MANCHESTER 1824
The University of Manchester
Institute for Collaborative
Research on Ageing

The Golden Generation?

WELLBEING AND INEQUALITIES IN LATER LIFE

Contents

Foreword

Life expectancy gains in recent decades mean more of us are living longer. This presents significant opportunities for individuals and society. However, unless the inequalities in later life so starkly documented in this report are addressed urgently, many people will continue to miss out on a fulfilling later life. Some die earlier than others, experience frailty and disability earlier, have poorer quality work, miss out on the benefits of contributing to their communities, and have fewer social connections.

“The Centre for Ageing Better works to bring about changes in society so more people now and in future enjoy their later life.”

The 15 year gap in life expectancy between the richest and poorest neighbourhoods is now widely recognised. Not only do poorer people not live as long but they experience frailty and disability at younger ages. For example, this report finds that the poorest third of the population have levels of frailty equivalent to those of people ten years older in the richest third.

The Centre for Ageing Better works to bring about changes in society so more people now and in future enjoy their later life. This research is an important contribution to our understanding of who is missing out and points to the sorts of changes that are needed to tackle inequalities in later life.

We are determined to tackle these issues and are already working with others to address worklessness among people over 50, to encourage employers to recruit and retain older workers, to identify the barriers to volunteering in socially deprived neighbourhoods, and to promote physical activity to prevent frailty.

What is for sure is that it will require concerted action from government and many other organisations to tackle the socioeconomic determinants of inequalities in later life described here.

Anna Dixon
Chief Executive, Centre for Ageing Better

Introduction

Back in 1999 the Commission on Global Aging stated that nothing ‘is more likely to shape economic, social, and political developments in the early 21st century than the simultaneous aging of Japan, Europe, and the United States… The human life cycle is undergoing unprecedented change. To preserve economic security, we must adapt the social institutions built around it to these new realities’.

Against this backdrop, The University of Manchester has for many years been at the forefront of research to understand the implications of ageing populations and the experiences of people in later life, in order to inform policy developments at international, national and local levels. In particular our fRaill (Frailty, Resilience and Inequality in Later Life) programme of research has been specifically concerned with providing an integrated understanding of the processes that lead to both positive and negative outcomes in later life, and how these are shaped by inequalities.

This five-year project has taken a holistic, interdisciplinary approach to examining the causal processes relating to frailty and wellbeing at older ages. It has considered factors operating at particular points of the life course – be they genetic, metabolic, psychological and social – and how these are framed by socioeconomic inequalities.

Within this report we present our key findings from this programme of research. These have strong messages – and relevance – for policymakers, practitioners, activists, citizens and researchers alike.

Our central conclusion is that your experience of older age is strongly determined by your social and economic circumstances and that there are significant inequalities that continue into later life.

“The University of Manchester has for many years been at the forefront of research to understand the implications of ageing populations…”

These inequalities are present for almost all relevant outcomes, and shape our life course as we grow older. As we stress, the most affluent are likely to experience life after retirement as a period of health and opportunity, precisely the kind of image of a ‘golden generation’ that is widely portrayed in the media when discussing baby boomers.

However the reality for the less well-off is that retirement means fewer years of life expectancy, poorer health, fewer resources and greater constraint to social, cultural and civic participation.

Professor James Nazroo
Co-Director, MICRA

Executive summary

The ageing of the baby boomer cohort (born between 1946 and 1964) alongside increasing life expectancy means that like other countries the UK faces a rapidly growing population of older people. Latest ONS estimates suggest that the UK population aged 65 and over has risen by 21% over the last ten years to 11.6 million people, while the population aged 85 or over has risen by 30% to 1.4 million people, and aged 90 and over by 34% to more than half a million.

But what is quality of life like for older people, and are gains in life expectancy simply composed of increasing years spent with chronic health problems?

"Current policy choices simply increase inequalities among older people... the consensus on policy options needs to be rethought."

Precisely how quality of life relates to the circumstances, experiences and opportunities of older people – and how this then relates to the wider social and economic inequalities found in our population – are among the key questions we have been studying.

We argue that policy interventions to ensure everyone is able to live long, enjoyable and meaningful lives need to pay direct attention to inequalities in later life.

The main policy response and recent recommendations have been to increase the pensionable age, alongside reforms to pensions that reduce benefits and individualise risk[1]. However, we argue that these current policy choices simply increase inequalities among older people and that the consensus on policy options needs to be rethought.

