



Benchmarking the situation of older people in Wales:

The UK Ageing Index

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In order to measure progress towards developing policies and programs that will improve the quality of life and wellbeing of current and future generations of older people in Wales, it is necessary for decision-makers, in both the public and private sectors, to have access to a framework that monitors wellbeing in a multidimensional way. As such, it is vital to use a measure that captures the complexity of the nature of ageing and later life. This is because:

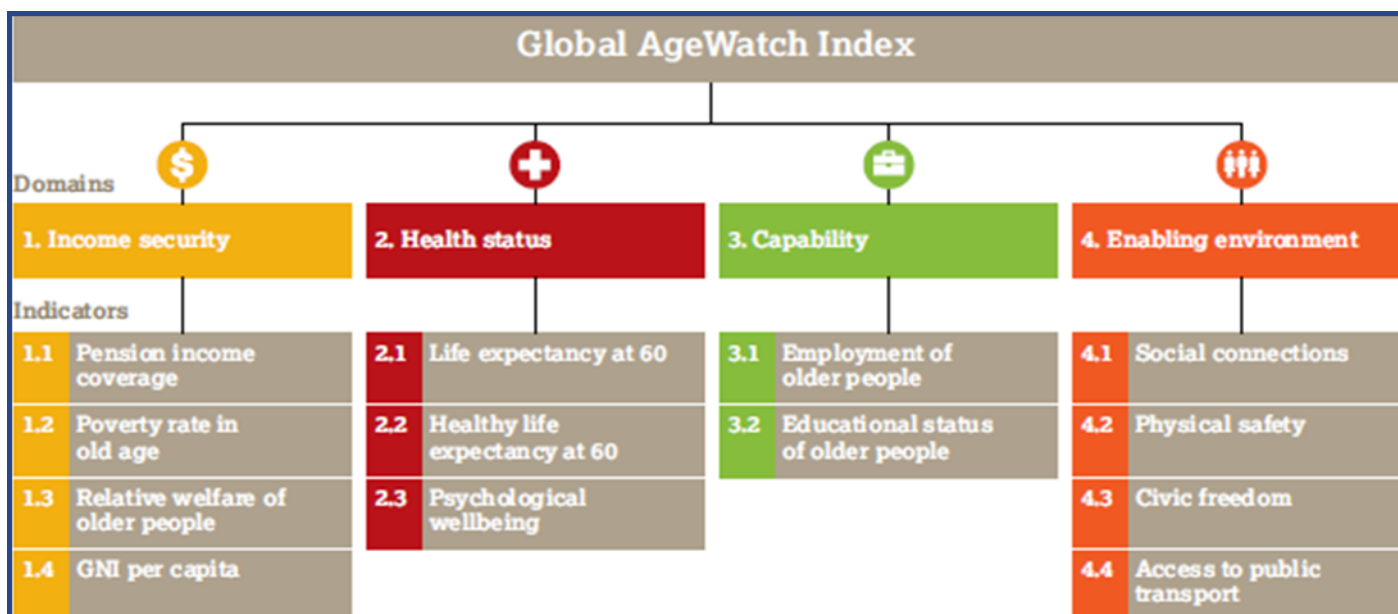
1) By its very nature the situation of older people is multidimensional, therefore reliance on a single measure will only tell part of the story.

2) Different indicators are relevant for different policies and stakeholder communities.

Following a review of the available measures and discussions with representatives of Welsh Government, we recommended producing a UK Ageing Index (UKAI), based on the Global AgeWatch Index (GAI), for Wales and the other countries of the UK. The GAI is a well established and internationally recognised measure. Hence, by matching the indicators for the countries of the UK, the UKAI would allow us to directly compare the situation of older people in Wales to their peers in a wide range of countries. It should also allow us to track changes in the situation of older people over time.

The GAI is designed to capture the core issues of concern to older people and is a framework for governments and the international community to develop and implement policy and programs to ensure no older person is left behind. The latest version has data on 96 countries, covering 91 per cent of the world’s population aged 60 and over. It measures four key domains for older people, covering the most crucial aspects of their wellbeing, experience and opportunities. These are income security, health status, capability, and the enabling environment (see figure 1)

Figure 1. The composition of the GAI





As the authors of the GAI note, when discussing income security (domain 1) a regular, decent level of income in old age is important for sustaining quality of life and wellbeing of older people. Hence, the index uses indicators designed to capture inadequate pension income, absolute lack of income and the relative position of older people in society. The authors argue that a lack of income security often leads to other forms of deprivation and experience of discrimination, humiliation and rejection which, in turn, can impact on other domains, such as frailty and declining functioning.



They argue that health (domain 2) is a core domain in measuring older people's wellbeing. According to the World Health Organization (WHO), health is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". Hence, the domain includes indicators that measure life expectancy at age 60, healthy life expectancy at 60 and psychological wellbeing.

The choice of indicators for domain 3 was informed by insights from the capability approach, as well as the gerontology literature on the concept of vulnerability.



Hence the domain includes a measure of the employment rate of older people as an indicator of their access to the labour market and, therefore, their ability to supplement pension income with wages. Educational attainment was also included as another enabling attribute as it enhances older people's social abilities, their access to work and also their functional competencies within the constraints and opportunities of societies in which they live.



Finally, domain 4, the enabling environment was based on the concept of 'social competencies', from the 2013 Human Development Report. This refers to what social institutions in a country can do. These institutions are those aspects of societies and environments that affect individuals but cannot be assessed at the individual level because they are based on relationships often summarised in the objectives of social cohesion and inclusion. To attempt to capture the relevant 'social competencies' that are important for older people the index includes indicators of social connections, physical safety, civic freedom and access to public transport.





Currently the UK ranks 10th in the world. However, there is no index for the 4 individual nations of the UK. Hence, it is currently not possible to see how Wales fares in relation to other countries in the UK or more globally. The benefits of creating the UKAI are that i) as the measure is based on data that is routinely collected, it does not represent any additional burden for older people to complete, ii) because these data are in large part administrative data collected for other purposes, they should not be affected by any changes in the subjective evaluation of the position of older people in society, e.g. frame shift, and therefore any changes should reflect real changes in material circumstances rather than changes in perception, iii) as long as the data that are collected remain relatively comparable over time, in the future it would be possible to create a time series going back for as long as the data allow and also going forward, this also means that iv) the creation of the scale is not so time sensitive as post-hoc baseline measures can be created from historical data thus ensuring that we are able to properly track any changes over time. A full description of the steps taken to develop the UKAI are set out in the methodology in Appendix A.

UKAI domain and overall rankings: Wales in a UK context

The results for the overall UKAI show that Wales was ranked 1st, with the highest overall score, followed by Scotland (2nd), England (3rd) and finally Northern Ireland (4th) (see table 1.)

From a Welsh perspective this is a very positive result as it suggests that older people in Wales are well supported and enjoy a good quality of life. However, (as is more fully described in the methodological appendix) this overall score is based on the average scores from each of the 4 domains. Therefore, it is important that we also look at how well Wales has done relative to the other UK countries across these 4 domains. Here the picture is somewhat different. The data presented in figure 2 show the rankings for each country, across each of the 4 domains. The rankings go from 1st to 4th. For example, if we take the income security domain, we can see that Northern Ireland was ranked 1st, England was ranked 2nd, Wales 3rd and Scotland 4th. England was ranked as 1st for both Health Status and Capability and Wales was ranked 1st for Enabling Environments.

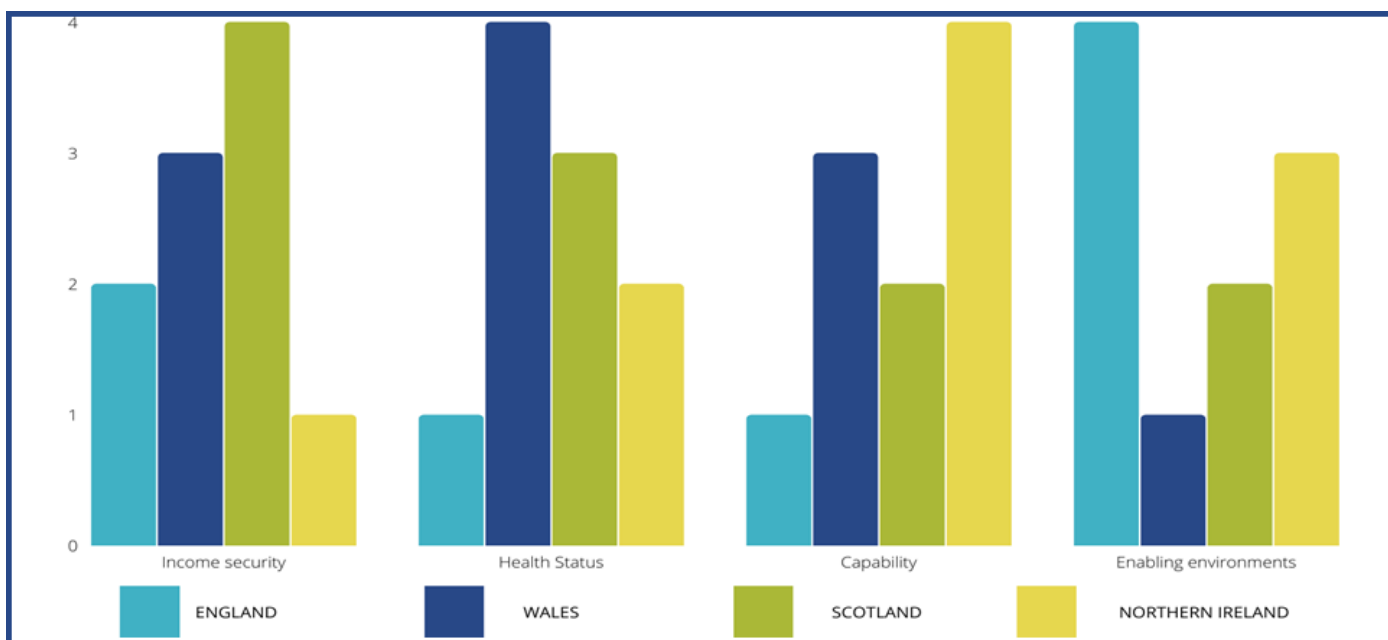
Table 1. Overall ranking for the UK Ageing Index

Rank	Country
1st	Wales 
2nd	Scotland 
3rd	England 
4th	Northern Ireland 

Note:

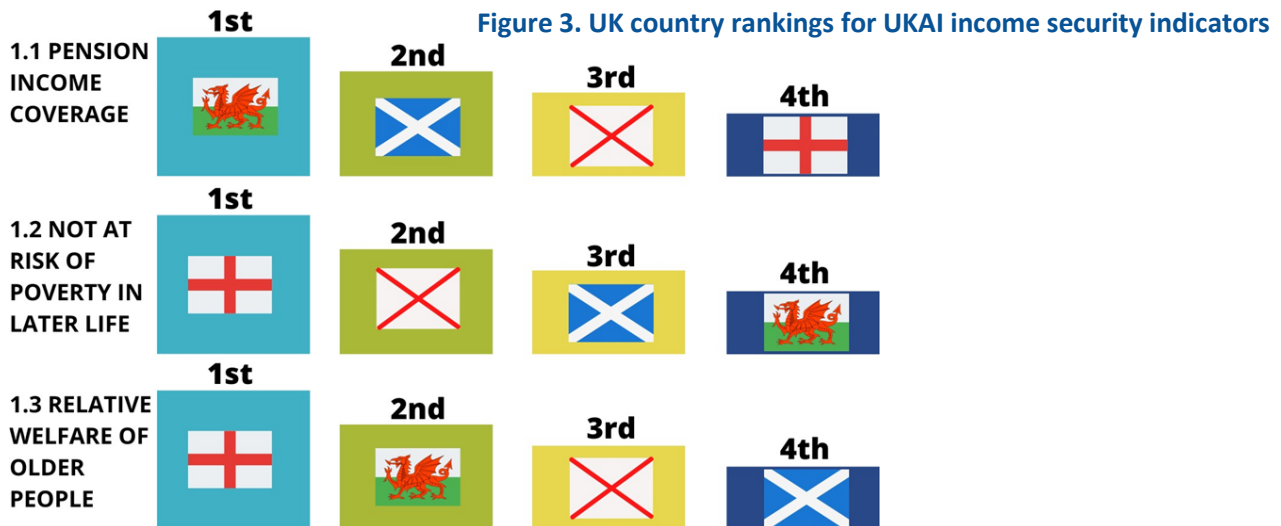
To calculate the UKAI scores we followed the guidelines for the GAI. Each 'domain' (e.g. Enabling Environments) is scored differently, therefore we needed to 'normalise' the values. This means adjusting the values which are measured on different scales to create a notionally common scale which are treated equally. The reason why Wales has a slightly higher score, and is ranked 1st overall, is because of the relatively high score in the

Figure 2. UKAI domain rankings for the UK countries



Income Security

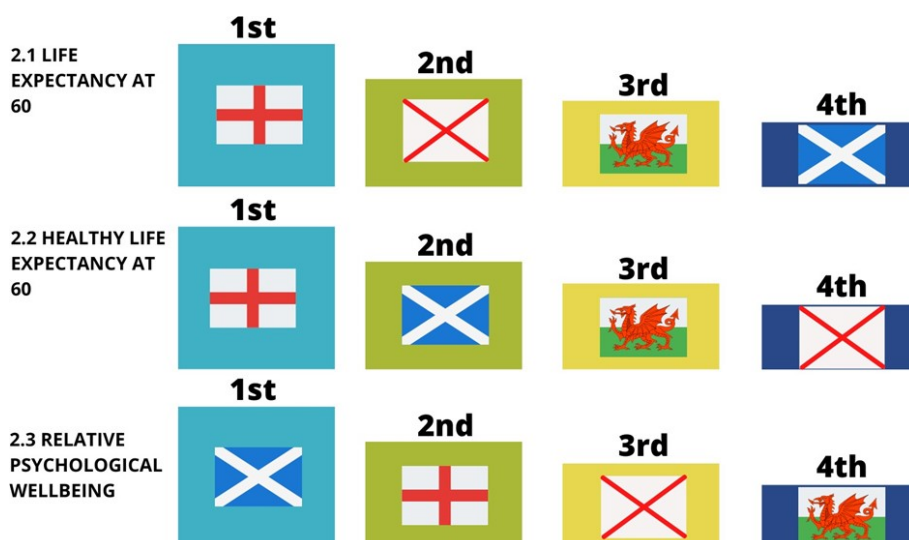
As noted above, Wales was ranked as third overall for income security. However, when we take a closer look at the rankings for the individual components for the income security domain, we see that Wales was actually ranked as 1st for the level of pension income coverage (indicator 1.1). It was also ranked 2nd in the relative welfare of older people, behind England which was ranked as 1st. However, it was ranked last for the proportion of the older population that was not at risk of poverty in later life (indicator 1.2).



Health Status

Overall Wales was ranked as 4th for Health Status. When we look at the rankings for the individual indicators (figure 4) we actually see that Wales is ranked as 3rd for both life expectancy and healthy life expectancy and 4th for the relative psychological well-being of older adults. Here, Wales performs poorly particularly compared to England, which is ranked as 1st for life expectancy and healthy life expectancy, and Scotland, which was ranked 1st for relative psychological wellbeing of older adults. Hence, these results show that there is more work that can be done to improve the health of the older population in Wales.

