



SCOTTISH EXECUTIVE

A Strategy for a Scotland with  
an Ageing Population:  
Qualitative Research with the  
General Public

Social Justice



**A STRATEGY FOR A SCOTLAND WITH AN AGEING  
POPULATION:  
QUALITATIVE RESEARCH WITH THE GENERAL  
PUBLIC**

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# CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>CHAPTER ONE      BACKGROUND AND METHODOLOGY</b>	<b>6</b>
Policy background	6
Research aims	8
Methodology	8
A note on the interpretation of qualitative research	9
Structure of the report	10
<b>CHAPTER TWO      CROSS-CUTTING THEMES</b>	<b>11</b>
Definition of ‘older people’	11
Awareness of the ageing population issue	11
Youth-centred orientation	11
Planning	12
A “wonderful thing”	13
Summary of key points	13
<b>CHAPTER THREE      CONCEPTUALISATION OF OLD AGE</b>	<b>14</b>
Freedom from work and family commitments	14
How old age is <u>not</u> conceptualised	14
Health	15
Money	15
The potential for loneliness	16
Summary of key points	17
<b>CHAPTER FOUR      ASPIRATIONS AND BARRIERS</b>	<b>18</b>
Health	18
Money	20
Retirement age	24
Activities and social contact in retirement	26
Summary of key points	28
<b>CHAPTER FIVE      SERVICES</b>	<b>29</b>
Care services	29
Health services	30
Housing	31
Advice services	32
Summary of key points	33
<b>CHAPTER SIX      CONCLUSIONS AND IMPLICATIONS FOR THE STRATEGY</b>	<b>34</b>
Understanding the ageing population issue	34
Emphasising the benefits to all of society	34
Encouraging a continuing contribution	34
Encouraging individual planning	34
<b>ANNEX              DISCUSSION GUIDES</b>	<b>36</b>

## EXECUTIVE SUMMARY

### INTRODUCTION

The Scottish Executive has developed *A Strategy for a Scotland with an Ageing Population* (published March 2007), titled: “All Our Futures: Planning for a Scotland with an Ageing Population” to address the challenges and opportunities posed by Scotland’s ageing population. The aim of the Strategy is to provide the framework for:

- access to opportunities for older people to make a continuing contribution
- effective integrated services for older people
- promoting and maintaining health and well-being
- people living in accommodation and environments which continue to meet their needs and wishes as they age.

To feed into the Strategy, the Scottish Executive commissioned Ipsos MORI to conduct qualitative research among the general public in Scotland. The research centred on the following themes:

- attitudes towards the ageing population
- how people view the impact of ageing on themselves – their aspirations for old age and barriers they perceive to fulfilling those aspirations
- perceptions of change needed to support an ageing population.

Seven focus groups and 10 depth interviews were undertaken between 9<sup>th</sup> May and 17<sup>th</sup> May 2006 in both urban and rural locations. The participants were of varying age, gender and socioeconomic status. One group consisted of lesbian, gay, bisexual and transgender (LGBT) participants, one group consisted of Asian participants, five depth interviews were conducted with disabled people and five depth interviews were conducted with people aged 85+.

The topics discussed in the groups and depth interviews included:

- expectations and planning for old age
- society and older people
- contribution
- work
- services
- health and well-being
- housing
- transport.

## CROSS-CUTTING THEMES

Participants strongly linked the term ‘older people’ and retirement, with the majority of participants saying that someone in their sixties might be considered ‘older’. However, many other participants, especially those who were themselves aged 50 and above, felt that people in their sixties are not ‘old’ these days and that they would only consider 70 or even 80 ‘old’. Thus, the focus of the discussions, and therefore of this report, was people aged at least 60 and people who have retired. This differs, quite substantially in some cases, to the age range on which the Strategy is focused.

Most participants were aware of the fact that Scotland’s population is ageing. However, they were less likely to appreciate the scale of the issue and the potential implications. There needs to be a shift in understanding before they will take action to better prepare for their own old age or accept the need for less popular government measures.

Participants were divided on how well society treats older people. Older participants themselves, however, generally felt that they were treated very well and the barriers they perceived related mainly to health rather than the negative attitudes of society.

However, participants’ thinking was youth-centred, i.e. what is best for young people. For example, enabling older people to work longer was desirable – but not if this meant taking jobs away from younger people.

Beyond some participants planning their pension, participants were not typically planning for their old age at all. A number of reasons emerged to explain this. Most importantly, participants planning horizons tended to be short or medium term at best. Beyond relatively vague thoughts about how they might wish their future to be, most seemed not to actively plan anything much beyond the next year or so. A number of attitudes also explained the reluctance of participants to plan for their old age: the *inevitability* of ageing which appeared to mitigate against the need to plan for it; the fact that it is a very *gradual* process which means it is easy to put off action to another day; the *lack of guarantees* about planning for health or financial security; and the fact that ageing is too “*depressing*” and “*scary*” to think about.

## CONCEPTUALISATION OF OLD AGE

Old age, or retirement, was primarily seen as a time free of work and family commitments – leisure time where you could go on holidays, spend time with grandchildren and pursue hobbies. The quality of this leisure time was dependent on three main factors, in order of importance: health, money and social contact.

One of the aims of the Strategy is to provide opportunities for older people to make a continuing contribution and remove the barriers to doing so. The Strategy will take a broad definition of ‘contribution’, including the payment of taxes, buying goods and services and involvement with friends and neighbours - as well as working and volunteering. However, participants took a narrower definition of ‘contribution’ and focused very much on employment, volunteering, caring for grandchildren and, in particular, on the wisdom, experience and skills they could pass on to younger generations. Using participants’ own, narrower definition of ‘contribution’ then, it is important to note that there was little sense that they felt old age was *about* making such a contribution - rather they felt that older people

had “done their bit” and that old age was therefore their time to do as they please. The barriers they perceived (e.g. poor health, lack of money, loneliness, inadequate services) were barriers to a fulfilling and enjoyable old age, not to making a contribution.

## **ASPIRATIONS AND BARRIERS**

### ***Health***

There was optimism among the participants that they would be healthy in old age. However, health is the aspect of ageing about which they were most worried, with particular concerns about “being a burden” and having to rely on someone else to look after them.

In terms of trying to ensure good health in old age, behaviour was divided with some younger participants trying to exercise and eat healthily and others giving it little thought. Those who were not actively preparing for a healthy old age had a variety of reasons for this: some simply hadn’t thought about it, others felt that you can try and be healthy but this will not guarantee health in old age as genetics and other factors mean that ill-health in old age can happen to the most health conscious people. There was also a more general feeling that it is hard to plan for anything that far in advance because people are dealing with more immediate issues. Overall, the motivations and barriers relating to healthy living for a healthy old age appeared much the same as the motivations and barriers which affect people thinking about health in the short and medium term.

### ***Money***

Although participants naturally wanted to have enough money to live on when they are older, they had concerns that this may not actually be the case. Among those below the state pension age, behaviour differed greatly in terms of contributions to pensions with some having started saving from a young age and others not saving at all. Reasons for not contributing to pensions ranged from the fact that it is too far ahead to think about, to it being too worrying.

In terms of what should happen to pensions in the future, the consensus was that there should be a government pension that guarantees people a certain standard of living.

### ***Retirement age***

There was widespread support for the retirement age being flexible and allowing people to work for as long as they wanted to and were capable. The main reason given for this was that it depends on the individual and, in particular, their health. At the same time, however, there was an equally widespread perception that retiring around 60 or 65 seemed “about right”. Pros and cons emerged at both the individual and societal level in terms of enabling people to work longer.

### ***Activities and social contact in retirement***

Those who had already retired tended to spend their time on a range of hobbies which included keep fit, gardening, stamp collecting and playing bridge. Some were involved in community groups and clubs. A couple of the female participants aged 85+ appeared to have particularly active lives, with involvement in a wide range of activities. However, one male participant felt he had too much time on his hands.

When younger participants were asked what they wanted to spend their time doing when they retired, the most common answers were spending time with grandchildren and going on holiday (the latter, in particular, contrasts with what the retired participants actually did).

More generally, younger participants thought there were currently plenty of activities for older people which might help “get them out and about” meeting people. These younger participants perceived potential barriers to taking advantage of these opportunities including lack of publicity about what is available and accessibility. However, the attitude and willingness of some older people to take part was seen (rather unsympathetically perhaps) as the biggest barrier.

## **SERVICES**

In the main, discussions of services for older people centred on the adequacy, or inadequacy, of current provision rather than on more aspirational ideas about future provision. Moreover, when asked about the implications of the ageing population on the provision of services, responses tended to be simply that *more* and *better* services would be needed. There was little appreciation of the economic and demographic problems that might be faced in attempting to meet these needs.

### ***Care services***

Current care provision was an area of some concern for participants. It was commonly felt that there is a shortage of such provision which can result in older people’s needs being left unmet. In addition, there was also negativity about current *standards* of care. There was suggestion that care staff lacked both the qualifications and the dedication to carry out their job to a high standard. There was a general feeling that care services should be provided free for all older people who need them.

### ***Health services***

Health care provision for older people was also seen to be inadequate. Hospital closures and staff shortages were cited as the main reasons for the decline in the quality of health care provided.

### ***Transport***

Participants generally viewed recent developments in public transport services positively. There was particular praise for ‘kneeling’ and low access buses and for the new free bus pass for pensioners.

### ***Housing***

Younger participants had given almost no thought to where they might live when they were older. Although some older respondents were more conscious of health problems which might make their current accommodation unsuitable, the dominant view was that they would only move if, and when, they had to.

While some participants felt that Scotland’s housing stock was suitable for an ageing population, the consensus was that greater thought needs to be given to the number and types of houses that are being built, for example more single-storey properties. There should also be more affordable housing provided for older people.

### ***Advice services***

There were some suggestions for new services that might be beneficial. In particular, participants felt that there should be dedicated advice centres for older people to provide assistance with such issues as benefits entitlements, application forms and so on.

## **IMPLICATIONS FOR THE STRATEGY**

### ***Understanding the ageing population issue***

There needs to be a shift in understanding before participants would take action to better prepare for their own old age. Similarly, there needs to be a shift before they might accept the need for less popular government measures.

### ***Emphasising the benefits to all of society***

There appeared to be a prevailing youth-centred orientation – even among older participants. It may be some considerable time before this perspective changes. In the meantime, the Strategy should emphasise the benefits to all of society, not just older people, in addressing the ageing population issue.

### ***Encouraging a continuing contribution***

Participants' understanding of a 'contribution' was narrower than the relatively broad definition that will be used in the Strategy. This has implications for the language used in Strategy document if people are to understand 'contribution' in its broader sense.

Old age was conceptualised as a period free from work and family commitments. There was little sense that participants felt old age is *about* making a contribution in these areas. This suggests that initiatives to encourage and help older people make continuing contributions of this nature should emphasise the benefits to the older person (e.g. enjoyment and social contact) and should be voluntary and flexible, rather than focusing on 'contribution' as it may be currently understood.