For instance, there needs to be a better understanding of the barriers and incentives to people remaining in work until they are older, and of the impact of quality of work on health and wellbeing in later life. Similarly, we argue that pension reform needs to consider how economic inequalities can be addressed in order to maximise the wellbeing and potential of older people.

Our evidence has also shown that the provision of public resources to encourage cultural and social participation can have significant positive health and wellbeing effects. As such it is important to address inequalities in access when developing policy.

In this context, the rapid digitisation of so many public services is another key dimension. Our work has shown marked decreases in the use of technology as people grow older, not just because they don't want to use technology, but because they are unable to because of poor health or poor eyesight or socioeconomic constraints on accessing the relevant technology.

Another policy debate surrounds informal caring roles which, given the strains on our healthcare system, are likely to become an increasingly important complement to formal care. As such, we argue that more support for caregivers should also be high on the policy agenda.

1: State Pension Age independent review: final report, John Cridland CBE, March 2017

Key findings

"There remain two very different experiences of old age in Britain. For the most affluent life after retirement is likely to be one of less stress, and greater health and opportunity.... however for the rest it comprises relatively fewer years, poorer health, fewer resources and greater constraint to social, cultural and civic participation."

Our research identifies a number of key findings:

There is clear evidence of large inequalities in health and wellbeing in later life which relate to socioeconomic position, ethnicity, gender, and where you live.

For the most affluent, life after retirement is likely to be one of less stress, and greater health and opportunity. But for the less well-off it means relatively fewer years of life expectancy, poorer health, fewer resources and greater constraint to social, cultural and civic participation.

There is no evidence that levels of health are improving for newer cohorts of older people. This implies that continuing gains in life expectancy are likely to be composed of additional years spent in poor health, with the potential for greater associated healthcare costs.

For the poorest, levels of poor health are actually increasing for newer cohorts of older people, suggesting an earlier onset of frailty as they grow older.

Wellbeing in later life is inversely related to levels of wealth. In addition, the decreases in wellbeing in later life are largely driven by the death of one's spouse and deterioration in one's health. But these things occur more often in poorer socioeconomic positions.

Involvement in paid work and volunteering roles among older people has a positive impact on their wellbeing, but only if these roles are of good quality, that is if the older person has control over their work routine and feels adequately rewarded for the effort they put in.

Providing informal care for someone else is likely to have a negative impact on wellbeing, particularly if the circumstances around providing that care are poor. Providing adequate resources and support for older people providing informal care is, therefore, crucial.

The percentage of people using the internet frequently (at least once a week) shows a strong decrease with age, while use of the internet is less common among the poorest, regardless of age.

What happens to wellbeing as you get older?

The promotion of ageing well in later life has become a key strategy for both public health and social policy. In the UK this has been reflected by a shift from the measurement and definition of successful ageing as the absence of physical and mental health conditions, towards the assessment of wellbeing.

In other words how happy people are, how satisfied they are with their lives, and towards an assessment of their quality of life in terms of their positive experiences, rather than simply the absence of negative experiences.

Our research

Our research has shown that across the range of dimensions people tend to witness an ongoing improvement in their wellbeing for a number of years as they move through their 50s and 60s, before then experiencing a sharp decline.

So what explains this sharp fall? It seems that it is largely a consequence of factors such as the occurrence of poor health and widow(er)hood. We also found that when wellbeing is measured over time, people are also more likely to experience a faster decline at the oldest ages, which might be related to events and circumstances that they experience in their final years of life, such as the death and illness of friends.

Differences in socioeconomic position, measured as wealth, are not related to this decline in wellbeing in later life. However it is strongly related to the level of wellbeing across all ages in later life from 50s to the oldest, with the level of wellbeing strongly graded by wealth and the level of deprivation in the area in which you live. The risks of ill health and the death of a spouse, both of which explain the decline in wellbeing in later life, are much higher for those in poorer socioeconomic positions.

In order to understand how wellbeing develops in later life it is important to consider how risks and advantages accumulate across the life course.

"If early retirement is linked with poorer working conditions, which may be linked with lower social status and wealth, we are observing effects of social inequalities which may have persisted across the life course, rather than of only work or retirement."

What our research has also shown is the strong influence that all of childhood, social mobility after childhood, and wealth accumulation across the life course, have on wellbeing in later life.