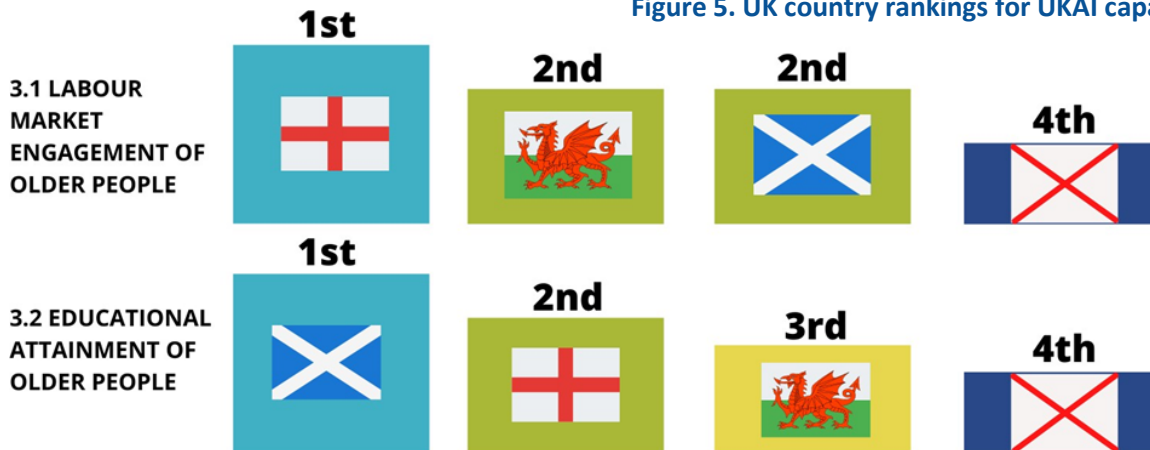
Figure 4. UK country rankings for UKAI health status indicators



Capability

Wales was ranked as 3rd overall for its capability. However, when we look at the ranking for the individual indicators, we see that Wales ranked as joint 2nd for the labour market engagement of older adults (with Scotland) and 3rd for the educational attainment of older adults. Hence, while there is still work to be done to improve the educational attainment of current and future cohorts of older people in Wales the rates of labour market participation are looking good.

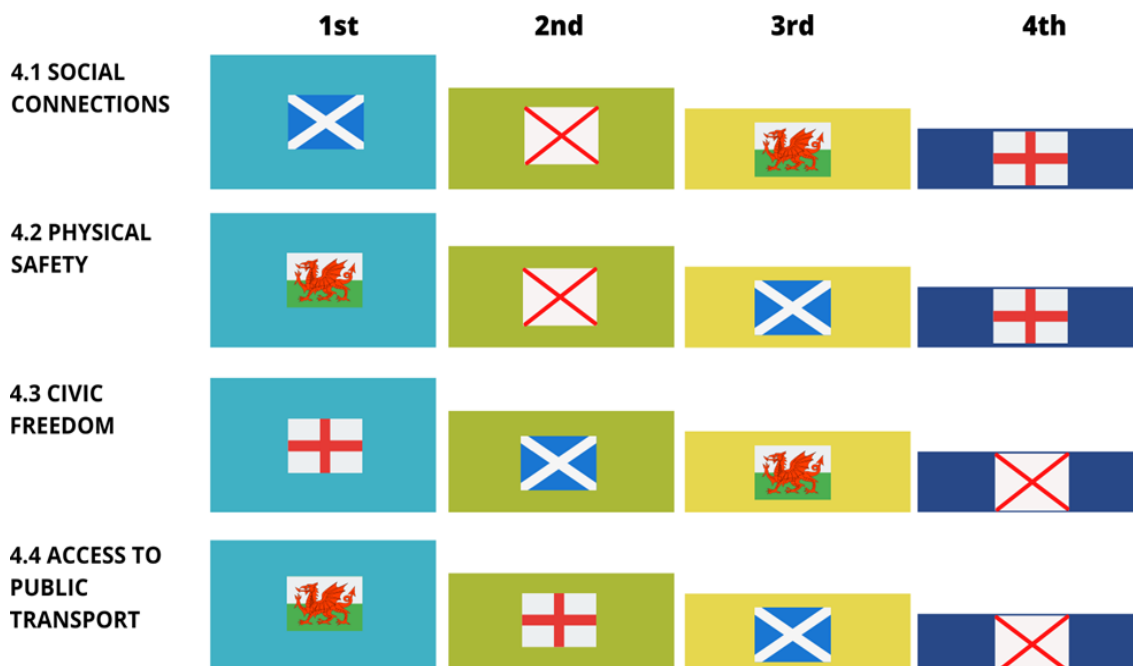
Figure 5. UK country rankings for UKAI capability indicators



Enabling Environments

Overall Wales was ranked as 1st for its Enabling Environments. However, a closer inspection of the scores for the domain indicators shows that it was ranked as 1st for its physical safety and access to public transport. But it was ranked as 3rd for its social connections and civic freedoms. Here Scotland was ranked highest for social connections and England ranked highest for civic freedoms.

Figure 6. UK country rankings for UKAI enabling environments indicators



The Strategy for an Ageing Society has 4 key aims:

- Enhancing well-being
- Improving local services and environments
- Building and retaining people’s own capability
- Tackling age-related poverty

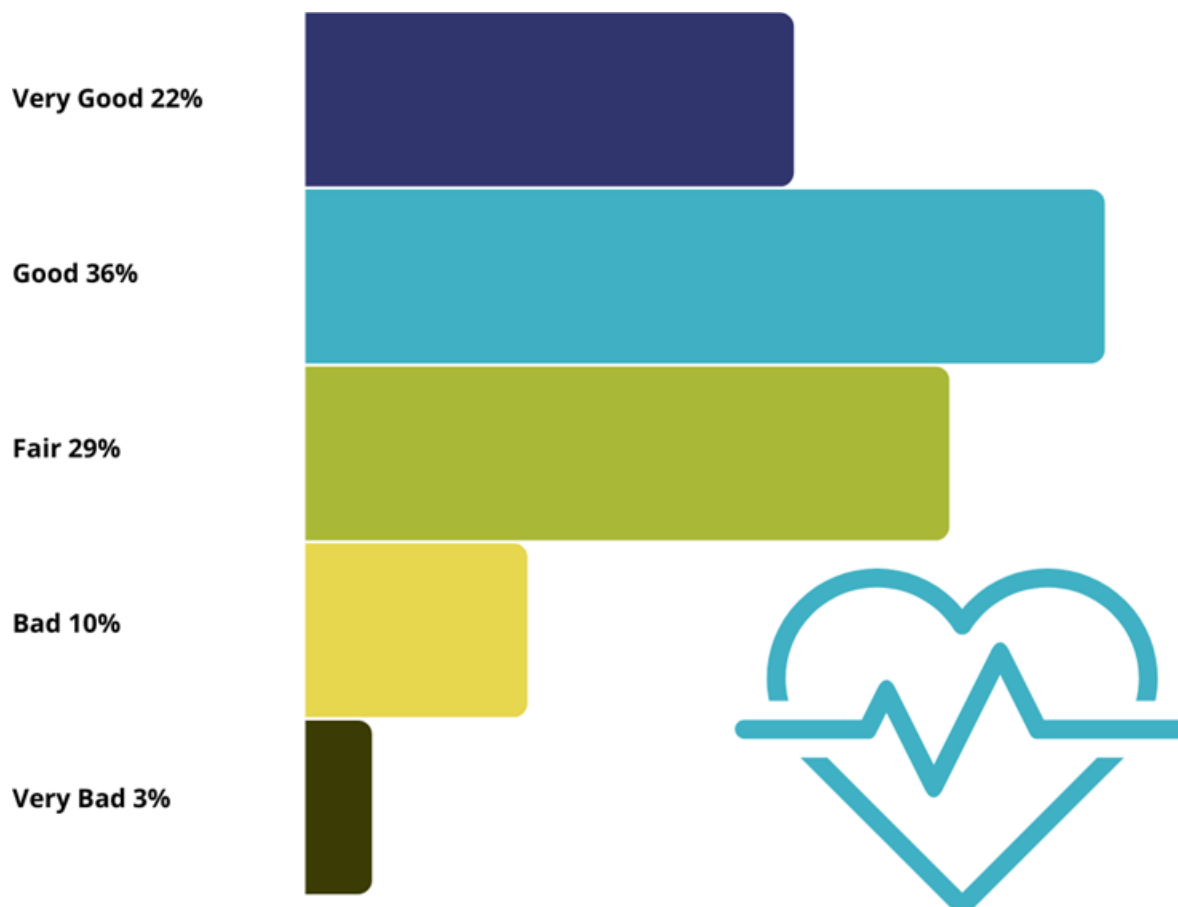
Enhancing well-being

Overall the health and well-being of the older population in Wales is positive. Nearly 6-in-10 older adults say that their overall health is either good or very good. Conversely just over 1-in-10 say that it is either bad or

In order to assess the extent to which the Welsh Government is able to realise these aims it is important to have a good understanding of the current situation of older adults within these areas. To do this we undertook analysis of the National Survey for Wales (NSW) and the UK Household Longitudinal Survey (UKHLS). With the exception of the analyses conducted on working conditions all analyses were restricted to those aged 60 and over. The analyses of the work related topics were restricted to those aged 50 and over.

As part of this aim is the commitment, through the Healthy Weight, Healthy Wales Strategy, to ensure that the environment enables people to make healthier choices, as well as encouraging opportunities for older people to be healthy and active.

Figure 7. Self-rated general health amongst those aged 60+ in Wales

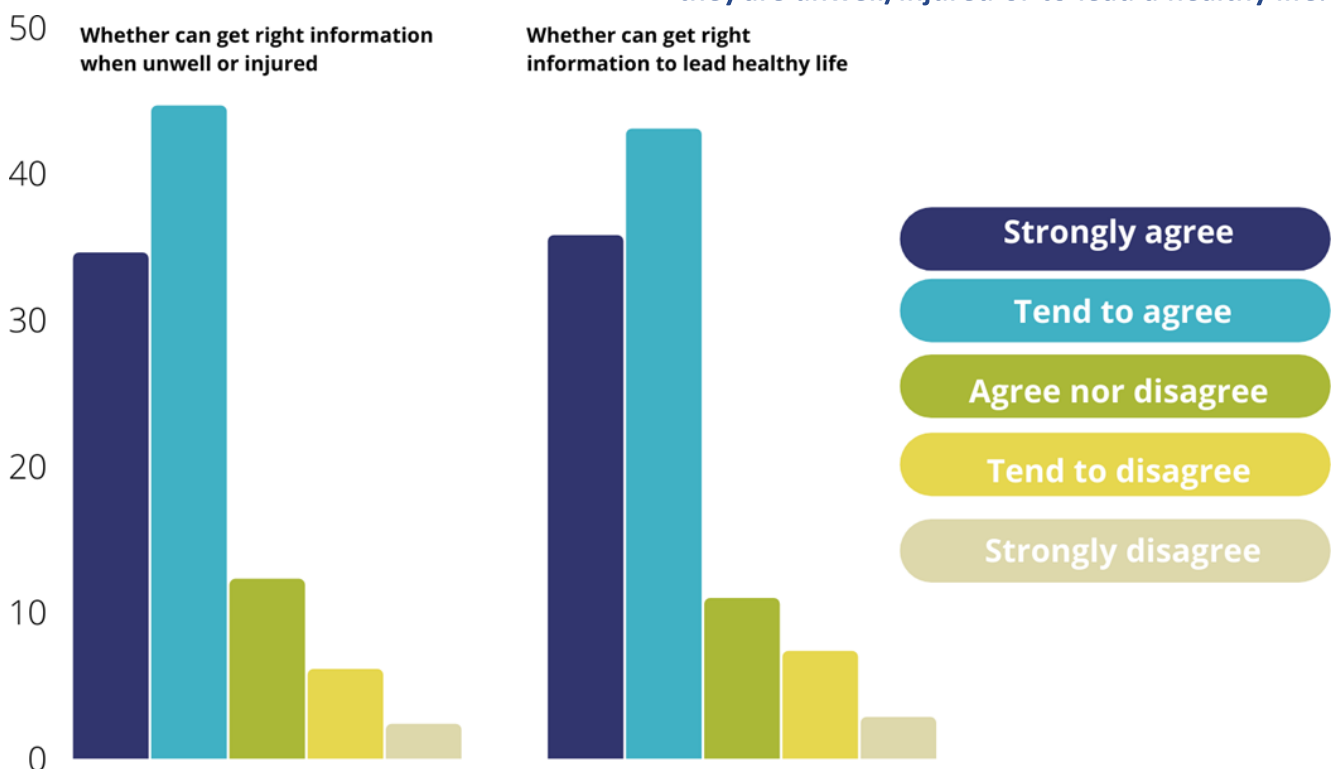


The data from the NSW (figure 7) show that more older adults have healthy lifestyles (22%) than unhealthy lifestyles (9%). However, there is still clearly room for improvement to increase the proportion of older adults with healthy lifestyles. Respondents were also asked whether they are able to access information they need when they are unwell/injured or how to lead a healthy life. The data (figure 9) show that the majority of older adults said that they either strongly agreed (35%) or tended to agree (44%) that they were able to access the information they need. On the other hand only around 10% said that they disagree that they are unable to find the information they need.

Figure 8. Percentage of older adults in Wales who have unhealthy or healthy lifestyles.



Figure 9. Proportion of older adults who feel they can get the information they need when they are unwell/injured or to lead a healthy life.



People also reported high levels of wellbeing. Respondents were asked to rate their overall levels of life satisfaction, happiness and anxiety as well as the extent to which they felt that what they did was worthwhile on a scale of 0 (as low as it can be) to 10 (as high as it can be). As figure 10 shows between a quarter and a fifth of respondents felt that their life satisfaction, happiness and feeling that what they did in life was worthwhile were as high as they could be. Indeed if we add the proportion of respondents that gave any of the top three response options, i.e. 8, 9 and 10, this comes of over 2/3rds of respondents. The figures for anxiety tell a similar story, albeit that the response format is reversed. Here we can see that 40% of the respondents said that they had no anxiety, whilst fewer than 2% of the sample said that their anxiety was as high as it could be.

