What does ELSA tell us about growing older?

An overview of the English Longitudinal Study of Ageing wave 7 (2014/15) data
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The latest wave of ELSA data collected in 2014/15 is now available for analysis. With seven waves of data going back almost 15 years, the study has enormous potential to inform policy and practice. This booklet provides highlights of just some of the latest data from a huge collection of information available, under four themes:

• Living comfortably,
• Contributing to society,
• Getting the right care, and
• Staying connected.

The English Longitudinal Study of Ageing (ELSA) is an unparalleled source of information about ageing in England. Since 2002, the study has tracked over 10,000 people aged 50 and over. Participants have been invited to take part in an interview every two years. As well as asking about their lives, our team of qualified nurses have also collected biometric data.

The real value of ELSA lies in the potential for longitudinal analysis. By following the same people over many years, we are able to see how their circumstances change over time. The depth of information collected on people’s health, finances, relationships and interests allows us to build a detailed picture and understand the complex interrelationships between these factors.
Data types

- Interview survey data
- Objective biometric data
- Linked administrative data

Broad data categories

- Economic circumstance
- Biological markers of disease
- Networks and wellbeing
- Social participation
- Medications
- Family and relationships
- Health and disability
ELSA is part of a growing international network of ageing studies. The study includes a range of shared measures, so the findings from England can be compared with sister studies, like the Health and Retirement Study (HRS) in the USA and the Survey of Health and Retirement in Europe (SHARE).

**ELSA in brief**

- ELSA participants are selected from households that took part in the Health Survey for England.

- After the launch in 2002, additional people have joined the study at waves 3, 4, 6 and 7 in order to provide good coverage of the full 50+ population in England.

- Participants and their partners are invited to take part in a face-to-face interview every two years.

- Bio-medical data are collected every four years by a qualified nurse. These include a range of measurements like blood pressure, weight and height, grip strength, balance and a blood sample.

- A number of different methods of data collection have been used over the years. These include a life history, accelerometer data for step count and an objective screener for hearing.

- The project is a collaboration between University College London, the Institute of Fiscal Studies, the University of Manchester and NatCen Social Research.

- The study is funded by the National Institute on Ageing in the USA and a consortium of UK government departments, including the Department for Work and Pensions, Department of Health and Department for Transport.
Finance really matters to those aged 50 and over. Older people rank their current and future financial situation as their second most important concern after health. Understanding the financial realities of our ageing population has become of increasing interest to policy makers and practitioners since the 2008 recession.

With expert input from the Institute of Fiscal Studies, ELSA collects a comprehensive picture of older people’s income and wealth. Regular topics include:

- Income sources and amounts,
- Pensions (including a detailed history of each pension held),
- The value of savings, housing and other assets,
- Inheritance,
- Possession of a range of consumer durables, such as washing machines, microwave ovens and DVD players,
- Indicators of material deprivation and financial wellbeing, and
- Money spent on food and fuel.

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This section highlights what the study can tell us about whether older people are living comfortably in financial terms. It covers levels and sources of wealth and income, inequalities and subjective financial wellbeing.

1.1 Wealth and income inequalities

Wealth and income inequalities among an ageing population are important areas of concern for policy makers in the UK and around the world.

1.1.1 Wealth and income – an unequal distribution

Wealth inequalities
Our latest data show a high level of wealth inequality among older people in England. The top 10% of individuals hold a net (non-pension) wealth of £780,501 or more, while the bottom 10% possess £1,000 or less in total assets. The median individual holds £234,000 in total net (non-pension) wealth (Figure 1).

Benefit units

The study uses the definition of a benefit unit, used by the Department for Work and Pensions for official statistics. A ‘benefit unit’ is a single adult, or a couple living as married, and dependent children. For couples who keep their finances separate, we combine the information reported by each member of the couple to obtain comparable household level measures.

2 All analysis in this report relates to ELSA core members only and is weighted to be representative of the 50+ population in England.
Wealth also varies across age groups. Average median wealth is lower in the oldest and youngest individuals: £187k for those aged 50–59 years and £203k for those aged 80+ (Figure 2).