### ***Encouraging individual planning***

It is important that initiatives to encourage better planning strike a balance between warning people of the implications of not planning and avoiding 'scare tactics'. In addition to educating without employing 'scare tactics', initiatives which emphasise the *current* benefits of taking action may have more impact. More positive images of old age could also be used to help combat the notion that ageing is too "depressing" and "scary" to contemplate.

## CHAPTER ONE

## BACKGROUND AND METHODOLOGY

1.1 The Scottish Executive has developed *A Strategy for a Scotland with an Ageing Population* (published March 2007), titled: “All Our Futures: Planning for a Scotland with an Ageing Population”. The development of the Strategy followed an extensive consultation and research programme which was undertaken over the spring and summer of 2006. The programme included a literature review, an omnibus survey of the general public, a consultation questionnaire, a public website and several subject-specific seminars.

1.2 To complement these activities, the Scottish Executive commissioned Ipsos MORI to undertake qualitative research to explore the views of the general public, including hard to reach groups who may be unlikely to respond to the public consultation.

### Policy background

1.3 Scotland’s demographic structure is changing. Specifically, increased life expectancy and lower birth rates mean that the population is ageing. Latest figures indicate that the proportion of the population that is of pensionable age will increase by 35 per cent between 2004 and 2031, from 0.97 million to 1.31 million. Moreover, the proportion of people aged 75 and over is projected to rise by 75 per cent from 0.37 million in 2004 to 0.65 million in 2031. Over the same period, it is expected that the proportion of people in work will fall by seven per cent<sup>1</sup>.

1.4 Ageing is linked with physical deterioration: 50 per cent of people aged 70 years or over report having a limiting illness and/or disability compared with 10 per cent of people aged 30-39 years<sup>2</sup>. This presents Scotland with several challenges including an increased demand for services (such as healthcare and housing) and associated pressures on the economy.

1.5 Many of the challenges relating to services and the economy are currently being addressed through a number of separate policies and initiatives. For example:

- *Delivering for Health*<sup>3</sup>, the Executive’s programme of action for the NHS in Scotland, acknowledged that the ageing population is one of the key issues facing the NHS in the coming years and emphasises the need to alter the balance of care accordingly
- *The Framework for Economic Development in Scotland*<sup>4</sup> commits to making lifelong learning available to all in a bid to change attitudes and habits and increase the extent to which older people can contribute to the economy
- *The 21st Century Work Review*<sup>5</sup> takes a fundamental look at all aspects of social work, including the care of the elderly, in order to strengthen its contribution to the delivery of integrated services

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<sup>1</sup> Projected Population of Scotland (2004-based). General Register Office for Scotland. 2005.

<sup>2</sup> Scottish Household Survey, 2003-2004.

<sup>3</sup> Delivering for Health, Scottish Executive, 2005.

<sup>4</sup> Framework for Economic Development in Scotland. Scottish Executive, 2004.

<sup>5</sup> Changing the Lives: Report of the 21<sup>st</sup> Century Social Work Review. Scottish Executive, 2006.

- *The National Transport Strategy* is being developed following a commitment made in the 2004 White Paper, *Scotland's Transport Future*<sup>6</sup>. One of the commitments made in this White Paper is to introduce a national scheme of free off-peak bus travel for older people and disabled people.

1.6 Up until now, however, there has been no overarching Strategy encompassing all of the challenges facing Scotland as its population ages. The Scottish Executive has therefore developed *A Strategy for a Scotland with an Ageing Population*. One of the underlying principles of this Strategy is that there are many positives to be taken from the demographic change. Launching the public consultation for the Strategy, the Communities Minister, commented:

*We shouldn't view this as a burden – but as an opportunity. Older people have huge banks of experience and skills to offer and I want to see that recognised and maximised.*

1.7 Older people make significant contributions to society in many ways such as caring and volunteering and the Scottish Executive is seeking to establish ways of ensuring that older people are able to maximise their potential and make the fullest contribution possible to society.

1.8 The aim of the *Strategy for a Scotland with an Ageing Population* “All Our Futures: Planning for a Scotland with an Ageing Population” is to provide the framework for:

- access to opportunities for older people to make a continuing contribution, including:
  - identifying and removing barriers to opportunities
  - establishing effective and diverse ways to involve older people in their communities and with government
  - promoting equal opportunities
  - promoting social inclusion
  - combating stereotypical views of ageing
- effective integrated services for older people
- promoting and maintaining health and well-being
- people living in accommodation and environments which continue to meet their needs and wishes as they age.

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<sup>6</sup> Scotland's Transport Future. Scottish Executive, 2004.

## Research aims

1.9 The aim of the qualitative research was to explore the opinions of the general public regarding the challenges and opportunities posed by an ageing population. More specifically, the objectives were to explore the following issues:

- attitudes towards the ageing population
- how people view the impact of ageing on themselves – their aspirations for old age and barriers they perceive to fulfilling those aspirations
- perceptions of change needed to support an ageing population.

## Methodology

1.10 Seven focus groups and 10 depth interviews were undertaken between 9<sup>th</sup> May and 17<sup>th</sup> May 2006.

1.11 The segmentation of the groups and depths is shown in Table 1 below. It was designed to provide breadth *across* the different groups but relative homogeneity in terms of age and social class *within* each group. This was important to ensure that participants felt relaxed and uninhibited.

**Table 1: Segmentation of groups and depths**

Age/specific group	Focus group or depth	Urban/rural	Location	Social class	Sex
Late teens/early 20s, Peer group	Focus group	Rural	Kingussie	C2DE	Mixed
Mid 20s to mid 30s	Focus group	Rural	Kingussie	ABC1	Women
Mid 20s to mid 30s	Focus group	Urban	Dundee	C2DE	Men
Early 20s to mid 30s, Lesbian, Gay, Bisexual and Transgender (LGBT)	Focus group	Urban	Edinburgh	Mixed	Mixed
Mid 30s to mid 50s	Focus group	Rural	Jedburgh	ABC1	Mixed
Mid 30s to mid 50s, Scottish Asian	Focus group	Urban	Glasgow	C2DE	Women
Late 50s to late 60s, close to retirement/recently retired	Focus group	Urban	Dundee	ABC1	Mixed
Mixed ages , disabled people/people with limiting long term illness	5 depths	Mixed	Dundee, Edinburgh, Glasgow, Jedburgh (2)	Mixed	Mixed
Aged 85+	5 depths	Mixed	Dundee, Edinburgh, Glasgow, Jedburgh, Kingussie	Mixed	Mixed

1.12 The five disabled people/people with limiting long-term illness were Scottish Household Survey respondents who had indicated that they were willing to take part in

further research for the Scottish Executive. They were recruited by letter with a follow-up telephone call to confirm whether they were willing to take part. All other participants were recruited door-to-door by Ipsos MORI trained recruiters.

1.13 The depth interviews took place in participants' own homes (including two in care homes and two in sheltered housing). The focus groups took place in local hotels and in a community resource centre.

1.14 The three Ipsos MORI researchers who have authored this report moderated all the groups and depths.

1.15 The participants themselves dictated the general content and flow of the discussions, within the framework of a series of topics introduced by the moderators. The topics included:

- expectations and planning for old age
- society and older people
- contribution
- work
- services
- health and well-being
- housing
- transport.

1.16 The full discussion guides are included in the Annex.

1.17 With the permission of participants, all discussions were recorded and then transcribed for analysis. XSight (a qualitative analysis software package) was used to organise, code, search and retrieve the text.

### **A note on the interpretation of qualitative research**

1.18 Qualitative research is often compared and contrasted with quantitative research. Qualitative research is less concerned with measurement (“how many?”, “how often?”, etc.) and more concerned with understanding motivations, attitudes and feelings (“why?”, “how?”, etc.).

1.19 This study, like most qualitative research, involves many fewer people than quantitative research but it explores their attitudes and experiences in much more depth. The aim is not to generalise to the wider population in terms of the *prevalence* of attitudes or behaviours (e.g. ‘three quarters of Scottish adults have inadequate pension provision’ or ‘women are more likely than men to worry about health issues’) but to identify and explore the different issues and themes relating to the subject being researched. The assumption is that issues and themes affecting the participants are a reflection of issues and themes in the

wider population. Although the *extent* to which they apply to the wider population or specific sub-groups cannot be quantified, the value of qualitative research is in identifying the range of different issues involved and the way in which they can impact on people.

1.20 So, for example, one of the findings from this study was that a factor in some participants' lack of planning for their old age was that they found thinking about growing older too depressing or 'scary'. Although we cannot extrapolate from this and say that this issue affects X% of people in Scotland, the implication is that this is likely to be an issue in the general population.

### **Structure of the report**

1.21 Chapter Two sets out four broad themes (definition of 'older people', awareness of the ageing population issue, a youth-centred orientation and attitudes to planning) which emerged in the discussions. These set the context for the findings and could have major implications for the Strategy. Chapter Three provides further contextual background in the form of an overview of how participants conceptualised old age (freedom from work and family commitments, health, money and the potential for loneliness). Chapter Four discusses participants' hopes and expectations for their old age, the extent to which they were planning and the barriers to fulfilling their aspirations. Chapter Five covers services for older people and, in the main, focuses on perceptions of current provision. Finally, Chapter Six draws conclusions from the research and sets out the implications for the Strategy.

## CHAPTER TWO CROSS-CUTTING THEMES

2.1 Before discussing the detailed findings from the research, it is worth setting out four broad themes that emerged which have major implications for the Strategy. These related to the definition of ‘older people’, awareness of the ageing population issue, a youth-centred orientation and attitudes towards planning.

### **Definition of ‘older people’**

2.2 As part of the introduction to the main issues discussed in the groups, we asked participants how old they thought an ‘older person’ was. The reasons for this were two-fold: to understand how participants currently understood the term and to establish a baseline for the discussion to ensure that all participants in the groups were basing their comments on the same group of people. From the answers given it was clear there was a strong link between the term ‘older people’ and retirement, with the majority of participants saying that someone in their sixties might be considered ‘older’. However, many other participants, especially those who were themselves aged 50 and above, felt that people in their sixties are not ‘old’ these days and that they would only consider 70 or even 80 ‘old’. Thus, the focus of the discussions, and therefore of this report, was people aged at least 60 and people who have retired. This differs, quite substantially in some cases, to the age range on which the Strategy is focused.

### **Awareness of the ageing population issue**

2.3 A degree of knowledge that Scotland’s population is ageing was widespread. For the most part, this awareness came from media stories and involved an understanding that people were living longer and that there would be more older people in the future. More specifically, awareness of the ‘pensions crisis’ was widespread and was typically seen as the major impact of the ageing population.

2.4 Much less common was an appreciation of the likely *extent* of the demographic change or the implications beyond the impact on pensions. Although there was some acknowledgement - after prompting - of the economic implications, issues such as the increased demand for suitable services and housing, and impact on the labour market, had not yet permeated participants’ thinking. So, for example, discussions around services for older people tended to focus on the need for more and better services – without much reference to the economic and demographic challenges involved in meeting these needs.