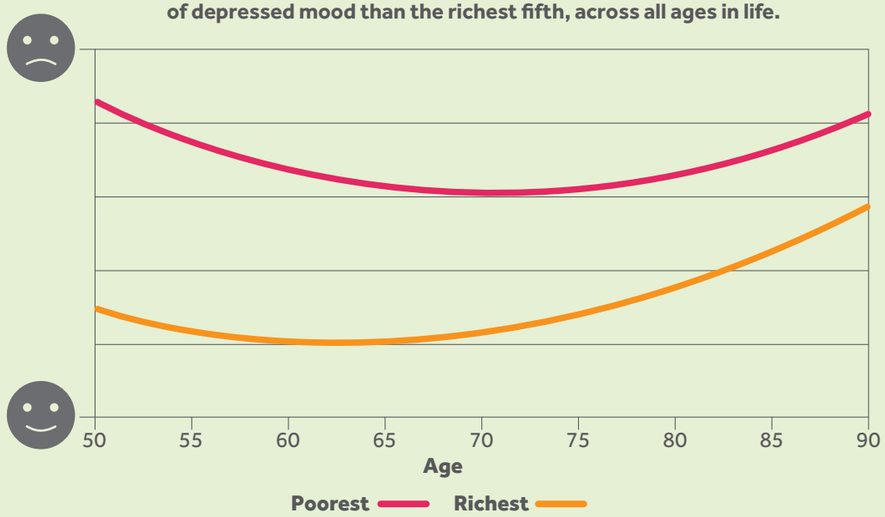
A 'life course' approach, which analyses an individual's experiences over their entire life, enables a more dynamic view on socioeconomic position. Childhood conditions set in motion a complex cascade of direct and indirect influences on wellbeing and both physical and mental health in adulthood and later life.

However, these pathways are not inevitable. There are obvious opportunities to influence the direction of these trajectories at various points in the life course, particularly around retirement and other events in later life.

As such, it is vital that policymakers have a strong focus on what can be done to tackle economic, social and health inequalities in later life. For example, if policies to encourage continued working are to succeed, inequalities and their effects in older age need to be considered in terms of this wider life course perspective.

Age, depressed mood and wealth

Depressed mood is strongly influenced by wealth, with the poorest fifth of the population having much higher rates of depressed mood than the richest fifth, across all ages in life.



How is work changing for older people?

The rapidly changing structure, dynamics and nature of employment is having a huge impact across our working lives and beyond into retirement. As such, it is important to place present evidence within the context of these important demographic changes.

The sharp rise in self-employment and part-time working, plus the rise of the 'gig' economy – a labour market characterised by short-term contracts and freelance work – means the concept of retiring at a set age is becoming increasingly redundant as people either embrace, or are forced into, more flexible and uncertain working lifestyles.

This is in part driven by huge technological change. But it is also a consequence of employers increasingly choosing to operate with more flexible workforces.

Our research

The extent of later life involvement in paid work, informal care provision and volunteering are set to change dramatically, particularly as labour markets become ever more flexible and public sector pension contributions are further reduced and replaced by the private sector.

The consequences of these labour market changes are extensive for both individuals and society. Our research has shown that this new nation of flexible, older workers – and the precise nature and character of their working lives – is cause for concern.

What we have found is that one consequence is people find themselves working well into retirement because of mortgage debt and other financial constraints, often feeling they have no choice but to continue working, with detrimental effects on their health. The same can also be said for volunteering roles if the individual is not carrying out this role out of choice.

Technological exclusion is a particular concern. For instance more frequent internet use is associated with wellbeing and higher levels of social and civic engagement, but older people who don't have access to the internet and social media can find themselves excluded from many new jobs and working practices - as well as from a broader range of social activities, goods and services.

This can also apply to those who have retired early from their previous career job, possibly because of poorer working conditions, and lack the skills, knowledge and resources to embrace new technologies. Such individuals can find it hard adapt to this new world of work, which brings us back to the fact we are often observing the effects of social inequalities that have persisted across someone's whole life.

"Frequent use of the internet is less common among those in lower wealth quintiles regardless of age group. For example in the 75 to 79 age group less than a fifth of people in the poorest fifth frequently access the internet, compared with over half of people in the wealthiest fifth."

Our research has shown that the percentage of people using the internet is strongly related to socioeconomic circumstances, gender and age cohort, and decreases as people get older.