Figure 1: Distribution of net total benefit unit wealth

Figure 2: Median benefit unit wealth by age group
ELSA captures a comprehensive picture of financial circumstances by measuring wealth across three dimensions:

- Financial wealth (savings and investments),
- Housing wealth, and
- Physical wealth (business property, and works of art).

Among all age groups there are very similar patterns of wealth across three dimensions. Among those aged 65 and under, housing wealth accounted for the largest share of total wealth (63%), followed by financial (33%) and then physical wealth (4%).

**Income inequalities**

As well as inequalities in wealth, there is a wide distribution of income among older people. The top 10% of individuals bring in an annual net (benefit unit) income of £36,055 or more per year, while the bottom 10% receive £7,682 annual net income. The median individual has a net (benefit unit) income of £17,081 per annum (Figure 3).

**Figure 3: Distribution of annual net total benefit unit income**

Income measures shown have been equilised for the size of the benefit unit using the OECD modified equivalence scale.
Our data show that as age increases average annual net income decreases. Average benefit unit income for those aged 50–59 is £19,291 compared with £13,505 for those aged 80+ (Figure 4).

**Income composition**

Unsurprisingly, among those below 65 years old the largest component of total income is from employment (60%) followed by private pensions (14%). A slightly different picture emerges for over-65s. Among this age group the state pension makes up half of total income (53%), followed by private pensions (29%) (Figure 5).
Subjective financial wellbeing

In addition to actual measures of income and wealth, ELSA also captures how people themselves feel about their ability to manage financially in later life. When analysed by age group, the data show that those in their 50s report lower levels of financial wellbeing compared with older age groups (77% of those aged 80+ reported managing very well or quite well as compared with 60% of 50–59 year olds) (Figure 6).
Case Study
Who is most likely to inherit?

Research by the Institute for Fiscal Studies using ELSA data found that nearly a third of participants aged 65 to 79 had received an inheritance at some point.

The amounts varied widely, with 15% receiving less than £5,000 and 11% receiving more than £200,000.

These amounts tended to correlate with the wealth they already had – that is, wealthier people tended to inherit more. But, while less wealthy people tended to inherit smaller amounts, the inheritance tended to have a bigger impact on their lives.

For further details:
Harnessing the skills, knowledge and experience of older people is an important objective for a successful ageing society. The Age UK Chief Economist’s Report (2014) highlighted that people above the State Pension age contribute approximately £61 billion a year to the UK’s entire GDP.

ELSA provides a unique view of how older people benefit individuals and society as a whole. We ask regular questions on:

- Employment,
- Caring (for children, parents and spouses), and
- Volunteering.

2.1 Older people in employment

People aged 50 and over play a significant role in the labour market, contributing their experience and skills. In an ageing society the contribution of older people will be of increasing importance. Many people above the State Pension age also continue to be economically active. While younger people are more likely to be in paid employment (78% of 50–59 year olds), over a third of 60–69 year olds and 7% of 70–79 year olds have undertaken some form employment or self-employment during the last month (Figure 7).

Figure 7: Whether employed or self-employed during the last month by age group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Whether employed or self-employed during the last month</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–59 years</td>
<td>78%</td>
</tr>
<tr>
<td>60–69 years</td>
<td>36%</td>
</tr>
<tr>
<td>70–79 years</td>
<td>7%</td>
</tr>
<tr>
<td>80+ years</td>
<td>1%</td>
</tr>
</tbody>
</table>

Among 50–59 year olds who are working, over two thirds work full time (59% primarily as employees and 10% as self-employed). In contrast, half of 60–69 year olds who are working work part time (35% primarily as employees, 13% as self-employed) (Figure 8).
Case Study
When is a carer’s employment at risk?

Longitudinal analysis of ELSA finds that employed women in their fifties who start providing care for 10 or more hours a week are significantly less likely to remain in employment one wave later than similar women who provide little or no care. Similar patterns were found for men aged between 50 and State Pension Age. The study suggests that carers’ employment may be negatively affected when they are providing care at a lower intensity than was previously thought.