2.5 Participants appeared to be at an early stage in understanding the ageing population issue. There needs to be a shift in understanding before they will take action to better prepare for their own old age. Similarly, there needs to be a shift before they might accept the need for less popular government measures.

### **Youth-centred orientation**

2.6 Participants were divided on how older people were treated: some felt they were treated very well and others thought they were not valued by society. Older people, however, generally felt that they were treated very well and the barriers they perceived related mainly to health rather than the negative attitudes of society.

2.7 Nonetheless, throughout the discussions, there was typically a sense that old age was an ‘additional’ stage of the life course but not really the ‘main’ event – something of a bonus if you were reasonably healthy and had enough money. Phrases such as “they’ve had their life” were used by participants of all ages. Linked to this was a view that, whatever changes were made to improve life for older people or remove barriers, these should not be at the expense of younger people who should take precedence. For example, enabling older people to work longer was desirable – but not if this meant taking jobs away from younger people.

2.8 Similarly, discussions about the contribution older people could make were usually couched in terms of what they could do for younger people - rather than what they might do for each other or for society in general. The main themes in terms of contribution were the wisdom, experience and knowledge they could pass on to younger generations. In terms of working life, their contribution could be training younger workers. In families, they can spend quality time with their grandchildren – easing the burden on parents and passing on their wisdom.

2.9 ‘Children are our future’ was still participants’ prevailing philosophy – despite the fact that, arguably, older people are our future.

## **Planning**

2.10 Beyond some participants planning their pension (often inadequately), most were not planning for their old age at all. Where they did plan – or at least gave some consideration to planning - it tended to be in a specific area and as a result of a specific impetus. For example, one participant had thought about living close to a hospital after her father had to be rushed to hospital. No-one appeared to be ‘planning for their old age in general’. There were a number of reasons for this which need to be recognised in any aspects of the Strategy which depend on individual planning and preparation.

2.11 Most importantly perhaps, participants’ planning horizons tended to be short or medium term at best. For example, some thought about their next career step (what to do after they finish a course, whether they want promotion or a new job in the next year or so) or about whether they wanted to move house, get married or have children in the next year or two. However, beyond relatively vague thoughts about what they might like in the future, most participants did not actively plan anything much beyond the next year or so. Even participants approaching retirement were not typically planning for their old age – and those in their twenties and thirties certainly were not.

2.12 A number of attitudes emerged which may further explain the reluctance of participants to plan for their old age. These were:

- *The inevitability of ageing.* Perversely perhaps, the inevitability of old age seemed to mitigate against a need to plan for it: you can’t stop it happening so what can you do?
- *The gradual process.* Ageing is inevitable but it is also very gradual – so it is easy to put off planning or action (such as starting a pension scheme) to another day.
- *“The luck of the draw”.* In relation to planning for health, in particular, but also money, plans seemed to be limited by the lack of any guarantees that they would succeed. There is no point planning too much because you could be struck down by a fatal or debilitating

disease at any point, regardless of how healthy a lifestyle you have led. Similarly, the uncertainty around pension schemes was used as a justification for not contributing, or contributing less.

- *“It’s too depressing”*. It was not uncommon for participants to acknowledge that they had given some thought to an aspect of growing older (for example their health, pension or loneliness) but had stopped thinking about it because it was just too “depressing” or “scary”.

### **A “wonderful thing”**

2.13 Finally, it is worth noting that the discussions frequently focused on the problems faced by older people and the challenges presented by the ageing population. This is usually the case when comment on social issues is invited - and there is often more to say about problems than about what is good. However, there was much that was positive, particularly from the older participants, who could be quite inspirational in their attitude. When asked what ‘ageing’ meant to her, one 85 year old woman replied *“I think it is a wonderful thing”*.

### **Summary of key points**

2.14 Four cross-cutting themes emerged which have major implications for the Strategy:

- Participants defined ‘older people’ as people aged at least 60 and strongly equated ‘older’ with being retired. Discussions therefore focused on this age group and on retirement – a somewhat narrower focus than that of the Strategy.
- Most participants were aware of the fact that Scotland’s population is ageing but did not appreciate the scale of the issue and the potential implications.
- Participants’ thinking was youth-centred i.e. what is best for young people.
- Beyond some participants planning their pension, participants were not typically planning for their old age at all. In addition to the fact that participants planning horizons tended to be short or medium term at best, a number of attitudes also explained the reluctance of participants to plan for their old age: the inevitability of ageing; the fact that it is very gradual; the lack of guarantees about planning for health or financial security; and the fact that ageing is too “depressing” and “scary” to think about.

## CHAPTER THREE      CONCEPTUALISATION OF OLD AGE

3.1 This chapter provides an overview of how old age was conceptualised by participants. Retirement was conceptualised as a time free from commitments (and not as a lost opportunity to contribute to society). The quality of this time was dependent on, in order of importance: health, money and social contact.

### **Freedom from work and family commitments**

3.2 Participants conceptualised old age (or more specifically retirement) as a period free from work and family commitments in which they could participate in hobbies, spend time with grandchildren and go on holidays. This does not mean that everyone necessarily wanted to stop working, or not look after their grandchildren, but there was a sense that they thought they would have fewer responsibilities and would do things *on their terms*. There were no differences across the equalities strands (i.e. gender, age, sexuality, ethnicity, rurality, disability and social class) in terms of what participants wanted to do with their time in retirement. The following quote was typical:

*When you come to the age of retiring, you know you won't be forced to do anything, you've – in some ways the point of retirement is it's your time, you've worked.*

(Male, C2DE, 23-37, Dundee)

### **How old age is not conceptualised**

3.3 One of the aims of the Strategy is to provide opportunities for older people to make a continuing contribution and remove the barriers to doing so. The Strategy will take a broad definition of 'contribution' and the Strategy consultation documents states:

*Older people today contribute in many ways to Scottish society. For example they provide care for partners, parents, grandchildren, friends and relations. They might go to work, or be self-employed. They pay taxes and support the economy. They are consumers, buying goods and services, and supporting business. They are volunteers, giving their time and skills to communities and charities; and they are citizens, involved with friends, neighbours, families and communities. They have also contributed to society throughout their lives.*

(Scottish Executive Consultation on the Strategy for a Scotland with an Ageing Population)<sup>7</sup>

3.4 However, when asked about ways in which older people currently make a contribution or could make a contribution if barriers were removed, participants took a narrower definition of 'contribution' and focused very much on employment, volunteering, caring for grandchildren and, in particular, on the wisdom, experience and skills they could pass on to younger generations. There was almost no mention of contribution in terms of taxes, buying goods or services, or involvement with older friends or older neighbours.

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<sup>7</sup> p4 <http://www.scotland.gov.uk/Publications/2006/03/07120532/3>

3.5 Using participants' own, narrower definition of 'contribution' then, it is important to note that there was little sense that they felt old age was *about* making such a contribution - rather they felt that older people had "done their bit" and that old age was therefore their time to do as they pleased. This is not to say that participants thought older people were incapable of making this kind of contribution, or that the contribution they currently do make was completely unrecognised, but 'barriers' to contribution were not currently perceived as an issue. The barriers they perceived (e.g. poor health, lack of money, loneliness, inadequate services) were barriers to a fulfilling and enjoyable old age, not to making a contribution.

## Health

3.6 When participants were asked what comes to mind when they think about getting older, many of their first thoughts were health-related. Not being able to do as much, physical and mental deterioration and needing to be looked after were all mentioned by participants younger than the state pension age. Female participants, in particular, were worried about being a burden on their families.

3.7 Throughout the discussions, participants of all ages suggested that quality of life in old age is very much dependent on good health. Old age was seen as a positive thing if you have your health and are able to do things - but as a much more negative period if you are limited by ill-health. The following quote sums up the attitude of many participants:

*It's all dependent on your health really. I suppose how negative you are. If you envisage being healthy and retiring, it'll be good, you've got time for all that but if you've got bad health... then the negative side.*

(ABC1, 33-57, Jedburgh)

3.8 Moreover, 'old age' was, at times, *defined* by levels of health and fitness, with some saying that it is difficult to group older people as health has a greater impact on quality of life than chronological age. For example:

*Again I think it depends on your mobility, your health, you know, you can have a very fit and healthy 70 year old.*

(ABC1, 33-57, Jedburgh)

## Money

3.9 Finances, and in particular pensions, were among the most common first thoughts voiced by younger participants when asked to think about getting older. There was considerable concern surrounding the future of both state and private pensions and the possibility of having to work longer because they will not be able to afford to retire when they want, as one participant expressed:

*The only thing that really worries us is that by the time we get older the government will have stepped in and completely stopped the government pension and you know how like at the moment people have got free bus travel and all the rest of it. By the time I get older that's all going to be over.*

(Female, C2DE, 23-37, Disabled, Dundee)

3.10 In contrast, those already retired tended not to mention money when asked what ‘old age’ and ‘ageing’ meant to them.

3.11 In a similar way to health, although to a lesser extent, money was seen as an important factor in defining quality of life in old age. For example, having enough money to be able to travel or buy a house after working for years was mentioned by some. Again, concern about not having enough money to take advantage of the free time came from those who were still working rather than those already retired but other than this there did not appear to be any other differences across the equality strands. The participant quoted below made the point that money worries exist all through life - but are more of an issue in old age as people have less opportunity to earn money:

*Obviously your money doesn't make you happy, but it makes a lot of things a darn sight easier, and that's no different – that's probably more so when you're old, but it comes right through your life...and you've probably less capacity to earn when you're older so that's why you need to be fairly secure in what you've actually got.*

(ABC1, 33-57, Jedburgh)

### **The potential for loneliness**

3.12 While a ‘good old age’ could be had if you have health and sufficient money, a more negative association with ageing was the potential for loneliness. Freedom from work and family commitments might come at a price, with some participants mentioning that they were not looking forward to living alone. For example:

*...you've got a house full of kids and maybe 10, 15 years down the line, the children will all make up their own lives and go their own ways and then all of a sudden, your house is deathly quiet, I'm not looking forward to that at all. I think loneliness is another thing.*

(Female, C2DE, 33-57, Asian, Glasgow)

3.13 In terms of first thoughts about getting older, loneliness was much less dominant than either health or money. However, as the following extract exemplifies, LGBT participants focused more on this issue, possibly as they are less likely to have children but also because the gay ‘scene’ was perceived as being youth-centred or even ageist:

*A bit on the negative side I think about when you're getting older is if you've not got a family.*

*...It absolutely terrifies me the thought of being on my own and old. I have to be honest about that, and I do think about that a lot. Specially with not having kids, you know, and at the moment I don't have a partner either.*

(33-57, LGBT, Edinburgh)

3.14 Older participants were also more likely to see loneliness as having a major influence on happiness in old age. They referred, in particular, to the presence or absence of a partner being important, with some commenting that retirement had been a very different, and more positive, time when their partner had been alive. The following participants explained their feelings:

*Well the first part of retiral was what I expected it to be but my wife died 12 years ago almost and that's changed life altogether. I mean I feel retirement is very difficult on your own...It's alright when the two of you are together. Having been 50 years married and then all of a sudden you lose your wife.*

(Male, 85+, Edinburgh)

*Well actually I was looking forward to the likes of my husband, going places in the car, going places where we hadn't been before because we both liked looking at older buildings, historical things, where battles had been fought. All that sort of thing. But it just wasn't to be.*

(Female, 55-69, Disabled, Jedburgh)

### Summary of key points

- Old age, or retirement, was primarily seen as a time free of work and family commitments – leisure time when you could go on holidays, spend time with grandchildren and pursue hobbies.
- The quality of this leisure time was dependent on three main factors, in order of importance: health, money and social contact.
- One of the aims of the Strategy is to provide opportunities for older people to make a continuing contribution and remove the barriers to doing so. The Strategy will take a broad definition of ‘contribution’, including the payment of taxes, buying goods and services and involvement with friends and neighbours - as well as working and volunteering. However, participants took a narrower definition of ‘contribution’ and focused very much on employment, volunteering, caring for grandchildren and, in particular, on the wisdom, experience and skills they could pass on to younger generations. Using participants’ own, narrower definition of ‘contribution’ then, it is important to note that there was little sense that they felt old age is *about* making such a contribution - rather they felt that older people have “done their bit” and that old age is therefore their time to do as they please.

