

## Diversity in older age - Disability

### Older disabled people

#### Background: the meaning and prevalence of disability in older age

The ability or difficulty experienced in performing Activities of Daily Living (ADLs) are widely used as a measure of disability for older people covering personal care such as being able to bathe, dress, mobility and toileting. Instrumental Activities of Daily Living (IADL) relate to domestic tasks such as shopping, cooking and housework, and in some cases using the telephone and managing money.

Disability, measured as Limitations on Activities of Daily Living (LADL), affects 40% of older people aged 60, and 75% of those aged 80 and above. The disability is severe for 20% of older people aged 60 and 50% of those aged 80 and above. <sup>1</sup>

Many different scales have been developed to measure ADLs, and their use in surveys reflects different approaches to defining and measuring disability.<sup>2</sup> They commonly share a focus on risk and deficit rather than aspirations and desired outcomes.

The Equality Act 2010 sets out the legal framework within which disabled people have recognised rights. In the Equality Act a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. 'Long-term' means that the effect of the impairment has lasted or is expected to last for 12 months or more.

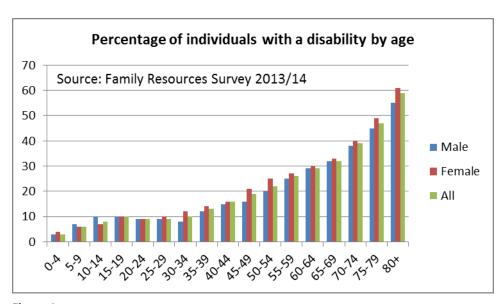


Figure 1

<sup>1</sup> Banks et al, (2010). Financial circumstances, health and well-being of the older population in England. The 2008 English Longitudinal Study of Ageing. London: IFS.

<sup>2</sup> Jagger C, et al (2009) Calibrating disability measures across British national surveys, MAP2030



A wide variation exists in estimates of the numbers of disabled adults in Great Britain, often depending on the definition of 'disability' used. In all cases, the prevalence of disability rises with age. The Family Resources Survey estimates that around 7% of children are disabled, compared to 16% of working age adults and 42% of adults over State Pension age.<sup>3</sup>

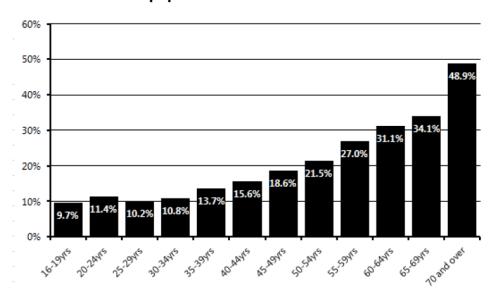
Using FRS measures, in 2013/14, at age 60-64 a little under 30% of older adults have a disability but this doubles to around 60% for those aged 80 and over [Figure 1].

For the related issue of 'frailty', a 2014 study from the English Longitudinal Study of Ageing (ELSA) found the overall weighted prevalence of frailty for those aged 60 and above was 14% with the prevalence increasing with age from 6.5% for those aged 60–69 years to 65% for those aged 90 or over. Frailty occurs more frequently in women than in men (16% versus 12%). Mobility difficulties are very common with 93% of frail individuals having such difficulties versus 58% of the non-frail individuals.<sup>4</sup>

For older people with a disability, there is a significant difference in work and life experience between disabled people who have grown older with their disability and older people who have become disabled in older age.

The great majority (79%) of disabled people over State Pension age reported that they acquired their impairment after the age of 50.<sup>5</sup>

# Equality Act core disabled people as a proportion of the population of Great Britain



Source: TUC analysis of Labour Force Survey Q3 2014

Figure 2

<sup>&</sup>lt;sup>3</sup> DWP (2015) Family Resources Survey 2013-14

<sup>&</sup>lt;sup>4</sup> Gale C R, Cooper C and Sayer A A (2015) *Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing*, Age and Ageing (44) 162-165