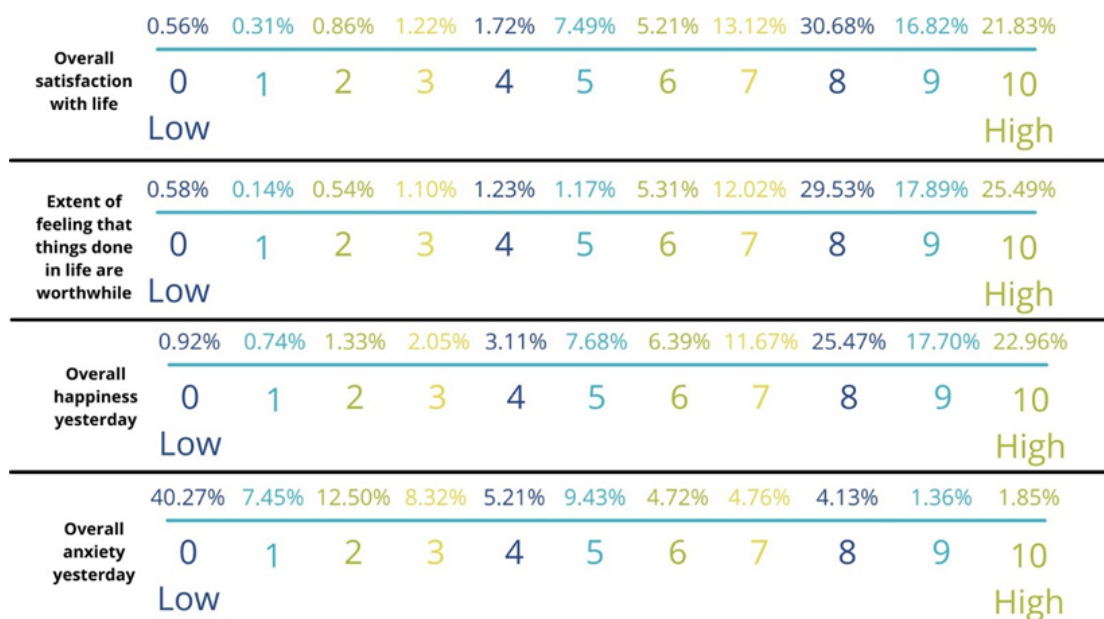


Figure 10. Well-being amongst those aged 60+ in Wales

Respondents were also asked a number of questions about the quality of their social connections. As figure 11 shows the majority of older adults in Wales have good social connections. Nearly 8-in-10 people said that they had enough people that they felt close to and over 7-in-10 said that they had plenty of people who they could rely on if they had any problems. A small minority of people reported that they experienced a sense of emptiness (10%), felt rejected (5%), did not have enough people they felt close to (7%) or did not have people they could rely on if they had problems (9%). Nonetheless, there is clearly room for improvement here as this still equates to around 1-in-10 older adults who are missing key elements of social support.

Figure 11. The quality of social connections amongst those aged 60+ in Wales

	YES	MORE OR LESS	NO
I experience a general sense of emptiness	9.69%	10.54%	79.77%
I miss having people around	21.70%	14.11%	64.18%
I often feel rejected	5.26%	5.20%	89.54%
There are plenty of people I can rely on when I have problems	72.97%	18.04%	8.98%
There are many people I can trust completely	64.81%	22.61%	12.58%
There are enough people I feel close to	78.99%	14.25%	6.76%

One of the key commitments to enhancing well-being is supporting **healthy ageing programmes and initiatives** through ‘through a variety of activities including tai chi, Nordic walking and supporting participation in cultural events’. In the NSW respondents are asked about their participation a wide range of activities. These are classified as ‘outdoor games and activities’, e.g. jogging, rugby, outdoor swimming, etc., ‘outdoor pursuits’, e.g. canoeing, fishing, orienteering, sailing, etc., and indoor games and activities, e.g. badminton, gym/fitness classes, snooker, etc. According to the data (figure 12) 4-in-10 older adults do not participate in any outdoor games or activities, 3-in-10 do not participate in any indoor games or activities and nearly a quarter do not participate in outdoor pursuits.

However, when asked whether they would like to do any outdoor activities or games very few said that they would like to do any outdoor activities or games. Over 8-in-10 said that they were not interested in doing any outdoor activities and games. However, this does suggest that around a fifth were interested. Amongst those who did express an interest the most popular outdoor activities that people wanted to do (amongst those who currently do no such activities) were outdoor bowls (3%), golf (3%), outdoor swimming (3%) and Tai Chi (3%).

There were similarly low levels of interest in taking up new outdoor pursuits. Nearly 8-in-10 said that they were not interested in doing any outdoor pursuits, although again this means that around a fifth were interested. Of those who did say they were interested the most common were walking (8%), cycling (4%), rambling (3%) and fishing (2%). Likewise three-quarters of those who do not currently participate in any indoor activities are not interested in doing any activities. But this means that around a quarter are interested. Amongst those who are interested in doing an activity the most common activities were swimming (12%), gym/fitness class (5%), dance (4%) and indoor bowls (2%).

Taken together the data on sporting activities suggest that the majority of older adults are engaged in some form of outdoor or indoor activities. However, there is a significant minority that is not involved in these activities. Amongst those the majority appear to be uninterested or unable to take up these activities. This presents a policy challenge to better understand the reasons and potential obstacles for this group. The last group, which comprise around 20-25 percent of those who do not currently do any sporting activities, are interested in taking up some activities. The challenge is that, with the possible exception of swimming, the rates of interest in specific activities is quite low. Hence more work is needed to better understand which groups of older adults are interested in which activities to better target resources to support them.



Figure 12. Percentage who do not engage in outdoor or indoor activities in the past

As figure 7 shows rates of attendance at arts events is somewhat varied. Going to a film showing (32%), the theatre (32%) and live music performance in the last 12 months were the most common activities. However, relatively few people attended a dance performance (7%), an art exhibition (4%), a reading event (3%) or the Eisteddfod (less than 1%). Rates of participation in arts events were even lower (figure 6). The two most popular activities were visual arts and crafts and music. But only 8 percent and 7 percent respectively of older adults participated in these activities. Lastly, the percentage of older adults who have visited a heritage site in the past 12 months appears to be relatively high (figure 8). Around a third of older adults have visited a historic park or garden (33%), museum (33%), a monument such as a castle (33%) or a historical place of worship (32%).

Film showing	32.98%
Theatre	31.74%
Live music	25.17%
Dance performance	6.09%
Other arts event	4.48%
Art exhibition	3.85%
Storytelling or reading event	2.99%
Eisteddfod	0.57%



Figure 13.
Percentage who attended arts events in the past 12 months









	Visual arts and crafts	8.07%
	Music	7.29%
	Dance	2.42%
	Creative writing	2.24%
	Film making or photography	2.22%
	Drama or theatrical activity	1.18%
	Making artwork or animation using digital technology	1.04%
	Circus skills, street art or other physical theatre activity	0.18%

Figure 14.
Percentage who have participated arts events in the past 12 months

Another key commitment in the strategy is targeting interventions at areas of high deprivation and minority groups. Unfortunately, there are only 50 older adults (representing less than 1% of the 60+ sample) from minority ethnic groups aged 60 years and over in the NSW. Therefore it is not possible to perform any analysis by ethnicity. A recommendation for future studies would be to consider a minority ethnic boost to ensure sufficiently large sample to allow for analysis. Likewise there were only 99 people (representing 2 percent of the over 60 sample) aged 60 years and over who identified as non-heterosexual in the NSW. Therefore it was not possible to conduct any analysis by sexual orientation. Hence there is a need for research with LGBTQI older adults in Wales. Potentially data from the most recent Census could provide some insights. But these data will not be available for a while.

However, it was possible to look at differences in health and health behaviours by area level deprivation. Figure 16 shows that those in the less deprived areas have much better health than those in the more deprived areas. Figure 17 also shows that those in more deprived areas are more likely to have poorer health behaviours. Hence there is definitely a need for targeted interventions to support older adults living in more deprived areas in Wales.

Figure 15. Percentage who have visited a historic place in past 12 months.

A historic park or garden open to the public	33.35%
A museum	33.27%
A monument such as a castle, fort or ruin	33.02%
A historic building open to the public (non-religious)	32.45%
A historic place of worship attended as a visitor	21.41%
A place connected with industrial history	15.70%
A site of archaeological interest	11.40%
Other historic heritage/site	8.97%

Figure 16. General health of those aged 60+ by area level deprivation

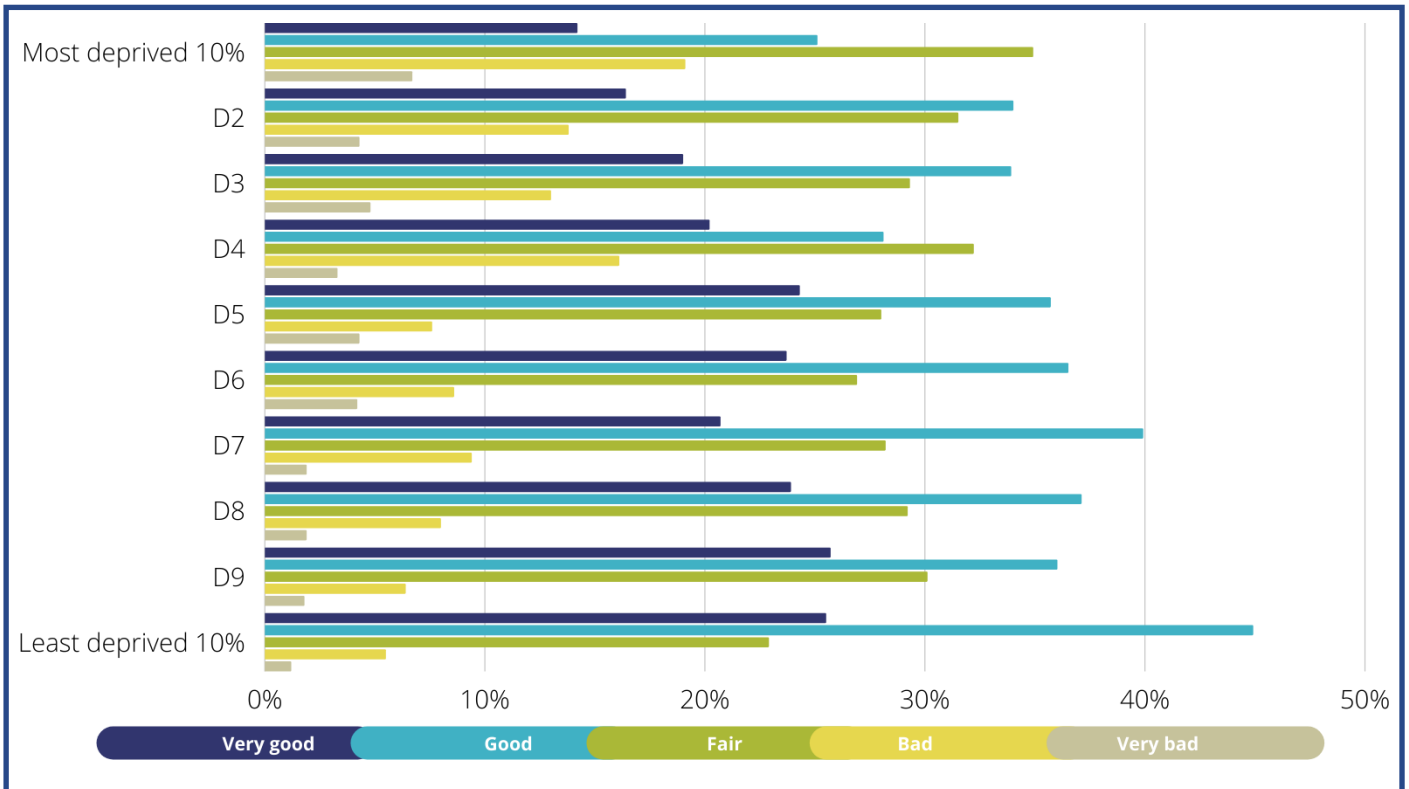
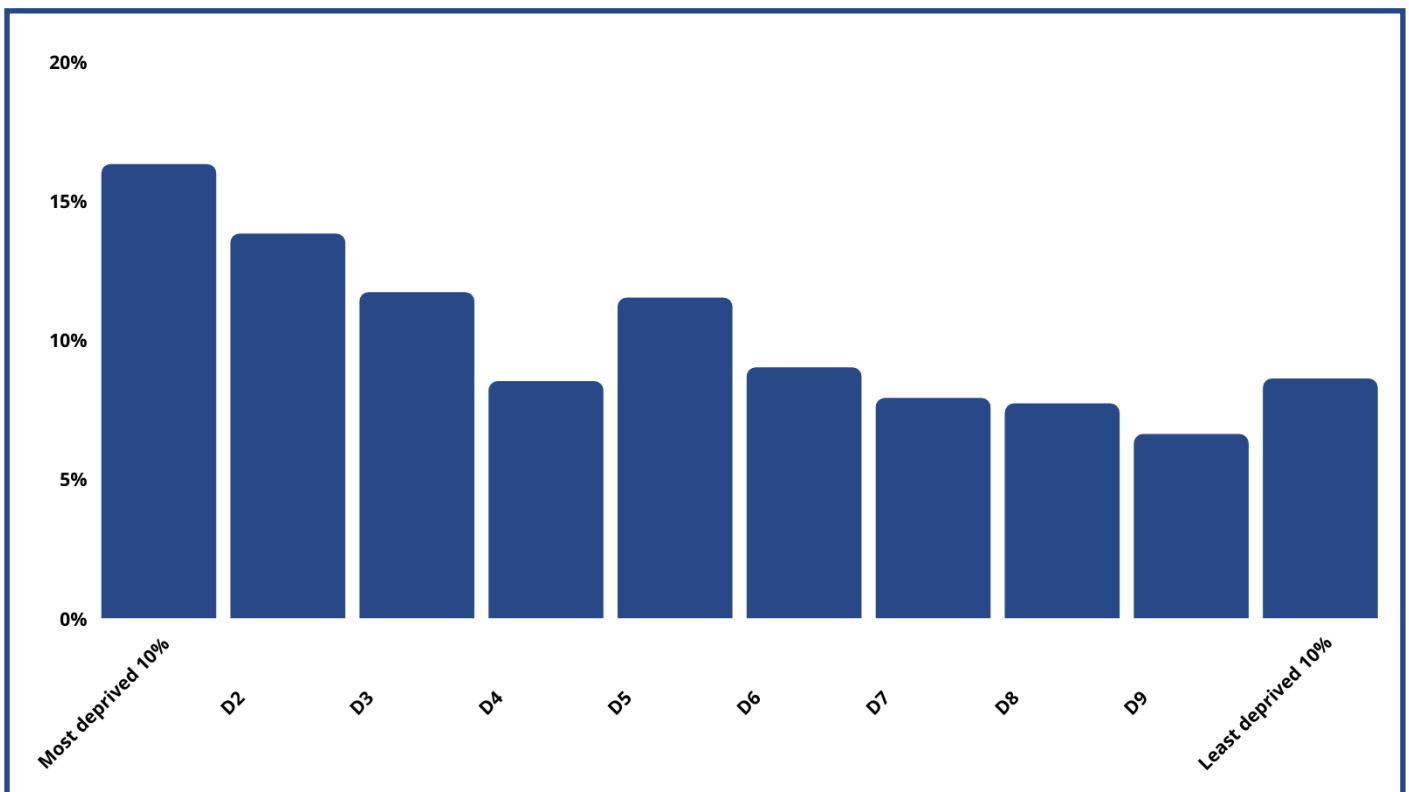


Figure 17. Percentage of older adults with fewer than 2 healthy lifestyle behaviours (not smoking, healthy weight, eat 5 fruit or veg, not drinking above guidelines, active) by area level deprivation



Welsh Language

Another aim under the 'Enhancing wellbeing area' is making it easier for people to access Welsh language services and use Welsh in their everyday lives. This was also something that came through strongly in the public consultation on the Strategy. The NSW asks a good range of questions about Welsh language use which allows us to explore the extent to which older people living in Wales feel that they can use the Welsh language. Figure 18 shows that around 20 percent of older adults can understand Welsh and around 15% can speak, read and write Welsh. Amongst, those who speak Welsh around a third prefer to speak Welsh compared to over half who prefer to use English (figure 19).