## CHAPTER FOUR      ASPIRATIONS AND BARRIERS

4.1 This section details participants' hopes and expectations for their old age, the extent to which they were planning in different areas, and the barriers to fulfilling their aspirations. It is structured around the four areas which participants used to conceptualise old age: health, money, retirement age (i.e. freedom from work commitments), and activities and social contact after retirement (i.e. freedom from family commitments and the potential for loneliness).

### Health

#### *Aspirations for health*

4.2 There was optimism – or certainly widespread *hope* - among the participants that they would be healthy in old age. However, deteriorating health was the aspect of ageing about which they were most worried. There was significant concern about having to rely on someone else to look after them. The following quote was typical:

*That's basically one thing I'm worried about getting old. It's not money or anything like that, it's just not being able to look after myself.*

(C2DE, 18-24, Kingussie)

4.3 In terms of difficulties across equality strands, the only apparent difference was that women seemed to be more concerned about this than men.

4.4 As the following quotes illustrate, while general concerns about health were universal, specific or heightened concerns were due to personal circumstances such as an illness that they already had, family medical history or problems witnessed through work experience:

*The past three women generations in my mum's family all died at 59, so me and my mum just keep thinking 'God, what's going to happen now?'*

(C2DE, 18-24, Kingussie)

*After working in the hospital, yes. Just where I worked was a dementia ward, it was people from the age of 40 onwards, and so that's what I'm worried about.*

(C2DE, 18-24, Kingussie)

#### *Cultural differences*

4.5 Although, like everyone else, Asian participants did not want to be “a burden”, they were confident that they could depend on their families to look after them and therefore appeared to have fewer worries about what might happen to them if their health deteriorated. They felt that the Asian community respected older people more and felt sorry for the way older white people were treated by their families and communities. They explained that it would be seen as “disgraceful” in the Asian community to put your mother or father in a home, that older people are more respected and it is a religious obligation to look after elderly relatives in the same way it is to look after children. Such feelings are summed up in the following extracts:

*I think different communities have different views on older people. I know in the Asian community we actually look up to our older generation and...*

*Exactly. We have them as long as we can, not put them in a home.*

*Wisdom and their experiences of life, and we don't really see them as a burden as such.*

*...I feel sorry for them [older white people], you know, when you see them like not respected much and the younger generation treating them badly or they're left alone in their homes and stuff, and you feel really, really hurt.*

*...It's like you look after your kids, but you also look after your elderly mother and father, so they're just as much your responsibility as your own children are.*

(Female, C2DE, 33-57, Asian, Glasgow)

4.6 When asked if they thought that the treatment of the older generation might change in the future (as second and third generation Asians become more assimilated, for example) they felt that this may not happen because it is a religious obligation, not just a cultural norm, so "as long as our religion lives, this thing is going to be there".

4.7 A few white participants spontaneously mentioned that the Asian community treats their older people better and that the white community could learn from this example. As the following participant suggested:

*...the Asian community, they look after each other. For what I know, I've friends, so I know what pretty much goes on. I like that sort of thing. I just think it's a shame that, quote unquote, it's white people who are not the same. It's actually sad really...That's what we lack maybe compared to Asian culture.*

(Male, C2DE, 23-37, Dundee)

### ***Planning for health and barriers to planning***

4.8 In terms of trying to ensure good health in old age, behaviour was divided with some younger participants trying to exercise and eat healthily and others giving it little thought. There was often a specific impetus cited by those who *were* trying to eat healthily and exercise. These included illness, family medical history (such as seeing a family member's health deteriorate at a young age) and wanting to live longer in order to experience events happening to children or grandchildren. One participant explained:

*...you'll see a granddaughter's wedding or maybe the older one. So that sort of would be nice to see it.*

(Female, C2DE, 33-57, Asian, Glasgow)

4.9 Those who were not actively preparing for a healthy old age had a variety of reasons for this: some simply hadn't thought about it, others felt that you can try and be healthy but this will not guarantee health in old age as genetics and other factors mean that ill-health in old age can happen to the most health conscious people. There was also a more general

feeling that it is hard to plan for anything that far in advance because people are dealing with more immediate issues. The following extracts express such sentiments:

*There was a guy there [care home]. He'd been up Mount Everest four or five times, an exceptionally fit guy but by the time I started working there, he was in a wheelchair.*

*...And then there was other people who'd never done anything apart from just walking to the office each day in exactly the same state. So you can't tell, it's your lot.*

*That's right, it's the luck of the draw isn't it?*

(Male, C2DE, 23-37, Dundee)

*We're probably just dealing with daily problems, daily routine with our kids and this is happening and we don't think long term as far as that, about 70 years. I don't even know whether I'm going to be alive or not.*

(Female, C2DE, 33-57, Asian, Glasgow)

4.10 Participants nearing retirement age were starting to think about their health a little more - but there was also a view that there was no point in changing things as the damage would already have been done. One participant explained:

*Well at my age, I says well if it's going to do me some damage I've got enough damage done already so what's another wee bit damage?*

(Male, 55-69, Disabled, Edinburgh)

4.11 Other than age, there were no apparent differences across the equality strands in terms of health-related planning.

4.12 Overall, the motivations and barriers relating to healthy living for a healthy old age appeared much the same as the motivations and barriers which affect people thinking about health in the short and medium term: there was awareness of what you *should* be doing but concerns about the cost of healthier food; how “boring life would be” if you followed all the advice; reaction against being preached at, “scare tactics” and being bombarded with too much information about healthy living; and the view that “if it tastes good, I’ll eat it.

4.13 Generally, those aged over 85 said that they had not consciously tried to be healthy when they were younger but they had nonetheless *expected* to be healthy when they were older.

## **Money**

4.14 Pensions are not a devolved matter and are therefore outwith the remit of the Executive’s Strategy. However, financial concerns (mainly relating to pensions) emerged as a key theme in the discussions and, after poor health, lack of money was seen as the main barrier to a fulfilling old age. Although the Strategy will not be able to make specific recommendations on pensions planning or the state pension age, an understanding of the

importance of this issue is essential. Furthermore, the Strategy may be able to encourage and assist people to make better financial plans for their old age.

### ***Financial aspirations***

4.15 Participants naturally wanted to have enough money to live on when they are older, in order to enjoy their retirement. They did, however, have concerns that this may not actually be the case. For example:

*Well I would hope that I will be able to look after myself and have my own place and just still be financially independent. But behind that, I know I'm not going to be.*

(33-57, LGBT, Edinburgh)

4.16 Some participants felt that a choice had to be made between having a decent standard of living now and saving for retirement:

*It'd be nice to be able to afford to put away enough for your retirement and [still] have a decent standard of living now.*

(ABC1, 33-57, Jedburgh)

4.17 Of the participants who had already retired, most had not given serious thought to their income in retirement beforehand. The follow situations were typical:

*No. When you're working you never gave any thought to retiral. I never even gave much thought to my pension. I never ever thought about my pension. Of course I was in a professional office, I was a chartered surveyor, and of course we had to make our own arrangements for our pension, but I never thought anything about retiral when I was working.*

(Male, 85+, Edinburgh)

*No, no, I never had nothing like that (pension). I actually had a thing going at one time but as usual after a few years work was a bit tight so I cashed it in and never got another one. Anyway it ended up I didn't have nothing when I retired.*

(Male, 55-69, Disabled, Edinburgh)

4.18 Some had savings rather than a pension. One participant explained:

*...it's going to be a long time before I have a job where I'm going to actually look for a career and take out a pension there, so [I thought] I'll just set up a kind of savings account with the bank and a certain amount of my wages goes in each week.*

(C2DE, 18-24, Kingussie)

4.19 Most, however, did feel that they had enough money to live on and some were actually surprised by how much they received. Those who were receiving disability allowances in addition to their state pensions were particularly likely to say they had enough money to live on. One disabled woman commented:

*The pension system is quite good. I haven't got any complaints on what I get for a pension. As a matter of fact I'm a lot better off than when my mother and father were when they were pensioners.*

(Female, 55-69, Disabled, Jedburgh)

### ***Financial planning and barriers to planning***

4.20 Among those below the state pension age, behaviour differed greatly in terms of contributions to pensions. While some had no private pension, others had started saving at a young age. Some participants had been encouraged by their parents, in some cases because parents had suffered losses on their own pensions or were worried about their own retirement:

*I've already started paying into some kind of saving account for this – my dad's pension was basically cut in half a couple of years ago and so I started to think well maybe I should do something about this.*

(C2DE, 18-24, Kingussie)

4.21 Others did not mention reasons for having a pension but most of those who did had been offered a pension through their employer.

4.22 Among those who were not contributing to a pension the main reasons – sometimes recognised as excuses - were that it is too far ahead; they were more worried about the immediate future than retirement; they would rather save money for when they have children and a family than for retirement; because the thought is too worrying; or simply that they had not thought about it. A less common reason was that it was too complicated. The quotes below exemplify some of the reasons given:

*To be truthful at the moment I don't know what to think, it's too far in front of me because I don't know what's round the corner at the moment. I'm not going to worry what is going to happen to me in 10-15 years time, I'm worried what is going to happen to us next month.*

(Female, 23-37, Disabled, Dundee)

*No, I haven't to be honest, I haven't thought about it. It's not something that's ever worried me, to be honest. I don't really like to think about things too deeply because it does, it does scare me.*

(C2DE, 18-24, Kingussie)

4.23 There was a general consensus that there is a great deal of uncertainty around pensions: both in relation to whether a state pension would be available and the security of private pensions. It was unclear what effect this was having on contributions although it seemed possible that participants might save more if they were guaranteed to get it back – or at least that the uncertainty was used as a justification for not contributing.

4.24 Other than among Asian participants (discussed below), there were no apparent differences across the equality strands in relation to financial planning.

