

Conceptual note, No.3

Measures for older people

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Deprivation items: older people versus adults?

One of the strengths of the PSE1999 was, of course, the items and activities used to measure adult deprivation. The items used in the PSE deprivation module did work quite well and were expanded upon slightly in the PSENI. However, original work on the PSE1999 showed that there is more disagreement on which items constitute the necessities of life when we examine differences among younger people and the older people, although there still remains a consensus (Pantazis et al. 2000). Since PSE1999, there have been reviews (and several critiques) in the literature about the utility of PSE items in measuring deprivation amongst older people (Berthoud et al. 2006; Dominy & Kempson 2006; Legard et al. 2008; McKay 2004; Smith & Hancock 2004; Price 2008). Smith et al. (2008) questioned the extent to which we needed an age specific measure of consensual poverty for older adults using data from the PSE1999, whereas McKay (2008, 2010) suggests that bespoke items and activities for older people versus adults are necessary. Pensioner material deprivation questions were first included in the 2008/09 Family Resources Survey (FRS). Although having two sets of material deprivation items; one for adults and the other for older people, has resulted in an improved pool of material deprivation items, PSE2011 will produce one set of items/activities to ensure comparability in the deprivation measures asked of all adults across the life course.

Social capital: social networks, social and financial support

Contact with, and support from, family and friends are important sources of social capital and are a measure of the extent to which someone is excluded from personal relations with family and friends. The number and types of exchanges between people within the network, and shared identities that develop, can influence the amount of support an individual has, as well as giving access to other sources of help (Green & Fletcher 2003: 8). Financial and other types of assistance provided by family and friends are important material and social resources for older (and younger) people. The FRS asks a series of questions on financial or other types of help (including some that might result from difficulties in carrying out activities of daily living) from their family or friends. Dominy and Kempson's (2006) qualitative research (6 focus groups, 42 in-depth interviews) showed that nearly half of older people interviewed received some financial and other types of help from family and friends. This help was often not direct financial help, but given as presents of useful or needed items. In addition to the findings on presents of useful or needed items, Dominy and Kempson (2006) found that 'lack of engagement in social activities did lead to a reduction in discretionary spending' (p.7). They also highlighted problems with reasons why items were absent, and that people had items without considering if it was themselves or others paying for them or providing them. Respondents also tended to say they did not need items when

they really could not afford them. Finch and Kemp (2006) examined pensioners who did not spend all of their income. Many older people save money, arguably inconsistent with a simple life-cycle perspective on assets, and spending fell more rapidly with age than did income. Whilst describing the results as 'far from conclusive' (p.6) they suggest that low spending relative to income is associated with increasing frailty, itself associated with important factors around declining social relations. Pensioners would be more likely to spend their incomes, and maintain their living standards, by continuing to be independent and part of a social network (as cited in McKay 2008: 5). PSE2011 questions on financial and other types of help will provide some important information on the extent to which financial (gifts) and other types of help indicate both levels of material and social reciprocity, and how these can be help to alleviate poverty and prevent social exclusion.

Health Problems which cause Activities of Daily Living (ADL) difficulties

According to Price (2008) "frailty, illness and disability are virtually ignored in the measurement of poverty, despite the increased needs and changed patterns of consumption that accompany transitions into poorer health" (p. 1). 'Activities of daily living' (ADLs) refers to the abilities we all need to live independently and which can be affected by the long-term conditions which become more prevalent in later life. The ability to carry out activities of daily living (ADLs) is an important element of both poverty and social exclusion for older people. Appropriate support and services can help older people to remain independent and enjoy living in their own homes and communities for as long as possible. Available and appropriate help or support (when needed) also allows older people to live their lives in their homes in the way they want.

There a wide variety of in-situ and community-based services in addition to those listed which older people and their carers can use in order to both remain 'independent' in 'included' the community, i.e. day centres and luncheon clubs and so on. Given the increased targeting of health and personal social services to fewer households (and the advent of personalised budgets), and potential declines in service levels resulting from the Comprehensive Spending Review, much could potentially be learned from examining more closely in the PSE2011 not only the type of support received but also the exact nature of the service gaps by those reporting a long-standing illness, disability or infirmity (or ADL limitation).

Providing unpaid care

Informal care is care provided to older people by relatives, friends, neighbours and others who are generally not paid for the help and support they provide. Due to the growth of the number of older people in the UK and the increased substitution of formal care by 'community care', the importance of care provided informally has increased over the past decade. The provision of unpaid care also has implications in terms of availability for paid employment, impact on the physical and mental well-being of carers, and the additional expenses associated with providing care and support to older people requiring help with a long-standing illness, disability or infirmity. Provision of unpaid care using the 2011 Census question will be included in PSE2011.

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