<sup>&</sup>lt;sup>5</sup> DWP (2014) Fuller Working Lives – Background evidence



A 2012 international study of more than 63,000 older individuals, using the World Health Survey 2002-2004, determined that, worldwide, older women are more likely to be disabled than older men. This is not just because women live longer. Within any older age group, overall internationally, women are much more likely to be disabled than men. The likelihood of disability is also inversely related to wealth and educational achievement, but the difference between men and women internationally is so great that a woman in the highest wealth quintile is more likely to be disabled than a man in the second lowest wealth quintile, and a woman who has completed education to college level or above is more likely to be disabled than a man with no formal education. <sup>6,7</sup> In the UK the difference is not so great, but women are still more likely to be disabled than men at all ages above age 25, with the difference being most noticeable at ages 45-55 and age 75 and above [Figure 1].

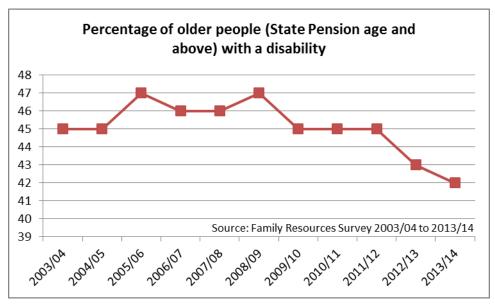


Figure 3

Despite increased longevity and an increase in State Pension Age, both causing an increase in the average age of those above State Pension Age, the proportion of older people above State Pension Age with a disability appears to have been falling [Figure 3]. This may however be a result, at least in part, of a change in the FRS survey question in 2013/14.

The predominant form of disability in older age is a problem with mobility [Figure 4].

#### Disability and employment in older age

The Labour Force Survey Household Dataset for the fourth quarter of 2015 [Figure 5] shows that, at all ages from age 16 up to state pension age, disabled people are less likely to be in employment than non-disabled people, although the gap narrows from age 55 onwards. This is likely to have an

<sup>6</sup> Hosseinpoor et al (2012) *Social determinants of sex difference in disability among older adults*, International Journal for Equity in Health, 11:52

<sup>&</sup>lt;sup>7</sup> Wheaton F V and Crimmins E M (2016) *Female disability disadvantage: a global perspective on sex differences in physical function and disability*, Ageing and Society, vol 36, no 6



effect on pension provision and both income and wealth in older age for people with a long-term disability.

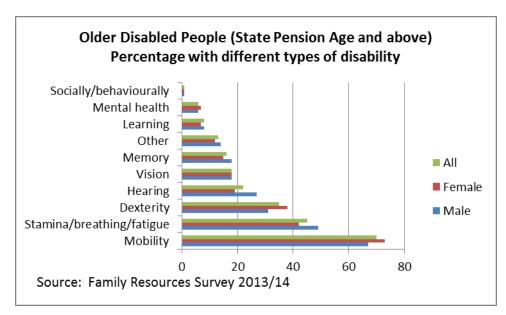


Figure 4

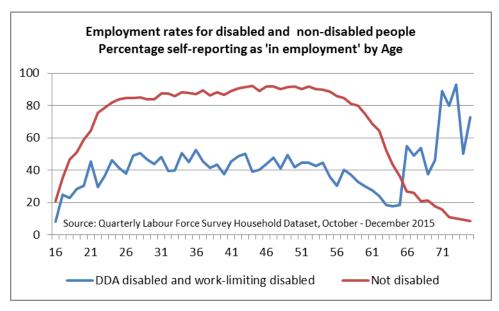


Figure 5

Above state pension age, disabled people are more likely to self-report as being in employment than non-disabled people. [Figure 5] This may reflect an economic need for continued employment, or be an anomaly thrown up by the self-reporting and interpretation of 'employed' and/or the smaller numbers involved.

According to Labour Force Survey figures for the period to 2012, the employment gap has been narrowing. In 2012, 46.3% of working-age disabled people were in employment compared to 76.4%



of working-age non-disabled people, a 30.1 percentage point gap between disabled and non-disabled people, representing over 2 million people. However, this gap reduced by 10 percentage points over the period 1998-2012 and remained stable after 2010, despite the economic climate<sup>8</sup>.

