Age UK
Love later life

A summary of Age UK's **Index of Wellbeing in Later Life**

Contents

Wellbeing encapsulates how we are faring, in all domains of life

Age UK Policy and Research Department
Dr Marcus Green
Professor José Iparraguirre
Dr Susan Davidson
Phil Rossall

University of Southampton
Professor Asghar Zaidi

February 2017

www.ageuk.org.uk/wellbeingresearch

Design by TRUE www.truedesign.co.uk

Introduction

Age UK needs to understand more about how well older people in the UK are doing. We need to know where and why people are not doing well to inform our work and gain an understanding of the policy and practical levers for improving older people's lives. In the same vein, local Age UKs need information to target their support services.

We hypothesised that wellbeing is an outcome that can be used for these purposes, and that low wellbeing is a proxy for need. But can wellbeing in later life, in its broader sense, be measured? We have found that it is possible to measure wellbeing in later life, using a rich data source combined with state-of-the-art statistical techniques.

This brief summary gives an outline of our work, with a focus on the groups of persons aged 60+ with the highest and lowest wellbeing. Further description with more details about the work is available on our website.

What is 'wellbeing'?

There is no widely accepted definition for wellbeing, and there is confusion between what we understand as wellbeing, quality of life, and life satisfaction. They are often used interchangeably. The commonalities among them include pleasurable life, sense of purpose, independence and dignity.

Based on the literature, focus groups with older people, and discussions with experts, our definition is:

Wellbeing encapsulates how we are faring, in all domains of life, including financial, health, social, personal and the local environment. It explores the question of how well older people are doing.

Why did we create an index for wellbeing in later life?

There has been no single and coherent measure covering wellbeing for older people in the most important domains of life. Up to now, there has been no way to measure in the round:

- What is important in later life;
- How older people are doing;
- Where and why wellbeing is low;
- What effect various policy and practical levers might have in improving wellbeing.

Responding to this gap, we have created an Index of Wellbeing in Later Life, which will support evidence-informed advocacy and policymaking, with coherent and person-centred quantitative intelligence.

What is an 'index'?

We chose to construct an index because it summarises multiple perspectives which contribute to the outcome of interest – wellbeing in later life. Beneath the aggregate measure there are tiers such as domains and individual indicators which are assigned different weightings to signify their importance.

What did we do?

Our work involved the following steps:

- Undertaking a literature review of existing surveys, scales, and models;
- Developing a list of potential wellbeing factors and models;
- Deciding on the best data source to test factors and build a model;
- Consulting with a panel of experts, both within Age UK and external specialists, and focus groups of older people;
- Selecting the Understanding Society survey, mainly for the number of people included in the sample, its representativeness, range of questions, UK focus, and longitudinal nature;
- Identifying a list of significant factors and their relative importance (using advanced multiple regression analysis);
- Developing an Index of Wellbeing in Later Life (using appropriate aggregation methods).

From the literature and our panels and focus groups, we developed a hypothesis of the relationship between wellbeing and the indicators in our dataset. Then we went a step further, using insights from the data to build our model and select the domains and indicators forming the basis of the Index.

Most importantly, an iterative process was followed, as we went back to experts several times to present our findings and check on interpretations, re-analysed the data and models based on input from experts (including older people), and further examined the literature. Our conception of wellbeing and its indicators emerged from this process.

Our statistical work

The two most comprehensive household surveys in the UK recording data on wellbeing are the Understanding Society (USoc) and the English Longitudinal Study of Ageing (ELSA) surveys. Both are representative of the older population, but each one has strengths and limitations.

For example, USoc is an annual survey which covers the four UK constituent countries whereas ELSA is applicable only to England and is carried out every two years.

We examined the questionnaires of both surveys for each available year (wave) and decided, on the basis of coverage of the identified individual variables, to use the USoc survey as the data source.

One limitation both surveys have in common is that not all the same questions are asked in each wave. USoc is made up of modules covering various topics, which means that some questions are not asked in every wave. The first wave of USoc data was collected between January 2009 and January 2011, the second wave between January 2010 and January 2012, and so forth.

So, we have not used data from a single wave. Instead, we have pooled together a dataset of individuals from four waves with valid answers to key questions on wellbeing in later life. Using data pooled across four waves can be justified on the grounds that the majority of indicators of wellbeing in later life are not expected to vary greatly within a short period of time. In any case, the majority of time sensitive indicators, such as health, are drawn from a single, fourth wave whose data was collected between January 2012 and January 2014.

