

LIVING CONDITIONS OF WOMEN 50+ IN THE UNITED KINGDOM

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1. Objectives of the MERI project

MERI is a collaborative project involving 12 European Commission (EC) countries in *Mapping Existing Research and Identifying Knowledge Gaps Concerning the Situation of Older Women in Europe (MERI)*. Methodologically the project is based on the principle that new research findings should also be practically implemented. The specific objectives of the project are therefore:

- The compilation of studies and official statistics concerning the living conditions of older women in Europe;
- analysis by mapping exercises in order to identify gaps or blind spots in research and publications;
- the drawing-up of measures for a future research and publication agenda as well as for socio-political action in favour of older women.

Generally speaking, political awareness of the situation of older women can be cautiously considered to be on the rise. However, this can only be regarded as a first step towards recognition of a population group with specific experiences, wants and needs.

2. Methodological proceedings

2.1 Studies under analysis

The UK's primary strategy for locating empirical studies concerning older women was to systematically search appropriate electronic databases available through The University of Sheffield. Approximately forty databases were selected initially, potentially covering all the MERI themes. Due to the time-limited nature of the project, ten of these databases were not searched. Exclusions were made based on the likelihood of an alternative database encompassing the subject area.

Search terms chosen initially as appropriate for use within UK databases comprised: 'older woman'; 'older women'; 'age and gender'¹; 'age and sex'; 'growing older'; and 'intergenerational research'. However, following pilot searches utilising these terms, whereby search results for each term were compared, it was deemed sufficient to simply employ the term 'older women'. Where the search function of a particular database set predefined terms, the term closest to our own string was selected. Some databases did not reveal any 'hits' with the term 'older women'. In such scenarios the searches were re-run employing the more general term 'women'. Manual searching of results was then performed to determine the relevance of each article.

To help determine relevance, a number of inclusion criteria were strictly applied to the initial results:

- The publication related to primary research, i.e. not a literature review or theoretical exposition.
- The publication described findings, some of which specifically related to the situation of older women, i.e. women aged 50 and over. On occasion such judgements had to be made from contextual information, for example if women were described as 'post-menopausal'.
- The publication included specific implications for older women, rather than, for example, only stating numbers of women compared with men in the research.
- The publication related to research samples located within the United Kingdom, regardless of whether the actual researchers were based in the UK. On occasion such judgements had to be made from contextual information, for example the location of the authors' institution.
- The publication date was between 1993 and 2002/2003, regardless of the date of data collection.
- The publication had to relate to the themes and sub-themes identified by the whole MERI team.
- Publication details (whether an abstract or full text) were available within the time period.

Thousands of 'hits' were obtained so it was decided to utilise the published abstracts as a means of determining the relevance of each publication. The UK team found that the majority of abstracts contained enough information to be able to enter the required details into the MERI database.

In addition to the electronic databases, other secondary search strategies were employed. Existing academic reading lists within The University of Sheffield on the subject of older women were scrutinised using the same exclusion criteria. Online searches were also under-

1 This document refers to 'gendered' information, despite some statistics and empirical research studies reporting on differences according to 'sex'. The selection of 'gender' is deliberate to reflect situations where a person's self-defined gender may not correspond with accepted biological definitions of sex. However, it should also be noted that the dichotomous approach usually adopted towards both sex and gender is limited and does not acknowledge the diversity of human situations.

taken within fifteen Non-Governmental Organisation (NGO) websites of relevance, including the British Association for Services to the Elderly, Age Concern, and the Joseph Rowntree Foundation.

Despite the extensive searching undertaken by the UK team, a couple of caveats need to be borne in mind. Firstly, a lot of relevant data may well have been hidden within broader studies of older people or women, where published abstracts did not highlight findings specifically on older women. Secondly, very few edited collections or books have been included, again due to the search strategy used. Whilst there appeared to be very few books that focused entirely on older women, there may have been a number that included sections on older women that were not identified by a search for 'older women'-focused empirical literature. This has been a particular concern for the UK team within the areas concerning 'work' and 'material situation and its effects on living conditions'.