Employment rates for older (aged 50 and over) disabled people have increased from 34.9 percent (900 thousand) in 2001 to 41.0 percent (1.4 million people employed) in 2012 and have increased slightly faster than for older non-disabled people which show an increase from 71.6 percent (5.3 million people employed) to 77.1 percent (5.9 million people employed, however, an older disabled person, below state pension age, is still considerably less likely than an older non-disabled person to be employed with the employment rate gap standing at 36 percentage points in 2012.<sup>9</sup>

By far the largest proportion (36 percent) of over 50s who stay in employment after acquiring a disability are in the public administration, education and health.

Ill health and disability consistently emerge as the most significant drivers of unplanned early labour market exit. They are often the sole reasons for people stopping work but are also associated with other reasons such as redundancy, a change in role or work itself, reduced job satisfaction, financial security or caring responsibilities.<sup>5</sup>

### Trends in worklessness for people aged 50-SPa

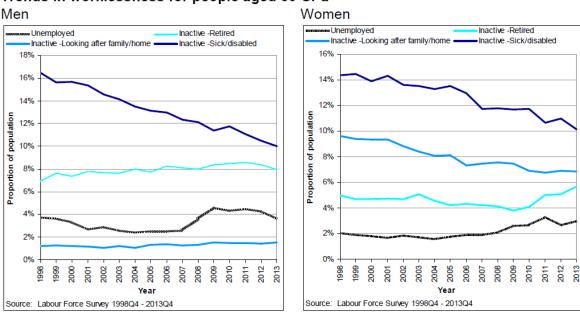


Figure 6 Source: DWP (2014) Fuller Working Lives – Background evidence

A 2013 survey of working age benefit claimants<sup>10</sup> found that, for those aged 55 and over, although nearly all (97%) said they had a health problems or disability expected to last for more than a year, only 62% considered themselves as disabled all of the time with a further 23% considering themselves as disabled some of the time.

<sup>&</sup>lt;sup>8</sup> https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures

<sup>&</sup>lt;sup>9</sup> DWP (2013) Fulfilling Potential: Building a deeper understanding of disability in the UK today

<sup>&</sup>lt;sup>10</sup> Department for Work and Pensions (2013) A survey of disabled working age benefit claimants



For these older benefit claimants of 'working age' the principal perceived barriers to work were 'difficulties in using facilities/equipment' and 'lack of job opportunities', while the main things that would help them into work were perceived to be 'more support to manage your health condition' and 'more incentives for employers to employ people with disabilities / health conditions'. [Table 1]

#### Income and wealth, pensions and benefits

Older people with a disability, in the UK, may be eligible to receive one of two non means-tested benefits. Those under the age of 65, or who are over 65 but first made a claim when under the age of 65, may be entitled to receive 'Personal Independence Payments', which replace 'Disabled Living Allowance'. Those who become disabled or first make a claim after the age of 65 may be entitled to 'Attendance Allowance'. It has been argued that this arbitrary age based cut-off in benefit entitlement for older disabled people may be age discriminatory. <sup>11</sup> In addition, someone caring for a disabled person for more than 35 hours per week, may be entitled to Carers Allowance.

Table 1: Aids and barriers to employment - Benefit claimants aged 55+

| What would help you to look for/find work/ or work more hours?*                      | %  | Perceived barriers to seeking work, finding work, or working more hours* | %  |
|--|----|--|----|
| More support to manage your health condition   | 36 | Difficulty using facilities/equipment                                    | 30 |
| More incentives for employers to employ people with disabilities / health conditions | 34 | Lack of job opportunities  | 28 |
| Specialist support to help people with disabilities / health conditions find work    | 31 | Difficulty with transport  | 23 |
| Modified hours/days/ reduced work hours or modified duties                           | 30 | Attitudes of employers   | 23 |
| Financial support to move into work  | 20 | Lack of confidence or motivation to find work                            | 22 |
| Work placement/work experience   | 9  | Lack of help or assistance   | 19 |
| Changes to your work area or work equipment  | 8  | Lack of qualifications/experience/skills                                 | 18 |
| A job coach or personal assistant  | 6  | Lack of special aids or equipment  | 13 |
| Stronger requirements to look for work   | 2  | Affects receipt of benefits  | 12 |
|  |    | Family or caring responsibilities  | 6  |
| *Excluding 'Other' and 'None of these'   |    |  |    |

