



Meeting the challenge of an ageing population
Research on ageing

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The University of Southampton is at the cutting edge of research addressing the challenges of an ageing population. I am delighted to introduce a range of projects that explore different dimensions of population ageing and its implications for individuals, for society and for policy makers.

Our world-leading research in the field of ageing is facilitated by a number of interdisciplinary centres and programmes. Their work ranges from saving older people's sight and developing a vaccine for Alzheimer's disease, to assessing the pension prospects of migrant workers. The research evidence contributes to a better understanding of areas such as the factors that contribute to a 'good' old age, changing obligations to provide informal care, and policy debates on health and social care in later life and the personalisation agenda.

Our commitment to research excellence is complemented by strong partnerships with national and local policy stakeholders. These enable us to engage with health and social care professionals and have a real impact on the design of social policies and the improvement of older people's wellbeing. For example, research collaborations with local health and social care partners show how modelling can be used to plan future care provision more effectively.

In addition, the University of Southampton Strategic Research Group (USRG) on Ageing and Lifelong Health provides a strong network for academics researching a diverse range of ageing-related projects and facilitates interdisciplinary collaboration. This is co-directed by Professor Avan Aihie Sayer in Medicine and myself in Social and Human Sciences at Southampton.

You can discover more about our centres and programmes by visiting the websites listed at the end of this brochure.

Professor Maria Evandrou

Director, Centre for Research on Ageing
and Chair, USRG Ageing and Lifelong Health

www.southampton.ac.uk/ageingusrg

www.southampton.ac.uk/ageing

Meeting the challenge of an ageing population

The University of Southampton is at the forefront of research into the factors affecting the supply and demand of health and social care.

More than 10 million people within the UK are over 65 years old; by 2035 it is estimated that this number will have risen to 17 million. As older people are the primary users of health and social care services, this demographic change poses a significant challenge for those planning future service provision. In addition, an ageing workforce will have implications for the supply of health and care professionals.

A robust evidence base is crucial in order to meet these challenges and help policy makers plan effectively for the future. A £3.3m research programme at Southampton is working to provide this evidence base by developing a suite of sophisticated models representing the socio-economic and demographic processes and organisations involved in health and social care provision in the UK. The models allow researchers and policy makers to forecast demand for services and understand the wider implications of potential changes to the way services operate, information that can help them select the most effective policies.

Professor Maria Evandrou, one of the programme's directors, says: "We are working closely with public sector partners throughout the development process and the results will be communicated to policy makers to inform plans for future health and care service provision."

Known as the Engineering and Physical Sciences Research Council (EPSRC) Care Life Cycle programme, the research brings together world-leading teams from four of the University's international research centres – the Centre for Research on Ageing, the Economic and Social Research Council (ESRC) Centre for Population

Change, the Centre for Operational Research, Management Science and Information Systems and the Institute for Complex Systems Simulation. It is funded by an award from the EPSRC's 'Complexity Science in the Real World' initiative.

The care life cycle

The EPSRC Care Life Cycle programme (www.southampton.ac.uk/clc) is based on the concept of the care life cycle, which describes the complex set of interacting and interrelated factors that determine people's care needs. These factors operate at individual and society level.

A person's need for care is influenced by their own characteristics (such as age, gender, health, education and occupation) but also by their family circumstances and wider social networks. These in turn are influenced by their own and their (adult) children's resources (employment, wages and pensions, for example) and patterns of mobility. Migration influences the supply of the health and social care workforce, and this is affected by patterns of education and training and relative wages in the labour market.

The focus on the interactions between the care life cycle components means that the models developed within the EPSRC Care Life Cycle programme are powerful tools for policy makers and planners. The two case studies overleaf illustrate their application to different aspects of health and care provision.

The EPSRC Care Life Cycle programme is directed by Professor Jane Falkingham, Professor Maria Evandrou, Professor Sally Brailsford, Professor Seth Bullock and Dr Jason Noble.



Working in partnership

In collaboration with health and social care partners, researchers from the University's EPSRC Care Life Cycle programme are showing how modelling can be used to plan future care provision more effectively, make services more efficient and cut costs.

Modelling local authority social care

Members of the EPSRC Care Life Cycle programme have been working with colleagues from a UK local authority to develop a unique system dynamics model of social care. The model will help planners with the complex task of providing for the changing needs of an ageing population while working within tight budgetary restrictions.

"System dynamics models enable stakeholders to learn about their system and explore policy options by investigating the knock-on effects of different interventions," explains Professor Sally Brailsford, one of the programme's directors. "This means planners and care providers can review and explore the potential outcomes of different policy options." Developed in partnership with a team from the local authority's adult services, this model attempts to capture the many interrelated variables required to forecast a population's future social care needs.