Another important point to bear in mind is that the review covers studies that have used radically different methods to gather data and are based on samples of varying size. For example, one study offered reflections on support for older women with dementia drawn from the discourse analysis of interviews with just one carer daughter and her care-receiving mother (Forbat 2003). Other pieces of research presented the findings of national surveys and / or drew comparisons with other sample groups (e.g. older men) to highlight aspects of older women's lives and experiences. Older women participants in an initiative that used biographical approaches described themselves as feeling validated and able to make sense of their lives by telling their life stories, even though they talked about some areas that caused them distress (Chambers 2000). However, we could not be sure that ageism, a key sub-theme, had not been influential in the actual process of research incorporated in the review, as much as being an aspect of its focus and findings. As one study reminded, younger researchers may still work with an 'us' and 'them' mentality, while little empirical work yet addresses how mid-life women feel about and deal with their own ageing (Bernard and Harding Davies 2000). Yet, despite the aforementioned caveats, over a hundred entries were made by the research team concerning primary research about the situation of older women in the UK.

2.2 Official statistics under analysis

The overwhelming majority of statistical data subject to gerontological 'secondary analysis' in the UK are sponsored via the government and collected and managed by the Office of National Statistics (ONS)² (Victor 2003). Official UK government statistics are collated along various lines: locally; regionally; according to the constituent countries (Wales, Scotland, Northern Ireland and England); a combination of two or more of these countries; and at UK level. Wherever possible, this review of official statistics on the life situation of older women focused upon available data on the UK as a whole. This was for two key reasons; first, the UK-based statistics provide the primary port of call for national data on the life situation of older women for academics, government and the public. Second, the regional and national statistics frequently come from the same data sources but are broken down geographically. Ideally, we would have covered all sources of data separately but the time / resource constraints of the project prevented this. However, the review necessarily includes surveys that were not government-sponsored, of comprehensive UK coverage and / or routinely available. There was not inconsiderable variation in scope of coverage across all data sets, which is captured in the summary of the survey sources used in the review (see overleaf).

The primary search strategy was to identify the key sources of statistical information via the Internet. The Internet was the principle route since the trend in the UK is towards making publicly accessible and downloadable documents available electronically. The web-based

2 The annually updated Guide to Official Statistics gives full details of all statistical material produced by the government and is available on the ONS website www.statistics.gov.uk.

search strategy focused on the two main sources for official statistics in the UK: The ONS website and the Executive / Government Departments' websites – the ONS site being the central site for official UK statistics.

However, following a thorough review of this site, a search of departmental websites was also conducted to identify anything not included within the ONS site. A further search was conducted on websites with government links but not strictly departmental in focus. This included research sites for organisations such as the Institute for Policy Studies and The National Centre for Social Research, which undertakes research for government departments. Finally, an Internet search using the engine *Google* was performed to help check that all relevant data sources had been identified. Secondary searches were conducted using library-based resources such as government reports and journals. A range of university-linked applications such as the library catalogue and the Web of Knowledge database platform were also included and these led to some new data sources being identified.

Data from the surveys overleaf are also presented in a range of ONS documents including the annually up-dated *Social Trends*, *Social Focus on ...* and, more recently, the online *Focus On ...* series, which all provide a selection of statistical data on a range of topics. Duplication of data is not uncommon. Secondary publications were also reviewed as they contained data from a range of sources that were not found elsewhere, such as data from job centres. Two notable government publications brought together statistics from a variety of sources to paint a picture of the lives of older people (categorised as aged 50 and over). The first was the seventh edition of the ONS *Social Focus* series that was on *Older People* (Matheson and Summerfield 1999). The second was the most recent issue of *Social Trends* (Summerfield and Babb 2004) that featured an article on the impact of ageing on older people today through which gender differences provided a running thread (Arber and Ginn 2004). Additional useful sources were the two latest independent studies of people aged 65 and over carried out on behalf of the Department of Health as part of the 1998 and 2001 General Household Surveys (Bridgwood 2000; and Walker et al. 2003) and the recent Department for Work and Pensions (DWP) / ONS online *Focus On Older People* (2004). It should be noted that many of the major national surveys contained data relevant to more than one of the MERI themes.