For further details: Health and social care in the community Vol 21(Issue 3), pp303–14, May 2013
2.2 Caring for others

Older carers make a major contribution to the UK economy with the unpaid care they provide. Eighteen per cent of those aged 50 and over report providing care for someone in the past week.

Our data show the importance of gender differences in the provision of caring activities. Overall, women are more likely than men to provide unpaid care (21% of women compared to 14% of men). However, among the oldest age groups the picture is reversed; of those aged 80 or over, 13% of men and 8% of women report caring for someone in the past week.

Of those who say they have cared for someone in the last week, 32% have cared for a spouse or partner and 24% for their own parent (see Figure 9).

**Figure 9: Recipients of care**

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/partner</td>
<td>32%</td>
</tr>
<tr>
<td>Own parent</td>
<td>24%</td>
</tr>
<tr>
<td>Grandchild</td>
<td>20%</td>
</tr>
<tr>
<td>Friend/neighbour</td>
<td>14%</td>
</tr>
<tr>
<td>Child</td>
<td>10%</td>
</tr>
<tr>
<td>Parent in law</td>
<td>6%</td>
</tr>
<tr>
<td>Other relative</td>
<td>6%</td>
</tr>
<tr>
<td>Someone else</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: ELSA Wave 7 Respondents who cared for someone in the last week

Unweighted base: 1,374
2.3 Contributing through volunteering

Volunteering can play a significant role in people’s lives as they transition from work into retirement. ELSA provides unique data about the different types of volunteering activities older people are engaged in.

2.3.1 Formal volunteering: clubs and organisations

Many older people volunteer through clubs and organisations. Around a third (34%) of older people say they have provided unpaid help to groups, clubs or organisations in the last twelve months. The most common forms of volunteering among this group are helping to organise an activity or event (17%), or raising money or taking part in sponsored events (15%) (Figure 10). Almost half of those who did unpaid work through volunteering at clubs or organisations show regular commitment and do so at least once a week (45%).

Figure 10: Types of formal volunteering

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organising or helping to run activity or event</td>
<td>17%</td>
</tr>
<tr>
<td>Raising money/taking part in sponsored events</td>
<td>15%</td>
</tr>
<tr>
<td>Leading group/being member of committee</td>
<td>13%</td>
</tr>
<tr>
<td>Visiting people</td>
<td>9%</td>
</tr>
<tr>
<td>Other practical help such as shopping</td>
<td>9%</td>
</tr>
<tr>
<td>Providing transport/driving</td>
<td>8%</td>
</tr>
<tr>
<td>Education/teaching/coaching</td>
<td>7%</td>
</tr>
<tr>
<td>Secretarial, admin or clerical work</td>
<td>7%</td>
</tr>
<tr>
<td>Befriend or mentoring people</td>
<td>5%</td>
</tr>
<tr>
<td>Providing information/counselling</td>
<td>5%</td>
</tr>
<tr>
<td>Representing</td>
<td>4%</td>
</tr>
<tr>
<td>Campaining</td>
<td>3%</td>
</tr>
<tr>
<td>Any other help</td>
<td>2%</td>
</tr>
</tbody>
</table>

Base: ELSA Wave 7 respondents
Unweighted base: 7,825
Another important type of volunteering we measured was helping others, who are not relatives. Around two in five (39%) of older people say they have provided help of this kind in the last twelve months. The most common form of helping, reported by one in five (20%), is keeping in touch with someone who has difficulty getting out and about. Of those helping others in one of the ways shown in Figure 11, around one in three (30%) do so at least once a week.

**Figure 11: Types of informal volunteering**

- Keeping in touch with someone who has difficulty getting out and about: 20%
- Transporting someone: 14%
- Looking after property/pet: 13%
- Doing shopping: 10%
- Writing letters: 8%
- Cooking and cleaning: 7%
- Babysitting: 5%
- Representing someone: 4%
- Decorating: 4%
- Personal care: 3%

Base: ELSA Wave 7 respondents
Unweighted base: 7,823
Getting the right level of care and support enables older people to do the everyday things that most of us take for granted, like simply getting out of bed or shopping for groceries. The provision of social care, involving help with personal care and domestic tasks, will help people to live and function as independently as possible.
ELSA provides a unique perspective on the care needs of an ageing population. Key areas that the study explores include:

- Robust data on the need for health and social care,
- Receipt of social care services through informal and formal sources,
- Who provides the care needed by older people.