Complex variables

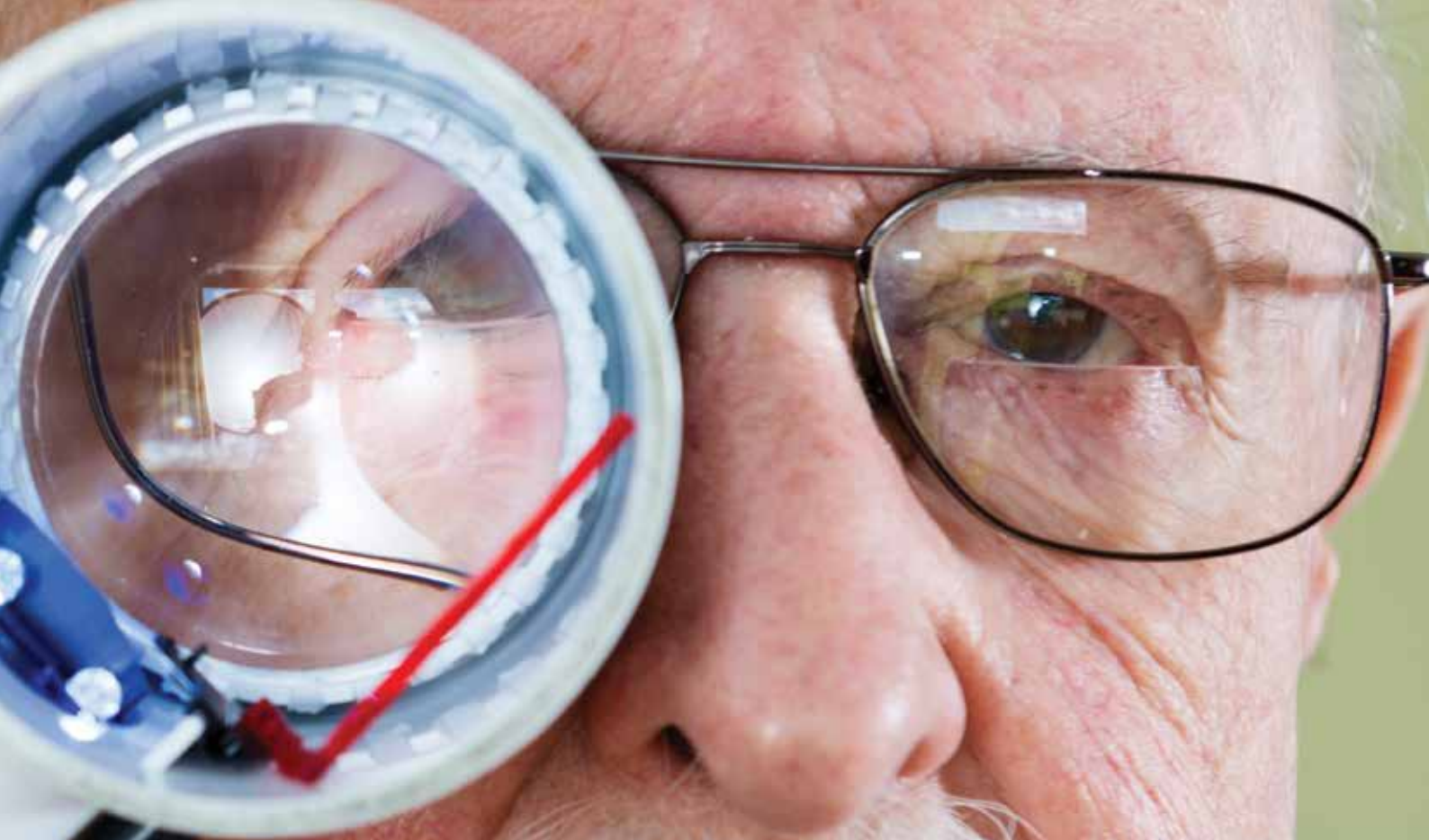
The model uses information on the health of the older population as well as people's living arrangements and a wide range of other characteristics. People 'arrive' in the model when they reach their 65th

birthday. The majority of older people have no social care needs at this stage and are able to live independently, but this may change as they get older. Built into the system are interventions which can affect the demand for care placed on the local authority.

Older people's care needs can be met in three possible ways: either entirely funded by the local authority, through other sources such as informal family arrangements or privately purchased care, or by a combination of the two. Informal or family arrangements for care are in turn affected by a less easily quantifiable variable which attempts to capture people's propensity to provide care for their elderly relatives.

Changing obligations

A number of factors affect people's ability or willingness to care, such as their own health or financial situation. An unmarried woman in her 50s, for example, may want to give up her job to care for her ageing parents, but this could impact not only on her current earnings and standard of living, but on her future pension and her quality of life in her own old age. Other aspects are less easily measurable in financial terms. In today's geographically mobile society children often live far from their parents and



this can become an issue as the parents get older and need more frequent support. Moreover, changing family structures due to increasing divorce rates have resulted in more varied family relationships, which may impact on people's sense of familial duty and obligation to care for older family members.