Title of Survey	Frequency	Sampling Frame	Type of Respondent	Coverage	Most recent survey inc. in review	Effective Sample Size	Response Rate
British Crime Survey (BCS)	Continuous	Postcode Address File	Adult aged 16+ in household	EW	2002-03	37,395 interviews	74
British Election Study (BES)	After each gen. election	Postcode Address File	Adult aged 18+ in household	GB	1997	3,615	62
British Household Panel Survey (BHPS)	Annual	Postal Addresses	All adults in household	GB ³	1995 1999	5,033 households 1,392 individuals aged 65-	91 4 59
British Social Attitudes Survey (BSAS)	Annual	Postcode Address File	One adult per household	GB	1999	3,143 addresses	58
Census of Population	Decennial	Detailed local	Adult in household	UK	2001	Full count	
Citizenship Survey	Biennial	Postcode Address File (main sample), focussed enumeration & screening of addresses (minority ethnic booster sample)	Adult aged 16+ in household	EW	2001	10,015 individuals. 5,460 minority ethnic booster sample	68
English House Condition Survey (EHCS)	Quinquennial	Postcode Address File	Any one householder	E	1996	26,000 addresses	61
English Longitudinal Study of Ageing (ELSA)	Biennial	Postal Address drawn from the HSE	Adults born on or before 29 Feb 1952. Same sample is followed & interviewed	E	2002	12,100	67 ⁴
Expenditure and Food Survey (EFS)	Annual	Postcode Address File	All adults in household (diary for children aged 7-15)	UK	2002-03	GB: 6,324 households NI: 585 households	58 56
Family and Working Lives Survey (FWLS)	One-off	Postcode Address File	One adult per household	GB	1994-95	9,139 individuals. 2,098 minority ethnic booster sample	54
Family Resources Survey (FRS)	Continuous	Postcode Address File	All adults in household	GB ⁵	2001-02	25,320 households	66
(GHS) General Household Survey	Continuous	Postcode Address File	All adults aged 16+ in household	GB	2002	8,989 households	74

3 11th wave of BHPS includes first wave of NIHPS (Northern Ireland Panel Study) & 2nd wave of Scottish and Welsh booster samples – Living in Scotland, Living in Wales.

4 Response rate is for sample (11,392) recruited from households inc. 204 partial & 158 proxy interviews. Final total of 12,100 inc. 636 partners <50 & 72 new partners.

5 Households in Northern Ireland have been included from the 2002-03 survey.

Title of Survey	Frequency	Sampling Frame	Type of Respondent	Coverage	Most recent survey inc. in review	Effective Sample Size	Response Rate
Labour Force Survey (LFS)	Continuous	Postcode Address File	All adults in household	UK	2004	56,000 households	
Longitudinal Study	Continuous	Population	All persons	EW	1991	1% ⁶	
National Adult Learning Survey (NALS)	Triennial	Postcode Address File	Up to two adults per household	EW		5,653 individuals	75
National Readership Survey (NRS)	Continuous	Postcode Address File	Adults aged 15 and over	GB	1997-98	38,000 individuals	61
National Survey of Sexual Attitudes and Lifestyles (Natsal)	Ad hoc ⁷	Postcode Address File	One adult per household	GB	1990-91	18,876 individuals	63
National Survey of Volunteering (NSV)	Ad hoc	Postcode Address File	Adults aged 18 and over	UK	1997	3,276 individuals	51
National Travel Survey (NTS)	Continuous	Postcode Address File	Household	GB	1997	≈ 4,500 households per year ⁸	73 ⁹
New Earnings Survey	Annual	Inland Revenue lists: employees of PAYE-as-you-earn income tax (90%) & employees of large orgs (10%)	Individual employee	UK	2003	1% sample	
Omnibus Survey	Continuous	Postcode Address File	One adult per household	GB	2004	1,800 individuals (average)	66 (av.)
UK 2000 Time Use Survey	One-off	Postcode Address File (GB) Value & Land Agencies List (NI)	Household and all individuals in household	UK	2000	6,500 households inc. 11,700 individuals - questionnaire - diary	61 81 73