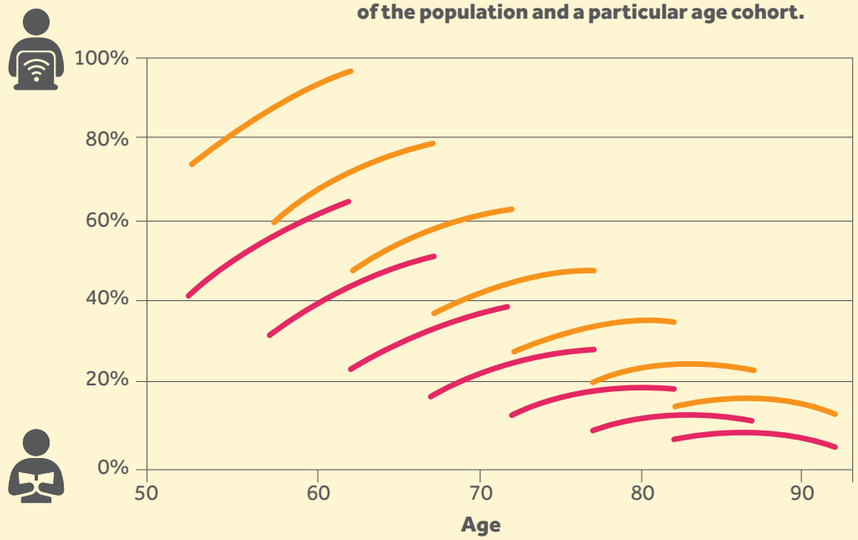
Similarly, there is a strong relationship between internet use and indicators of area deprivation for older people. Those who are less likely to use the internet are also more likely to have difficulties in accessing services such as banks, cashpoints, supermarkets or their GP.

Given the increasing dependence on digital technologies for everyday life, this is an important source of inequality and leads to an inequality in access to citizenship rights.

An important point here is that these issues don't simply arise because older people don't want to use technology. Often it is simply because they are unable to because of their poor health, such as because of poor eyesight, or because of a lack of necessary economic resources.

Impact of wealth and age on internet use

Each line represents the poorest or richest fifth of the population and a particular age cohort.



The overall downward sweep of lines show a decrease in internet use for each older cohort. An upward gradient on individual lines shows an increase in internet use over time. But importantly, regardless of any increase, poorer people are consistently much less likely to use the internet, for all age cohorts.

Is retirement good for you?

Retirement age has emerged as a key issue within policy discussions and developments linked to the benefits and challenges of population ageing. However policy reforms around retirement have so far failed to address socioeconomic and health inequalities in later life.

"Proposals to increase retirement age without also tackling inequalities in circumstances in the final years of employment are likely to increase inequalities in self-reported health."

Many Western countries have implemented policies to increase the State Pension Age. For instance in the UK it will increase to 67 by 2028 for both men and women, with planned future increases. The justification for doing so is based upon the principle expressed by the former Chancellor George Osborne that we should spend around a third of our adult lives in retirement. A principle that implies that State Pension Age would rise to 69 by the late 2040s.

There is some evidence to suggest that such policies, together with broader changes in the employment context (such as the rise in part-time work) has increased the number of older people in work. For example over the period 2002/3 to 2014/5 the proportion of men aged 60-64 in paid work rose from 47.5 per cent to 58.8 per cent. While for women aged 55-59 it rose from 61.1 per cent to 66.7 per cent[2].

Our research

The rationale underlying such policies is that engaging in paid work is a positive outcome for individuals as well as for society and the economy.

However, our research has shown that increasing the State Pension Age may have unintended negative consequences. This is particularly evident given the relationship between poor quality work and the stark inequalities in life and healthy life expectancy according to socioeconomic position.

And where poor quality work, as well as low incomes, are a driver of such inequalities, increasing the State Pension Age may only serve to exacerbate the extent of health inequalities between social groups and geographical areas in later life.

2: Elsa Wave 7 Report, Banks et al (2016)

For example, while health deteriorates with age, we found evidence that this deterioration slows after retirement for those in the least favourable socioeconomic circumstances prior to retirement and for those in physically demanding occupations.

Our research also found that rates of ill-health were higher for older workers involved in unsatisfying jobs or where work demands exceed returns from work. It seems that those facing such forms of disadvantage in employment conditions experience a slower increase in rates of illness when the demands of work are removed.

Also, underlying policies around extending working lives is the notion that retirement is a voluntary choice that needs to be discouraged until an appropriate age is reached. While this may be the case for the richest in our society, where early retirement is often chosen and financed largely through occupational pension schemes or accumulated wealth and investments, the poorest in society tend to move out of the labour market into retirement through poor health and redundancy.