One issue highlighted by the model is the importance of the caring role currently being fulfilled by family, neighbours and friends, and of the role of the local authority in supporting carers in such roles. If in future carers were no longer willing or able to provide care, the likely impact on local authority care budgets could be significant.

Health and social care for age-related macular degeneration

In partnership with colleagues at Southampton General Hospital's eye unit, researchers from the EPSRC Care Life Cycle programme have modelled the treatment and progression of age-related macular degeneration (AMD). By examining the interrelations between health and social care, they have demonstrated that efficiency improvements at the unit could also save money by reducing demand for social care.

AMD, a progressive, degenerative eye disease, is the most common cause of visual impairment in older people. As the population ages it is predicted that the number of people with AMD in the UK will rise from 600,000 in 2010 to over 750,000 in 2020. Pioneering new injections for 'wet' AMD can slow the condition's progress or even improve people's sight. However, many hospital eye units do not have the organisational structure or capacity to manage the regular need for injections or consulting.

This interdisciplinary study enables alternative configurations of the eye unit to be explored in a computer environment, for example the use of a mobile eye clinic to alleviate pressure on shared facilities at the unit. Researchers are examining how such scenarios could improve the unit's efficiency and assessing the resulting improvements in health and reductions in the need for social care.

Programme researcher Dr Joe Viana comments: "The research demonstrates how expenditure in one area of health or social care may result in unforeseen cost implications in another. For example, improved social care transport services could mean fewer missed appointments and therefore increase the unit's efficiency, as well as reducing social care costs by decreasing instances of avoidable sight loss."



Enjoying older age

Studies at Southampton are generating new measures of quality of life for older people.

What makes a 'good' old age?

Increasing numbers of older people, higher expectations for 'a good life' and demands for health and social care have led to international interest in the enhancement and measurement of quality of life in older age. Research led by Professor Ann Bowling has identified a range of factors that support quality of life using a unique new measure based on the perspectives of older people themselves.

"Quality of life is a subjective concept, yet most measures of quality of life are based on 'expert' opinions," says Ann, who is Professor of Health Sciences at Southampton. "As a result, researchers may not have been measuring the right things when reviewing the quality of life for older people, which could result in decision makers selecting unsuccessful policy interventions."

The new measure, known as OPQOL (Older People's Quality of Life), was developed using the views of 1,000 older people who responded to a survey conducted by the Office of National Statistics in 1999. Later surveys enabled Ann and her team to test OPQOL and compare it with other frequently used quality of life measures, with favourable results.

The research identified a number of factors that contribute to older people's quality of life, such as good health, family and social relationships, independence and mobility and having a role in the community. The study also asked about factors in 'active ageing'; the responses placed importance on being socially engaged and doing exercises and activities.

The study has provided valuable indicators for policy makers about how quality of life might be enhanced in older age, as well as illustrating the reliability of OPQOL in ethnically diverse samples of older people. The measure also has potential as a tool for the evaluation of future interventions.

Care at the end of life

Research at Southampton is also contributing to better care practice for people at the end of their life. Professor Julia Addington-Hall of Health Sciences is leading a range of studies examining how end-of-life care can most effectively be delivered, issues around dying at home, decision-making at the end of life and the quality of end-of-life care from the perspective of bereaved relatives.



Measuring active ageing across Europe

An international project coordinated by Professor Asghar Zaidi of the Centre for Research on Ageing is developing a new tool to help policy makers measure and promote active and healthy ageing across Europe.

Known as the Active Ageing Index (AAI), the tool makes use of a dashboard of indicators to measure older people's unrealised potential in relation to employment, other family and social activities as well as health, independence and life expectancy. Asghar says: "In line with the principles of the 2012 European Year for Active Ageing, the AAI will raise awareness of older people's contribution to society and encourage dialogue on issues of policy and research on active and healthy ageing."

The index enables comparisons between countries in relation to four distinct domains for older people: employment; social activity and participation; independent, healthy and secure living; and capacity and enabling environment for active ageing.

The AAI's calculations indicate that Sweden and Denmark, Ireland, the United Kingdom and the Netherlands come at the top of the active ageing ranking. In contrast, the majority of central and

eastern European countries, as well as Greece, are at the bottom and exhibit a clear scope for social policy reforms. In almost all countries, older women fare worse than men when it comes to active ageing, identifying a need for specific social policy emphasis on reducing gender disparity in experiences of ageing.

"As well as being unique in providing comparative insights for policy makers, the AAI has the potential to track progress over time and evaluate the outcomes of past policy reforms," comments Asghar.

The research was funded by the European Commission's Directorate General for Employment, Social Affairs and Inclusion and the United Nations Economic Commission for Europe and was undertaken by researchers based at the European Centre Vienna, advised by an international group of experts.

There are plans to extend the scope of this highly policy-relevant research at the University's Centre for Research on Ageing and ESRC Centre for Population Change. Asghar will also be working with HelpAge International during 2013 to develop another index, the Global AgeWatch Index, which will measure the social and economic wellbeing of older people around the world.