3. Overview of findings concerning the living conditions of older women in the United Kingdom

3.1 Health, functional ability and services

This was by far the largest area within our empirical research findings. Reasons for this dominance may extend far beyond those associated with the search strategy employed. (Although the practice of ‘salami slicing’ research into a number of different articles appeared

6 The original sample size for the Longitudinal Study was over 500,000.

7 A second Natsal was run in 1999-2001 but the cut-off age was 44 years.

8 Basic sample only.

9 Response for the period January 1995 to January 1998.

more apparent within this field). Research funding sources and government priorities are key influences on the nature and focus of research undertaken within the UK. The incumbent UK governments' shared priorities of improving their nations' health, combined with edicts from professional regulatory bodies requiring health care professionals to ensure their practice is 'evidence-based', and a concomitant increase in health-related litigation, have all contributed to such an exponential growth in UK health-related research.

The dominance of this theme was demonstrated by the fact that over 50% of all database entries related to health. However, within this broad area there was also an apparent hegemony of positivist research, with a significant number of studies using data from large national datasets. Again the reasons for this can be explained in terms of the prevailing ideology of evidence-based medicine, which has the randomised controlled trial as its 'gold standard'. However, it was perhaps surprising that despite the political protestations that people should become active and equal partners in their own health care management, the development of more qualitative approaches to exploring older women's individual experiences of their health and well-being, was reported far less frequently. Other noticeable gaps included a dearth of research about older women from minority ethnic groups, older women with mental health problems such as dementia or depression, and older women living in institutional care. These are the 'invisible' women within UK health research.

In terms of associated health statistics (often one of the drivers of empirical research funding streams), detailed data are issued separately by the health departments of the four countries, although the Department of Health for England will occasionally produce information that combines England and Wales, e.g. general and personal medical services statistics. A significant proportion of health data come direct from health care agencies in the form of returns required by national departments. Due to national variations in required information and defining criteria, it is not always possible to compile a complete UK profile of information on a particular health topic. The ONS's key health publication, *United Kingdom Health Statistics* (Pearce and Goldblatt 2001), is an acknowledgement of the need for comparable UK health data. This report, first published in 2001, covers a range of health indicators such as regarding morbidity, mortality, and epidemiology, although much is not age-banded or gendered. An updated edition of UKHS is due in 2005 and ONS has said it will take account of suggestions regarding content and style for this next edition (Kennedy 2004).

Less medically focused health data are available from reports emanating from the GHS. One such report, *People Aged 65 and Over* (Bridgwood 2000; Walker et al. 2003), evidently focuses on older age groups (within Great Britain rather than the UK), whereas UKHS uses nationality rather than age as its key variable in reporting data, with a notable absence within both of classification according to ethnicity. However, one advantage of UKHS is the similarity of some of the tables to those found within the European Report *The State of Health of the European Union. Narrowing the Health Gap* (European Communities 2003). Nevertheless, the caveat of potential different data collection procedures existing between the UK and other EU countries must still be emphasised. Further care should also be taken if drawing conclusions between UK countries from survey data, due to associated large sampling errors (Department for Work and Pensions and ONS, 2004).

In terms of general health the topics for empirical research ranged from the accuracy of self-reported weight in older women, to various measures including quality of life, body sway and muscle strength. Most studies had older women as the population for study, rather than drawing out implications for older women from a broader starting point. What was interesting about the range of papers was the type of areas that necessitated qualitative approaches due to a lack of theory to test empirically. These were namely a study of older women from minority ethnic groups, and one regarding older women with intellectual disabilities. Such groups of older women were also noticeably absent from official statistics with the standard classifications being according to country, age and gender, with additional bandings of housing type or year. General health statistics concerning self-reported health are presented differently in both UKHS (Pearce and Goldblatt 2001) and the GHS reports (Bridgwood 2000;

Walker et al. 2003), despite being derived from the same survey data. However UKHS applies country bandings, as opposed to age and gender bandings applied by Bridgwood and Walker et al.