Therefore, the outcomes of our research show that retirement is good for you, but only if you retire from a good job.

This suggests a need to consider how employment conditions might be reshaped to not only improve quality of work, but also to mitigate the risks of redundancy and inability to re-enter paid work and to enable those in poorer health to remain in work.

Our research also showed that involuntary retirement has a large negative effect on all aspects of wellbeing in later life compared with those who stay in work. By contrast those who retire voluntarily (for example, to spend time with family or fulfil other ambitions) have an improvement in their wellbeing in comparison with those who remain in work.

As such, if increases to the State Pension Age are to be successful, there needs to be an understanding of the barriers to remaining in work, of who the older workforce comprises, and of the factors which might encourage older people to remain in employment.

Wellbeing and type of retirement transition

People who take voluntary retirement have an improvement in their wellbeing, while those who take involuntary retirement have a decrease in wellbeing, compared to those who take the standard route to retirement.

Why have an active social life?

There is an ever increasing literature around the benefits of social activity in later life on health and wellbeing. The consensus is that active ageing produces individual, as well as social, benefits and that if older people are not working they should be engaged in social or civic activities, including volunteering.

Also conversely it has become widely accepted by policymakers that a lack of social and cultural activity, so called social detachment, has a detrimental effect on physical and mental health in later life. Older people who are withdrawn from social, leisure and cultural activities are shown to be at greater risk of mortality, disability, depression and cognitive decline.

It is therefore important to ask why certain people are disengaged from social and cultural activities. The answers to these questions have important implications for public policies that aim to ensure positive, fair and equitable outcomes among older people.

Our research

The suggestion is that wellbeing is fostered by an active lifestyle and our studies, adding to the work of others, shows that wellbeing is indeed significantly higher in older adults who are socially active.

Long-standing socioeconomic and health inequalities in older adults lead to withdrawal from social and cultural activities, as well as drive persistent detachment from these activities over time. Put another way, disadvantaged older adults find it difficult to engage in – and stay engaged in – social and cultural activities and this then impacts negatively on their wellbeing.

These disadvantages may stem from not having the financial or physical capability to attend activities, as well as a lack of confidence or skills to engage with others in social and cultural settings – characteristics which may reflect socioeconomic disadvantage operating across their life course.

"The benefits of engagement with social activities on health and wellbeing are widely reported. Less is known, however, about what drives withdrawal from and re-engagement with social activities in later life."

On average we found that retirement or widowhood did not lead to a greater risk of social and cultural detachment. Instead, life course experiences leading up to these events have a larger impact.

Not unexpected was our finding that older people living in rural areas are at higher risk of being socially detached, perhaps reflecting the fact that opportunities to engage socially or culturally are fewer and further away in rural areas, making access to such facilities much harder for older people.

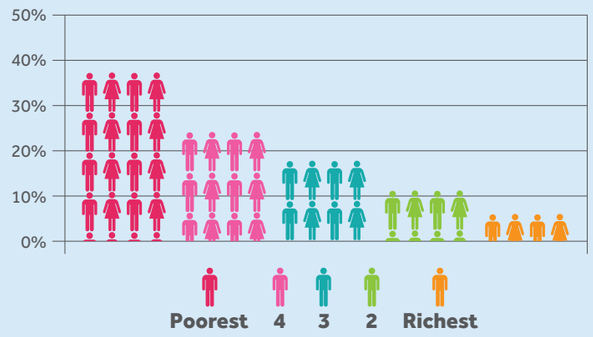
A criticism of the policy agenda is that the focus is now almost entirely on encouraging people to work longer, without giving the same priority to interventions aimed at social engagement that benefit both individuals and wider society.

While there have been programmes oriented towards enabling participation in social activities, such as Active at 60, these have been one-off and afforded limited funding and political support.

Our findings suggest that these programmes are best targeted at those older adults who have experienced sustained disadvantage over the life course and recent declines in health, rather than those who have experienced short-term changes in employment or marital status.

Social detachment and wealth

Wealth has a huge impact on a person's social detachment. Overall, 1 in 3 men and women in the poorest group are detached from 3 or more social domains, compared with 1 in 20 of the wealthiest.



Risk of social detachment

The risk of becoming socially detached for the richest group is just one fifth of the risk for the poorest.

Should you volunteer?

Existing research has suggested that volunteering improves a range of wellbeing outcomes. This is particularly relevant given that recent UK data has revealed significant involvement in both volunteering (more than a fifth of 50 to 69-year-olds volunteered at least once a month) and in the provision of informal care.