Tackling disease

The University's pioneering medical research could lead to better treatments for age-related conditions.

A vaccine for Alzheimer's disease

Alzheimer's disease is one of society's biggest health challenges. An estimated 36 million people worldwide have the illness, with a threefold increase expected by 2050 and associated costs currently thought to be over \$600bn a year. Scientists at Southampton are playing a significant role in the fight against Alzheimer's, conducting groundbreaking vaccine trials and revealing fundamental new insights into this devastating illness.

Over the last 20 years, Alzheimer's research has been driven by the theory that deposits of a protein called amyloid beta in the brain, known as 'plaques', play a key role in the disease by disrupting normal brain function. It was believed that immunisation with the amyloid beta protein may lead to the reduction of these plaques. In 2000, doctors at Southampton were involved in running the first human trials of the vaccine, which until then had only been tested in the laboratory.

A follow-up study of patients in this trial, conducted by Professor Clive Holmes, Professor James Nicoll and Dr Delphine Boche, demonstrated

that immunisation altered Alzheimer's disease by removing plaques from the brain, a finding recognised as one of the most notable advances in Alzheimer's research. Further studies found the effects of the technique varied widely from one patient to another, and that complete removal of plaques from the brain was not sufficient to halt cognitive decline. This suggests that removing plaques during the later stages of the disease is unlikely to be of benefit and that early intervention is crucial.

The team also found explanations for serious side effects associated with removing plaques from the brain. This has led directly to changes in ongoing trials to reduce the risk to participants.

The study, which was funded by Alzheimer's Research UK and the Medical Research Council, has had a major impact on the development of new vaccination therapies by pharmaceutical companies. Work at Southampton is continuing to explore the biological and clinical consequences of vaccination with ongoing pharmaceutical trials and further studies examining the effects of treatment on the human brain.



Saving older people's sight

Researchers at Southampton are paving the way for new treatments for age-related macular degeneration (AMD), one of the commonest causes of sight loss in older people in the developed world. Their work may also help significantly reduce the cost of existing AMD treatments.

AMD is an eye condition that damages a tiny part of the retina at the back of the eye, called the macula. It usually affects people over the age of 65.

By examining DNA samples from people with AMD and from people with no signs of the disease, a team of scientists led by Professor Andrew Lotery has identified several genetic risk factors for the condition. "In the future we may be able to treat patients according to their genetic risk factors, thus allowing personalised treatments," says Andrew. "This knowledge should enable us to get much better treatment results."

Andrew was awarded the prestigious Nettleship Medal by the Royal College of Ophthalmology for

this work. The award recognises the best research paper published by a British ophthalmologist in the last four years.

Andrew's team is also involved in one of the largest trials in the field of eye disease, which is investigating whether two drug treatments (Lucentis and Avastin) are equally effective in treating 'wet' AMD. Known as IVAN, the trial involves scientists and eye specialists from 23 UK hospitals and universities.

Early results indicate that there is no functional difference in the effects of both drugs and that their effect on preventing vision loss are similar. The study also showed that giving treatment on an 'as-needed' basis was as effective as monthly treatment.

"Avastin is a much cheaper drug, so by switching to Avastin and administering it on an as-needed rather than monthly basis, the NHS could save many millions of pounds every year," says Andrew.

The IVAN study is funded by the National Institute for Health Research Health Technology Assessment programme. Andrew's work is also supported by the Gift of Sight Appeal, www.giftofsight.org.uk

Enhancing wellbeing

Research across the disciplines is contributing to improved wellbeing in older age.



LifeGuide can give round-the-clock access to automated support and advice

Unique software for cost-effective healthcare

A multidisciplinary team of Southampton scientists has developed a unique software package which makes it easy to create interactive, internet-based intervention programmes to support the management of health problems. The software, known as LifeGuide, is being used in a wide range of programmes to improve the health of older people.

LifeGuide is a flexible tool that can be used to give tailored health advice, help users make decisions about life choices and support them in their efforts to maintain long-term change. The team, led by Lucy Yardley, Professor of Health Psychology, is collaborating with expert clinicians to develop interventions that will help people cope with a range of health problems common in later life, such as stroke, high blood pressure and diabetes.

The new tool is proving popular. Within two years over 1,000 researchers worldwide have registered to use LifeGuide, and over 20,000 people have successfully used the healthcare interventions they have created.

With more and more older people going online, the internet is likely to play an increasing role in supporting the healthcare needs of an ageing population. Lucy says: “The internet can give round-the-clock access to automated support and advice which can be interactive and individually tailored. This is a low-cost way of extending convenient healthcare for millions of people.”

LifeGuide was originally developed with funding from the ESRC. The team has now received over £10m from the UK research councils, National Institute for Health Research, European Commission and medical charities for further work in this area.



Ageing and spirituality

Ageing inevitably brings losses that can have a profound effect on people's psychological wellbeing. Peter Coleman, Professor of Psychogerontology, is involved in pioneering research into older people's spiritual responses to crises common in later life, particularly bereavement.