### ***Cultural differences***

4.25 In relation to planning financially for retirement, the Asian participants had some different perspectives from the other groups. There was a consensus among this group that people save money but not necessarily in the form of a pension.

4.26 They also discussed the fact that they have less reason to save for retirement (rather than saving for their children's weddings, for example) as, in their community, children financially support their parents when they get older. One woman explained:

*...I've never heard my mum complaining about an unpaid bill or electricity being cut off. Not that they've got hundreds of money coming in, it's just because I know at the back of my mind that one of my brothers has dealt with it.*

(Female, C2DE, 33-57, Asian, Glasgow)

### ***Government versus individual responsibility***

4.27 In terms of what younger participants thought should happen to pensions in the future, the consensus was that there should be a government pension that guarantees people a certain standard of living. There was more debate as to whether everyone should get a state pension or whether it should only go to those who need it:

*The government should be guaranteeing a minimum.*

*...the system's maybe being over burdened by people needing help that maybe don't necessarily need that help.*

(ABC1, 33-57, Jedburgh)

4.28 Beyond providing a state pension, there was support for the idea that the government should make contributions to a private pension compulsory and be responsible somehow for the security of those private pensions.

4.29 Although most of those who had already retired were relying on the state pension, there was a feeling that it was also an individual's responsibility to save. It was perceived as unfair that the government should have to pay for people who have never saved, although exceptions were made for those whose circumstances made this impossible. The following comment was typical:

*Well I think if you've worked all your life and you've paid your insurance stamp and all that then fair enough they should contribute to your pension but I also think that you should save up or pay into a pension scheme so that you are helping as well.*

(Female, 55-69, Disabled, Jedburgh)

4.30 Changing attitudes to personal debt and increased personal debt were seen as having a negative impact on longer-term savings. The thinking was that people are being encouraged to get into debt rather than save. Having to pay off that debt then compounds the problem as people are unable to pay off debt at the same time as contributing to a pension. One participant noted:

*...bank loans, whatever, and people are in major, major debt, rather than – and it seems to be like a different kind of approach to the old way which was you had to save really hard, look after the pennies and the pounds would look after themselves.*

(Female, ABC1, 23-37, Kingussie)

4.31 There was discussion about whether the government should be doing more to encourage people to save. Arguments were made that people do not listen to government advice, or that the information is already there but people choose to ignore it. Others felt that the government should put a more “positive slant” on things and not use “scare tactics”.

### **Retirement age**

4.32 There was widespread support for the retirement age being flexible and allowing people to work for as long as they wanted to and were capable. For example:

*I think it's a reason to be more flexible...my dad's 67, and he's still working at his job. He's been given a yearly renewable contract which I think is good for that workplace, but I think we need to think more along these lines than just saying that's it.*

(Male, C2DE, 23-37, Dundee)

4.33 There was also support for having the flexibility to work part-time before stopping work altogether.

4.34 At the same time, however, there was an equally widespread perception that retiring around 60 or 65 seemed “about right”. There were no specific reasons given for this being the appropriate age and it seems likely that it is, at least in part, driven by 60 or 65 being seen as the ‘normal’ age to retire. Working to 68, for example, would therefore be perceived as working an extra three years. There also appeared to be an assumption that people would at least take stock at 60 or 65, and make a decision about whether they wanted to continue to work. There were no apparent differences across the equality strands.

4.35 The main reason given for having a flexible retirement age was that it depends on the individual and, in particular, their health. This ties in with the idea that ‘old age’ is defined more by health than by chronological age. The following quote illustrates the view of many:

*It depends on the individual. I mean you'll get somebody of 65 that really needs to retire at that age on health grounds, but if they are forced to keep on because it's the law that they maybe have to go to 68, 70, they're going to be struggling those last years to keep up.*

(Female, 55-69, Disabled, Jedburgh)

4.36 There was a feeling that retirement age depends on the job with some jobs, such as office work, being suitable for an older person and others, such as manual work, not suitable.

4.37 In terms of when participants wanted to stop working, there appeared to be two main perspectives. The dominant view – demonstrated in the quote below - was that you would retire as soon as you could afford to, but the other view was that it was desirable to keep working as long as you can. Again, there were no obvious differences across the equality strands:

*It's not a specific age, I mean, if you can afford to retire at 60 people would do it. But if you have to wait till you're 70 then you have to wait till you're 70.*

(ABC1, 33-57, Jedburgh)

4.38 There was a perception among younger respondents that the state pension age would have increased further by the time they came to retire. This was coupled with a concern that if the state pension age was increased, they might be too old to enjoy their retirement.

4.39 A number of pros and cons emerged at both the individual and societal levels in terms of people working longer. There was a feeling that forcing someone to stop working before they were ready to would make them feel “useless” and that they no longer had a purpose. For example:

*If you stop older people from working at 60 or 65 or in between, then you're leaving them without a purpose, leaving them dangling with nothing to do.*

(Female, C2DE, 33-57, Asian, Glasgow)

4.40 In addition, it was felt that society could benefit from older people working longer, even if it is ‘only’ volunteering and from older people passing on their experience to younger people. One participant suggested:

*I think it would be better for society to work that wee bitty longer. Even like as I said, even if they weren't getting paid, if they did a couple of hours of volunteering.*

(Female, 23-37, Disabled, Dundee)

4.41 However, related to the youth-centred orientation discussed earlier, there was a feeling that it was good to allow people to work as long as they wanted but not if this meant depriving a younger person of a job:

*You think if they'd cut the pension age maybe down the way it would make more jobs for the younger people. That's one way of looking at it.*

(Female, 55-69, Disabled, Jedburgh)

4.42 Of course, this concern may well be a hangover from previous eras of high unemployment and less relevant in the context of an ageing population.

4.43 Stereotypical views of older workers were also apparent in discussions: they were seen as more experienced but also slower, less willing to change and less comfortable with new technologies. For example:

*Sometimes you're better getting rid of the old ones because if they're that set in their ways, if you want change, they're an absolute nightmare. We've tried this before, it's the same, it never works.*

(ABC1, 33-57, Jedburgh)

4.44 The difficulties older workers face in finding new jobs (if, for example they wanted to change jobs or find a different part-time job rather than reducing their hours in their current job) were recognised.

## Activities and social contact in retirement

4.45 Those who had already retired tended to spend their time on a range of hobbies which included keep fit, gardening, stamp collecting and playing bridge. Some were involved in community groups and clubs. A couple of the female participants aged 85+ appeared to have particularly active lives, with involvement in a wide range of activities. One of these women explained:

*Well I have a lot of hobbies and I follow them up and they weren't all expensive or anything...I belong to a bridge club and I sew and I knit and I go out, I go to Guilds and things. None of my things were expensive but they filled in the time you know. And I volunteered for the lunch club, to help in the lunch club now I'm retired.*

(Female, 85+, Jedburgh)

4.46 However, one participant felt he had too much time on his hands:

*There's me now, I've too much time on my hands, I don't know what to do with myself. I sit in the house on my own... I sit and watch the daft TV.*

(ABC1, 55-69, Dundee)

4.47 When younger participants were asked what they wanted to spend their time doing when they retired, the most common answers were spending time with grandchildren and going on holiday (the latter, in particular, contrasts with what our retired participants actually did). Reflecting the conceptualisation of old age as a time free from commitments, one woman mentioned specifically that she was looking forward to going on holiday without children:

*Go away and enjoy yourself. Go on holidays, not have to worry about money and work.*

(C2DE, 18-24, Kingussie)

4.48 Although on the one hand, female participants (in particular) looked forward to freedom from family *responsibilities*, they saw spending time with their family as one of the main things they would do when they were older. In some ways, it was apparent that family becomes increasingly important, in terms of social contact as well as practical support and care. One participant commented:

*Yeah, it does come back to the family, the family unit, because I think as you get older, it's probably harder to make good friends.*

(ABC1, 33-57, Jedburgh)

4.49 Another participant had thought about losing the ability to drive and how that would affect access to her family. Again, the Asian participants were more confident that their families will step in and they “will not be left alone”.

4.50 Some mentioned having time for hobbies while others were worried that they did not currently have hobbies so they would need to find something to keep them occupied when they retired. Although the benefits of developing hobbies and interests before old age were

mentioned, there was no evidence that anyone was actually doing this. Having a more active role in the community was also mentioned.

4.51 As noted above, the LGBT participants discussed the perceived youth-centredness of the gay 'scene'. There was some disagreement about this with one view being that there was a range of clubs and activities for older gay people although these could perhaps be better publicised:

*Because there's not a thing for the older gay man.*

*Or the older gay women. There's nothing. It's all catered for the youngsters now.*

*...there's clubs for various things...so it's something that I think we need to be more aware of.*

*...They don't revolve round alcohol and getting off with someone at the end of the night.*

(33-57, LGBT, Edinburgh)

4.52 The last point in the quote above, about the gay 'scene' not necessarily revolving around alcohol and "getting off with someone" raised the difficulties faced by older gay people when they did want to have a drink and socialise. One view was that "a lot of older gay people are quite happy going out drinking" but another view was that, in gay clubs and bars, older men were seen as "queens" and were not really welcome.

4.53 More generally, younger participants thought there were plenty of activities for older people which might help "get them out and about" meeting people. They cited various local examples including Over 50s clubs, walking clubs, classical music mornings, day centres, and organised day trips. These younger participants perceived potential barriers to taking advantage of these opportunities including lack of publicity about what is available and accessibility: "you shouldn't need to rely on a car". However, the attitude and willingness of some older people to take part was seen as the biggest barrier. While some might go with a little more "active encouragement", it was felt that others would never go (there was no discussion as to why this might be the case and little apparent sympathy):

*There's so many folk say that. I'm not sitting down with all those old folk, but granny's even said it to me. You know, I'm not going with all those old folk and it's folk that she worked with!*

*But it's just weird. Some folk are just really reluctant to go and join in.*

*...if she [participant's grandmother] does go out of the house, she walks down the street with her head down looking at the ground and it's just the way she's been. And you get folk like that who just won't socialise, because they're not used to it, and they will spend the rest of their days lonely.*

(C2DE, 18-24, Kingussie)

## Summary of key points

- **Health** There was optimism among the participants that they would be healthy in old age. However, health is the aspect of ageing about which they were most worried, with particular concerns about “being a burden” and having to rely on someone else to look after them.
- **Money** Although people naturally wanted to have enough money to live on when they are older, they had concerns that this may not actually be the case. Among those below the state pension age, behaviour differed greatly in terms of contributions to pensions with some having started saving from a young age and others not saving at all. Reasons for not contributing to pensions ranged from the fact that it is too far ahead to think about, to it being too worrying.
- **Retirement age** There was widespread support for the retirement age being flexible and allowing people to work for as long as they wanted to and were capable. At the same time, however, there was an equally widespread perception that retiring around 60 or 65 seemed “about right”.
- **Activities and social contact in retirement** Those who had already retired tended to spend their time on a range of hobbies and some were involved in community groups and clubs. However, one male participant felt he had too much time on his hands. When younger participants were asked what they wanted to spend their time doing when they retired, the most common answers were spending time with grandchildren and going on holiday (the latter, in particular, contrasts with what the retired participants actually did).