However, long-standing socioeconomic and health inequalities can lead to lower levels of participation in civic activities such as volunteering. All of this contributes to lower levels of wellbeing for those in poorer socioeconomic circumstances.

“Involvement in paid work and volunteering roles is likely to have a positive impact on wellbeing if these roles are of good quality. But, particularly in the case of paid work, involvement in these roles may well have a negative impact on wellbeing if they are of low quality.”

Our research

Our research clearly demonstrates that volunteering does indeed improve wellbeing. Those people who volunteer in later life have better wellbeing than those who do not (after taking account of other differences in their characteristics). Those who start volunteering in later life have an improvement in their wellbeing, while those who stop experience a deterioration. We also show that the more frequently people in later life volunteer, and the more volunteering activities that they do, the better their wellbeing.

But there is a caveat. This positive correlation between volunteering and wellbeing exists only if these roles are of good quality, whereas volunteering involvement can have no impact on wellbeing if the roles are of low quality.

Another key finding is that the take up of volunteering activities varies greatly across groups of older people.

For instance, we found that the freeing up of time around retirement increases the amount of time spent volunteering for people who already volunteer. However, retirement in itself does not increase the proportion of the population who are volunteering. In fact, a higher proportion of those who are in paid work volunteer.

It also seems that volunteering during older age is heavily influenced by volunteering experiences prior to retirement, which suggests that volunteering should be promoted throughout one's working life, as well as in later life.

Surprisingly, rates of volunteering also don’t begin to decrease until people get to their late 70s.

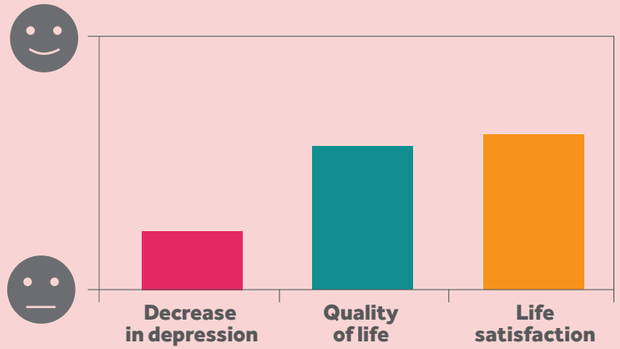
Socioeconomic position is also a strong predictor of volunteering. As their levels of wealth increase, the proportion of older people volunteering increases, with a particularly high rate of volunteering in the richest fifth of the population. Not surprisingly, health is also strongly related to volunteering, with those in good health much more likely to volunteer.

Meanwhile there is also an increasing blurring of the boundary between volunteering and informal caring roles. Such roles are likely to become an increasingly important complement to formal care, but – as with volunteering – they can have a negative impact on wellbeing if the caring role is of low quality.

In this context a number of policy measures could be considered such as: allowing carers access to unpaid leave; paid short-term leave for emergencies; entitlement to regular paid days off work; and flexible hours to accommodate hospital visits.

Does volunteering improve wellbeing?

Compared with non-volunteers, volunteers have an improvement to their wellbeing over time.



Adjusted for age, gender, mobility and wide range of social factors

Impact of wealth on volunteering

Rates of volunteering are particularly high amongst the richest fifth of the population

4 out of **10** people volunteer

compared with **1** out of **10** among the poorest fifth.

Is the health of older people improving?

A key question within ageing research is how increases in life expectancy relate to health in later life. Is it the case for instance, that the number of years spent in poor health decreases as life expectancy increases, because of general improvements in health? Or is it the case that the number of years spent in poor health stays the same, or even increases proportionally alongside an increase in life expectancy?

And if the latter is the case, to what extent is this explained by wider inequalities that someone has experienced throughout their life?

These are key questions because they have substantial implications both for the levels of health and social care needed to support older people, and for the wellbeing of older people.

Our research

In this context predicting and understanding risk of frailty has emerged as a key aspect of our research on population ageing and inequality, as it has in other research and in clinical practice.

This is because frailty provides a summation of the impact of a range of physical, psychological and cognitive conditions and impairments on an individual. It reflects age-related declines in biological systems that lead to a range of adverse outcomes such as falls, fractures, hospitalisation, institutionalisation and mortality.

As such frailty is a useful way of considering the health challenges of a growing population of older people. It can provide an indication of an individual's capacity for independent living and the risk of suffering an adverse event that might precipitate a need for greater levels of care in the future.