We listed 200+ possible wellbeing indicators from our literature review and from our discussion with experts. We then:

- Found which questions in USoc ask about these;
- Ran multiple regressions on the answers (which came from over 15,000 respondents aged 60+) to see what was statistically significantly related to wellbeing;
- Used structural equation modelling[1] and factor analysis[2] to determine which of the resulting 40 indicators 'hang together', which gave us 12 groupings;
- Used further analyses and discussions with experts to merge groups into five 'domains'.

1. In structural equation modelling an undefined variable concept such as 'wellbeing' can be measured from the statistical relationships among the indicator variables. For a fuller explanation of this method and our findings, see our online report at www.ageuk.org.uk/wellbeingresearch

2. Factor analysis is a method for investigating whether a number of variables of interest are linearly related to a smaller number of composite unobservable factors. The aim of this statistical technique is to simplify a complex set of information into one or two summary measures.

Key findings

There is a close link between how satisfied older people feel about their lives and how they are actually doing in important areas of life, but it doesn't tell the whole story.

The relationship is by no means perfect, supporting our hypothesis that how people are, and how people say they are, are not always the same. For example, people with exactly the same circumstances may rate their life satisfaction differently – 'a glass half full' vs 'a glass half empty' attitude. So to make an assessment of an older person's wellbeing with a view to looking at how their lives could be improved, one needs to go further than to observe only their subjective wellbeing.

People with the same circumstances may rate their life satisfaction differently – **'a glass half full'** vs **'a glass half empty'** attitude.

Figure 1 (overleaf) shows the list of 40 *indicators* derived from the questions in the Understanding Society survey (answered by those aged 60+), and which the statistical analysis showed as significantly involved in determining wellbeing in later life. Note that many of these are 'composite' indicators, made up from answers to more than one question in the survey. The details of these are available in our full report, online and in the appendix to this summary.

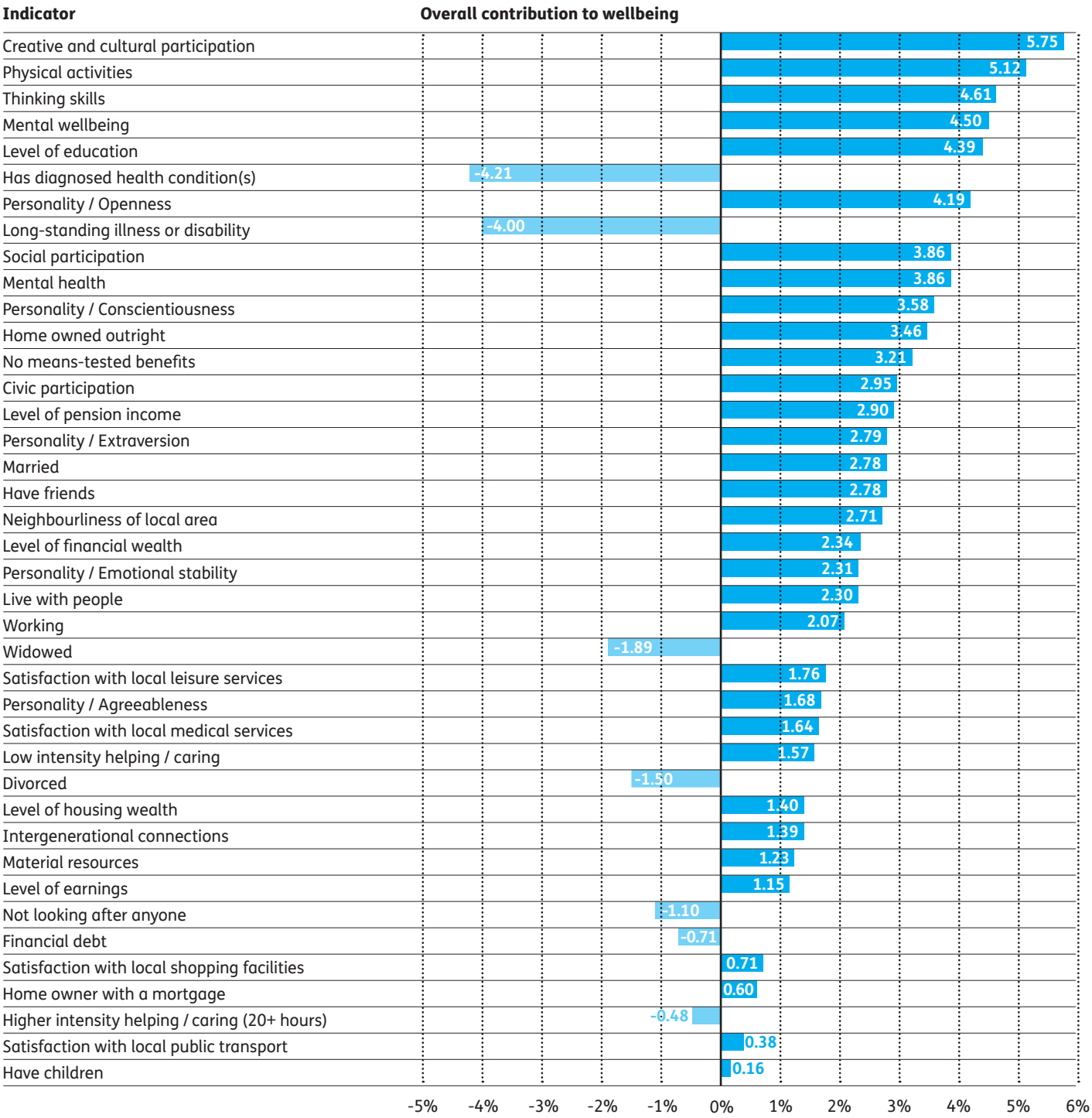
The Figure also gives the contribution of each indicator to the wellbeing score as a percentage out of 100 per cent. For example, engagement in creative and cultural activities makes the highest contribution of 5.75 per cent to one's overall wellbeing. Having a long-standing illness or disability has a negative effect of 4.21 per cent.