Physical disorders / disabilities was the area with the most studies. Musculoskeletal problems were the dominant topics investigated, although many other studies tested the degree of measurable physical decline with increasing chronology. Processes of individual adjustment juxtaposed notions of mass decline and impairment. However this pathological focus confirming correlations between longevity and physical decline contrasted with those few studies looking at the expressed experiences of older women in adjusting to physical disorders. The implications for health care practice are a need to be aware of likely physical consequences for older women in particular situations, and also to recognise that physical decline does not necessarily mean an associated emotional decline.

In terms of statistics the emphasis is on diagnosable disorders, although not always disaggregated in terms of gender (e.g. selected communicable diseases) or age (e.g. sexually transmitted infections). However, some diagnoses are aggregated to provide data about 'chronic sickness'; and acute illness is described according to the average number of restricted activity days per person per year, rather than by the nature of the sickness (Walker et al. 2003). Ischaemic heart disease is an example of a political priority of all UK nations and the prevalence data provided are structured both by gender and age. However, the different data sources mean that information for England and Wales cannot be directly compared with that of Scotland (no data from Northern Ireland are included); hence no UK data are available.

Detailed disability information is only available for those over the age of 65 in the GHS reports (Bridgwood 2000 and Walker et al. 2003). Although dependent on the model of disability subscribed to, difficulty with eyesight, hearing, mobility, self-care and domestic tasks are reported for Great Britain. Mobility is further described in terms of whether a range of particular tasks cannot be undertaken at all, whether the person can usually manage the task with help, and the use of mobility aids. Self-care and domestic tasks however, are described in terms of an outright inability to manage particular tasks on ones own, and the usual source of help for those unable to undertake such tasks. An interesting additional category has been added to the list of self-care tasks reported (Walker et al. 2003: tables 35-36), in the form of 'taking medicines'. This possibly reflects the move towards greater consumer involvement within medicines management (Department of Health 2001a, p. 20). Similarly the list of domestic tasks has increased to include 'do practical activities' (Walker et al. 2003: tables 37-39). Such activities include gardening, decorating or household repairs, reflecting the broad range of tasks making up domestic life, yet usually fall outside the realms of UK statutory care provision.

The emphasis on functionality was also the most striking feature within the sub-theme of mental disorder and disabilities. There was a dominance of studies related to more functional mental health problems, such as anxiety, as compared with the dominance of facilities tailored towards people with organic problems, such as dementias, in service provision for older people. One study did directly explore the perspectives of older women with dementia about the services experienced, yet with the key finding that many gaps existed in research concerning people with a dementia (Proctor 2001). Other noticeable absences comprised detailed research about older women from minority ethnic groups (in light of the high rates of Black people generally who are forcibly detained under mental health legislation), and research about suicide in older people despite increasing suicide mortality rates in those over fifty.

Within UKHS, suicide data are included only as a broad cause of death and not as a proxy indicator of mental health. Here the gendered older category is 65 and over. This lack of specific information about suicide may be due to different legal systems throughout the UK and associated procedures for determining a Coroner / Procurator Fiscal verdict in such

cases, despite shared usage of WHO ICD-9 codings. The only mental health issues illustrated in UKHS in terms of gender and age are 'treated depression' (England and Wales) and 'treated depression or anxiety' (Scotland) (Pearce and Goldblatt 2001). Evidently, this is one area where UK data as a whole are lacking. Within the GHS reports 'mental disorders' is one of eleven categories of chronic illness mentioned (Walker et al. 2003). However, the data for this particular category of illness are presented in non-gendered age bandings.

The emphasis on illness rather than wellness was also present within empirical research about medical treatment and health care. Although some studies mentioned curative issues as an aside to the main focus, no studies focussed specifically on curative treatment for older women. For example, a study about attitudes towards breast examinations recommended that training and attitudes needed to change in order for older women to receive a diagnosis and subsequently access curative treatment (Haigney et al. 1997).

Statistics about cure are not presented on a UK basis, although health and social care services are described. Whilst some of these services might not be considered curative in nature, they are all interventions provided within the three British Health Departments following the Single Assessment Process (England), Unified Assessment (Wales), or Single Shared Assessment (Scotland) for older people. The 'services' are a mixture of health and social care professionals (e.g. District Nurse), locations of care (e.g. day centre), type of care provider (e.g. voluntary organisation) and actual service (e.g. meals-on-wheels) (Walker et al. 2003). By the inclusion of both health and social services in these GB statistics, there is recognition of the interconnectedness of both areas, despite the fragmentation that is often apparent in the structure and delivery of such services within mainland Britain (Northern Ireland has an integrated Department of Health, Social Services and Public Safety).

