This report presents findings from a study which seeks to inform the development of alternative approaches to the measurement of older people's poverty. The research involved group discussions and individual interviews with older people belonging to a range of potentially disadvantaged groups who tend to be overlooked in much mainstream research:

- people aged 85 and over;
- people with a disability;
- older people who are also informal carers;
- people of Bangladeshi origin;
- people of Irish origin;
- gypsies and travellers;
- people living in rural communities;
- people living in institutional settings.

Drawing on the empirical study, the report argues that attempts to measure older people’s poverty should take account of – and ultimately reflect much more strongly – the diversity that exists within Britain’s ageing population. This is likely to require new approaches to the measurement of older people’s poverty, and will represent a key challenge for researchers and policy-makers. The following are summaries of the main points affecting each group.

**People aged 85 and over**

- Having lived through or during the aftermath of two world wars, this group seemed to have relatively low expectations of life compared to cohorts born after them.
Necessities of Life

For the oldest old, continued service to others and participation in a range of social activities were crucial factors in determining quality of life. Access to material resources appeared to play a secondary role in relation to individuals’ perceptions of well-being. Independence, however reduced, represents a pivotal part of an individual’s self-identity, and is fundamental to feelings of self-worth and meaning in life. Even in advanced old age, there was substantial evidence of people seeking to maintain their independence.

People belonging to this group are more vulnerable when ‘everyday’ illness or infection strikes. This includes the common cold. In such debilitating situations, the oldest old can find it difficult to access non-emergency health care services.

Informal carers

Older carers face a struggle to remain in their own homes, often reporting the suggestion of moving elsewhere as the first solution in the face of increasing needs. For this group, as for others, finances were a major source of anxiety. However, such concerns were exacerbated for informal carers, who could find it a struggle to cope with the additional demands placed on them by the needs of the person they were caring for. A number of informal carers highlighted difficulties associated with the current system of disability benefits. Particular concerns related to eligibility for receipt of Attendance Allowance (AA) and – especially the mobility component of – Disability Living Allowance (DLA). Eligibility criteria for these benefits were viewed as excessively complex and, by some, as discriminatory.

People with disabilities

Older people with disabilities relied heavily on information services to learn about and access the support they needed. Family carers were often over-stretched and unable to find relevant information on behalf of the disabled person they were caring for.

Expectations concerning standards of living and material resources were directly related to life histories, which were often rooted in poverty.

Restructuring needs and wants played an important role in coping with the limitations imposed by particular forms of disability, and in creating a meaningful life. For older people with disabilities, access to services and opportunities for socialising could be complicated and difficult. For example, it might be possible to drive to a large supermarket or shop but impossible to get around once there.
Eligibility for the Motability Scheme is linked to that for DLA. Since most people over the age of 65 are ineligible to receive support for such benefits, some older carers who could otherwise be mobile struggled against isolation. While the carer might be able to use public transport, to do so would mean leaving the person they were caring for alone, which was often felt to be unsafe except for short periods. Where people managed to keep a vehicle on the road, such vehicles were often very old and had been bought during earlier times of employment. As a result, they tended to be unfit for purpose. These issues combined to reduce informal carers’ opportunities to maintain and develop social relationships both for themselves and for the person they were caring for.

People of Bangladeshi origin
- Older Bangladeshi people raised a number of concerns about the health system. These related to both language difficulties and perceived inadequacies in relation to meeting culturally based health needs.

- Women in particular reported that lack of access to transport was a major obstacle to community participation and limited individuals’ quality of life.
- Life-time histories of employment in low-paid jobs meant that this group had become accustomed to living on very restricted financial resources. Few people had been able to set money aside for retirement.
- Despite their limited finances, and in common with other groups, older Bangladeshi people generally reported having a good quality of life. However, this was rooted in very modest expectations and in early life experiences of severe deprivation.