### 3.1 Health and mobility in older age

Longstanding illness is an important marker of general health in older people, indicating the need for health and social care services. Around a third of older adults report a limiting longstanding illness or disability. This increases with age; 55% of those aged 80+ report this compared to 24% of 50–59 year olds.

The ability to carry out everyday activities is essential for a good quality of life. Overall, half (50%) of older people report that they experience some form of mobility problem. Unsurprisingly, people aged 80+ are more likely to have limitations with mobility, such as difficulty getting up from a chair (42%) and difficulty walking 100 yards (35%).

### 3.2 The crucial role of GPs in healthcare

Primary care services are the most common form of healthcare received by older people. Over a quarter (28%) of all older people have talked to their General Practitioner in the previous four weeks about their health condition (Figure 12).

**Figure 12: Talked to GP in previous 4 weeks by age group**

<table>
<thead>
<tr>
<th>Age group</th>
<th>50–59</th>
<th>60–69</th>
<th>70–79</th>
<th>80+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25%</td>
<td>26%</td>
<td>32%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Base: ELSA Wave 7 respondents
Unweighted base: 7,846
3.3 What social care do people need?

3.3.1 Difficulties with personal care and mobility

The majority of older people aged 50 and over are able to conduct activities related to personal care and mobility about the home that are basic to daily living (known as Activities of Daily Living or ADLs).

Where people report problems, difficulties climbing several flights of stairs are the most common (35% of women and 22% of men experience problems) (Figure 13). This increases with age, with older people aged 80+ experiencing the most difficulty with climbing several flights of stairs (62% of those aged 80+ compared to 26% of those aged 60–69).

Case Study
Income and health inequalities

Researchers at the University of East Anglia and the University of Exeter carried out a study of levels of illness, diagnosis and treatment of five major illnesses using ELSA data.

They found that less wealthy participants tended to have much higher levels of angina, cataracts, depression, diabetes and osteoarthritis.

However, they also found that these higher levels of illness were not matched by higher levels of diagnosis and treatment. Inequalities in income were reflected by inequalities both in people’s health and in the treatment they received.

For further details:
BMJ Open, at doi 10.1136/bmjopen-2014–005530
3.3.2 Difficulties with living independently

We also ask about Instrumental Activities of Daily Living (IADLs). These are activities that are not fundamental to functioning but are important for living an independent life, like housework or doing the shopping.

The instrumental activity older people experience the most difficulty with is doing housework and gardening (11% of men and 17% of women) (Figure 14). More women than men report difficulty with each of the key instrumental activities.
3.4 What kinds of help do older people receive?

3.4.1 Do older people receive the help they need with daily activities?

Older people do not always receive the help they may need. Our data show that the majority of people who report difficulty with an ADL or IADL received no help in the last month. Among those who report receiving help, around one in ten receive help with dressing (Figure 15).

Figure 15: Receipt of help with key activities of daily living in the last month by sex

- Climbing several flights of stairs
- Dressing
- Getting in and out of bed
- Showering

Base: ELSA Wave 7 Respondents who received help
Unweighted base: 4,486
Unweighted base for other help: 4,497
Case Study
The cost of unmet social care needs of older people

Research by Age UK using ELSA data found that just over a million people aged 65 and over in England have at least one unmet care need.

They estimate that meeting these needs would cost an extra £4.2 billion per year – on top of the £6.3 billion already budgeted for older people’s social care in 2015/16.

For more details: www.ageuk.org.uk/professional-resources-home/research/reports/care-and-support/archive
4 Staying connected

Social connections are important for wellbeing and happiness and can contribute to a successful ageing society. These connections can weaken as people grow older for many reasons, like bereavement, health problems or the loosening of close family ties.

ELSA provides a unique overview of older people’s connectedness. Key areas the survey looks at include:
- Loneliness and social isolation,
- Digital inclusion,
- Mobility and transportation, and
- Social participation.