In contrast to the more 'medicalised' content of the other sub-themes, studies related to care at home were characterised by qualitative approaches. Attitudes of female nurses to their own ageing were explored, along with experiences of older women carers, and older women receiving care. The importance of good communication, both as a research finding and as part of the research process, was often stressed, alongside more technical caring skills. For example, one study emphasised the benefits of intergenerational communication (Armstrong and McKechnie 2003). Another reported on the benefits of a biographical approach to research involving older women with dementia, whereby the data was communication between mother and daughter (the care dyad) and the discourse analysis undertaken focused more on the interplay of this communication, rather than two separate stories (Forbat 2003). Whilst experiences of both lay and professional (nursing) care had previously been identified, this was the first time that a comprehensive and insightful exploration of experiences of domestic care had been found.

Statistics about care at home, such as data pertaining to care provided by community nursing services within the National Health Service, are not included within Pearce and Goldblatt's UKHS report (2001). However, the GHS reports do provide data on sources of help with mobility, self-care and domestic tasks, and on use of health and social services, which include care at home.

Findings on carers are discussed in detail in section 3.3. GHS data for 2000 (Maher and Green 2002) show that, in general, there are more female carers (61%) than male (39%). In addition 41% of all carers care for a parent / parent-in-law, and two-thirds care for females (tables 3.4-3.6, pp. 11-13). It can therefore be deduced that daughters and daughters-in-law are an important source of support and care for older women. Importantly, no analyses detail care activities among older people from minority ethnic groups, despite assumptions that such groups 'look after their own' (Social Services Inspectorate 1998).

Institutional care statistics are similarly limited. Hospital and residential care activity is mapped in various ways in UKHS, such as by waiting times or places available in residential care, but only at gross level – no age or gendered information is provided (Pearce and Goldblatt 2001). It is noted within the supplementary reports (Bridgwood 2000; Walker et al. 2003)

that the GHS survey covers private households only therefore not including information about people living in care homes or institutions. The same invisibility also applies to empirical studies: none had institutional care as the prime focus, despite growing numbers of people entering long-term care facilities in the UK. Emphasis was placed however on the need for staff working in such areas to be able to empower the older women in their care, perhaps through encouraging intergenerational communication, or understanding our own attitudes towards ageing. Latent to these studies though were expressions of concern from both professionals and older women about preventing the prospect of entering long term care.

The concept of prevention was explored further within the area of healthy lifestyles, self-care and prevention. Despite the health promotion priority areas identified by the Department of Health and Scottish Executive, such as coronary heart disease, mental health, accidents, etc., it was breast cancer screening that dominated the studies relating to this sub-theme. Whilst breast screening is relevant to women of all ages, it is disappointing that other areas targeted for action (and therefore research monies) such as coronary heart disease, did not appear to have older women as specific inclusion criteria. However, what was encouraging from the majority of breast cancer studies was the recommendation to extend that particular screening programme to all older women. Cervical and breast cancer screening rates are provided within UK statistics, but the 10-year bands from age 25 and 50 respectively, finish at age 64 (Pearce and Goldblatt 2001). Interestingly it is not only regarding cancer screening that younger concerns are greatest. Women's use of contraception in UKHS only covers 16-49 year olds and men's use is omitted altogether.

Lifestyle statistics such as smoking and alcohol consumption are examined within the more recent GHS report (Walker et al. 2003: tables 26-28) – essential if prevention strategies are to be appropriately targeted. Issues of physical activity and drug use in older people are not described though, even though these factors are key determinants of health throughout the age span, with substance misuse in older people becoming increasingly significant (cf. Phillips and Katz 2001).

There is lack of statistical information about stereotypical younger concerns. Nevertheless, a number of empirical studies looked at body image, body size and weight anxiety meanings for older women. These studies illustrated the continued importance of body size to the sexuality and identity of older women, with participants aged up to ninety years. The importance of a 'thin ideal' size was discussed, whilst one particular study reported on the prevalence of current weight anxiety in half the women involved (Bennett and Stevens 1996).