"Many people in today's older generation will have been brought up religiously," says Peter.

"However, religion may have played little or no part in the lives of many younger people. It is important to understand how this will affect their future experience of ageing and death."

Funded by both the Arts and Humanities and the Economic and Social Research Councils, studies in the UK and eastern Europe have shown that the strength of people's belief is the main factor that determines its impact. Researchers have also explored whether secular rituals and philosophies can provide the same benefits as religious ones. Their findings indicate that the value lies in having a system that is well thought out, regardless of whether it is secular or faith-based.

Older people and the personalisation agenda

Research conducted by Dr Andrew Power, Lecturer in Human Geography, is examining the recent move towards the individualisation of care services to enable people to become more independent.

"My current area of interest is the policy shift towards the alignment of philosophies of independent living and community care for older people and disabled adults," says Andrew. "This has to some extent become linked to a 'personalisation' agenda, which promotes person-centred (and person-directed) care and support."

Through the publication of international work on how this policy environment has unfolded across a range of countries, including Sweden, France and the UK, Andrew is helping to inform policy makers and scholars about the success factors and challenges in developing an emergent 'one-size-fits-all' policy discourse committed to personalisation.

"One significant challenge is that while the disability sector is focused on support structures for facilitating independent living and citizenship, the ageing sector is still rooted in a broader goal of care delivery for increasing need," comments Andrew.



Working life

The University's research is informing policy and practice relating to the needs of an older workforce.

Older healthcare workers and new technology

In the context of demographic change and the pensions crisis, enabling people to stay in the workplace for longer has become especially important to governments, employers and individuals. It is a particular concern in healthcare, which faces a 'double whammy'; high levels of early retirement among nurses alongside an increasing demand for health services into the future from an ageing population.

Technological innovation is seen as one solution to the various challenges facing healthcare systems. However, studies in other sectors have shown that employees are more likely to take early retirement where there is rapid technological change.

Facing this challenge, researchers from Southampton and Norway teamed up to gain a better understanding of the implications of a digitising healthcare system for the ageing healthcare workforce. They conducted a survey of 1,400 employees and interviewed over 100 people at two large hospitals in Norway, including nurses and doctors aged over 50 (practising and retired), trade union representatives, IT specialists and managers. The project was funded by the Norwegian

Research Council, and led by Professor Ann Therese Lotherington, University of Nordland, Norway, in collaboration with NORUT (Northern Research Institute) and the University of Tromsø, Norway, and Professor Susan Halford, Co-Director of Southampton's Work Futures Research Centre.

Susan says: "The study found that technology itself was not a particular cause of stress or early retirement, and that older nurses are competent and often keen to adopt new technologies. However, there were issues with the way new technologies were introduced, the level of support and training given and the effect of physical aspects of ageing on people's abilities." One experienced nurse, for example, had no trouble adapting to new technology but struggled to read digital printouts because of low lighting in the neonatal ward in which she worked. The study also found that the rigid management philosophy in hospitals, such as the insistence on fixed 10-hour shift patterns, encouraged early retirement.

The research findings will be disseminated to managers, trade unions and policy makers in Norway and the UK to shape employment practice and encourage the development of strategies to support older workers.

Informing adult apprenticeships

Despite a significant rise in the number of adults becoming apprentices in recent years, little is known about the effectiveness of adult apprenticeship programmes. A Southampton-led study is addressing this knowledge gap in order to identify the features of a ‘good’ apprenticeship programme for adults and develop criteria to inform future policy and practice.

Although apprenticeships have traditionally been seen as a learning model for young people, in 2005-2006 the government introduced adult apprenticeships in England for people aged 25 plus. Of the total number of apprentices starting a government-supported scheme in 2010-2011, 40 per cent (180,000) were 25 or over; 4,000 were over 60.

Led by Professor Alison Fuller and Professor Pauline Leonard (Co-Directors of the University’s Work Futures Research Centre) and Professor Lorna Unwin (Institute of Education, University of London), the study will create a new statistical map of the adult apprentice population, including information about the profile of apprentices in terms of age, gender, race, disability, region, occupational sector and apprenticeship level.

The research, which is funded by the Nuffield Foundation, will also develop five organisational case studies in two regions of England to reveal how adult apprenticeships work in practice. Researchers will gather information from 25 adult apprentices, including some who are over 50, about their educational and employment backgrounds, their reasons for participating and their perceptions of the benefits. Managers, HR professionals and policy makers will also be interviewed to understand the challenges and benefits of adult apprenticeships for employers, occupational sectors and the economy more broadly.

Improving the health of older workers

With government policies increasingly geared towards keeping the ageing population economically active, a Southampton study is seeking to answer two questions: is it feasible for people with age-related health problems to work for longer, and how will extending our working life affect our health and wellbeing?

The ability to carry on working will be affected by individuals’ health problems and the type of work they do – for example it could be more difficult to stay in a job that is very physically demanding. The effect of a longer working life on health and wellbeing also depends on individual circumstances, such as people’s expectations for retirement and whether they can fulfil them.