As another interesting example, higher intensity helping / caring has a negative effect on wellbeing, while lower intensity helping / caring has a positive effect. Reasons for this apparently contradictory finding could be that a little helping / caring is beneficial for some areas of life such as feeling a sense of purpose, but is damaging for other areas such as maintaining a job when care duties become onerous (other research by Age UK suggests that just 5+ hours of caring may damage your employment prospects).

Figure 1 illustrates that there are many contributing indicators, all of which have a different level of effect on wellbeing in later life. Importantly, each contribution is the individual effect a particular indicator has directly on wellbeing, taking into account that indicators are also related to each other.

Take for example 'having children', which contributes 0.16 per cent to wellbeing, which may look low. However, this is the *direct* positive effect of having children. Having children will have additional *indirect* effects on other indicators such as 'living with people', and various forms of participation.

Figure 1: Contribution of individual indicators to wellbeing in later life



Further details about the indicators will be in our full report, and definitions including examples from USoc are online and in the appendix.

So what this tells us is that above and beyond all of the *indirect* effects on other indicators, having children makes a unique, *direct* contribution of 0.16 per cent to wellbeing. Also keep in mind that these per cents are the *average* effect on wellbeing; for some people it will be much higher, and for some, lower (or even negative such as the 'Long-standing illness or disability' indicator).

Overall, Figure 1 shows that social and civic participation and creative and cultural participation are all important, together making up almost 1/8th of total wellbeing in later life. This suggests that active engagement with the world around you is hugely important to us all, whether you go to the opera or participate in a community group. Other indicators such as being in good health, your personality, and having a large social network are also strong contributors.

Some of these individual indicators are very specific and others are much broader and cover many facets of people's lives. Looking at the list in Figure 1, it is difficult to make sense of which factors belong together when deciding on actions that could be taken to improve wellbeing. Therefore, it is helpful to group these indicators into broadly defined areas (referred to as 'domains') depending on how alike the indicators are. An important element of our approach is that the selection of groupings of indicators into domains was determined by a statistical model based on the actual data of older people, rather than the opinion of the researchers.

