12	11	2755
	12	11	12	9	13	10	11	9901
All older people	13	7	11	9	13	9	10	10332

Base: Adults aged 50 plus (excluding new and younger partners, non-respondents to self-completion)

Source: ELSA wave 1, percentages are weighted to account for sampling and non-response, base unweighted.

Table 2: Risk factor categories for social exclusion in the elderly

Dimension	Example of someone who is defined as excluded
Social relationships	Close relationship with partner, speaks to a child on the phone but no other contacts outside the home.
Cultural activities	Never goes to the theatre, concert or opera but would like to. Goes to an art gallery or museum less than once a year but would like to go more. Goes to the cinema less than twice a year and would like to go more.
Civic activities	Not a member of any civic organisation. Has not done any voluntary work and did not vote in the last general election.
Access to basic services	Has difficulty getting to the GP and has difficulty getting to the bank/post office.
Neighbourhood exclusion	Agrees very strongly with the statement 'Most people in this area cannot be trusted' and quite strongly with the statement 'If in trouble there is no one in this area that would help you'.
Financial products	Has a current bank account to help with day-to-day money management but has no medium-term savings or longer-term financial products.
Material goods	Has a TV, video player and fridge-freezer. Has no microwave, or washing machine.

Note: Of course there are many other examples that could be presented here given the range of information used in the construction of each indicator.