## CHAPTER FIVE SERVICES

5.1 In the main, discussions of services for older people centred on the adequacy, or inadequacy, of current provision rather than on more aspirational ideas about future provision. Moreover, when asked about the implications of the ageing population on the provision of services, responses tended to be simply that *more* and *better* services would be needed. There was little appreciation of the economic and demographic problems that might be faced in attempting to meet these needs.

5.2 Four services in particular were discussed: care services, health services, transport services and housing.

### Care services

5.3 Current care provision, including care homes, day care and home helps, was an area of some concern for participants. It was commonly felt that there is a shortage of such provision which, in worst cases, results in older people having to go without much needed support and assistance. The following comments highlight the issues raised:

*My mother in law, she's 95. She was in hospital, lives on her own, she does everything on her own. They tried to get a package for her coming out, you know a carer coming in the morning and that, and it was near impossible, you know. They kept her in hospital for another week until they could get the carers up and running.*

(ABC1, 55-69, Jedburgh)

*...if it's personal care, like getting washed and stuff like that, that's free, that's fine. But if it's domestic chores, I mean if you're old and you aren't physically able to attend to your own domestic chores, you're having to pay like just under £11 an hour for it. I think that's extortionate.*

(C2DE, 18-24, Kingussie)

5.4 In addition to comments about the availability of care services, there was some concern about current *standards* of care. Several participants suggested that care staff do not always take the time to get to know, and develop a relationship with, the older people in their care. For example:

*As you said, trained staff. You have to actually get to know these people – I think it's one of these things that happens. As you get older, you almost lose your identity.*

(33-57, LGBT, Edinburgh)

*...some of them just come in and do the necessary and out.*

(Female, 55-69, Disabled, Jedburgh)

5.5 Further, there was a perception that care staff sometimes lack the necessary qualifications to perform their jobs well. While it was clear that such perceptions were influenced to a degree by media stories of mistreatment and neglect in care homes, several of the comments did appear to be grounded in personal experiences.

5.6 Notwithstanding the consensus, discussed in an earlier section, that individuals should assume at least some responsibility for planning financially for old age, there was a general feeling that care services should be provided free for all older people who need them. This is consistent with findings from recent quantitative research conducted by the Scottish Centre for Social Research.<sup>8</sup> The following quote was typical:

*At the end of the day, whether people think about it or not, don't you think that services would be provided anyway...the services should be there anyway, regardless.*

(Female, C2DE, 33-57, Asian, Glasgow)

### **Health services**

5.7 As in the case of care services, current health care provision for older people was widely felt to be inadequate. There were repeated references to cutbacks and closures which are seen to have resulted in deteriorating standards of service. Participants in rural areas were among those most likely to mention this problem, with several describing how the increasing centralisation of services, particularly ambulance and hospital services, has compromised their access to essential help and treatment. Examples given by participants included:

*It's harder to get a doctor now. My doctor she was on every day but now if I phone and want to see my own doctor she's only on once a week.*

(Male, 55-69, Disabled, Edinburgh)

*When I took ill I was rushed into hospital and when I arrived there they examined me. Now I'm 50 miles from here to the hospital. I had taken a nosebleed and when I arrived up there they looked at me and they didn't even dress my nose and they said just go home and if it does start again come back. Like as if it was just across the road.*

(Female, 85+, Kingussie)

*The guy living in the old cottage, he'd a heart attack. I rang for an ambulance and it took an hour and a half for an ambulance to come, for somebody with a heart attack...In the end, he moved out and he moved back to England where he was very close to a hospital, they were just that frightened.*

(33-57, ABC1, Jedburgh)

5.8 A less common concern with respect to health services was that staff shortages and resulting pressures on doctors' and nurses' time have contributed to a decline in the quality of care provided.

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<sup>8</sup> *Providing for old age: public attitudes and dilemmas – Findings from the Scottish Social Attitudes Survey.* Paper presented by Rachel Ormston of ScotCen, Social Research Association seminar, Edinburgh, June 2006.

## Transport

5.9 Participants generally viewed recent developments in public transport services positively. There was particular praise for ‘kneeling’ and low access buses and for the new free bus pass for pensioners. For example:

*Well I was very pleased to know that they are now giving us a pass for the buses and things like that. That is very much appreciated and it is a good thing because I mean, especially here in this, the Highlands, there's no way, if you haven't got a vehicle you're stranded.*

(Female, 85+, Kingussie)

*Well I think they're trying...ken with building the pavements up to get easier on and off and these kind of things and the buses are all low down and they've got plenty handrails.*

(Male, 55-69, Disabled, Edinburgh)

## Housing

5.10 Younger participants had given almost no thought to where they might live when they were old. When asked, they speculated about living abroad, moving somewhere smaller, moving somewhere more rural and were aware that stairs might not be manageable - but it was clear that this was not something they had thought much about or for which they were actively planning. Some older respondents were more conscious of health problems which might make their current accommodation unsuitable – but although they had thought about it, the dominant view was that they would move if and when they needed to, not before. One woman’s comment that she would “cross that bridge when I come to it” reflected the prevailing attitude. Similarly, the oldest participants who had needed to move to more suitable accommodation had done so when it became necessary, rather than in advance.

5.11 While some participants felt that Scotland’s housing stock was suitable for an ageing population, the consensus was that greater thought needs to be given to the number and types of houses that are being built. More specifically, it was suggested that there should be more single-storey housing – whether in the form of bungalows or cottages – as well as more sheltered accommodation:

*I think the systems we've got now are good, but we need more of them...Like more sheltered.*

(55-69, ABC1, Dundee)

*They are taking down all the high flats anyway. Instead of building them four up even, because that's what we were in, they should really be thinking of building them bungalow-types or cottage-types you know, that there's no stairs or anything for older folk.*

(Female, 85+, Glasgow)

5.12 Another common perspective was that there is currently a lack of *affordable* accommodation for older people. Some of those who mentioned this issue suggested that, in the future, a proportion of the housing stock ought to comprise special low-cost housing,

along the lines of council housing, reserved specifically for older people. The following specific suggestions were made:

*They should be a corporation, Lothian Region or whatever you call them, they should own those houses and nobody goes in there bar old age pensioners.*

(Male, 55-69, Disabled, Edinburgh)

*Within that housing stock, there must be a percentage of rental, a percentage of sheltered and a percentage of social housing.*

(33-57, ABC1, Jedburgh)

5.13 However, these views about the lack of affordable, suitable housing did not appear to translate into a *personal* concern about suitable accommodation being hard to find when the time came.

5.14 On a different point, a few participants alluded to the growing potential of new technology to make Scotland's homes more suitable for older people. For example:

*There's a great range of equipment now available for people living at home – pads you can put on the floor that if they get up through the night and step on it, it'll alarm. They've got an absolute multitude of high tech equipment that enables old people to look after themselves.*

(33-57, ABC1, Jedburgh)

5.15 However, there are potential problems in that the use of technology can be perceived as a way to cut services – perhaps particularly the use of remote technology to provide services to more remote and rural areas. This is illustrated in the discussion below with a woman whose help cord was previously linked to a warden in her sheltered housing and was now linked to a service over 100 miles away:

*So what happens if you pull the cord?*

*It goes to Edinburgh. Now the night if I pulled the cord it would be Edinburgh that would answer it and ask me what it was wrong with me.*

*...And they just ask you if you're alright and they say that they will contact your family. Now that was another thing, there was a lady in the top flat in the main building, her daughter was in Inverness, right, and she had a fall during the night and when she pulled the cord they contacted her daughter. Now was she going to lie in the floor until her daughter came from Inverness? Now where is that going forward? That's where I say - all these new fangled ways are not viable, they are just not working.*

(Female, 85+, Kingussie)

## **Advice services**

5.16 While the discussions of services for older people focused in the main on existing services, there were some suggestions for new services that might be beneficial. In particular, participants felt that there should be dedicated advice centres for older people to

provide assistance with such issues as benefits entitlements, application forms and so on. One participant explained:

*Advice because there's loads of benefits, not just financial, as in say community projects that would help, give them something to do, support, disability aids, anything you need, that we know nothing about and they've no way to know anything about, and I think that it could be tied in with doctors because doctors are usually visiting them regularly.*

(33-57, ABC1, Jedburgh)

### Summary of key points

- In the main, discussions on services for older people centred on the adequacy, or inadequacy, of current provision rather than on more aspirational ideas about future provision. Moreover, when asked about the implications of the ageing population on the provision of services, responses tended to be simply that *more* and *better* services would be needed. There was little appreciation of the economic and demographic problems that might be faced in attempting to meet these needs.
- **Care services** Current care provision was an area of some concern for participants. It was commonly felt that there is a shortage of such provision which can result in older people's needs being left unmet. In addition, there was also negativity about current standards of care.
- **Health services** Health care provision for older people was also seen to be inadequate. Hospital closures and staff shortages were cited as the main reasons for the decline in the quality of health care provided.
- **Transport** Participants generally viewed recent developments in public transport services positively. There was particular praise for 'kneeling' and low access buses and for the new free bus pass for pensioners.
- **Housing** There was a consensus that more suitable and affordable accommodation was required to meet the needs of older people. However, these views did not appear to translate into a *personal* concern about suitable accommodation being hard to find when the time came and there was very little advance planning. One woman's comment that she would "cross that bridge when I come to it" reflected the prevailing attitude.

## CHAPTER SIX CONCLUSIONS AND IMPLICATIONS FOR THE STRATEGY

### Understanding the ageing population issue

6.1 Participants appeared to be at an early stage in understanding the ageing population issue. There needs to be a shift in understanding before they will take action to better prepare for their own old age. Similarly, there needs to be a shift before they might accept the need for less popular government measures. In relation to the provision of services, for example, the perceived need is for *more* and *better* services, with little appreciation of the economic and demographic problems that might be faced in attempting to meet these needs.

### Emphasising the benefits to all of society

6.2 There appeared to be a prevailing youth-centred orientation – even among older participants. For example, discussions about the contribution older people could make were usually couched in terms of what they could do for younger people - rather than what they might do for each other or for society in general. It may be some considerable time before this perspective changes. In the meantime, the Strategy should emphasise the benefits to all of society, not just older people, in addressing the ageing population issue.

### Encouraging a continuing contribution

6.3 Participants' understanding of a 'contribution' was narrower than the relatively broad definition that will be used in the Strategy. This has implications for the language used in Strategy document if people are to understand 'contribution' in its broader sense.

6.4 Old age was conceptualised as a period free from work and family commitments. There was little sense that participants feel old age is *about* making a contribution in these areas. This suggests that initiatives to encourage and help older people make continuing contributions of this nature should emphasise the benefits to the older person (e.g. enjoyment and social contact) and should be voluntary and flexible, rather than focusing on 'contribution' as it may be currently understood.