The five domains

Personal
Covering living arrangements, family status, caring and helping, inter-generational connections, and thinking skills;

Social
Covering social, civic, creative and cultural participation as well as neighbourliness and friendships, and personality attributes;

Health
Covering physical and mental health, mental wellbeing, long-standing illness or disability, diagnosed health conditions, and physical activities;

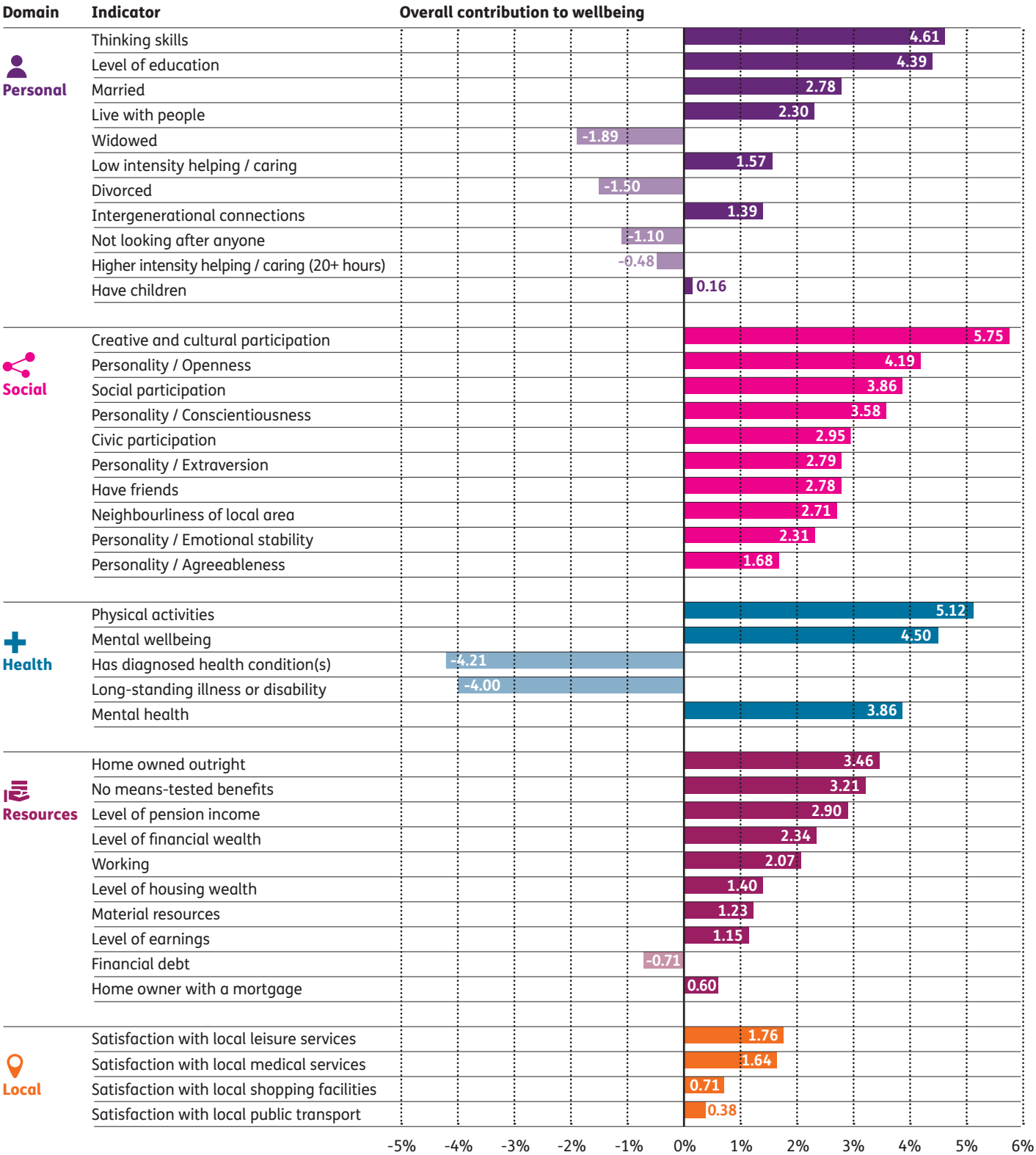
Resources
Covering employment status and earnings, pension income, financial and housing wealth, home ownership, and material resources;

Local
Covering satisfaction with medical, leisure, public transport and shopping services.

Age UK's Index of Wellbeing in Later Life

The distribution of individual indicators into each of the five domains makes up our Index.

Figure 2: Indicators by domain in the Index of Wellbeing in Later Life



Further details about the indicators will be in our full report, and definitions including examples from USoc are online and in the appendix.

How is older people's wellbeing across the whole population?

