Life course influences in later life

Summary of findings
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The Equality and Human Rights Commission is working in partnership with Age Concern England and Help the Aged to deliver a programme of seminars and research called ‘Just Ageing?’ The purpose of the programme is to investigate (and develop understanding of) the dynamics of inequality over the life course.

This summary reports on two studies undertaken by a team from the Institute of Gerontology at King’s College London. They carried out a systematic literature review regarding life course influences on health and well-being in later life and investigated, through secondary analysis of existing datasets, the ‘trigger events’ and experiences throughout life that are associated with financial and social well-being at age 65 and over.

A full copy of the reports ‘Life course influences on health and well-being in later life: a review’ and ‘Life course influences on poverty and social isolation in later life: a secondary analysis’ are available to download in Word and PDF formats on our website at: www.equalityhumanrights.com/justageing

Life course influences on health and well-being in later life: a review

Life course influences on poverty and social isolation in later life: a secondary analysis

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The literature review focused on three outcomes in older age: financial well-being including poverty and income level; health; and social support. The secondary analysis focused specifically on the less reported aspects of poverty and social isolation.

The data sources chosen for the secondary analysis were the English Longitudinal Study of Ageing (ELSA) and the British Household Panel Survey (BHPS). They contain detailed life history information, data on income and social contacts, and have large enough numbers of older people for analysis. Analysis was mainly by means of examining sample characteristics and through logistic regression models which compared the relative importance of a range of characteristics. Analysis by gender was carried out but it was not possible to analyse by other equality strands, either because of small sample sizes for particular groups or because the relevant data were not collected.

Two measures of poverty were used: a relative measure, where anyone with income less than 60 per cent of the population median before housing costs was considered to be in poverty, and an absolute measure, where anyone with income less than a specified budget, also before housing costs, was considered to be in poverty. Relative poverty was assessed by calculating the income of individuals, if they lived alone, or the joint income of couples. For couples, the income was then adjusted to account for economies of scale, a process known as equivalisation. Social isolation was measured by infrequent contact with friends, because of the known importance of friendships in combating social isolation.

As well as examining the impact of current factors such as age, marital status, tenure, carer and health status, the research aimed to establish the role of lifecourse factors in later life outcomes (that is at age 65 and over). The life history measures that were thought to potentially affect financial and social well-being in later life were social class (of last job held), highest educational qualifications and father’s occupation when 14, as well as measures across the working life, and marital and fertility histories. These included the percentage of working life spent in paid employment; the percentage of working life spent in marriage; and the number of children (natural, adopted and step).

The research aimed specifically to establish the role of ‘trigger events’ through the life course that might be independently important in determining poverty or social isolation in later life. Possible trigger events examined were early and involuntary exit from the labour force, experience of widowhood or divorce before age 45, legal marriage before age 21, and having a child before age 23.

Analysis also looked at changes over the period 2002 to 2006, the period of longitudinal analysis available in ELSA. Further potential ‘trigger events’ that were examined were whether individuals started or stopped working in that time, started or stopped informal caring, any change in partnership status, the onset of various types of health problems, having a (new) grandchild, and moving home.
Findings

Poverty

The literature shows that pensioner poverty has fallen between 1997 and 2008, partly because of improvements to pension credit. Women and people from ethnic minority groups have been found to be more likely to have low incomes and be poor at older ages.

Onset of retirement, loss of a spouse and onset of disability are the three most commonly studied life events affecting later life poverty and low income. All of these trigger events are generally associated with lower incomes and poverty at older ages. Many studies show that education, social class and disability continue to be important predictors of later-life poverty.

Some studies show that women who are out of the labour force for longer periods and had children, and those who are divorced and do not remarry, are at greater risk of poverty at older ages. But contrary to this, a small body of emerging evidence suggests that work and marital histories (for example, the amount of time spent in paid work) may not be as important in determining low income in later life as one might expect, once other factors such as occupation and education are taken into account. However, spending time raising young children as a single parent is associated with increased poverty in later life among women.

Our analysis confirmed that older women were poorer than men: 30 per cent of older women had family incomes below the relative poverty line in 2006 compared to 22 per cent of older men (this and the other figures reported in this summary are based on ELSA). Married older people were less likely to be in poverty than were currently unmarried older people.

Poverty in later life was strongly linked to increasing age, lower social class, lack of educational qualifications and housing tenure as a renter or a mortgage holder. Being in poor general health was associated with being in poverty, but there was little variation by the other health measures considered, for example, having a chronic health problem or difficulties with daily living at the time of the study.

Some variables looked important initially, but once other factors were taken into account, they no longer had an independent effect on the risk of poverty. For example, later life poverty is associated with father’s occupation at age 14 but this is most likely related to the other variables examined (such as own educational qualifications, own occupation and so on) and so this was not included in the final model.
People who retired early and voluntarily were less likely to be in poverty, perhaps because more of them had occupational pensions. However, once the other factors such as health, marital status and history, tenure, occupation, education and carer status were taken into account, there was no significant relationship between early retirement, whether voluntary or involuntary, and poverty at older ages. Similarly, people, especially men, who spent more of their lives in work were less likely to be poor in later life. However, when other variables were considered, such as education and occupation, this difference disappeared.