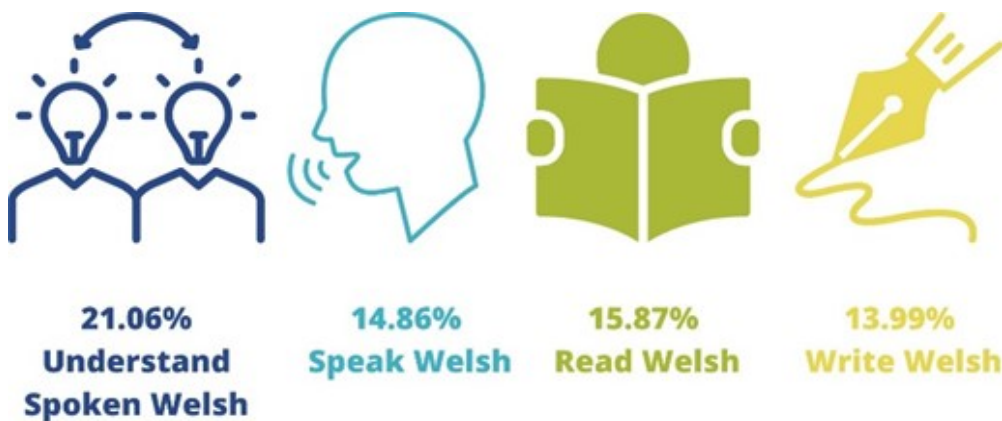


Figure 18. Welsh language competence amongst those aged 60+

Language of Preference

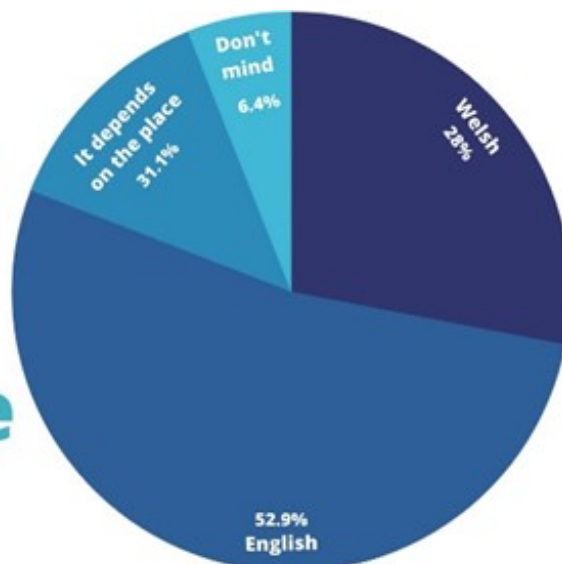


Figure 19. Language preference amongst older Welsh speakers in Wales.

Figure 20 shows the language that older Welsh speakers used with staff in selected places that they had visited in the past 7 days. The figures show that whilst a significant minority (between 20 and 40 per cent) used Welsh with all staff the majority used English. Those Welsh speakers who did not use Welsh in their interaction with staff were asked a follow up question about why they did not use Welsh. The responses, presented in figure 21, show that the overwhelming reason (61 per cent) was because the staff could not speak Welsh. Hence, there is room for improvement in developing the Welsh language skills of staff working in the service sector in Wales.



Figure 20. Language used with staff at the following places amongst older Welsh speakers

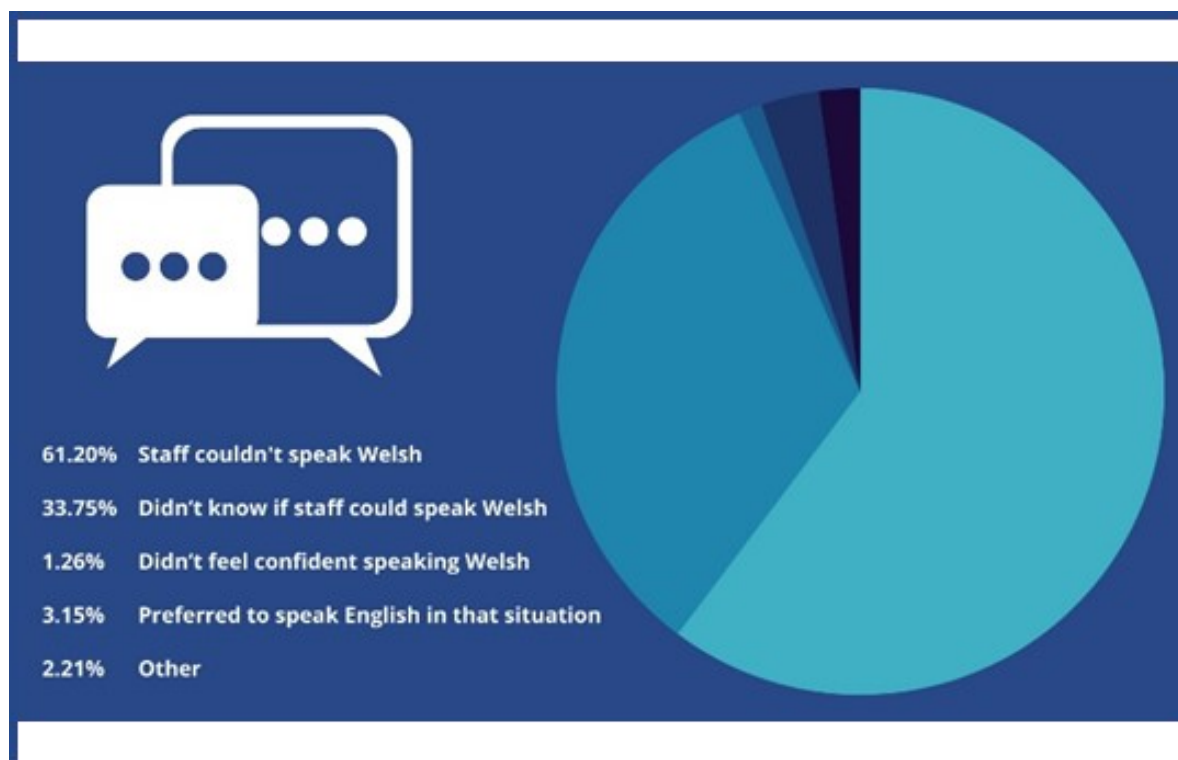


Figure 21. Reason why the conversation in the place older Welsh speakers visited was in English

One of the key priority areas for action is improving access to primary care services including GPs. The NSW has a number of questions about people’s healthcare experience.

According to the data 80% of those aged 60+ have seen a GP or family doctor about their own health in the last 12 months. Of those who have not seen a GP/family doctor only 9 percent wanted to see a GP/ family but could not. Of that 9 percent 60 percent did not see a GP/family doctor because they could not get an appointment at a convenient time. Of those who were able to see a GP/family doctor there was a range of experiences of how easy it was to an appointment at a convenient time. As figure 22 shows roughly equal numbers of people (around a quarter in both cases) found this very easy and very difficult.



Figure 22. How easy or difficult was it to get an appointment with a GP/ family doctor at a convenient time for those aged 60 years and over in Wales.

Reception staff made it difficult	18.57%
Unable to book appointment far enough in advance	25.00%
Appointments not available at convenient times	30.95%
Could not book appointment with doctor of choice	35.90%
Appointments not available on the same day	51.75%
Long wait for appointment	55.68%
Needed to make early morning phone call to get appointment	56.66%
Difficulty getting through on the phone to make the appointment	57.33%

Figure 22. Reasons why it difficult to get an appointment at a convenient time

Those who have seen a GP/family doctor in the last 12 months were asked how satisfied they were with the care they received from their GP. Similarly, those who had an appointment at an NHS hospital were asked how satisfied with the care they received. Overall, older adults in Wales were satisfied with the care they received (figure 23). Nearly 8-in-10 were very satisfied with the care they received in hospital and 7-in-10 were very satisfied with the care they received by their GP. Conversely, only 2 percent said that they were very dissatisfied with either experience.

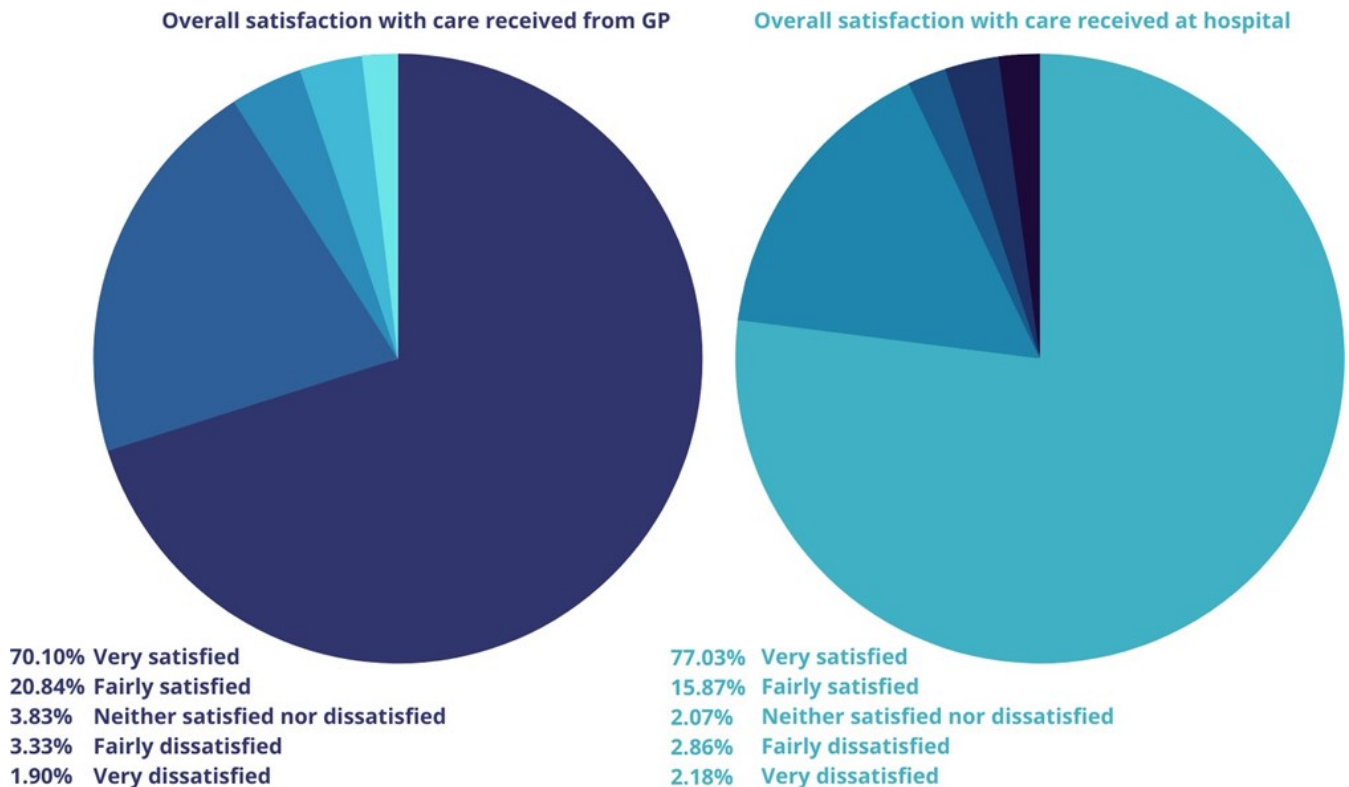


Figure 23. Overall satisfaction with care received from GP/family doctor for those aged 60+ in

Improving local services and environments

Before examining the data related to specific aims/ commitments under this topic we thought it would be good to understand what older adults in Wales thought about their local authority (given the focus on improving local services/environments). The data from NSW (figure 24) show that there are mixed opinions about how well local authorities are doing amongst those aged 60 and over. Whilst the majority of older adults (36%) tend to

agree that their local authority provides high quality services there are a significant minorities who tend to disagree (19%) and who strongly disagree (13%). The assessment of whether the local authority does all it can to improve the local area is somewhat more negative. Overall 43 percent of older adults either tend to disagree or strongly disagree that their local area does all it can to improve their local area. Respondents were more positive about being able to access information about what services the local authority provides and how they can access that information. But it is clear that older adults feel very disconnected from the decision making in the local authority. Over 40 percent strongly disagree that their local authority consults people before setting the budget or that they have an opportunity to participate in decisions about the running of the local authority services.

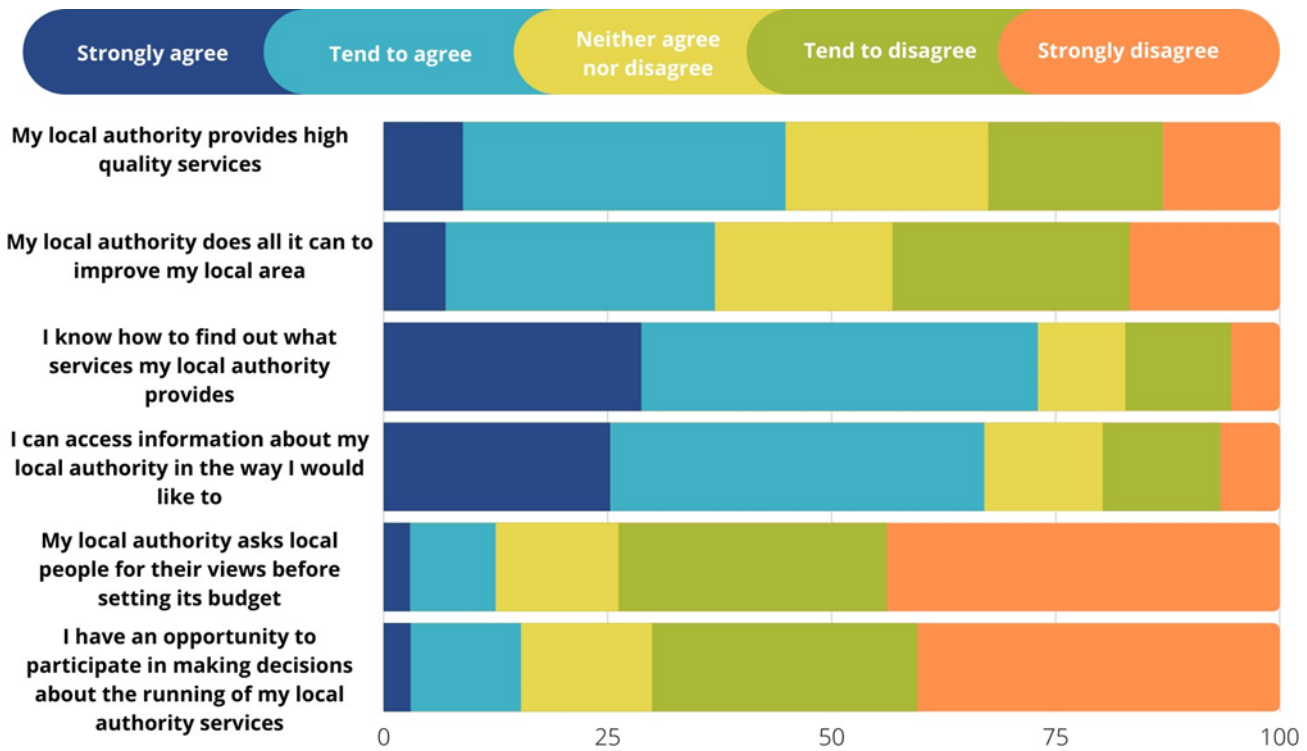


Figure 24. Attitudes to local authorities amongst older adults in Wales.