Source: Department for Work and Pensions (2013) A survey of disabled working age benefit claimants

<sup>&</sup>lt;sup>11</sup> Clark et al (2009) *Ageism and age discrimination in social care in the United Kingdom*, Centre for Policy on Ageing



A direct comparison of the incomes of disabled and non-disabled older people can be misleading as older disabled people have additional needs and consequently, additional costs. <sup>12</sup>

Older people above the median disability level require an extra £99 per week, at 2007 prices, on average to reach the standard of living of an otherwise similar person at the median. Additional costs faced by older people in the highest decile of disability average £180 per week.<sup>13</sup>, 14

Any move to abolish AA/PIP/DLA would have a large impact on the poorer part of the older population. 12,14

Although it might be assumed that the presence of a long-term disability throughout life will have a negative impact on income and the accumulation of wealth into older age, there is some evidence that having difficulties with ADLs in later life is inversely associated with income poverty, perhaps because of the receipt of disability benefits.<sup>15</sup>

Including disability benefits, paid in recognition of the extra cost of disability, in 2013/14, 27 per cent of people of all ages in families where someone is disabled were in poverty, compared with 19 per cent of those in families where no one is disabled. If disability benefits are excluded, this increases the poverty rate among people in families with a disabled person by four percentage points, to 31 per cent. The proportion of people living in poverty, after housing costs, tends to fall throughout 'working' life. In 2014/15 it was 12% at age 65-74, but then increases again, reaching 21% by age 85+. This may, in part, be related to increased levels of disability in older age. 16

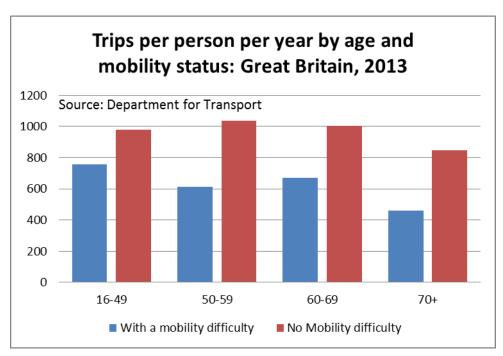


Figure 7

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<sup>&</sup>lt;sup>12</sup> Hancock R and Pudney S (2013) Assessing the distributional impact of reforms to disability benefits for older people in the UK: implications of alternative measures of income and disability costs, Ageing and Society

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<sup>&</sup>lt;sup>15</sup> Emmerson C and Muriel A (2008) Financial resources and well-being In Banks et al, Living in the 21<sup>st</sup> century: Older people in England

<sup>&</sup>lt;sup>16</sup> Shale J et al; DWP (2016) *Households Below Average Income (HBAI),* Department for Work and Pensions, United Kingdom, 2016



#### Neighbourhoods, communities and transport

A major problem associated with disability in older age is the greater difficulty in maintaining social networks and carrying out day to day tasks, such as shopping, because of the inadequate availability of accessible transport.

Disability has an effect on the use of transport at all ages but causes a proportionately greater reduction in the number of trips taken (45%) in older age. <sup>17</sup> [Figure 7]

Accessible transport is key to maintaining wellbeing and social and physical health in older age.<sup>18</sup> London, is probably the best location in the UK for frequent and accessible transport, with the 'freedom pass' allowing free access for older people to all forms of public transport, and local authority taxi cards providing subsidised access to taxis for disabled older people, but even here, there is a severe fall in the use of transport facilities by individuals as they grow older [Figure 10].