Levels of frailty in a population are also a useful indicator for policymakers as they predict need and can provide predictions across segments of the population, across different regions in the country, and give an indication of how levels of frailty might change into the future. They also predict how poor health might change with increases in life expectancy.

Our research on changing levels of frailty over time presents a pessimistic conclusion. Rather than levels of frailty decreasing for more recent cohorts they are, in fact, higher. The implication is that with increasing life expectancy we are also witnessing increases in the period spent in ill health.

"Wealth-related inequalities in levels of frailty widened between 2002 and 2010. Among the poorest... more recent cohorts appear to have higher levels of frailty compared to earlier cohorts, while this is not the case for the wealthiest..."

In addition, we show, once again, that the shadow of inequality looms large.

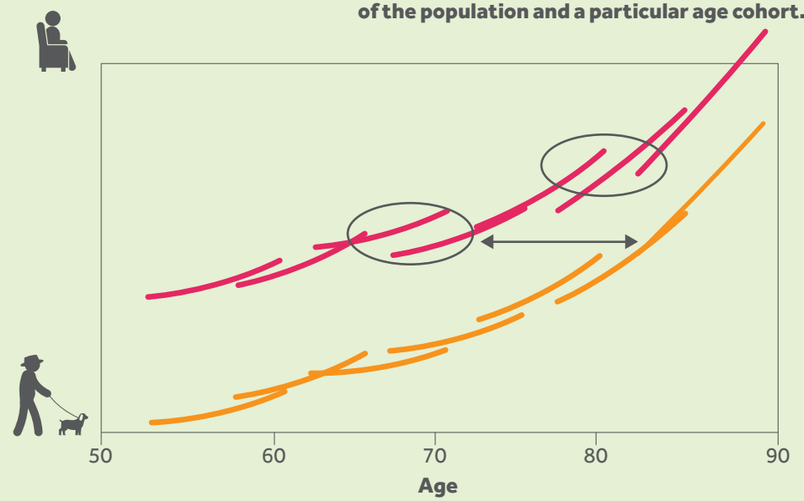
For instance, those in the poorest third of wealth distribution have levels of frailty that are equivalent to levels for people ten or more years older in the richest third of the wealth distribution. And this inequality seems to have been increasing over the first decade of this century.

Most importantly, our studies have shown that the increase in frailty levels for more recent cohorts is most prominent among the poorest individuals, with little evidence of any difference in frailty across cohorts among the most affluent. So, the increase in levels of frailty in later life is driven by an increase in levels among the poorest in our older population.

These findings emphasise the need to address inequalities in later life.

Increase in frailty for different age and wealth groups

Each line represents the poorest or richest third of the population and a particular age cohort.



Major differences can be seen between the two wealth groups, the poorest third showing a much higher level of frailty within each age cohort, such that they have a level of frailty equivalent to that for those ten or more years older in the richest third. In addition, for the poorest third, levels of frailty are often higher for more recent cohorts compared with previous cohorts, as shown by the blue circles around higher lines for more recent cohorts. This indicates progressively higher levels of frailty over time for the poorest third of the population and a consequent widening of inequalities.

Poorest **Richest**

Conclusions

Our programme of research demonstrates that the 'golden generation' label applied to today's population of older people is a myth.

Instead there remain clear – and growing – socioeconomic inequalities in wellbeing and health outcomes in later life. Our research has illustrated the mechanisms through which this operates – namely economic wellbeing, quality of work and processes of retirement, engagement in other productive activities in later life, and social and cultural engagement, all of which have biological, physiological and psychological consequences.

As such, a resounding message from our range of studies is that effective policy responses to the challenges of population ageing should not be seen in isolation from the need to address social, economic and health inequalities in later life.

Indeed, a life course approach to studying these issues has opened up new research directions that enable us to link individual lives over the life span to the varying and changing social structures that shape all our lives.

Addressing later life inequalities will take us some considerable way to responding to the challenges and maximising the potential of population ageing. However, addressing the clear inequalities that exist among older people, and the social injustices that underlie them, will require strong political will over coming years.

It requires a clear understanding of the drivers of inequality and the fact that social and health outcomes in later life are the product of inequalities that have developed across the life course. But also that there are real opportunities to address these inequalities in later life too.

As we have shown, many factors are driving these inequalities which are closely related. For instance, poor working conditions and low incomes can lead to poor health in the final years of employment, which in turn can lead to involuntary retirement and further deterioration in socioeconomic circumstances, wellbeing and health after retirement.