People of Irish origin
- Older Irish people had particular issues with the tax and welfare system. Those who had come to the UK as migrant workers had often been forced to work under collective National Insurance numbers. This led them to be fearful of claiming benefits in later life.
- Selecting a venue for the group discussions proved particularly difficult for this group. Some of those invited to participate experienced such high deprivation that they did not feel comfortable coming to a community centre for fear that they did not have appropriate clothing.
- The research team struggled to set up individual interviews with older Irish people, particularly with male participants. Culturally it appears that the Irish community face greater barriers when talking about financial matters than is the case for most older people. The research team heard stories from group participants and health and social care workers of the experiences of some of the most disadvantaged older Irish people. For some alcoholism had seriously affected quality of life in old age with people continuing to spend money on alcohol at the expense of fundamental necessities.
Gypsies and travellers

- Older travellers highlighted particular concerns arising from lack of access to some services in the home, especially mains gas. The high cost of bottled gas was a source of anxiety for some, leading people to cut back on heating their homes in winter.

- This group is often excluded from mainstream research, not least because of difficulties in accessing and recruiting older gypsies and travellers. In this study, it proved impossible to arrange a group meeting with travellers because of the dispersed nature of their small communities, and individuals' lack of access to transport. It was also difficult to set up individual interviews because of a pervasive distrust of non-travellers and the group’s perceived experiences of discrimination over many generations.

- As with other groups, older travellers voiced very modest expectations concerning living needs, but in their case this was frequently linked to stories of acute poverty in childhood and early adulthood.

- Older travellers often had no formal education and lack of literacy meant that individuals' language and communication skills were impaired. One obvious consequence of this was an inability to understand language that would be considered straightforward by many other older people. This had profound implications for the ability of gypsies and travellers to communicate effectively with health and social care professionals.

- Amongst older travellers there was a very strong sense of social obligation and duty to others.

People living in rural communities

- Many older rural people taking part in this study had adapted to living in hardship throughout their lives. Limited material resources was often compounded by a strong sense of resilience that minimised reliance on the state. In some cases, anxieties about money appeared to contribute to the onset of mental health conditions.
For this group, feelings of loneliness could be linked to gradual changes within their rural community. Individuals sometimes reported feeling that they had little in common with the younger (wealthier) people moving in, and that they missed the company of younger generations who had been forced out by high property prices, and with whom they had much in common. The fact that many incomers were away from home during the day tended to compound this sense of loneliness.

Changes in the population of the rural community and reorganisation of services meant that many older people experienced difficulty in accessing public and commercial services. In particular, lack of local access to health care, especially in emergencies, was reported to be a problem for some. Recent moves to centralise out-of-hours doctors’ services raised additional concerns. The absence of affordable and accessible transport was pivotal to this group. Even where facilities and services might be within walking distance, sometimes this was impossible because of a combination of narrow roads, lack of footpaths, increase in road traffic, and the high speeds at which people were perceived to drive.

Volunteers within the community reported heavy demands on their time and resources, sometimes to the detriment of their own health.

Themes and summary

Low expectations
The research reveals the often very low expectations of older people in relation to their living standards. While all groups and individuals commented on the importance of maintaining their independence in terms of the quality of their lives, not all regarded being able to afford to participate in common social activities — such as having friends or family around for meals or attending weddings — as necessities of life. This points to the degree to which the experience of poverty has been internalised by many disadvantaged older people over the course of their lives. Very few research participants had ever been very well off during their early years or their working lives, and most had consequently become accustomed to getting by on a modest income.

‘But I think if you have enough to eat and a bed to lie in it’s as much as any of them can do, whether they’re millionaires or otherwise.’
(Daniel O’Brien, older Irish man)

‘I don’t have to go without anything, I meself, because I would limit it meself to it, and even if I only had, if I’d got half a dozen eggs and I had a boiled egg and a piece of toast every morning and like six tins of soup, you don’t have to go without.’
(Muriel Arthur, disabled older woman)

‘It means that you’re living in better conditions than you did 50 years ago when you’d got a gas mantle, no form of heating except a fire. The standard of living is far higher… We lived in bad conditions and if you didn’t work in them days you starved.’
(William Booth, man aged 85+)
Prioritising the basics
As a consequence of generally low expectations, there was a tendency within some groups for older people to prioritise only the most basic of necessities: access to food, heating and clothing. Indeed, participants described a variety of coping strategies that they used in order to attain these.