Two of the key commitments in this aim are to tackle fuel poverty and investing £104m in the Warm Homes Programme. In particular there is a commitment to focus on better supporting people on low incomes or living in the most deprived areas of Wales. The NSW asks a number of questions about material deprivation which includes questions on household items.

The data in figure 25 show that relatively few older adults are unable to keep their home warm or have problems keeping their heating, etc, in good working order. However, almost 8 percent reported that they had a damp home. We also analysed data from the UK Household Longitudinal Survey which asked similar questions. We looked at whether people said that were able to keep up with their household bills.

The results (figure 26) show that 5 percent of those aged 55-65 and 6 percent of those aged 66+ said that they could not afford to keep up with their bills. We also looked at the self reported current financial situation of those aged 55-65 and 66+. The data (figure 27) show that the majority (48%) of those aged 66+ were living comfortably and the majority of those aged 55-65 said they were doing alright. We also looked at what people thought their financial situation would be like in the future. Seventeen percent of those aged 55-65 and 9 percent of those aged 66+ said they expected to be worse off in the future.

We have extended the NSW analyses to explore whether those living in more deprived areas were more likely to have problems with damp in their homes (figure 28). The data show that there is not a clear pattern across different levels of area deprivation. Whilst those in the least deprived areas are also the least likely to have damp homes, the data suggest that it is actually those living areas with ‘average’ levels of deprivation are most likely to have damp in their home.

Figure 25. Percentage of those aged 60+ who have problems with their housing.

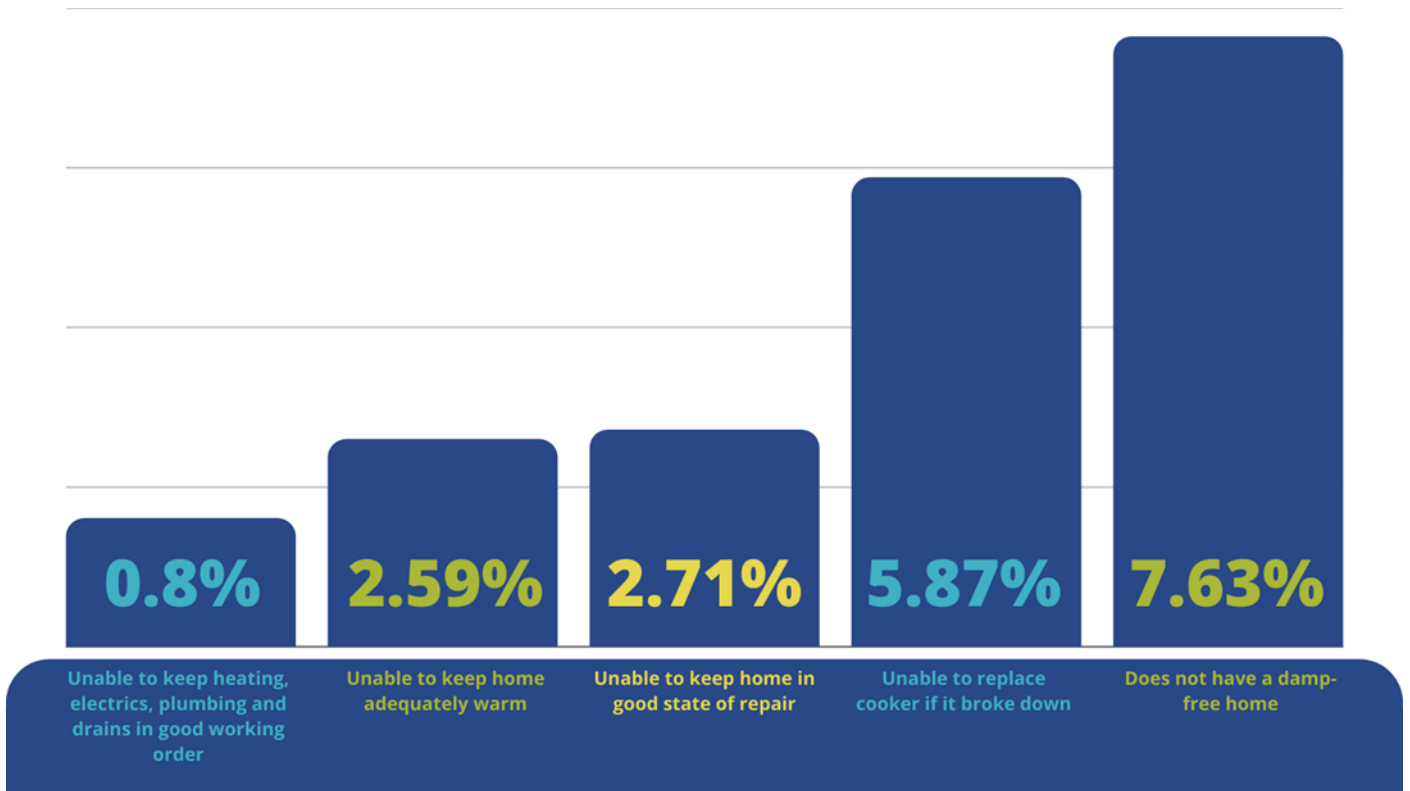


Figure 26. Percentage of those aged 55-65 and 66+ in Wales who cannot afford to keep up with their bills



Figure 27. Self-reported current financial situation of those aged 55-65 and 66+ in Wales

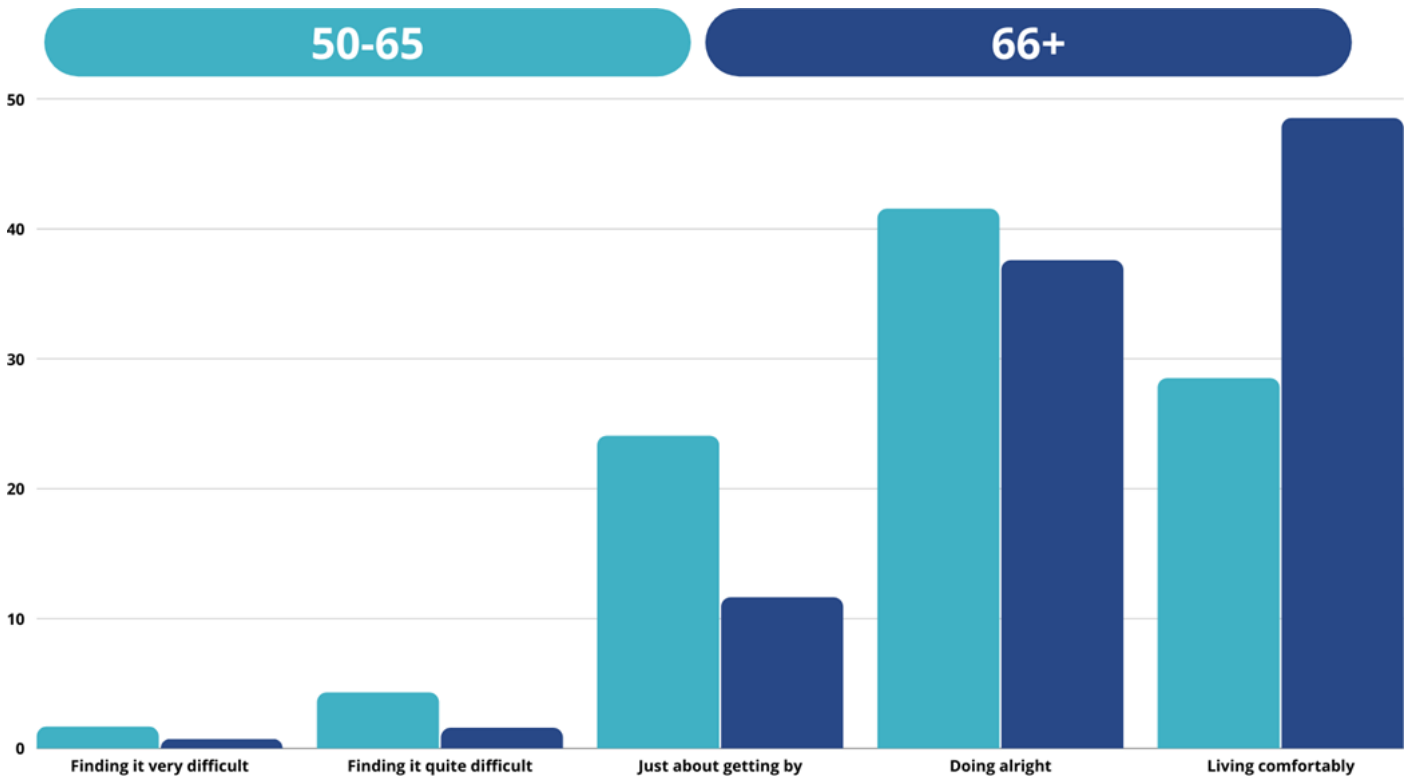
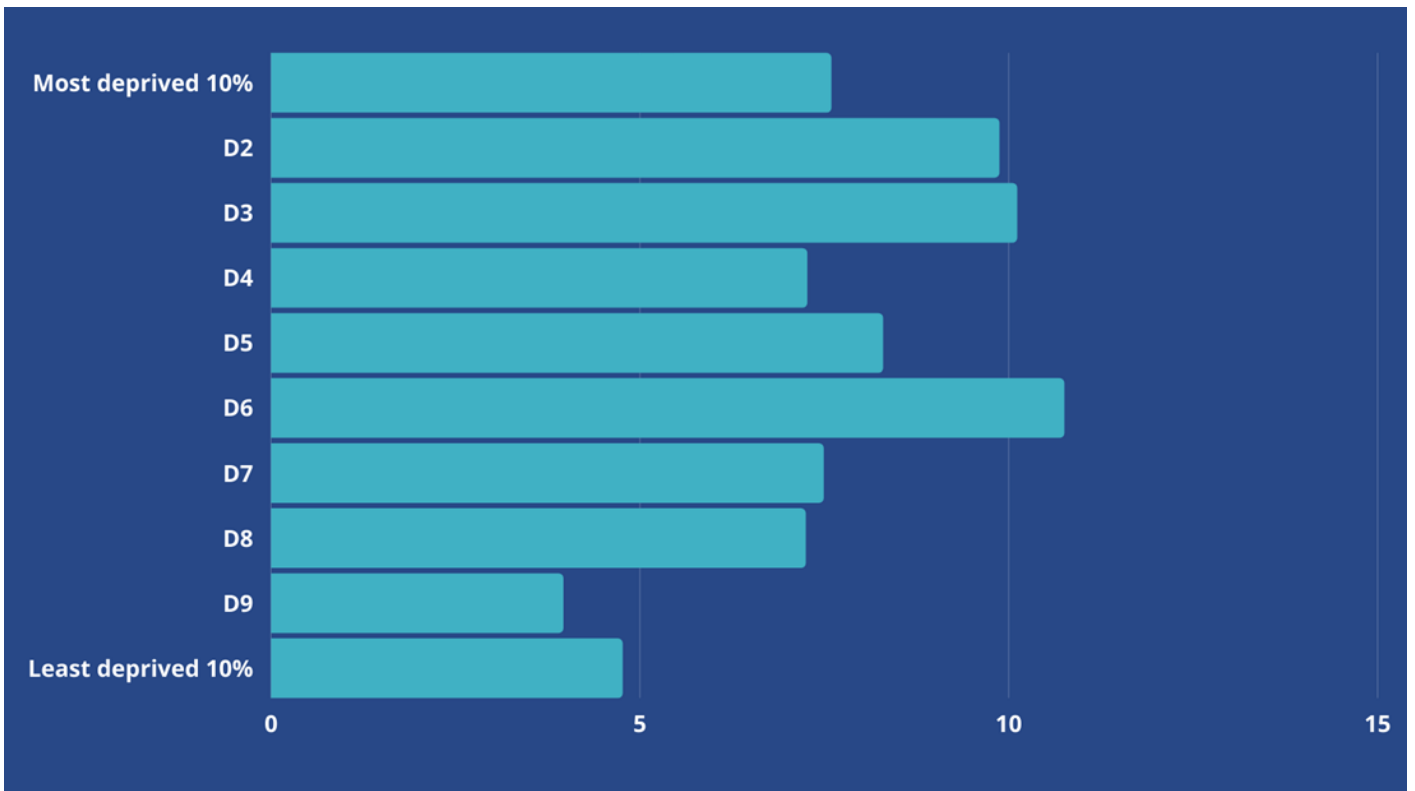


Figure 28. Percentage of those aged 60+ who have damp in their homes by area level deprivation



Another commitment is to ensure that the **built environment is safe and age friendly**. Referring to the UK Ageing Index, we have shown that 80 percent of those aged 50+ feel safe walking alone in their area after dark. The NSW links individuals in the survey of Welsh Index of Multiple Deprivation (WIMD) scores. One of the dimensions of the WIMD is community safety.

The Welsh Government notes that this ‘domain is intended to consider deprivation relating to living in a safe community. It covers actual experience of crime and fire, as well as perceptions of safety whilst out and about in the local area’.

The analyses (figure 29) show that older adults are somewhat less likely to live in the most deprived community safety areas than the least deprived areas. Nonetheless 15 percent of those aged over 60 do live in areas that are defined as having poor levels of community safety. As with the community safety deprivation scores the NSW also links respondents to the ‘access to services’ area level scores. Welsh Government notes that:

‘The purpose of this domain is to capture deprivation as a result of a household’s inability to access a range of services considered necessary for day-to-day living, both physically and online. This covers both material deprivation (for example, not being able to get food) and social aspects of deprivation (for example, not being able to attend after school activities).’

‘Poor access to services is a factor which can compound other types of deprivation that exist in an area. Of these, 9 are physical access indicators, each relating to a type of service such as food shop or school. Each indicator measures an average return travel time (in minutes) from residential dwellings to the nearest service, by public and private transport. Public transport includes travel by: public bus, public train, foot, and national coach. Private transport is considered to be transport by private car.’

They also link to the ‘physical environment’ scores. This domain measure factors in the local area that may impact on the wellbeing or quality of life of those living in an area. It covers 3 indicators: air quality, flood risk and green space. The analyses show an interesting pattern. Older adults are less likely to live in areas with poor physical environments, e.g. lack of green space, etc., but are more likely to live in areas with poor access to services.