The study will follow 6,000 people aged between 50 and 64 over three years to look at these issues in depth. As well as analysing data from their medical records, researchers will use information from periodic questionnaires about participants’ mental health, employment situation, retirement plans, family circumstances and what might help them to cope better at work.

Professor Keith Palmer, who is leading the study at the Medical Research Council (MRC) Lifecourse Epidemiology Unit, says: “By identifying interventions that could support people to work for longer we aim to inform government and employment policy and alert the medical profession to any relevant issues.”

The research, which is currently being piloted, is part of a programme funded by the MRC and Arthritis UK.

Improving health in later life

Researchers at the MRC Lifecourse Epidemiology Unit are investigating whether interventions in early life could prevent health problems in older age.

Early development and osteoporosis

Osteoporosis, a condition that causes bones to become fragile, is commonly viewed as a problem of older age. However, research conducted at Southampton's MRC Lifecourse Epidemiology Unit has found that it may be partly determined by factors occurring throughout an individual's life – even as early as conception. These findings could lead to the development of novel interventions to reduce osteoporotic fractures and the personal and societal costs associated with them.

Professor Cyrus Cooper, Director of the MRC Lifecourse Epidemiology Unit and Professor of Rheumatology, is leading the research. He says: "Osteoporosis is a massive health problem, costing the UK over £4bn annually. From the age of 50, one in two women and one in five men will experience an osteoporotic fracture in their remaining lifetimes. Given the increasing evidence that a significant proportion of the risk of this disease is accrued in early life, it is critically important that we identify ways in which to intervene to improve bone health throughout the entire lifecourse."

Early studies of older men and women in Hertfordshire, overseen by Professor Elaine Dennison, showed that poor growth in the womb or in early infancy was associated with lower bone mass and strength in older age, findings supported by the results of a similar study in Finland.

Researchers investigated whether interventions might improve early bone development and therefore reduce the risk of broken bones in older age. Important insights from several local mother-child studies, such as the Southampton Women's

Survey, confirmed that factors including a mother's nutrition, lifestyle and body build during (and even before) pregnancy, may all influence her child's bone development. The identification of a link between mothers' vitamin D levels in pregnancy and bone development in children resulted in the MAVIDOS Study, the first ever randomised controlled trial of vitamin D supplements during pregnancy aimed at optimising early bone development in the offspring, led by Dr Nicholas Harvey.

"These studies should help us to design and test novel interventions, such as maternal vitamin D supplementation, aimed at optimising bone development in childhood and later adulthood, thus reducing the burden of osteoporosis in future generations," comments Cyrus.

Tackling sarcopenia and frailty in older people

Despite their serious health consequences and significant healthcare costs, sarcopenia (the loss of muscle strength) and frailty in older people are conditions that are often overlooked. A programme of research, led by Avan Aihie Sayer, Professor of Geriatric Medicine at the MRC Lifecourse Epidemiology Unit, is investigating how people's likelihood of developing sarcopenia and frailty is influenced by factors that affect skeletal muscle throughout their lives.

"While the link with factors such as a person's age, gender, size and levels of physical activity have been well described, there remains considerable variation in loss of skeletal muscle mass and strength in later life which has not yet been explained," says Avan. "Until now, most observational and interventional



Studies aim to optimise bone development in childhood and later adulthood, thus reducing the burden of osteoporosis in future generations

epidemiological studies have only focused on the contemporaneous factors that affect people in later life. However, our studies into the lifecourse model of sarcopenia also focus attention on factors operating much earlier in life.”

A series of investigations, combining historical birth weight data with current clinical data from the Hertfordshire Cohort Study, has shown that small size at birth is associated with lower muscle mass, size and strength in adulthood and therefore higher risk of sarcopenia in later life. This research suggests that skeletal muscle mass and strength in older people may reflect not only the rate of loss but also the peak attained in early adulthood.

Recent studies led by Dr Sian Robinson, Principal Research Fellow at the MRC Lifecourse Epidemiology Unit, have focused on the role of nutrition across the lifecourse. The findings have shown that

breastfeeding has a beneficial effect on muscle strength much later in life, independent of the positive effects of healthier adult eating patterns. Other influences currently being explored through a series of national and international collaborations include the role of physical activity at different stages of life, the interrelationship with inflammation, underlying cellular and molecular processes and the links to cognition and wellbeing.

“One of the key objectives of this research programme is to identify modifiable lifestyle factors, so that people can make choices during their life that will contribute to better health in older age,” comments Avan.

Promoting equality

The University's researchers are exploring ageing-related issues faced by black and minority ethnic groups.

Ethnicity and pension protection

When it comes to pension prospects, studies have shown that black and minority ethnic (BME) groups are at a relative disadvantage compared with the white population, with people from Bangladeshi and Pakistani communities among the worst off. Southampton researchers are examining the pension prospects of current and future groups from ethnic minority communities in Britain in order to inform policy in this area.