### Encouraging individual planning

6.5 The fact that participants knew what they wanted from their old age, (i.e. free time, good health, enough money and enough social contact) did not mean that they were planning for it. Participants were generally making short-term plans and, although some were living a healthy lifestyle and contributing to pensions, others would need much more advice and encouragement before they choose to start thinking about old age.

6.6 However, it is important that initiatives to encourage better planning strike a balance between warning people of the implications of not planning and avoiding 'scare tactics'. Rather than improving financial planning, awareness and concern about the 'pensions crisis' appears to have had the opposite effect on some participants – allowing them to think that "there's no point" because of the uncertainty around pensions or because "it's too depressing" or "scary". Similarly, knowledge that many older people's quality of life is

severely comprised by their health does not necessarily lead participants to be healthier. Again, the lack of a guarantee that a healthy lifestyle now will mean health in old age, and the fact that it's too unpleasant to contemplate, prevents some from taking actions to improve their chances of health in old age.

6.7 In addition to educating without employing 'scare tactics', initiatives which emphasise the *current* benefits of taking action (e.g. peace of mind *now* from knowing that you have financial security, or feeling better *now* because of a healthier lifestyle) may have more impact. More positive images of old age (drawing on the inspirational attitudes and wide ranging activities of many older people) could also be used to help combat the notion that ageing is too "depressing" and "scary" to contemplate.

## Public Attitudes to Ageing

### Focus groups

### Topic guide

#### 1) Introduction – 5 mins

- Introduce self and Ipsos MORI
- Explain purpose of the research:

Ipsos MORI has been commissioned by the Scottish Executive to conduct a programme of research among the general public looking at issues relating to Scotland's ageing population. The research will inform a new strategy being launched by the Scottish Executive, *A Strategy for a Scotland with an Ageing Population*. In addition to these discussion sessions, the Executive have just conducted a survey of 1,000 people to gather opinions towards ageing.
- Emphasise
  - We are not expecting people to have given a lot of thought to the subject. We will be talking to a range of people, of all ages, in different locations across Scotland.
  - Ipsos MORI's independence and guarantee of confidentiality.
- Explain group should last around 1hr 30 minutes. Check everyone is ok with this. Tell participants where the nearest fire exits are etc...and where the nearest toilets are.
- Request permission to tape record (can be turned off at any point)
- Participant introductions

#### WARM UP - 10 minutes

- What is the first thing that comes to your mind when you think about getting older?  
PROBE FOR POSITIVES AND NEGATIVES
- How would you define the term 'older people'? How old is an 'older person'? Has that changed? Why?
- Do/did you look forward to getting older? Why? Why not?
- How does being retired compare to what you expected? What is better? What is worse?
- How do you feel society views older people? PROBE FOR positives and negatives e.g. are they valued and are they a burden etc

- The proportion of people aged 75 and over is projected to rise by 75% from 0.37 million in 2004 to 0.65 million in 2031. Were you aware of this issue?
- What will the impact of this change be? What things will be affected?
- What are the benefits/risks which will arise from an ageing society?
- ‘Some people say Scotland will be a much better place when there are lots more older people who bring common sense and a lifetime’s experience to work and social affairs. Do you agree or do you think it will be a worse place?’

### **EXPECTATIONS AND PLANNING FOR OLD AGE – 15 minutes**

- To what extent have you thought/did you think about what your life will/would be like when you have retired/retired? Why/Why not?
  - If not, how far ahead do you tend to think? Why do you think this is?
- Omnibus finding – *roughly 3 in 5 of those younger than state pension age have given serious thought to what life will be like when they retire.* What do you think of this? How would you have answered? Why?
- What kind of life do you REALISTICALLY hope to be leading when you have retired? PROBE for where will you be living, who will you be living with, what will you do with your time – work, hobbies, look after children etc
- Omnibus finding – *roughly three quarters of those younger than state pension age expect to have a happy and fulfilling retirement.* What do you think of this? How would you have answered? Why? Why do you think such a large proportion did not say yes to this?
  - Is there anything which might prevent you from living your life the way you want to? PROBE for money, attitudes (ageism)
  - Do you have any specific worries about getting older PROBE FOR financial, health problems, loneliness, not being able to support family
  - How could these things be addressed?
- What, if anything, did you do/have you done/are you doing to prepare for old age? PROBE FOR: Pension/savings, lifestyle (e.g. healthy eating, exercise), name on housing waiting list
  - When did you do these things? Why have you done this/these things; Why have you not done anything?
  - **What would you have done differently?**
- Would you like/have liked more information about the things you need to think about as you get older?
  - What information would you like?
- To what extent do you feel it is your responsibility to prepare for old age? To what extent is it the government’s responsibility?

- What is the balance currently? What should it be?

### **SOCIETY AND OLDER PEOPLE – 10 minutes**

- Do you feel that older people are treated better or worse than other groups?
- Do you think that what it means to be an older person has changed through time? E.g. are they treated better/worse etc?
- What is 'ageism'?
- Is it ever okay to be ageist? If so, when?
- Have you ever experienced ageism? What happened? How did you feel?
- Has anyone you know ever experienced ageism? What happened? How did that affect them? How does that affect society?

### **Contribution – 10 minutes**

- What can old people contribute to society?
- What is a 'contribution'?
- Could they make more contribution?
- Is there anything that prevents them from making a contribution? PROBE FOR health, negative attitudes (ageism), skills
- What could be done about this? PROBE for individual, government responsibility
- What would you like to do to contribute to society?
- What stops you from doing these things?
- What could the government do to help you do these things?

### **Work – 10 minutes**

- Thinking about retirement – do you know what the state pension age is? (*Currently 60 for a woman born before April 1950 and 65 for a man, gradually increasing between 2010 and 2020 so it will be 65 for women born after 1955*) What do you think it should be?
- Do you feel there should be a specific cut off age at which people stop working? Why? Why not?
- When would you personally like to retire? Why then?

- When do you think you actually will stop working? Why then? How do you feel about that?
- Do you feel most people stop working when they want to? If not, why is this and what might be done to change this situation?
- What changes will be needed to help people work longer? Feel better about working longer? What could the government do?
- What do you think would be the main advantages/disadvantages of people working longer?
- Do you think there are benefits/disadvantages to helping people work longer?
- What if you had to stop/had stopped earlier? Later? What would be different?
- Do you know what income you will have when you stop work? Have you thought about it? What made you think about it? /Why do you think you haven't thought about it?
- Omnibus finding – *roughly 7 in 10 of those younger than state pension age expect to have enough money to live on when they retire.* What do you think of this? How would you have answered? Why?
- What will you do when you stop working/what do you do? What would you like to do?
- What sort of quality of life do you expect to have when you retire? How do you think you can achieve this?

### **Services for older people theme – 10 minutes**

- What services do older people need? PROBE IF NECESSARY for transport, social work, healthcare, etc
- How will this change in the future? Will any new services be required?
- What is your impression of these services?/What services do you use?
- Which of these services are currently 'good'?
- What would you expect of these services? What level of help would you expect?
- How could these services be improved?
- RANKING EXERCISE of Omnibus result - Factors influenced by the Scottish Executive that make for a happy old age plus any other services they mention:  
Affordable, accessible housing

Health and community care services  
Respect between older and younger generations  
Community safety  
Health promotion  
Affordable accessible transport  
Businesses providing products and services designed for older people

- Why is this most important etc?

### **Health and well-being theme – 10 minutes**

- Give them omnibus survey finding: *roughly three quarters of people below state pension age expect to be fit and healthy in later life*. What do you think of this? How would you have answered? Why?
- Do you expect to be fit and healthy when you are older? Why?
- Is there anything health-related that you are particularly worried about happening when you are older?
- What are you currently doing to ensure you will be fit and healthy when you are older?
- Did you do anything to try and be healthy in your old age?
- Are you as fit and healthy as you expected to be?

### **Housing, transport and surroundings theme – 10 minutes**

- Have you thought about where you will live when you are older?
- When did you start thinking about this? Why did you start thinking about this?
- Do you think your current home would be a suitable place for you to live when you are older? Why? Why not?
- What should be done to make sure that our houses and homes are suitable for an ageing population?
- What forms of transport do you currently use?
- Which of these do you think you will continue to use when you are older?
- What could be done to make sure our transport system is suitable for an ageing population?

- Do you think our villages, towns, cities and neighbourhoods are suitable for an ageing population?
- What could be done to make them more suitable?
- Will there be any technological changes that will help solve any of these problems? PROBE FOR internet e.g. shopping online
  - Will they make things better/worse?

## Public Attitudes to Ageing

### Depths with disabled participants – prioritise ‘contribution’, ‘health’ and ‘housing’

#### Topic guide

##### 1) Introduction – 2 mins

- Introduce self and Ipsos MORI
- Explain purpose of the research:

Ipsos MORI has been commissioned by the Scottish Executive to conduct a programme of research among the general public looking at issues relating to Scotland’s ageing population. The research will inform a new strategy being launched by the Scottish Executive, *A Strategy for a Scotland with an Ageing Population*. In addition to these discussion sessions, the Executive have just conducted a survey of 1,000 people to gather opinions towards ageing.
- Emphasise
  - We are not expecting people to have given a lot of thought to the subject. We will be talking to a range of people, of all ages, in different locations across Scotland.
  - Ipsos MORI’s independence and guarantee of confidentiality.
- Explain interview should last around 1hr. Check they are ok with this.
- Request permission to tape record (can be turned off at any point)

##### WARM UP - 5 minutes

- What is the first thing that comes to your mind when you think about getting older?  
PROBE FOR POSITIVES AND NEGATIVES
- How would you define the term ‘older people’? How old is an ‘older person’? Has that changed? Why?
- Do/did you look forward to getting older? Why? Why not?
- How does being retired compare to what you expected? What is better? What is worse?
- How do you feel society views older people? PROBE FOR positives and negatives e.g. are they valued and are they a burden etc
- The proportion of people aged 75 and over is projected to rise by 75% from 0.37 million in 2004 to 0.65 million in 2031. Were you aware of this issue?
- What will the impact of this change be? What things will be affected?
- What are the benefits/risks which will arise from an ageing society?

- Some people say Scotland will be a much better place when there are lots more older people who bring common sense and a lifetime's experience to work and social affairs. Do you agree or do you think it will be a worse place?

### **EXPECTATIONS AND PLANNING FOR OLD AGE – 5 minutes**

- To what extent have you thought/did you think about what your life will/would be like when you have retired/retired? Why/Why not?
  - If not, how far ahead do you tend to think? Why do you think this is?
- Omnibus finding – *roughly 2 in 5 of those younger than state pension age have given serious thought to what life will be like when they retire.* What do you think of this? How would you have answered? Why?
- What kind of life do you REALISTICALLY hope to be leading when you have retired? PROBE for where will you be living, who will you be living with, what will you do with your time – work, hobbies, look after children etc
- Omnibus finding – *roughly 9 in 10 of those younger than state pension age expect to have a happy and fulfilling retirement.* What do you think of this? How would you have answered? Why? Why do you think such a large proportion did not say yes to this?
  - Is there anything which might prevent you from living your life the way you want to? PROBE for money, attitudes (ageism)
  - Do you have any specific worries about getting older PROBE FOR financial, health problems, loneliness, not being able to support family
  - How could these things be addressed?
- What, if anything, did you do/have you done/are you doing to prepare for old age? PROBE FOR: Pension/savings, lifestyle (e.g. healthy eating, exercise), name on housing waiting list
  - When did you do these things? Why have you done this/these things; Why have you not done anything?
  - **What would you have done differently?**
- Would you like/have liked more information about the things you need to think about as you get older?
  - What information would you like?
- To what extent do you feel it is your responsibility to prepare for old age? To what extent is it the government's responsibility?
  - What is the balance currently? What should it be?