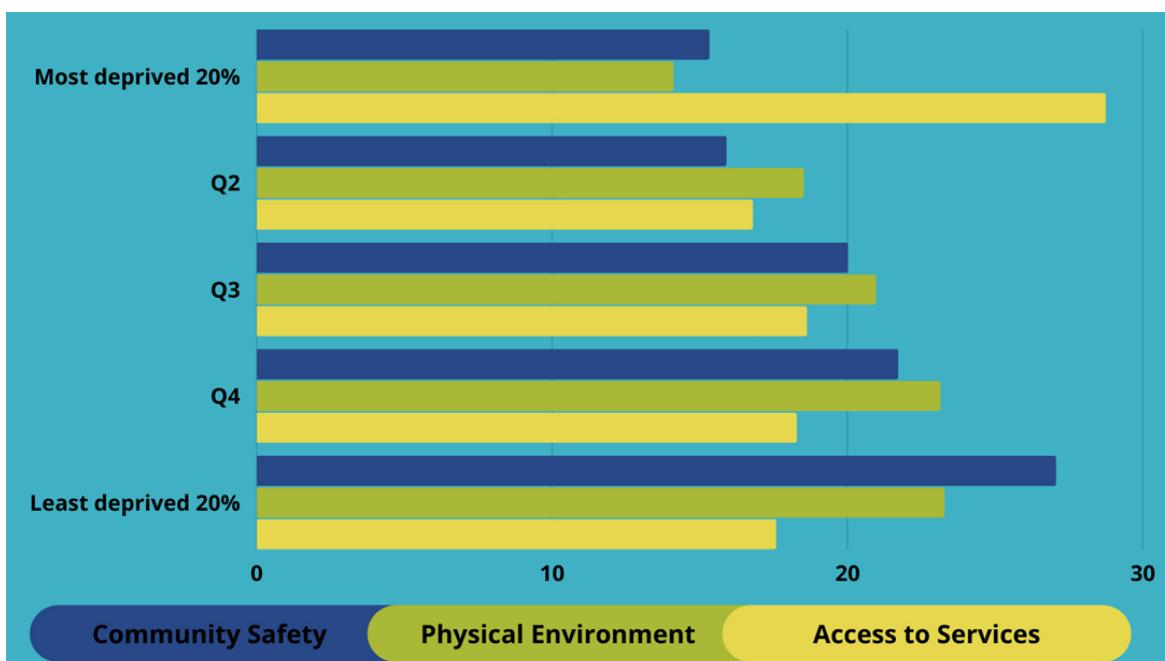


Figure 29. Proportion of those aged 60+ living in Wales who live in more or less areas of community safety deprivation.

Another commitment were to **improve bus services and to promote active travel**. Again referring to the analyses for the UK Ageing Index we showed that 88 percent of those aged 50 and over in Wales were satisfied with public transport (this was the highest proportion in the UK). We analysed the UKHLS to explore how those aged 50 and over who are working use public transport or active modes of travel to get to work. The data (figure 30) show that very few older workers use public transport or active modes of travel to commute to work. This is in comparison to the 78 percent who drive themselves to work. We also looked at whether those who use public or active forms of transport to commute to work experienced any particular problems (figure 31). Caution must be noted here as the numbers who use these forms of transport are very low. However, aside from the weather, about which not much can be done, concerns over safety (12%), lack of cycle lanes (10%) and unreliable public transport (10%) were the main problems that people encountered.



Figure 30. Proportion of older workers who use public or active forms of transport to commute to work

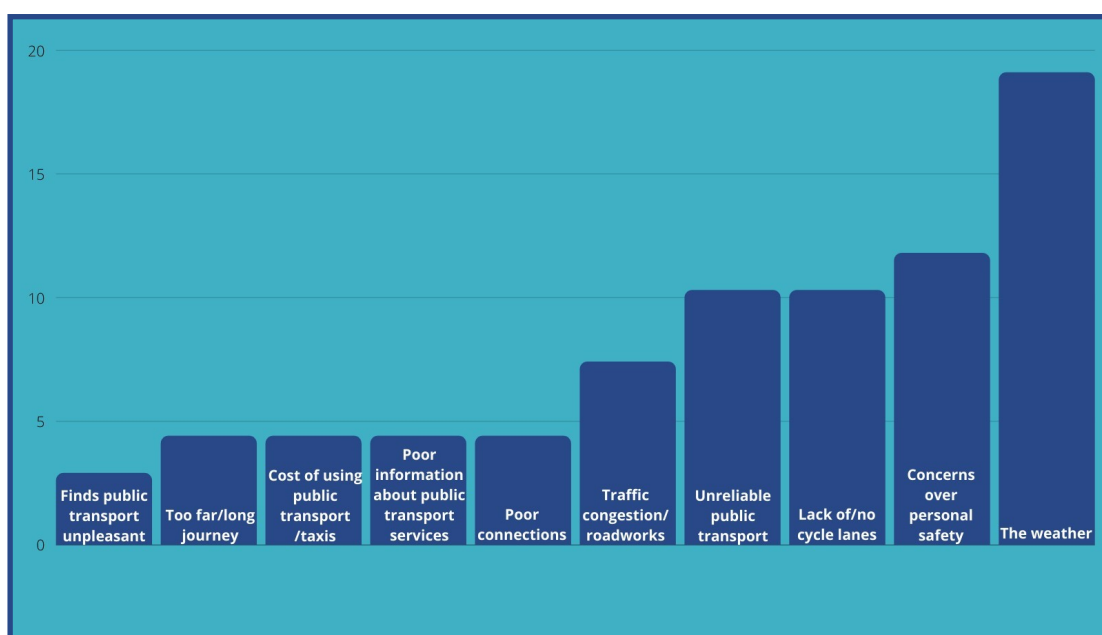


Figure 31. Proportion of older workers who experience any of these difficulties when traveling to or from work using public transport and active modes

Building and retaining people's own capability

Two of the commitments in this area are improving digital inclusion and improving access to information and advice. Using data from the NSW we were able to look at what proportion of those aged 60+ lived in a household with access to the internet and whether they sometimes needed help using the internet. The figures show that 78 percent of older adults live in a household with internet access. However, they also show that 68 percent of older adults say that they sometimes need help to be able to use the internet. These results show that when thinking about tackling digital exclusion it is not enough simply to ensure internet connectivity but supporting people to be able to use online services is necessary.

We also looked at which public service websites older adults had visited over the past 12 months and most recently. The data (figure 32) show that older adults are most likely to use the internet to look at information from their local authority/council. However between one-fifth and one-quarter also use the internet to look at Welsh Government, NHS and GP websites. Respondents were also asked to rate how satisfied they were with the most recent public service website they visited. The results (figure 33) show that people were either fairly or very satisfied.

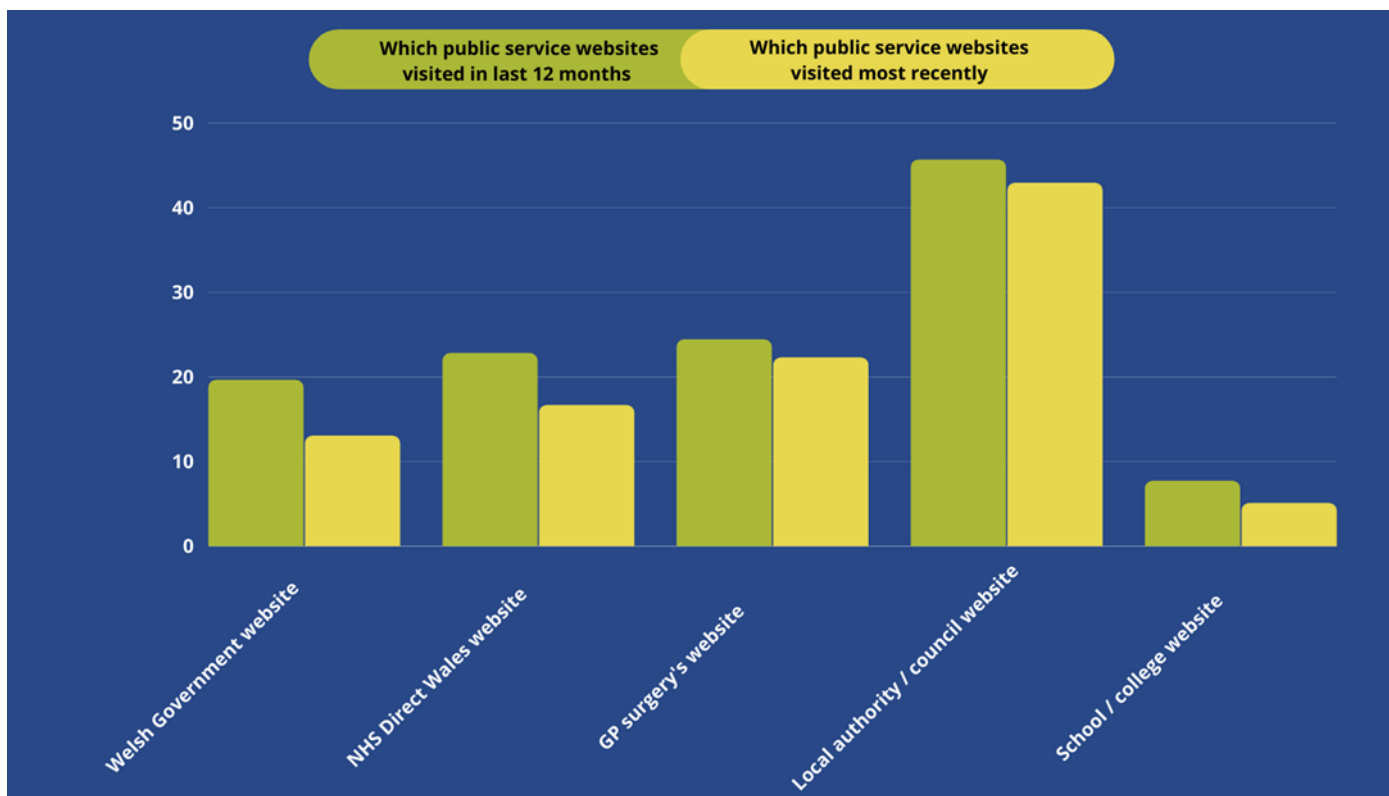


Figure 32. Which public service websites older adults have visited in last 12 months and most recently

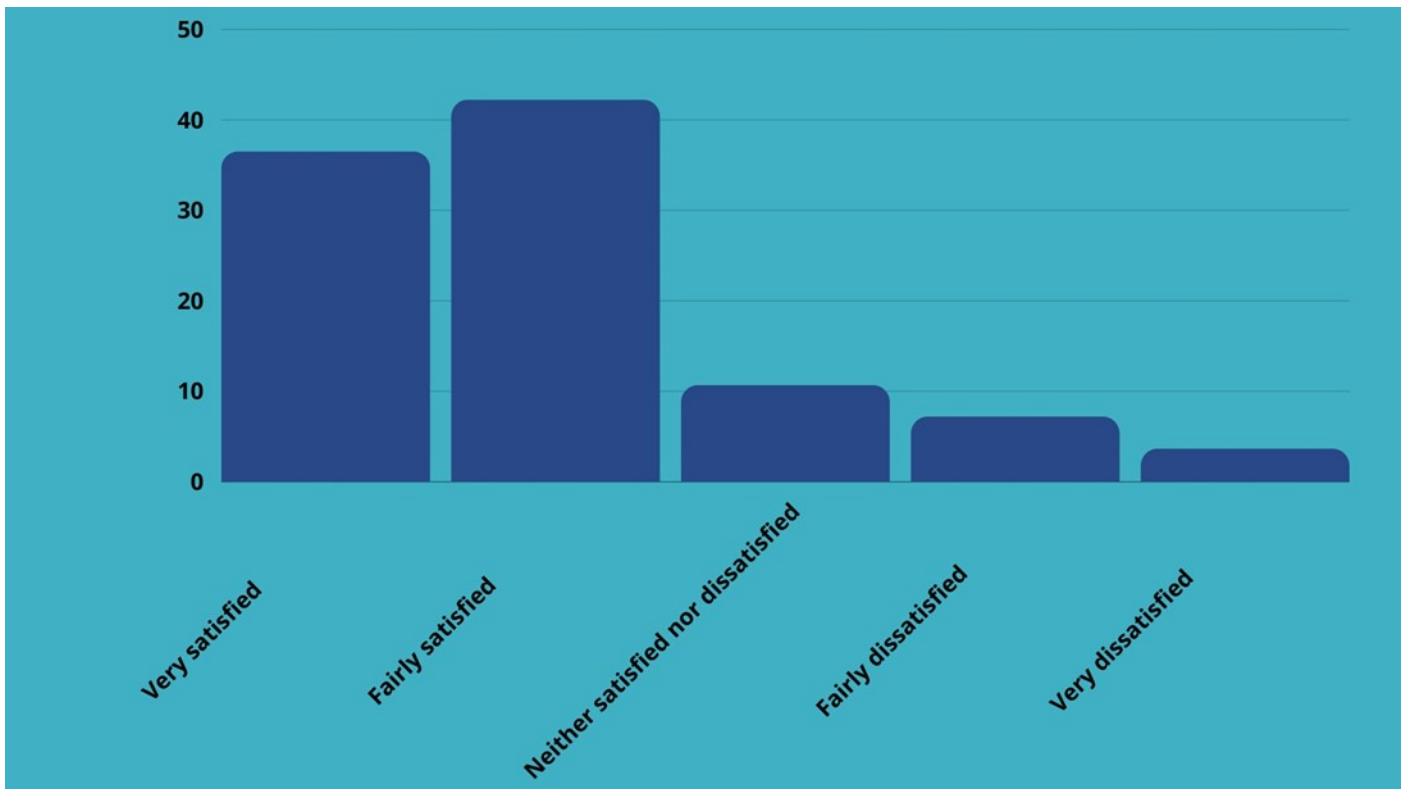


Figure 33. Level of satisfaction with the most recent public service website visit

Another commitment is **promoting volunteering**. Data from the NSW show that relatively few older adults actively volunteer. Figure 34 shows the proportion of those aged 60+ who volunteer at various organisations. The figures show that there is considerable capacity to improve the rates of volunteering for older adults in Wales.



Figure 34. Percentage of older adults who volunteer at the following organisations

Another commitment is **Tackling loneliness and isolation**. We have previously shown in figure 6 that older adults in Wales appear to have quite good quality of social connections. Also for the UKAI (indicator 4.1) we showed that 69 percent of older adults in Wales report that they hardly ever or never feel isolated from others.

There is a focus on older workers within this topic. As we have shown in the UKAI analysis 69 percent of adults aged 55-64 in Wales are employed. We also analysed the NSW to explore the levels of job satisfaction amongst older workers in Wales. The results show that overall older workers in Wales are quite satisfied with their jobs (Figure 35).