Women’s likelihood of being in poverty was related to marriage history. Women were more likely to be poor in later life if they had married before age 21, or had experienced divorce (especially after age 45) or had been widowed (especially before age 45). Women who had a child before age 23 were also more likely to experience late-life poverty, (but the link between number of children and poverty was inconclusive). However, multivariate analyses were not used to test the significance of the timing of marital events, as these analyses focused on all women and not just those with the experience of specific events (for example divorce or widowhood).

Even after other factors were taken into account, older age, not owning the home outright, lower social class and no educational qualifications remained clearly associated with increased likelihood of poverty in later life for men.
Factors associated with entering poverty in this period were examined. For women, loss of a partner had the strongest association with entering poverty. However, women who did not have a partner in 2002 also had higher-than-expected odds of both entering and leaving poverty. Those who stopped providing care had an increased likelihood of entering poverty: 22 per cent for men and 29 per cent for women. This might be due to bereavement or institutionalisation of a household member, either might result in a loss of household income, which might include a loss of health-related benefits to the household. Furthermore, men who started caregiving were significantly less likely to leave poverty between 2002 and 2006.

In general, the onset of limiting illness, disability, or difficulties with activities of daily living was associated with a greater likelihood of entering poverty for older men but the reverse was true for older women for whom the onset of health problems was associated with a greater chance of leaving poverty. This raises questions about whether women are more likely to receive health-related benefits than men, and why. However, this finding for women disappeared when other factors were taken into account suggesting the presence of other influencing variables.

Poverty changes
The research went on to examine changes in poverty status between 2002 and 2006. Fifty-seven per cent of older women and 43 per cent of older men experienced poverty at some time between 2002 and 2006. There were high levels of movement into and out of poverty over a relatively short period which is consistent with other findings. Most of this movement takes place among those who report the lowest incomes. Among older men, 25 per cent reported being in income poverty in 2002 with 18 per cent entering poverty at some point by 2006 and 17 per cent leaving. In contrast, 38 per cent of older women reported being in income poverty in 2002 with 19 per cent entering and 23 per cent leaving poverty by 2006.

The reason for this movement may be linked to benefit receipt but the levels of movement observed in and out of poverty for older people, whose incomes are generally thought to be reasonably stable, were surprising. Some of the fluctuations observed suggest that research is needed into whether these are real changes in income from year to year, or the result of measurement errors associated with survey methodology.
Social Isolation
Evidence from the literature suggests that people in lower socio-economic groups are more likely to receive informal support from family and friends, even when other characteristics are controlled for. But prior research is contradictory regarding the association between loss of a spouse and contact with friends. Some studies have shown that losing a spouse, through either death or divorce, reduces contact with friends whereas other studies report that widowhood increases social contact.

Recent work in the UK shows that while older women and men who are currently unmarried are more likely to receive support from children in comparison to their married counterparts, there are also gender differences. Women are more likely to receive support than men. The onset of poor health is associated with increased receipt of support at older ages. Furthermore, there are few differences in the level of support given and received by older people across ethnic groups.

Our analysis of ELSA and the BHPS examined social contact with friends, rather than with family members or wider social support. We found that more men than women reported infrequent social contact with friends. Factors associated with this included belonging to the manual worker group for men, and being older and in poor health for both women and men. However, when other variables were taken into account, the relationship with poor health remained significant only for men and not for women. Being a carer showed no association with social contact with friends.

Never-married men were more likely to have infrequent social contacts in comparison to those who were married. In contrast, never-married women were less likely to be socially isolated than women who had ever married. For both women and men, those who experienced shorter working lives were more likely to be socially isolated at older ages; however this relationship remained significant only for women when other factors were also considered.
Analysis of ELSA showed that none of the life history measures were associated with social isolation for men. Among women, those who spent more of their working lives in paid work and those who had experienced widowhood were less likely to report being socially isolated. For both men and women, older age and lower social class were associated with social isolation in later life; for men poor health was also important, as already noted.

In contrast to ELSA, more of the life history factors were associated with social isolation in later life in the BHPS, whereas in theory, the two datasets should show the same results. This may be due to differences in sampling methods, question wording, and the way in which the life history information was collected. This illustrates the importance of having a large comprehensive data set of older people to allow for meaningful analysis.

Changes in social isolation

Over 80 per cent of people experienced no change in their level of social isolation between 2002 and 2006, although higher levels of social isolation and greater movement into and out of social isolation were more common for men than for women. Those in poor health were more likely to experience both infrequent social contact in 2002 and changes in social contact between 2002 and 2006. Being in the manual working group showed the most consistent relationship with changes in social contact.

But generally, the characteristics considered showed no clear pattern of association with changes in social isolation in later life, suggesting that factors other than those measured here are important for explaining the observed variation in social contact.
Life course factors and health in later life
The literature review also covered what we know about the life course factors examined here and health in later life. Research examining circumstances in childhood and in adulthood has shown the continued impact of childhood factors, such as father’s social class, on later life health. However, the literature suggests that current circumstances such as current socio-economic status, appear to have greater influence on health outcomes.