According to the 2011 Census, people from BME groups comprised about 14 per cent of the total population in England and Wales, with Indian, Pakistani and black Caribbean groups being among the largest. Figures also show a higher proportion of younger people within the minority ethnic population, with about a quarter of the UK's 25- to 44-year-olds coming from minority ethnic groups.

The high concentration of younger people in minority groups includes significant number of migrants from Poland, Lithuania and Latvia, following the accession of these countries to the European Union in 2004. Principal Investigator Dr Athina Vlachantoni says: "These migrants form a 'new' type of minority in the UK, whose employment patterns, as well as

welfare needs, may be different to those of traditional minority groups such as the Indian, Pakistani, black Caribbean and Bangladeshi communities."

The research involves analysing data from two major surveys – Understanding Society and the Labour Force Survey – in order to understand the pension prospects of people who are currently of working age and those of older people.

Preliminary results show that, even allowing for other demographic and socio-economic variables, ethnicity remains a strong determinant of a younger person's chances of being a member of an occupational pension scheme, and of the likelihood of an older person receiving any pension income, whether private or state-funded. Further work will examine the extent and nature of the effect of ethnicity and inform the design of policy initiatives for people from traditional and 'new' minority ethnic groups.

The project is being conducted by a team from the University's Centre for Research on Ageing including Athina, Professor Jane Falkingham and Professor Maria Evandrou. The study is funded by the ESRC's Secondary Data Initiative.



Perceptions of care among south Asian groups

Evidence suggests that people from black and minority ethnic groups in the UK are less satisfied with social care services than white people, but the reasons for this are unclear. A team of Southampton researchers is seeking the views of service users and social care staff in order to help improve care services for everyone.

As we age, the likelihood of needing help with daily tasks such as washing, dressing and cooking increases. “People need to use social care services at a difficult time in their lives, and it is important that their experiences of the services are as positive as possible,” says Dr Rosalind Willis, the study’s Principal Investigator. “It is particularly important to improve satisfaction with services among minority ethnic older people, as they may have a greater need to use services because of higher levels of ill health and disability among certain groups.”

In addition, although it is often thought that minority ethnic groups prefer to ‘look after their own’ instead of using social care services, this is not actually the case. Recent research has shown that people from

these groups are not consistently more likely than white British people to provide help to their family members. “This makes finding out why minority groups are reporting low satisfaction all the more important, so that appropriate steps can be taken to change their experiences of using social care services,” comments Rosalind.

Researchers from the Centre for Research on Ageing and from Sociology and Social Policy are conducting in-depth interviews and focus groups with people from south Asian and white British groups to explore their experiences of social care services. Participants are asked to suggest why they think there are generally low levels of satisfaction. Staff members who work in social care services are interviewed to find out their views on the reasons for low satisfaction levels.

Funded by the National Institute for Health Research School for Social Care Research, the study will result in recommendations about ways in which social care services can be improved, with the aim of benefiting minority ethnic groups and all members of the community.

Ageing in changing times

The Economic and Social Research Council (ESRC) Centre for Population Change at Southampton brings together researchers from a range of disciplines to examine the drivers and consequences of population change. The following projects illustrate its work on the impact of demographic and social change on the wellbeing of older people.

Living arrangements in older age

The past few decades have seen changes in the patterns of living arrangements among people in the UK, changes which could have important implications for the provision of social care. Research within Southampton's ESRC Centre for Population Change, led by Professor Maria Evandrou, is examining changes in living arrangements in later life in order to inform social policy.

“There have been significant changes in the nature of family, friendship and other types of relationships, with the boundaries of what makes a ‘family’ in today’s society becoming blurred,” says Maria. “In particular, more people now live alone and living in a ‘nuclear family’ is becoming less common. We are looking at why people live in certain ways and how this relates to wider society.”

Pathways to institutional care

Researchers have examined the factors associated with older people moving into two kinds of accommodation – residential care and sheltered accommodation – in order to understand the effects on quality of life and on care provision for older people during the latter part of their lives. Professor Jane Falkingham, who led the study, says: “Building on existing research, we conceptualised moves into residential care or sheltered accommodation as being affected by a wide range of factors. These include the demographic, health and socio-economic

characteristics of the older person, as well as policy-related factors such as the receipt of support from the state.”

The study, undertaken in collaboration with the University’s EPSRC Care Life Cycle programme, highlighted that age, health and marital status were the factors most strongly associated with a person’s move into residential care. By contrast, the move into sheltered accommodation was associated more strongly with a person’s socio-economic situation than their health status.

Living alone and mental health

Another study investigated how pathways into living alone in later life affect people’s mental health. Using data from a large longitudinal study, researchers tracked older people’s mental wellbeing over a six-year period. They found that people who made the transition to living alone following a bereavement showed a decline in their psychological wellbeing, but generally regained previous levels of wellbeing over the time period. However, those who had moved from living with their adult children to living alone showed an increase in psychological wellbeing.