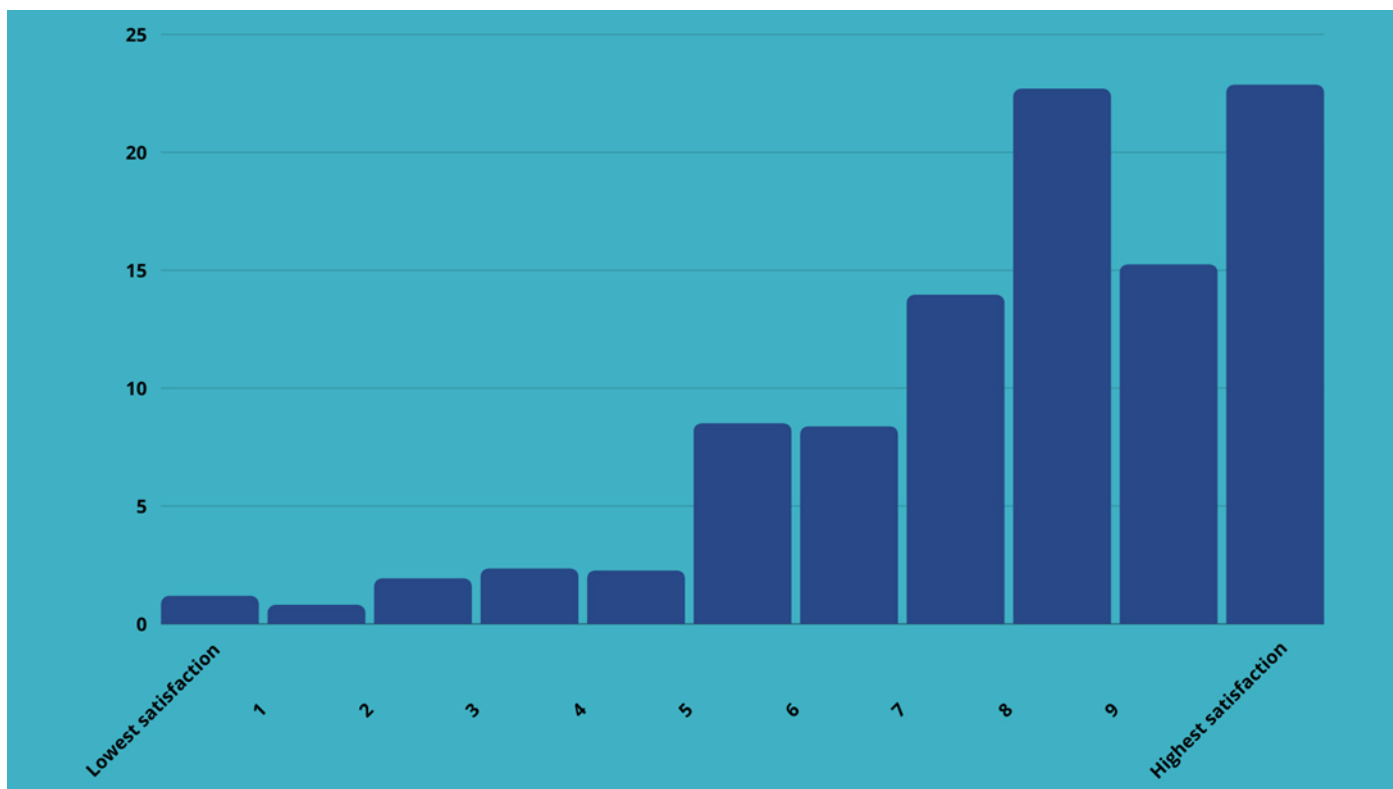


Figure 35. Levels of job satisfaction amongst older workers in Wales

There is a commitment to **supporting older people to stay in jobs and helping them find work**.

The NSW asks older workers who are not in work the reasons why they found it difficult to find work. As the data in figure 36 show the main reasons are health/disability (42%), their age (29%) and caring responsibilities (13%).



Figure 36. Reasons why those aged 50+ who are out of work found it difficult to find work

Those who said that their age was the reason were asked a follow up question about why they thought that their age made it difficult to find work (figure 37). The overwhelming majority (65%) said that they thought that employers were less willing to take them on because of their age.

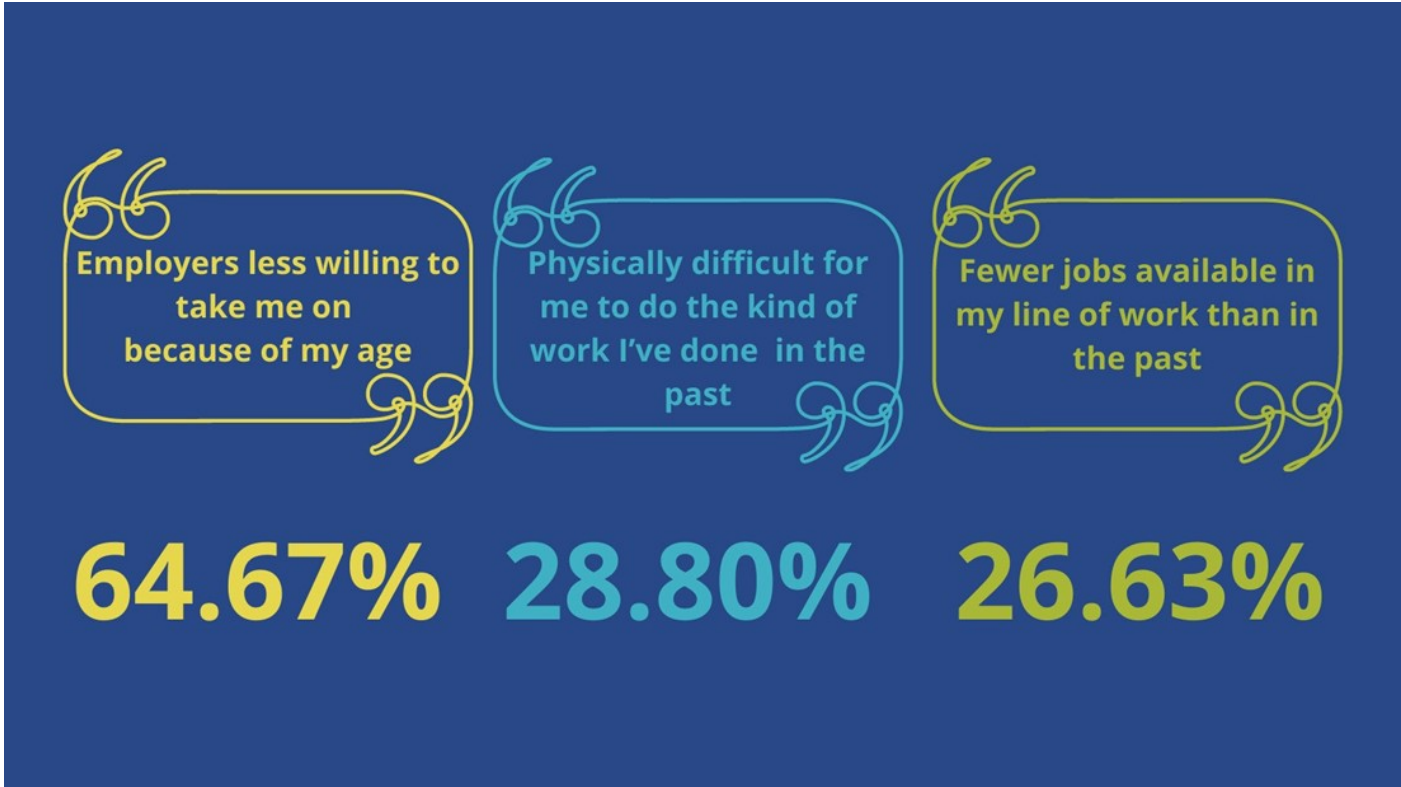


Figure 37. Reasons why age makes it difficult to find work

Respondents were also asked whether they had heard of selected advice/ support employment services. These were Communities for Work, Parents Childcare and Employment (PaCE), Working Wales, Work and Health Programme or Careers Wales. Almost half of those asked reported that they had not heard of any of these services (Figure 38).

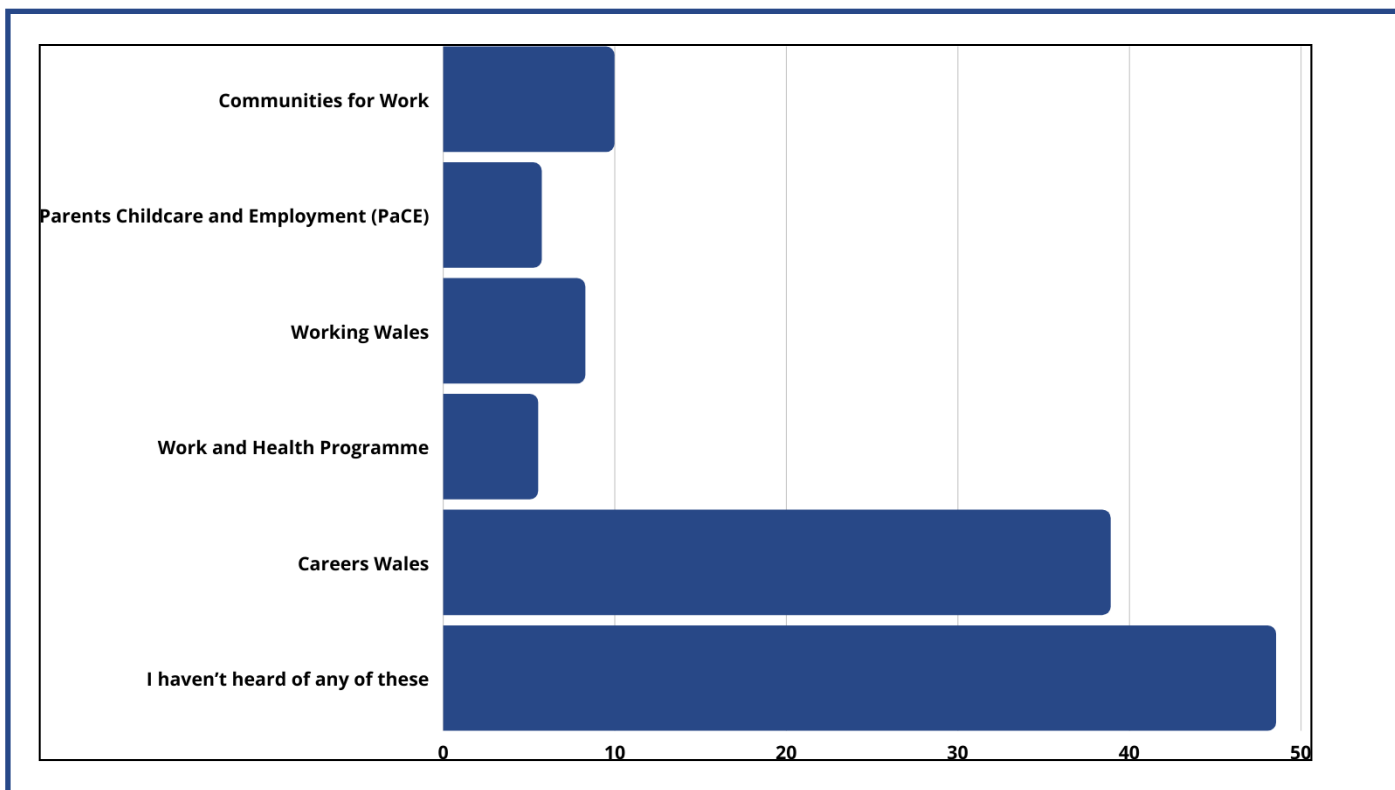


Figure 38. Percentage of those aged 50+ who have heard of selected employment support services

Further analysis of the NSW of those aged 50 and over who are out of work show that only 10 percent had had any advice/support in getting work in the last 12 months. However, the main reasons why people did not get advice was that people had not been looking for work (51%) or that they didn't want/ need advice (32%). However, around 5 percent had not heard of this kind of service and 3 percent said that they did not think that this kind of service would help them.

There is a commitment to promote fair work for older workers. The NSW had a number of questions about working conditions. Figure 39 shows the percentage of older workers who report that their employer provides certain employment entitlements. Ninety percent of older workers report that their employer provides a workplace pension and 81 percent report that they get paid annual leave. However, only 40 percent report that they get paid leave to care for a family member in an emergency. The NSW has a set of more detailed questions about the amount of control the respondent has over their working conditions. The data (figure 40) shows that with the exception of allowing employees to work part time the majority of employers to not allow their employees control over aspects of their work (however, it must be remembered that these data were collected prior to the shift to working from home due to the Covid-19 pandemic).

However, there was still a significant minority who do appear to have control over their working conditions. For example, 37 percent say that they can choose to work flexible hours and 25 percent can chose to do standard hours over more or fewer days. Further analysis (figure 41) shows that 23 percent feel that they can always influence organisation-wide decisions at work, compared to 29 percent who felt that they could never influence organisational wide decisions. Thirty five percent of older workers also felt that they completely decide how their day-to-day work is done and 30 percent said they mainly decide (figure 42).

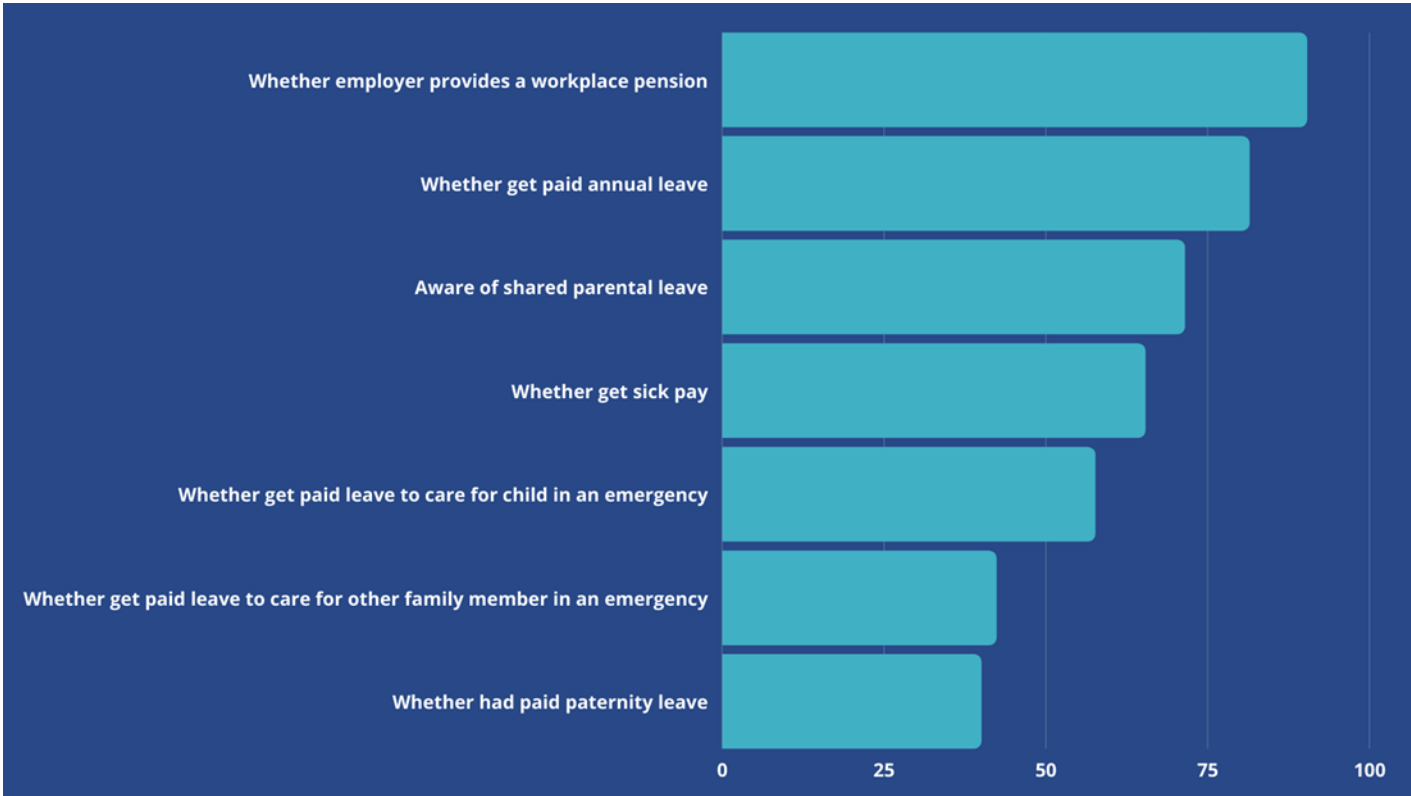


Figure 39. Percentage of older workers who report that their employer provides select employment entitlements