The Index uses a 0-100 scale based on the indicator score observed for an individual and comparing it to the lowest and highest scores of the same indicator observed amongst all individuals in the dataset. The overall score (across all 40 indicators) for each respondent is calculated and the results for all individuals averaged. This enables us to measure – for each indicator and each domain – an average score, and in turn the current average level of wellbeing of all persons aged 60+ in the UK.

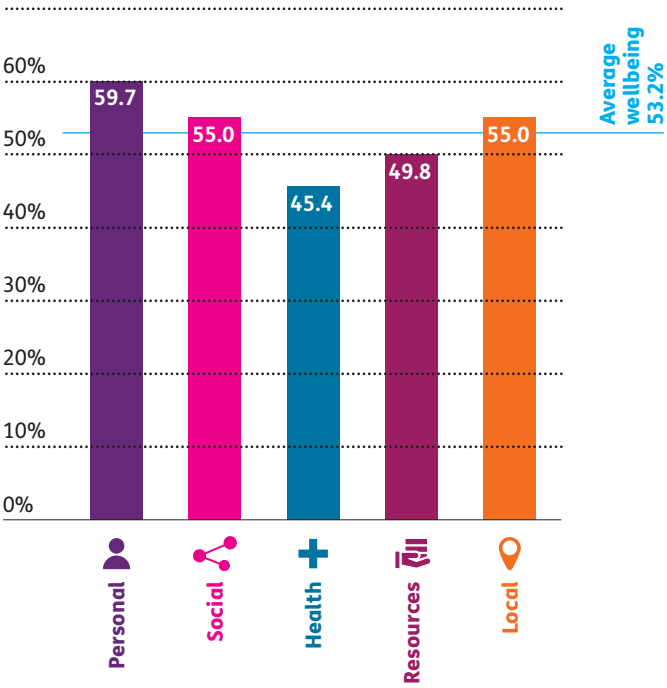
Out of a score of 100 – the highest achieved overall score for an individual in the Understanding Society survey – the average overall wellbeing score for all individuals aged 60+ is 53.2 per cent.

This means that the average score for people aged 60+ in the UK is only just over half of the highest score attained in the survey.

Put another way, **average wellbeing fell short of the best possible score by 47 percentage points**. We could call this the *wellbeing gap*, suggesting a large potential for improvement for a good number of older people in the UK.

Let's look at the scores for each domain. The highest average wellbeing score is observed in the Personal domain, where almost 60 per cent of the maximum wellbeing level was attained (Figure 3).

Figure 3: Average wellbeing score for each domain

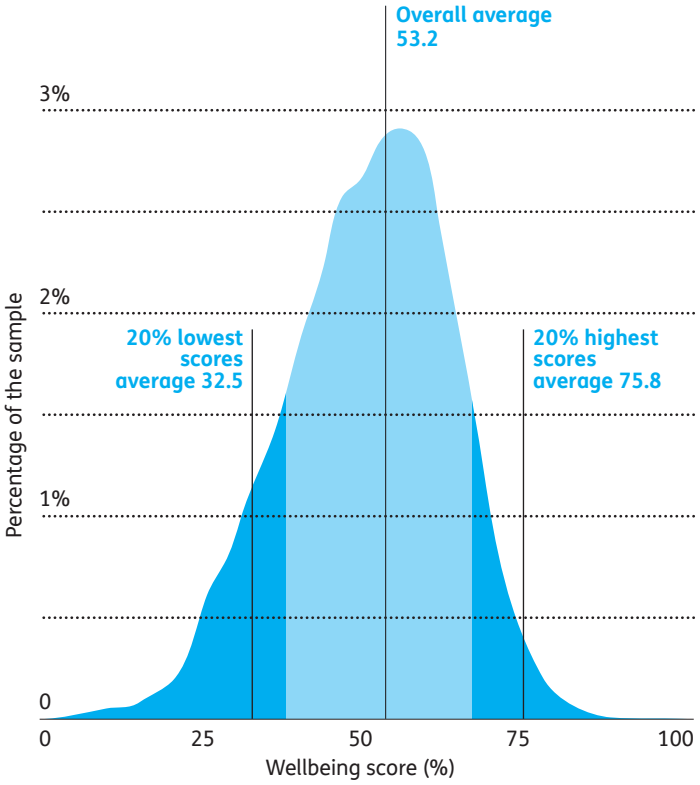


The Social and Local domains also exceed the overall average wellbeing score, but the Resources and particularly Health domains lag behind. This is important because these last two are responsible for over 40 per cent of the total wellbeing score, so the fact that the average scores are low suggests that these domains are greatly responsible for the relatively low overall average of 53.2 per cent.