“The findings suggest that living alone in later life is not in itself a risk factor for psychological distress, and the negative effects of a move to living alone on mental health tend to be transient,” says Jane. “Neither socio-economic status nor social support seem to contribute to the link between living alone in later life and psychological distress.”



New research shows that workers migrating from east to west Europe are better protected against pension poverty

Changing obligations

Another ESRC Centre for Population Change study looked at the timing of parental marital disruption and how this influences adult children's feelings of obligation to care for their parents in later life.

Conducted by Dr Jo Sage, with Professor Maria Evandrou and Professor Jane Falkingham, this qualitative study analysed information about 42 participants, aged between 36 to 64, from birth to the time of interview. The findings challenged the notion that if a divorce happens earlier in a child's life it will have the most damaging effect on their relationships with their parents in later years and affect their willingness to provide care as their parents age. In fact, those who were middle-aged when their parents divorced tended to feel less obliged to care for their parents.

With rising divorce rates and an increasing number of couples separating in their 50s and 60s, the study raises questions about whether society can continue to rely on the family as the main source of care for older people in future. Further research will examine this question using data from a large national survey.

Pension prospects for European migrants

Research into European Union (EU) migration and pension costs has found that the large numbers of EU workers who have moved in recent years from eastern Europe to the west are likely to be better off upon retirement in the west than comparable workers staying in the east.

The study contradicts previous research in this field, which has suggested that, despite free movement of labour being one of the EU's founding principles, mobile workers face significant pension costs because EU regulations are too lax, particularly for occupational pensions.

The new research shows that workers migrating from east to west Europe – the migratory flow currently dominant in the EU – are better protected against poverty risks than those who stay in the east. This is because of more generous pension system principles in their adopted country and because the western economies are richer and pay much higher wages. Even incomplete participation in the wealth of the more developed economies and welfare states of

the west leads to better protection against retirement poverty in the adopted country compared with staying in the less developed east.

However, not all migrant workers are so fortunate. Some workers moving between countries of similar wealth are more vulnerable to pension losses – for example, lower income workers moving from systems with flat-rate pensions to those with earnings-related ones.

The research was conducted by Caroline Andow, Dr Paul Bridgen and Dr Traute Meyer of the ESRC Centre for Population Change. Paul says: "The findings show that researchers who want to assess whether migration leads to pension loss for individuals must consider the design of pension systems and the differing wealth levels of the home and the host country."

Older people in developing countries



Researchers at the Centre for Research on Ageing are conducting a range of projects focusing on ageing in developing countries, in collaboration with researchers across the social sciences and with organisations worldwide.

Growing old in the slums of Nairobi

This study seeks to improve the lives of older people living in one of the world's poorest urban areas by gaining a better understanding of resilience among older people, their ability to cope with stresses and shocks and how some people are able to adapt and emerge with better health and socio-economic outcomes and overall wellbeing. Southampton researchers, led by Professor Maria Evandrou, are working in collaboration with partners in the Africa Population and Health Research Centre in Nairobi and with HelpAge Kenya to make sure that the project's findings feed through to inform policy interventions. The project is funded by the ESRC and the Department for International Development and includes Professor Jane Falkingham, Dr Gloria Langat and Dr Angela Baschieri.

Labour migration and wellbeing in China and South Africa

Researchers are looking at the impact of internal labour migration in China and South Africa on intergenerational support, health and income. There is a particular focus on the implications for the health and wellbeing of children and older people who are 'left behind' when populations migrate. The project, which is a collaboration with the Chinese Academy of Social Sciences, the Wellcome Trust Africa Centre and the University of Witwatersrand (South Africa), is coordinated by Professor Jane Falkingham, Director of the Centre for Population Change (CPC), with colleagues from the Centre for Research on Ageing, CPC and Social Statistics and Demography.



Inequalities in access to healthcare in Brazil and India

In recent years, there has been an unprecedented growth in the national economies of the most populous countries, particularly China, India and Brazil. However, the benefits of this growth have not been shared equally across society. The aim of this ESRC-funded project is to develop a research network engaging demographers, social statisticians and economists from Brazil, India and the UK to investigate the extent of inequalities in access to healthcare and how and why these change over time. The emphasis will be on the poorest poor of the population living in Brazil and India, focusing on vulnerable populations such as elderly women. Led by Dr Sabu Padmadas of Social Statistics and Demography, Southampton researchers are working with colleagues from leading institutions in Brazil and India.

Ageing and wellbeing in a globalising world

Members of the Centre for Research on Ageing, with colleagues from Social Statistics and Demography, are part of an international collaboration to establish a research network to gain a better understanding of the wellbeing of older people in the context of an increasingly globalising world. Led by Professor Maria Evandrou and funded by research councils in India, the Netherlands and the UK, the project will explore topics including migration, health, social networks and different types of wellbeing using nationally representative datasets from the different countries.

Ageing and Lifelong Health
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