Table 2 Percentage of adults experiencing at least one barrier to transport use<sup>17</sup>

| Mode of Travel       | Adults with an impairment | Adults with no impairment |
|----------------------|---------------------------|---------------------------|
| Long-distance buses  | 38%                       | 23%                       |
| Local trains         | 31%                       | 16%                       |
| Long distance trains | 32%                       | 18%                       |
| The Underground      | 36%                       | 23%                       |
| Local buses          | 34%                       | 21%                       |
| Motor vehicle        | 27%                       | 14%                       |
| Taxi / Minicab       | 24%                       | 14%                       |

All new trains and buses are built to high accessibility standards and all older stock will have to be compliant by 2020<sup>19</sup> but a high proportion of disabled people report at least one barrier to using all forms of transport.<sup>17</sup> [Table 2] The forms of transports with least accessibility problems are private cars and taxis [Table 2], and these show the smallest difference between a person with and without a disability so, unsurprisingly, the proportion of journeys made by these means (as passengers) increases for the oldest age groups.[Figure 8]

This, in turn emphasises the continued importance of taxi card schemes for disabled older people.

<sup>&</sup>lt;sup>17</sup> Mackett R (2014) Overcoming the barriers to access for older people, Age Action Alliance and Centre for Transport Studies, University College London

<sup>&</sup>lt;sup>18</sup> Holley-Moore G and Creighton H (2015) *The future of transport in an ageing Society,* ILC-UK

<sup>&</sup>lt;sup>19</sup> Childs C and Griffiths M (2013) *Accessing Public Transport*, Parliamentary office of Science and Technology - Postnote



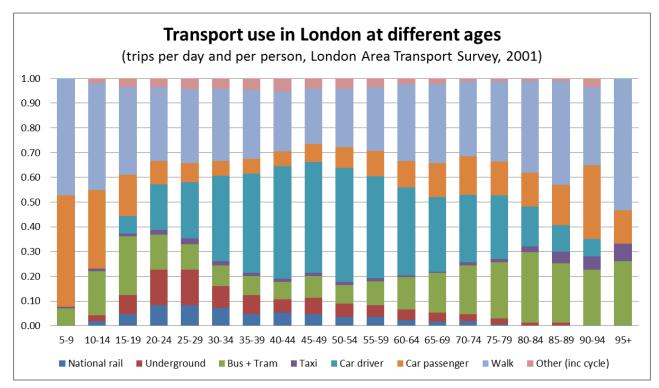


Figure 8

Access to transport is a particular issue for older disabled people in rural areas. The main reasons that older people, aged over 65, do not use public transport are that it is not convenient, does not go where they want or that their health prevents them.<sup>18</sup> In rural areas, for older people, having a poor or absent service becomes relatively more important than mobility and health issues in preventing public transport use. <sup>18</sup> [Figure 9] In rural areas, the absence of good public transport means that the availability of subsidised taxi travel for disabled older people gains increased importance.

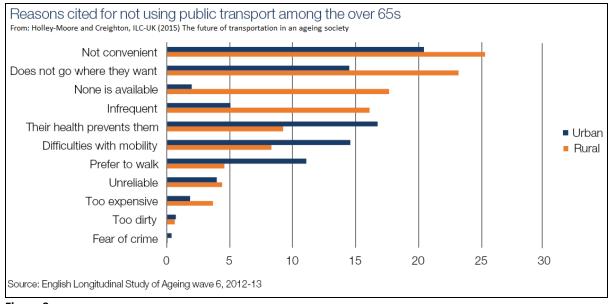


Figure 9



London residents' trip rates (average day, seven day week) by mode and age, 2011.

Source: Strategic Analysis TfL Planning, 2014

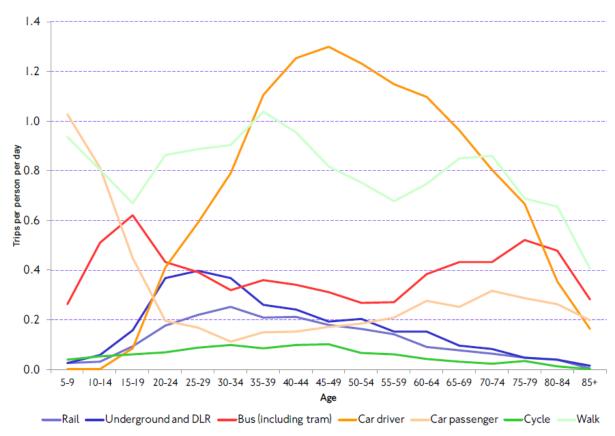


Figure 10

#### Health and social care

Older disabled people are the heaviest users of local authority social services and are therefore the people most affected by UK government austerity measures implemented since 2008.<sup>20</sup> It is estimated that between 2007/8 and 2012, a quarter of a million fewer older people were actually receiving local authority social services and this was one third of a million fewer than would have been expected to have been receiving services given population changes.<sup>21</sup>