Who is struggling and who is doing well?

The results shown in Figure 3 are averages and it is not just the average wellbeing score that matters, but how wellbeing is distributed among the whole older population. As you can see from Figure 4 below, the wellbeing of individuals varies significantly above and below the average. To explore this variation, we carried out a comparison between older people whose wellbeing score is in the bottom fifth (bottom 20 per cent) and those in the top fifth (top 20 per cent) of all scores. These two groups are highlighted in Figure 4.

Figure 4: Distribution of individual wellbeing scores



As you would expect, the two groups emerge with very different characteristics to one another. The average wellbeing score of the bottom group is only 32.5 per cent, compared with 75.8 per cent for the top group.

> This means that those in the bottom fifth are faring 2.3 times worse than those in the top fifth.

Opposite, we show the wellbeing indicators that caused an individual to belong to either group. We will call these *deciding factors*. The *identifiers* for each group are, for example, the proportion of people in the group who are married, female, etc. For some deciding factors, it may be possible to put policy and practice interventions in place to help improve wellbeing, such as support for social activities; identifiers, on the other hand, cannot be modified but can be used to help target interventions.

Bottom fifth

Average wellbeing score of 32.5%

Identifiers

62%
Female

33%
Widowed

71
Years old average

80%
Less than GCSE qualification

Deciding factors

Personal

In cognitive tests involving word recall, verbal or numeric ability, over 90 per cent of this group scored less than the middle score for those in the top fifth group.

More than half of them live alone.

People in this group are significantly more likely to be helping / caring 20+ hours a week.

Social

23 per cent do not take part in creative and cultural activities.

85 per cent are not engaged regularly in social activities, such as at a social or sports club.

80 per cent are not involved in any civic activities, such as belonging to political parties, the Neighbourhood Watch, a religious group or a pensioner's group.

12.5 per cent report having no friends.

Their sense of the 'neighbourliness' in their community is lower than in the general population – although 75 per cent still rate their community as neighbourly.

Health

Fewer than one per cent are involved in sports and physical activities.

88 per cent have a long-standing illness or disability.

42 per cent have three or more diagnosed health conditions.

84 per cent have a mental health score which is lower than the middle score for those in the top group.

Resources

Much more likely to rent (61 per cent) or have an outstanding mortgage (11 per cent) – less than one third are outright home owners.

27 per cent have a means-tested benefit.

Local

Low satisfaction with local medical services and public transport as well as with local leisure and shopping facilities.

Top fifth

Average wellbeing score of 75.8%

Identifiers

47%
Female

73%
Married

70
Years old average

86%
GCSE or higher qualification

Deciding factors

Personal

Considerably higher thinking skills in cognitive tests compared to those in the bottom group.

Only one out of five live alone.

One in five provide help / care, but at less intensive levels.

Social

They all are involved in some form of creative and cultural activity.

They are also four times more likely than the bottom fifth to undertake some form of social activity.

55 per cent are involved in some form of civic activity.

95 per cent have two or more friends.

People in this group rate neighbourliness in their community more highly than those in the bottom group.

Health

90 per cent undertake some sports and physical exercise activities.

Three out of four do not have any long-standing illness or disability.

50 per cent of them have no diagnosed health condition.

Resources

85 per cent of them are outright home owners.

No means-tested benefits.

Average financial wealth in excess of £50,000.

Local

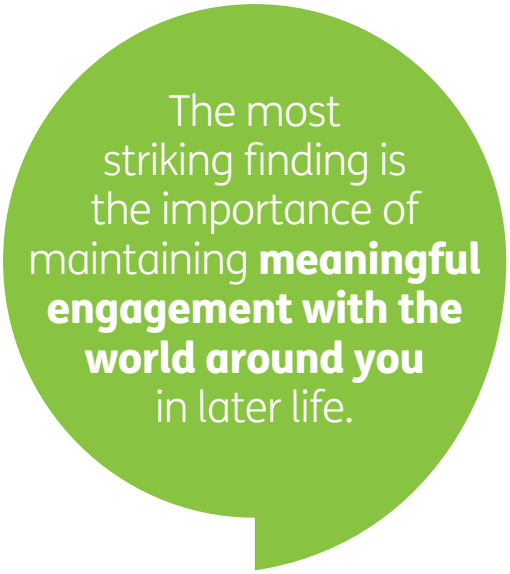
More often satisfied with local medical services and public transport as well as with local leisure and shopping facilities.