And then there are inequalities around access to today's modern economy and technology – with access to the internet being lower for older people, decreasing for those who use the internet as they get older, and being much lower for those in poorer socioeconomic circumstances and for women. Not having access to the internet is becoming increasingly significant as more and more services are automated.

Against this backdrop a criticism of the policy agenda is that the focus remains almost entirely on encouraging people to work longer and on pension reform. Not enough thought is given to the actual consequences of raising state pension ages without paying attention to the quality of the jobs that people work in, nor to individualising pension risk without considering the implications of this for economic inequalities in later life.

These are precisely the kinds of issues that policymakers trying to address inequalities among older people need to urgently address.

About fRaill

The Frailty, Resilience and Inequality in Later Life (fRaill) programme of research has been specifically concerned with providing an integrated understanding of the processes that lead to both positive and negative outcomes in later life, and how these are shaped by inequalities.

www.micra.manchester.ac.uk/fraill

Photo credit: Mark Epstein

Principal Investigator: James Nazroo

Professor James Nazroo is a sociologist and authority on social inequalities in health and wellbeing in later life. His research is particularly focused on describing the pattern on inequalities in later life, the factors occurring in later life and across the life course that drive this inequalities, and how this changes over time. He is a Co-Director of MICRA and Co-Principal Investigator of the English Longitudinal Study of Ageing (ELSA).

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Contributors to the report:

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Research papers

Wellbeing:

- Addressing inequalities in healthy life expectancy
- Aging and subjective well-being in later life
- Cognitive, affective and eudemonic well-being in later life: Measurement equivalence over gender and life stage
- Determinants of socioeconomic inequalities in subjective well-being in later life: a cross-country comparison in England and the USA
- Does the level of wealth inequality within an area influence the prevalence of depression amongst older people?
- Duration, timing and order: How housing histories relate to later life wellbeing (in press)
- Inequalities in the Experience of Later Life: Differentials in Health, Wealth and Wellbeing
- Later-life work, Health and Wellbeing: Enduring Inequalities
- Life Course Influences on Inequalities in Later Life: Comparative Perspectives
- Life Course Pathways to Later Life Wellbeing: A Comparative Study of the Role of Socio-Economic Position in England and the U.S.
- Pathways to Wellbeing in Later Life: Socioeconomic and Health Determinants Across the Life Course of Australian Baby Boomers
- Patterns and causes of health inequalities in later life: A Bourdieusian approach
- Trajectories in the Prevalence of Self-Reported Illness Around Retirement

Frailty and health:

- Cohort differences in the levels and trajectories of frailty among older people in England
- Does Pain Predict Frailty in Older Men and Women?
- Genetic variant of Interleukin-18 gene is associated with the Frailty Index in the English Longitudinal Study of Ageing
- Geographies of the impact of retirement on health in the United Kingdom
- Growing Up in Poverty, Growing Old in Infirmity: The Long Arm of Childhood Conditions in Great Britain
- Physical activity in older age: perspectives for healthy ageing and frailty
- Proinflammatory genotype is associated with the frailty phenotype in the English Longitudinal Study of Ageing
- Trajectories of the healthy ageing phenotype among middle-aged and older Britons

Cognition:

- Cognitive Ageing in Great Britain in the New Century: Cohort Differences in Episodic Memory
- National Economic Development Status May Affect the Association between Central Adiposity and Cognition in Older Adults
- Polygenic risk for Alzheimer's disease is not associated with cognitive ability or cognitive aging in non-demented older people
- Repeated systemic inflammation was associated with cognitive deficits in older Britons

Other:

- An analysis of the demographic contributions to population ageing in England and Wales
- Changes in lung function in older people from the English Longitudinal Study of Ageing
- Comparison of hypertension healthcare outcomes among older people in the USA and England
- Short- and long-term determinants of social detachment in later life
- Social Inequality and Visual Impairment in Older People
- Systems biology guided by XCMS Online metabolomics
- The consequences of self-reported vision change in later-life: evidence from the English Longitudinal Study of Ageing
- The impact of volunteering on wellbeing in later life
- Trajectories of vision in older people: The role of age and social position
- Understanding Digital Engagement in Later Life
- Volunteering, providing informal care and paid employment in later life: Role occupancy and implications for well-being
- Work and Family Trajectories: Changes Across Cohorts Born in the First Half of the 20th Century

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Royal Charter Number RC000797 KD346 07.17