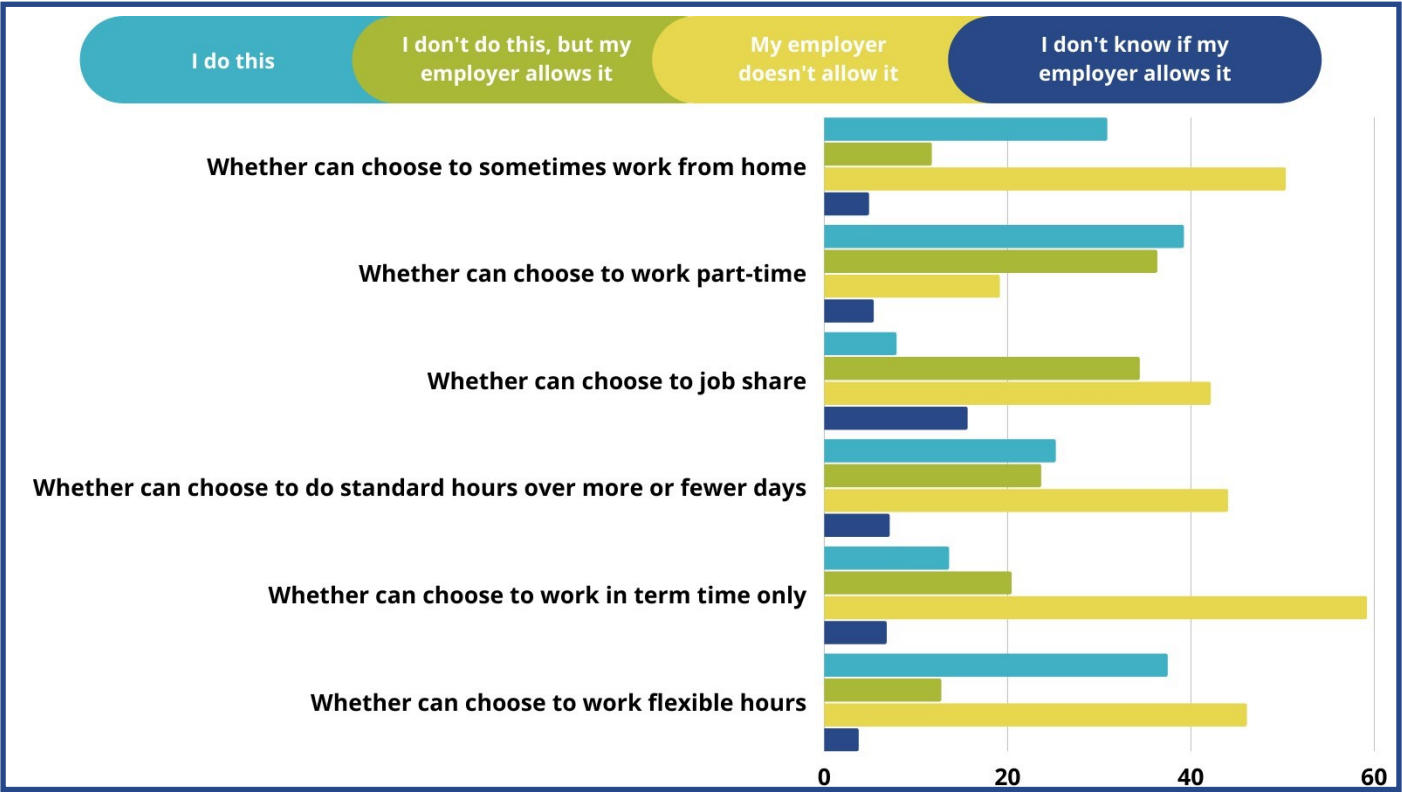


Figure 40. Working conditions for older workers in Wales

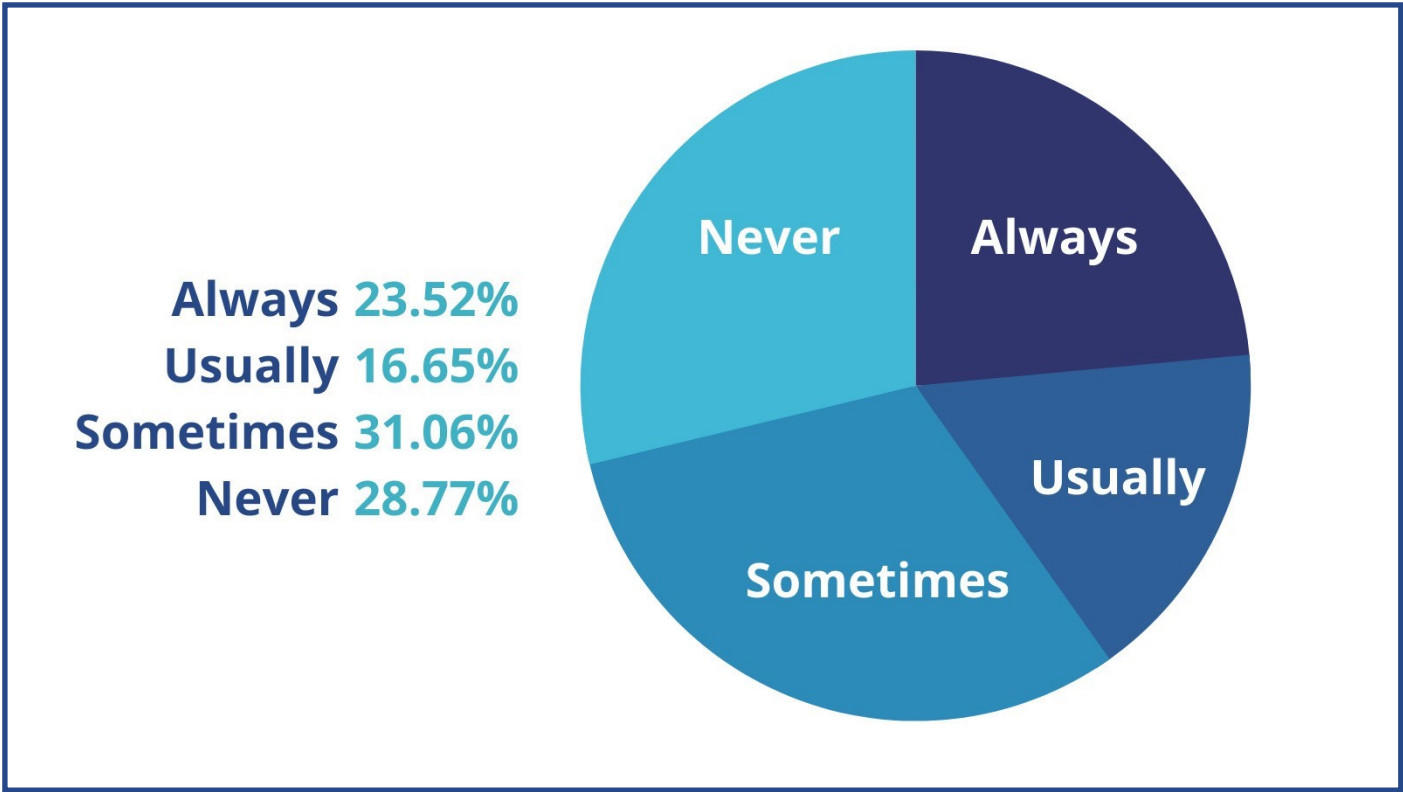


Figure 41. Whether older workers feel that they can influence organisation-wide decisions at work

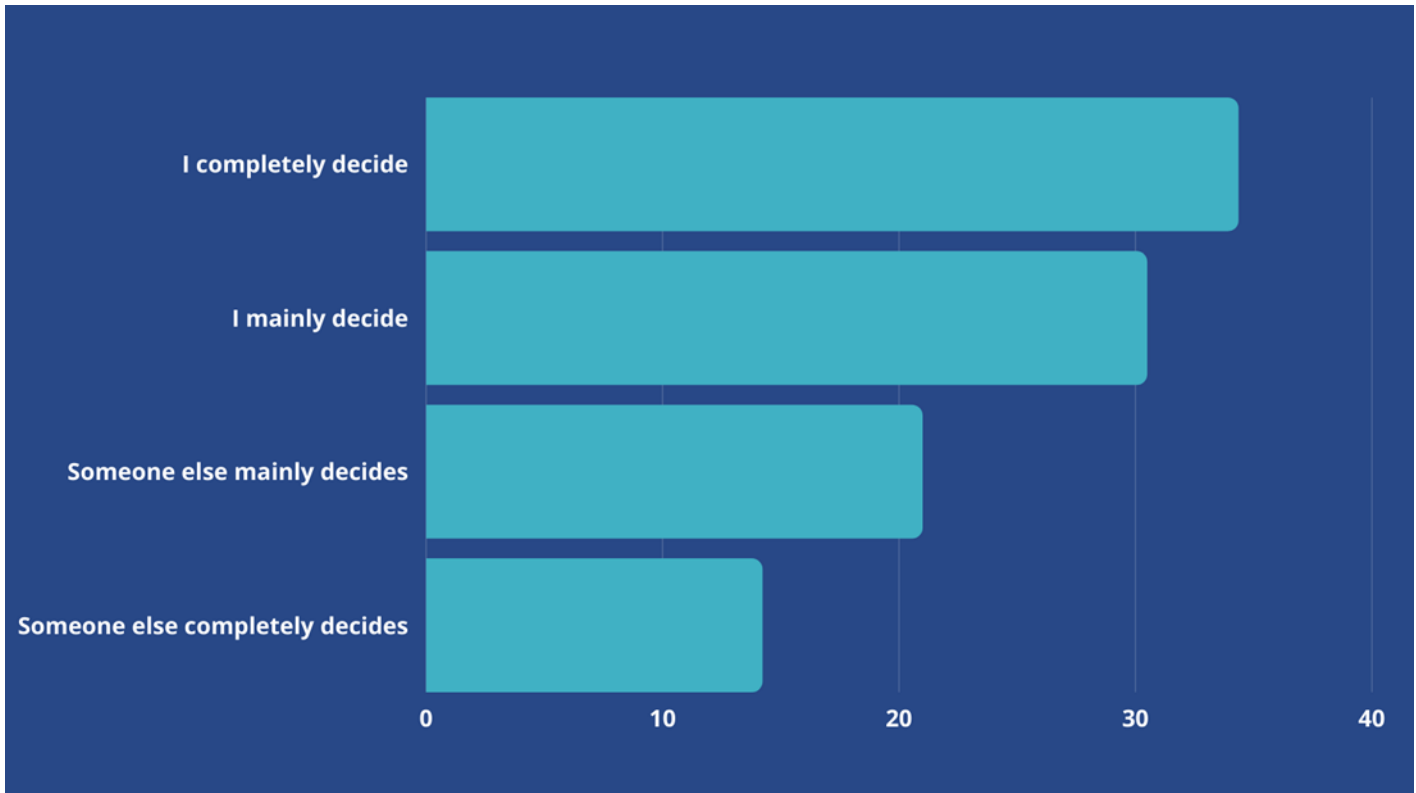


Figure 42. Percentage of older workers who feel that they can decide how their day-to-day work is done.

Tackling age related poverty

Another commitment is to ‘ensure older workers’ skills and employment needs are actively considered and employers are encouraged to retain, train and recruit older workers’. According to data from the NSW 43 percent of older workers had taken steps to develop work-related skills and 37 percent said that they would like to develop work-related skills. Those who had not taken steps to develop work-related skills were asked why they had not done so. Table 1 shows that the majority of those respondents felt that they did not need new skills. Aside from these 7 percent said that they did not have enough time and 6 percent said that there were no opportunities provided through their job.

Another commitment is **promoting and actively encouraging age friendly workplaces**. Respondents were asked whether older or younger workers were treated differently at their workplace. Eighty three percent said that older and younger workers were treated no differently, whilst 12 percent felt that younger workers were given more opportunities. Lastly 12 percent of older workers felt that they had been treated less well at work due to their age.

We have covered some of the issue related to the commitments for this aim in the previous analyses. However, to give a good indication of the level of poverty in later life the NSW includes a range of questions related to material deprivation. Table 2 shows the proportion of older adults who i) are unable to do or do not have various aspects of material life and ii) the proportion of those who say that they the reason they do not have or are unable to do this is because of a lack of money. As the figures show, aside from taking a holiday at least once a year, very few older adults in Wales report levels of material deprivation. Moreover, with the exception of household related issues, e.g. replacing a cooker if it broke down, and buying a warm waterproof coat, a lack of money does not appear to be the main reason why people do not have these things.

Happy with the skills I have / don't need any new skills for my job	42.67%
Not enough time during work hours	7.11%
Opportunities not provided in my job	5.87%
Not sure how to develop the skills I want / need	4.99%
Not enough time outside work	4.77%
Training not available at a convenient place or time	3.89%
Can't afford it	2.27%
Lack of confidence	1.98%
Illness / disability	1.83%

Table 1. Reasons why people had not taken steps to develop work-related skills

	Unable/ does not have	Of those: I do not have the money for this
Replace cooker if it broke down	5.87	83.20
Keep home in a good state of repair	2.71	43.97
A damp-free home	7.63	21.10
Home kept adequately warm	2.59	54.95
Access to a car or taxi	4.90	23.81
Has hair done or cut regularly	7.89	16.57
See friends or family once a month	3.92	4.17
Pay an unexpected expense of £200	5.86	20.16
Eat at least one filling meal a day	1.50	4.06
Go out socially at least once a month	18.92	7.84
Holiday at least once a year	38.65	14.22
Able to keep household services in good working order	0.75	35.48
Has use of a telephone when needed	4.00	21.07
Has a warm waterproof coat	0.57	62.94

Table 2. Levels of material deprivation amongst older adults in Wales.