**Participant:** You don’t go out and spend what you want, or think ‘I’ll have that’. You do with what you’ve got in your purse. I’ve got to look. And if go by the sell-by date, I can get it and if I cook it before I freeze it, it’s safe. And that’s what I do, or eat it that day.

**Interviewer:** So you’re finding you’re not getting what you would like to buy?

**Participant:** No, of course not. Oh no, you’ve got to go for the bargains, what’s the best offer. And if [husband] has a bit of luxury like a tinned soup, which he likes, he has it. And instead of me sharing it with him – because I love it myself – I think to myself, ‘No I’ll leave it because it’ll last a couple of days, he can have it’. It’s a bit of luxury for him. So this is it, this is how you exist. (female carer)

- Items and activities that the general population regards as being necessary in terms of material well-being, were identified by some groups and individuals as being luxuries or non-essentials. Only the disabled group saw attending weddings as a necessity of life.
- Only the gypsy and traveller group viewed having friends and family round for a meal as a necessity of life.
- Only carers and the over-85s viewed an annual holiday as essential.
- In contrast to all other groups, those living in rural areas did not regard carpets or the ability to visit friends and family as necessities of life.
- In addition, over half of the groups did not regard the following as necessities: having regular savings, having home contents insurance, or replacing worn-out furniture.

In view of older people’s low expectations, it sometimes proved difficult to identify other goods and activities – beyond those for which the researchers prompted – as being essential. Older people did, however, identify a variety of other items as potential necessities. For instance, those with mobility problems felt good slippers were essential; a mobile phone for carers was an essential way of keeping in touch with family members; ability to pay someone to do small jobs was regarded as essential by participants including those aged over 85; older Bangladeshi and Irish people both mentioned the importance of having places to meet.
Informal social support
Evident throughout this research was the importance of community, social capital and strong support networks in the lives of disadvantaged older people. These made poverty bearable for those who were fortunate enough to have this sort of support. At the same time, however, the assistance of family members, neighbours and informal care effectively hides from view the stark reality of poverty and disadvantage among many older people in our society. A challenge of future research will be somehow to uncover the stories of those who are sitting alone in bedsits without family or friends.

Older people’s messages to policy-makers
Throughout the research participants expressed a sense of injustice about a wide range of issues including:
- the means-testing of benefits, which was seen to be unfair and unduly intrusive into people’s lives;
- the complexity of applying for benefits, with particular concerns expressed about the difficulty of completing forms for disability benefits;
- the general inadequacy of the basic state pension, and the way in which this was upgraded only according to the annual rate of inflation;
- the high cost of Council Tax and utility bills, which people on low, fixed incomes often found difficult to pay; and
- the loss of services such as banks, post offices and transport in the local area which made it harder for people to manage their daily lives.

Access to information
A striking feature of this study was the ‘poverty of knowledge’ of research participants in relation to the welfare system. Whether or not people find out about their entitlements often appears to be a matter of luck, and, as other studies have shown, people are missing out on benefits. As a result of this inequality of access to benefits, many older people may be living in a greater state of poverty than needs to be the case.

Conclusions
This research highlights the growing heterogeneity of Britain’s ageing population. Too often, policy is formulated on the basis of assumptions about a standard experience of the life course and of later life. Government and social researchers should seek to use a range of approaches to measure older people’s poverty. At least one of the regularly undertaken major national surveys – the Family Resources Survey, the British Household Panel Survey or the Office for National Statistics’ omnibus surveys – could include a set of appropriate deprivation indicators, and monitor changes in older people’s poverty over time.
The full report, Necessities of Life, by Thomas Scharf et al, will be published by Help the Aged at £10.00 in November 2006. To order, please phone 020 7239 1946; p&p is charged at £1.75.

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