There is also a considerable body of research on the health effects of bereavement. Comparing the bereaved with the non-bereaved shows that mortality and morbidity is higher among the bereaved even when health and socio-economic group are controlled for, and that outcomes are worse for men than women.

Early age at retirement, experiencing a job loss, and traumatic life events (especially later in life) are all associated with poorer physical, and in some cases, mental health in mid and later life. Similarly, more time spent unemployed is generally associated with poorer health, as is a working life spent in low control or passive jobs. Life-long economic hardship is also associated with worse health outcomes in later life.

People who have spent most of their adult life being married outlive those who have not. Past experience of widowhood and/or divorce has an adverse impact on the survival of men, but there is no demonstrable effect on women. With respect to childbearing histories the literature generally shows more children, teenage childbearing and being unmarried at first birth to be associated with worse health outcomes in later adult life for women.

Policy implications
This research has highlighted many of the methodological difficulties in trying to understand the impact of the life course on later life outcomes that are associated with data quality and sample sizes for older people. Investment in larger sample sizes and high quality longitudinal studies is needed to enable robust analysis in the future. It is hoped that studies such as the recently launched UK Household Longitudinal Study (known as Understanding Society) which will follow 100,000 individuals for up to 20 years, will facilitate research on older people by providing large enough sample sizes for meaningful analysis, especially by equality characteristics.

There is a need to tease out the relationship between work and marital histories, occupation, education, maternal status and other factors, all of which are highly interrelated. In addition, understanding patterns of social support and the impact of trigger events on the health and well-being of older people is vital if policy is to be relevant and benefit those in greatest need. This is particularly so where little evidence currently exists, for example, on the older ethnic minority population.
As other studies have suggested, it would appear that the proportion of working life spent in paid work is not a predictor of later life poverty once other factors are controlled. Thus, having paid work throughout the working life is not enough to ensure an escape from poverty in old age. Policies that are simply aimed at getting people into work are not sufficient to address long term concerns about later life poverty.

Given that it is not just being in paid work that is important, a greater understanding is needed of the ways in which some types of paid work are more likely to lead to higher lifelong income than others; for example, through low lifetime earnings, poor terms and conditions, and because of individual circumstances and characteristics. The effect of part-time work and self-employment is also important.

An alternative mechanism that could be operating is that histories of paid work are leading to lower individual incomes in later life, but that transfers from the pension and benefits systems are compensating for the lack of income sufficiently at least to take people out of poverty. This transfer cannot necessarily be relied upon for future generations.

In short, this research has shown that we need to understand much more clearly what it is about paid work that leads to differentials in poverty rates in later life, since it is not the fact of participation in paid work itself. Only then can we more clearly begin to assess the impact of current government reforms, understand how important it might be for government policies to take into account differential working conditions and opportunities to save or build up pensions, and consider the impacts of any future erosion in benefits.

Another substantive finding that has implications for policy is that for women (but not for men) being ever divorced, or ever widowed, significantly and substantially increases the likelihood of being poor in later life, even after other factors are controlled — that is, they act as trigger events for later life poverty. The precise trajectories and mechanisms leading to poverty in later life for divorcees and widows warrant further examination. It may be that specific policy interventions in the aftermath of divorce or widowhood may assist in changing long term pathways into poverty.

This research also shows how important it is for future cohorts of women to accrue sufficient pension in their own right to maintain an autonomous household free from poverty, and suggests that the extent to which that is happening should be closely monitored.
**What is Just Ageing?**

The Equality and Human Rights Commission, and the new merged charity Age Concern and Help the Aged, have joined forces to investigate and develop an understanding of equality over the life course and to identify solutions to inequalities in later life.

To find out more about the Just Ageing? programme and receive details of future events, please email justageing@equalityhumanrights.com. You can also visit our website to find out more at www.equalityhumanrights.com/justageing

**Who we are**

**The Equality and Human Rights Commission** is working to eliminate discrimination, reduce inequality, protect human rights and ensure that everyone has a fair chance to participate in society.

Find out more about the Equality and Human Rights Commission via our website at: www.equalityhumanrights.com or by contacting one of our helplines.

**England helpline:** 0845 604 6610
**Textphone:** 0845 604 6620

**Scotland helpline:** 0845 604 5510
**Textphone:** 0845 604 5520

**Wales helpline:** 0845 604 8810
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Monday to Friday, 9am-5pm

Age Concern and Help the Aged have joined together to form Age UK, a single charity dedicated to improving the lives of older people. We are a new charity with a clear vision: a world in which older people flourish. We work with a range of partners to ensure that together we can improve the lives of older people.

To find out more about Age Concern and Help the Aged visit our website at: www.ageconcern.org.uk or e-mail us at: info@ace.org.uk or call us on: 020 8765 7200

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Age Concern England (charity number 261794) has merged with Help the Aged (charity number 272786) to form Age UK, a charitable company limited by guarantee and registered in England: registered office address 207-221 Pentonville Road, London, N1 9UZ, company number 6825798, registered charity number 1128267. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI, Age Cymru.