4.1 Loneliness and social isolation

4.1.1 The experience of loneliness

Our data show that the majority of people over the age of 50 report hardly ever or never experiencing feelings of loneliness. However, those in the oldest age groups are more likely to report that they ‘often’ feel lonely (10% for those aged 80+ compared to 5% for those aged 50–59) (Figure 16).

Feelings of loneliness

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly ever or never</td>
<td>70%</td>
</tr>
<tr>
<td>Some of the time</td>
<td>24%</td>
</tr>
<tr>
<td>Often</td>
<td>6%</td>
</tr>
</tbody>
</table>

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Feelings of social isolation

The majority of those aged 50 and over rarely or never feel socially isolated from others (Figure 17).

Using the internet can help make people feel part of modern society and reduce feelings of isolation and loneliness. Our data show marked generational differences in internet and email use. People aged 50–59 are more likely to use the internet or email daily (78%) than people aged...
80 and over (19%) (Figure 18). The younger age groups are highly likely to continue using the internet as they grow older.

**Figure 18: Frequency of using internet or email by age group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Never</th>
<th>Less than weekly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–59</td>
<td>8%</td>
<td>4%</td>
<td>11%</td>
<td>78%</td>
</tr>
<tr>
<td>60–69</td>
<td>16%</td>
<td>6%</td>
<td>12%</td>
<td>65%</td>
</tr>
<tr>
<td>70–79</td>
<td>41%</td>
<td>6%</td>
<td>12%</td>
<td>41%</td>
</tr>
<tr>
<td>80+</td>
<td>68%</td>
<td>6%</td>
<td>9%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Base: ELSA Wave 7 Respondents (self-completion) Unweighted base: 6,909

**Case Study**

**Social detachment in older age**

Analysis of ELSA data by researchers at University of Manchester found that 1 in 20 adults aged 50 and over are detached from social networks.

The study found that women were more likely to be detached from leisure activities than men, but less likely to be detached from social networks. Older adults who are single, separated or divorced, or widowed were more likely to be detached from three or more domains than those in a couple. Those with the lowest income, poor health and low education were more likely to be socially isolated.

Limited access to private or public transport caused older adults to be less likely to take part in “civic participation”, leisure activities and cultural engagements.

For more details:
4.2.1 Internet usage and feelings of social isolation

There is an association between how much people use the internet and feelings of social isolation. Across all 50+ age groups, the percentage of people who feel socially isolated is significantly higher amongst those who do not use the internet.

This difference was most marked for those aged 50–59: in this age group, half (50%) of those who do not use the internet feel socially isolated at least some of the time, compared with only a third (29%) of internet users (Figure 19).

Figure 19: Proportion feeling isolated some of the time or often, by age group and internet/email usage

4.3 Use of public transport

Mobility and transport are often essential for maintaining access to the shops, doctors and other services. Moreover, reliable and affordable transport is important for older people to maintain contact with friends and family who may live some distance away, helping to avoid loneliness and isolation.

The use of public transport decreases with age overall, with 25% of 65–69 year olds and 58% of those aged 85 and over never using public transport. Among those who do use public transport, our data show that the relative frequency of use increases with age (Figure 20).
Figure 20: Proportion of public transport users who are frequent users (use public transport at least once a week) by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Who Use Public Transport at Least Once a Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>65–69 years</td>
<td>43%</td>
</tr>
<tr>
<td>70–74 years</td>
<td>44%</td>
</tr>
<tr>
<td>75–79 years</td>
<td>48%</td>
</tr>
<tr>
<td>80–84 years</td>
<td>52%</td>
</tr>
<tr>
<td>85+ years</td>
<td>57%</td>
</tr>
</tbody>
</table>

Base: ELSA Wave 7 Respondents aged 65+ who use public transport
Unweighted base: 5,626

Case Study
Transport in an ageing society

A report published by the International Longevity Centre found that over 16% of those aged 65 and over said it was very difficult or quite difficult for them to travel to a hospital. Seven per cent reported the same for GP access.

Among the over 80s, less than 55% reported finding it easy to travel to a hospital, a supermarket or a post office.

Source: ELSA Wave 6