### **SOCIETY AND OLDER PEOPLE – 5 minutes**

- Do you feel that older people are treated better or worse than other groups?

- Do you think that what it means to be an older person has changed through time? E.g. are they treated better/worse etc.
- What is 'ageism'?
- Is it ever okay to be ageist? If so, when?
- Have you ever experienced ageism? What happened? How did you feel?
- Has anyone you know ever experienced ageism? What happened? How did that affect them? How does that affect society?

### **Contribution – 10 minutes**

- What can old people contribute to society?
- What is a 'contribution'?
- Could they make more contribution?
- Is there anything that prevents them from making a contribution? PROBE FOR health, negative attitudes (ageism), skills
- What could be done about this? PROBE for individual, government responsibility
- What would you like to do to contribute to society?
- What stops you from doing these things?
- What could the government do to help you do these things?

### **Work – 5 minutes**

- Thinking about retirement – do you know what the state pension age is? (*Currently 60 for a woman born before April 1950 and 65 for a man, gradually increasing between 2010 and 2020 so it will be 65 for women born after 1955*) What do you think it should be?
- Do you feel there should be a specific cut off age at which people stop working? Why? Why not?
- When would you personally like to retire? Why then?
- When do you think you actually will stop working? Why then? How do you feel about that?

- Do you feel most people stop working when they want to? If not, why is this and what might be done to change this situation?
- What changes will be needed to help people work longer? Feel better about working longer? What could the government do?
- What do you think would be the main advantages/disadvantages of people working longer?
- Do you think there are benefits/disadvantages to helping people work longer?
- What if you had to stop/had stopped earlier? Later? What would be different?
- Do you know what income you will have when you stop work? Have you thought about it? What made you think about it? /Why do you think you haven't thought about it?
- Omnibus finding – *roughly 7 in 10 of those younger than state pension age expect to have enough money to live on when they retire.* What do you think of this? How would you have answered? Why?
- What will you do when you stop working/what do you do? What would you like to do?
- What sort of quality of life do you expect to have when you retire?  
How do you think you can achieve this?

### **Services for older people theme – 5 minutes**

- What services do older people need? PROBE IF NECESSARY for transport, social work, healthcare, etc
- How will this change in the future? Will any new services be required?
- What is your impression of these services?/What services do you use?
- Which of these services are currently 'good'?
- What would you expect of these services? What level of help would you expect?
- How could these services be improved?
- RANKING EXERCISE of Omnibus result - Factors influenced by the Scottish Executive that make for a happy old age plus any other services they mention:

Affordable, accessible housing

Health and community care services

Respect between older and younger generations

Community safety

Health promotion

Affordable accessible transport  
Businesses providing products and services designed for older people

- Why is this most important etc?

### **Health and well-being theme – 10 minutes**

- Give them omnibus survey finding: *roughly three quarters of people below state pension age expect to be fit and healthy in later life*. What do you think of this? How would you have answered? Why?
- Do you expect to be fit and healthy when you are older? Why?
- Is there anything health-related that you are particularly worried about happening when you are older?
- What are you currently doing to ensure you will be fit and healthy when you are older?
- Did you do anything to try and be healthy in your old age?
- Are you as fit and healthy as you expected to be?

### **Housing, transport and surroundings theme – 10 minutes**

- Have you thought about where you will live when you are older?
- When did you start thinking about this? Why did you start thinking about this?
- Do you think your current home would be a suitable place for you to live when you are older? Why? Why not?
- What should be done to make sure that our houses and homes are suitable for an ageing population?
- What forms of transport do you currently use?
- Which of these do you think you will continue to use when you are older?
- What could be done to make sure our transport system is suitable for an ageing population?
- Do you think our villages, towns, cities and neighbourhoods are suitable for an ageing population?

- What could be done to make them more suitable?
- Will there be any technological changes that will help solve any of these problems? PROBE FOR internet e.g., shopping online
  - Will they make things better/worse?

**Public Attitudes to Ageing**  
**Depths with participants aged 85+**  
**Prioritise ‘contribution’, ‘services’ and ‘health’**  
**Topic guide**

**1) Introduction – 2 mins**

- Introduce self and Ipsos MORI
  
- Explain purpose of the research:

Ipsos MORI has been commissioned by the Scottish Executive to conduct a programme of research among the general public looking at issues relating to Scotland’s ageing population. The research will inform a new strategy being launched by the Scottish Executive, *A Strategy for a Scotland with an Ageing Population*. In addition to these discussion sessions, the Executive have just conducted a survey of 1,000 people to gather opinions towards ageing.
  
- Emphasise
  - We are not expecting people to have given a lot of thought to the subject. We will be talking to a range of people, of all ages, in different locations across Scotland.
  - Ipsos MORI’s independence and guarantee of confidentiality.
  
- Explain that the chat should last around 1 hour
  
- Request permission to tape record (can be turned off at any point)

**WARM UP - 5 minutes**

- What is the first thing that comes to your mind when you think about getting older?  
PROBE FOR POSITIVES AND NEGATIVES
- How would you define the term ‘older people’? How old is an ‘older person’? Has that changed? Why?
- Do/did you look forward to getting older? Why? Why not?
- How does being retired compare to what you expected? What is better? What is worse?
- How do you feel society views older people? PROBE FOR positives and negatives e.g. are they valued and are they a burden etc
- The proportion of people aged 75 and over is projected to rise by 75% from 0.37 million in 2004 to 0.65 million in 2031. Were you aware of this issue?
- What will the impact of this change be? What things will be affected?
- What are the benefits/risks which will arise from an ageing society?

- ‘Some people say Scotland will be a much better place when there are lots more older people who bring common sense and a lifetime’s experience to work and social affairs. Do you agree or do you think it will be a worse place?’

### **EXPECTATIONS AND PLANNING FOR OLD AGE – 5 minutes**

- To what extent did you think about what your life would be like when you retired? Why/Why not?
  - If not, how far ahead did you tend to think? Why do you think this is?
- Omnibus finding – *roughly 2 in 5 of those younger than state pension age have given serious thought to what life will be like when they retire.* What do you think of this? How would you have answered this before you retired? Why?
- What kind of life do live now that you are retired? PROBE, who do you live with, what do you do with your time – work, hobbies, look after children etc
- Omnibus finding – *roughly 9 in 10 of those in the state pension age feel happy and fulfilled with their life.* What do you think of this? How would you have answered? Why? Why do you think such a large proportion did not say yes to this?
  - Is there anything which prevents you from living your life the way you want to? PROBE for money, attitudes (ageism),
  - Did you have any specific worries about getting older PROBE FOR financial, health problems, loneliness, not being able to support family
  - Have any of these things been realised?
- What, if anything, did you do to prepare for old age? PROBE FOR: Pension/savings, lifestyle (e.g. healthy eating, exercise), name on housing waiting list
  - When did you do these things? Why did you do these things; Why did you not do anything?
  - What would you have done differently?
- Would you have liked more information about the things you need to think about as you get older?
  - What information would you have liked?
- To what extent do you feel it is your responsibility to prepare for old age? To what extent is it the government’s responsibility?
  - What is the balance currently? What should it be?

### **SOCIETY AND OLDER PEOPLE – 5 minutes**

- Do you feel that older people are treated better or worse than other groups?
- Do you think that what it means to be an older person has changed through time? E.g. are they treated better/worse etc.

- What is 'ageism'?
- Is it ever okay to be ageist? If so, when?
- Have you ever experienced ageism? What happened? How did you feel?
- Has anyone you know ever experienced ageism? What happened? How did that affect them? How does that affect society?

**Contribution – 10 minutes**

- What can older people contribute to society?
- What is a 'contribution'?
- What would you like to do to contribute to society?
- What stops you from doing these things?
- What could be done about this? PROBE for individual, government responsibility
- What could the government do to help you do these things?

**Work – 5 minutes**

- Thinking about retirement – do you know what the state retirement age is? (*Currently 60 for a woman born before April 1950 and 65 for a man, gradually increasing between 2010 and 2020 so it will be 65 for women born after 1955*) What do you think it should be?
- Do you feel there should be a specific cut off age at which people stop working? Why? Why not?
- When did you retire? Would you have liked to have retired earlier/later (maybe worked part-time?) Why/why not?
- Do you feel most people stop working when they want to? If not, why is this and what might be done to change this situation?
- What changes will be needed to help people work longer? Feel better about working longer? What could the government do?
- What do you think would be the main advantages/disadvantages of people working longer?
- Do you think there are benefits/disadvantages to helping people work longer?
- What if you had to stop/had stopped earlier? Later? What would be different?

- How does your income in retirement compare to what you expected it to be?
- Omnibus finding – *roughly 3 in 10 of those who have reached state pension age expect do not feel they have enough money to live on.* What do you think of this? How would you have answered? Why?
- What do you do now that you have retired? Is there anything you would like to do but can't?
- How would you describe your quality of life?

**Services for older people theme – 10 minutes**

- What services do older people need? PROBE IF NECESSARY for transport, social work, healthcare, etc
- How will this change in the future? Will any new services be required?
- What services (for older people) do you use?
- Which of these services are currently 'good'?
- How could services that are not so good be improved?
- RANKING EXERCISE of Omnibus result - Factors influenced by the Scottish Executive that make for a happy old age plus any other services they mention:

Affordable, accessible housing

Health and community care services

Respect between older and younger generations

Community safety

Health promotion

Affordable accessible transport

Businesses providing products and services designed for older people

- Why is this most important etc?

### **Health and well-being theme – 10 minutes**

- Give them omnibus survey finding: *roughly 7 in 10 people of state pension age feel fit and healthy*. What do you think of this? How would you have answered? Why?
- Did you expect to be fit and healthy when you are older? Why?
- Did you do anything to try and be healthy in your old age?
- Are you as fit and healthy as you expected to be?

### **Housing, transport and surroundings theme – 5 minutes**

- Did you give serious thought to where you would live when you retired?
- When did you start thinking about this? Why did you start thinking about this?
- Did you move house after you retired?
- What should be done to make sure that our houses and homes are suitable for an ageing population?
- What forms of transport do you currently use? Do you find these easy to use/suitable?
- What could be done to make sure our transport system is suitable for an ageing population?
- Do you think our villages, towns, cities and neighbourhoods are suitable for an ageing population?
- What could be done to make them more suitable?
- Will there be any technological changes that will help solve any of these problems? PROBE FOR internet e.g. shopping online
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