Some conclusions

Our research emphasises how multifaceted wellbeing is and that it is important to think about the person, not just one single area of life, when exploring wellbeing.

The most striking finding from this Index is the importance of maintaining meaningful engagement with the world around you in later life – whether this is through social, creative or physical activity, work, or belonging to some form of community group. Taken together, these forms of participation contribute in excess of 20 per cent of wellbeing. This does not mean, of course, that simply ensuring a wide range of activities is available to all is enough to improve wellbeing. It does, though, beg this important question: if what really makes the difference to people's wellbeing is feeling part of the wider world, how can we reduce the barriers to doing so and increase the enablers?

All of the domains have a role in supporting this desirable outcome – taking part is likely to be easier if you have ample income, good health, good social networks and live in an area with good facilities and transport networks. Our research also finds that 'neighbourliness' (which includes things like talking to the neighbours, feeling you belong, and having access to local advice) contributes 2.7 per cent of wellbeing. Conversely, having a low opinion of one's local neighbourhood – a lack of transport, inaccessible facilities and a lack of friendliness – can have an isolating effect, which is a strong causal factor for loneliness.



It is no surprise, therefore, that people in the lowest wellbeing group are more likely to report being on means-tested benefits, having poor health and low satisfaction with local services. These challenges however, are compounded because their family, friends and community networks are likely to be small to non-existent, meaning that they are less likely to receive informal support to mediate the adverse effects of their health and financial difficulties. A third of this group are widowed, which is important as couples often take part in activities together. By contrast, those in the highest wellbeing group are more likely to be married, better educated and wealthier. They are also likely to be healthier.

Health is a strong determinant of wellbeing – those in the bottom group have a poor health profile compared to individuals in the top group. Almost 90 per cent of the bottom group have a long-standing illness or disability, and 42 per cent of them have three or more health conditions. Many of the individuals in this group are likely to be housebound or have limited mobility due to their ill health.

It is striking to note that there is very little difference between the average age of those in the bottom and the top groups that would explain this health disparity. So, the more likely explanation is their experience across the life course; these individuals may have lived in areas of deprivation with a lack of employment opportunities, poor facilities, environmental hazards such as air pollution, and some poor lifestyle choices, which have driven them into poor health. It is a vicious circle as individuals in this group lack the personal, social and financial resources to mitigate the effects of this poor health on their everyday life and wellbeing.

Some questions

There are many questions raised by this research to which we do not yet have the answers. Although in this summary we focus on the groups with the highest and lowest wellbeing, there are many others to explore – for example analysing the wellbeing score and its determinants for the subgroup of older women, living on their own, with three or more health conditions. Amongst groups like this with characteristics that might be considered disadvantageous, there are people who are doing well, so what determines the resilience of these individuals that has enabled them to preserve their wellbeing? Can we find deciding factors among these groups that could be influenced by policy and practice to improve wellbeing more generally? Our Index can also be used to model the outcome of changing one or two indicators, pointing the way to which changes are likely to have the greatest impact on overall wellbeing.

Some factors cannot be easily changed, if at all, such as age, gender, marital status and previous life course. However, the Index could be used to assist with targeting services at those who are at risk of low wellbeing. And for the future, it can highlight the areas where we might need to invest – for example in good educational outcomes, improving people's ability to save for their pensions and housing, and improving health through lifestyle and environmental conditions.

Looking at this research, life course experiences clearly have an effect on wellbeing outcomes in later life. And so too does personality, with dimensions such as openness and extraversion contributing to wellbeing.

And some challenges for policymakers

Age UK's Index of Wellbeing in Later Life provides new and authoritative information about what matters most for a good later life and we hope it will help all of us to get closer to achieving it, whoever we are and whatever our circumstances may be.

> The optimistic message from the Index is that even older people facing considerable challenges can sustain their wellbeing, provided other aspects of their lives are going well.

The Index also confirms what we already instinctively know: that the quality of the relationships around us matters hugely as we age and that a positive outlook, the willingness and ability to keep active, and a strong sense of purpose all make a big difference too.