Overall older people (aged 65+) in England are much more likely to receive disability benefits (13%) than local authority care (2.5%). For the most disabled one fifth of the older population 43% receive disability benefits while just 11% receive local authority care. Despite this only one half (55%) of older people receiving local authority care also receive a disability benefit.<sup>22</sup>

<sup>20</sup> Ginn, J. (2013). *Austerity and Inequality. Exploring the Impact of Cuts in the UK by Gender and Age*. Research on Ageing and Social Policy, 1(1), 28-53.

<sup>&</sup>lt;sup>21</sup> Fernandez, Snell and Wistow (2013) *Changes in the Patterns of Social Care Provision in England: 2005/6 to 2012/13*, PSSRU

<sup>&</sup>lt;sup>22</sup> Hancock R, Morciano M and Pudney S (2014) *Publicly-funded social care and disability benefits in ELSA Wave* 6: Early findings



#### Mental health issues

Older people with mental health problems face a number of issues. There is evidence of under and late diagnosis of both dementia and depression by General Practitioners and for those in need of mental health services, in many regions mental health services for older people are organised separately and patients may not receive the same level of service as that available for younger adults. Organising separate mental health services for older people is not inherently age-discriminatory but may be if these services are under-resourced.<sup>23</sup>

Individuals with learning difficulties / intellectual disability have a higher prevalence of health problems and, with a median age of death 25 years younger than the general population, are less likely to live into older age. None-the-less increasing numbers are doing so and may continue to experience inequalities in accessing health care and to die from preventable causes, possibly as a result of institutional discrimination within health services.<sup>24</sup>

Since the 1970s there has been an increased awareness of a link between learning disability and early-onset dementia, raising issues for continued care provision and ageing in place. One third of all people with a learning disability living at home, in the UK, are cared for by relative who is aged over seventy.<sup>25</sup>

#### Housing

Table 3 Characteristics of older person households containing someone who is sick or disabled compared with other older person households<sup>26</sup>

|                                | Sick or disabled older person households | Other older person households |
|--------------------------------|--|-------------------------------|
| Live in social rented housing  | 26%                                      | 13%                           |
| Live in owner-occupied housing | 69%                                      | 81%                           |
| Live in a flat                 | 19%                                      | 14%                           |
| Live in a bungalow             | 12%                                      | 16%                           |
| Live in a detached house       | 14%                                      | 22%                           |

Source: English Housing Survey 2008-2010 and English House Condition Survey 2006-2009

Older households with a disabled person are more likely to occupy a bungalow or flat and less likely to occupy a detached house. An older household with a disabled person is twice as likely as an older household without a disabled person to live in social rented accommodation.<sup>26</sup> [Table 3]

<sup>23</sup> Lievesley N et al (2009) Ageism and age discrimination in mental health care in the United Kingdom, Centre for Policy on Ageing

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<sup>25</sup> Watchman K (2014) *Reducing marginalisation in people with a learning disability and dementia:*, Australian Journal of Dementia Care (2)26 31-33

<sup>26</sup> Pannell, Aldridge and Kenway (2012) *Market assessment of housing options for older people*, Shelter and the Joseph Rowntree Foundation



English Housing Survey data reveals that, In 2011-12, of the 3.3 million older households in England with a disabled person, 1.2 million (37%) had accessible housing needs. Of these, 12% had an unmet need. $^{27}$ 

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<sup>&</sup>lt;sup>27</sup> Provan, Burchardt and Suh (2016) No Place Like an Accessible Home: Quality of life and opportunity for disabled people with accessible housing needs, CASE (LSE)



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