Unfortunately however, it is also true that Age UK's Index of Wellbeing in Later Life gives us a lot to worry about. An overall wellbeing score only just above 50 per cent across the entire older population is a cause for concern – surely we should be doing better – and the Index also shows that the gap between the most and the least favoured older people in our society is vast, unacceptably so in Age UK's view.

What the Index says about the characteristics of the most favoured and least favoured groups of older people in terms of their wellbeing is illuminating, if somewhat depressing: in general, the group at the top is a lot healthier, more comfortably off financially, better educated, more active and involved, and much better connected to others around them.

On the other hand, the least favoured group is disproportionately composed of people on low incomes and in poor health, many of whom are widows. Members of this group are relatively inactive and also big users of local public services, including the NHS and public transport. They are also often highly disconnected, isolated and alone: tragically, one in eight of them have no friends at all.

The policy imperative is to do everything we possibly can to help these older people who are struggling to get much more from their later lives. Preventing and tackling loneliness must be an important part of this and something Age UK will be taking forward through our 'No one should have no one' campaign, but there are many other implications too – for example the importance of improving our support for carers.

The clear message for Government is just how crucial it is to sustain decent public services: without a local bus, for example, older people with little money are forced to stay at home and become cut off, and a drastic lack of social care and hard pressed health services diminish their lives and undermine their resilience to illness and disease. They deserve better and we must do more to help them.

Next steps

Age UK's interpretation of this work in this area is at an early stage, and there is much more analysis to be done. We will be providing updates and, in due course, a full report will be available on Age UK's website at **www.ageuk.org.uk/wellbeingresearch**

On this section of the website you will also find a glossary of wellbeing indicator terms, a more detailed summary of the methodology, and more general information about the project.

Appendix

Definitions for some indicators

When presenting this work to different audiences, we have often been asked about what is included in some of the indicators, so we are listing these below. The full list with the indicators we used from the Understanding Society survey is on our webpage.

Creative and cultural participation asks people if they have taken part in a wide range of activities, including dance, playing a musical instrument, a carnival or street arts event, gone to the cinema, an arts exhibition or music event and visited museums, historical sites, or libraries.

Civic participation included questions asking if people were active in: a political party, trade union, environmental group, parents / school association, tenants / residents group or Neighbourhood Watch, religious group or church organisation, voluntary services group, pensioners group / organisation, scouts / guides organisation, professional organisation, other community or civic group.

Social participation asked about being active in, for example, a social club / working men's club, sports club, Women's Institute / Townswomen's Guild, women's group / feminist organisation, other group or organisation.

Physical activity asked about taking part in a wide variety of activities, including going to a gym, swimming, cycling, golf, hill walking, horse riding, water sports, and organised team sports.

Thinking skills was measured with validated tests of delayed word recall, immediate word recall, subtraction, verbal fluency, and numeric ability.

Personality used a validated 'Big 5' personality test to assess different dimensions of an individual's personality.

Neighbourliness contained eight questions about feelings of belonging to the neighbourhood, local friends, access to advice, amongst other areas.

Intergenerational connections asked about different kinds of transfers between respondents and their children and their parents, including various kinds of help given around the house, shopping, borrowing a car, and financial assistance.

Material resources as an indicator, is a measure of whether someone can afford to take a holiday, keep up with the bills, replace old furniture or faulty electrical goods and save money each month.

Low intensity helping / caring is looking after or helping someone for between 1 and 19 hours a week.

Higher intensity helping / caring is looking after or helping someone for 20 hours or more a week.

Financial wealth is the value in an individual's savings accounts.

Housing wealth is the value of an individual's property.

Pension income is the amount received from pensions, health and carer-related benefits.

Mental wellbeing measures individual's answers to statements about whether they feel optimistic about the future, useful, relaxed and close to others, to name a few.

Diagnosed health conditions asks an individual whether a doctor or other health professional has ever told them that they have any of these conditions (list of 17 conditions, from asthma to clinical depression).

Long-standing illness or disability asks the individual whether they have a long-standing (lasting at least 12 months) physical or mental impairment, illness or disability that has troubled them.

For more information visit **www.ageuk.org.uk/wellbeingresearch**

Age UK
Tavis House
1-6 Tavistock Square
London WC1H 9NA

0800 169 80 80
www.ageuk.org.uk

Love later life