Despite the positive outlook for publicly accessible comparable health statistics, there are still key issues that need addressing, in terms of relevance to older women within the UK. The customary use of 65 as a cut-off point for age bandings, whilst reflecting the set up and focus of many UK health services, hides much of the varied experiences of older women beneath a generic veneer of 'older people's services', or worse 'geriatrics'. (That is if a banding of 65+ is used at all). Due to the dominance of biological imperatives within healthcare, it is not surprising that gendered statistics are the norm, rather than the exception. However, classifications based on ethnicity are far less often provided, despite political realisation that ethnicity is a key determinant of health inequality (DoH 1998).

It is the subject focus of the data available within UKHS that is perhaps of most concern though. Whilst limited information on demographic and socio-economic background is included, 'health status' is consistently characterised by mortality, disease and disability. Few positive measures of health are included, such as quality of life measures, although use of such measures should be used with caution when working with people who are cognitively impaired (cf. Riemsma et al. 2001). Bridgwood (2000) and Walker et al. (2003) present self-reported health data but only on a 3-point scale of 'good', 'fairly good' and 'not good'. Figures in relation to government health targets are presented yet there is a notable absence of conditions or health factors that tend to affect older people more than the rest of the population, whether male, female or transgender. For example, the National Service Framework for

Older People (Department of Health 2001b) highlights falls and dementia as two important areas for policy and practice development, yet information on these is not currently available at this comparative UK level.

3.2 Education

The searches for empirical studies on older women and education revealed very few studies on this theme. A small number of more general studies on older women and education were identified but very little research was found on older women in the other fields of professional and vocational training and life-long-learning. Given the dearth of empirical studies about educational issues, it is perhaps of little surprise that, outside of government figures on compulsory education, there are very few statistics about education in the UK. Official statistics in this field concentrate upon formal education taking place in public sector institutions and rarely reach beyond the working age population. The data that do exist are further limited by the grouping together of age categories. In particular there is a tendency to group everyone aged over 30 years in a single category, or to group 19-59 year olds with no analysis of subgroups within this vast age range. There is also a lack of available statistics on social divisions and subgroups of older people: for example, no statistics were available on older women from different minority ethnic groups and gender differentiation was not always presented.

The main conclusion to be derived from the small number of empirical studies uncovered therefore is that education and attitudes to life long learning of older women are highly under-researched areas. This reflects the focus of existing educational research on more formal levels of education and work-based training which tend to exclude older women. Similar patterns are identifiable in official statistics on this theme. One empirical study of older women's attitudes to ageing suggested that there was a growing willingness to accept later life as a time of continued development but people needed some persuasion (Marshall 2000). Whereas older women's willingness to engage in education may be on the increase, another study on the learning motivations and experiences of women aged fifty and over claimed that the majority of older women do not want to enter higher education and that universities could be more welcoming to those few who do become undergraduates. This would seem to be especially valuable since the majority of women aged fifty and over studying as undergraduates reported that obtaining a degree confirmed their sense of well-being (Trevelyn-Jones and Piette 2001).

Despite the limitations of official statistics about education some interesting findings on older women emerged. For example, estimates from the 2003 Labour Force Survey (reported by the Women and Equality Unit 2003b) show that 29% of women aged 50-59/64 years have no qualifications. This compares with 21% of men of the same age. The figures are much higher than for younger age groups of women. For example, only 10% of women aged 25-34 years reported having no qualifications. Figures concerning the highest qualification and the literacy of older adults also confirm the trend that older women possess lower formal education levels than their male counterparts and significantly lower levels than younger women (see for example, Matheson and Babb 2002: 64).

Two key sources were identified for the data on further and higher (university-based) education, namely the ONS's *Abstracts of Statistics* and *Social Trends*. While information on many aspects of higher and further education was not available, statistics about students in further and higher education by country, mode of study, gender and (to a limited degree) age, are available. However, despite there being nearly 130,000 women aged 30 plus in full-time further education in the UK (25% of all women in full-time further education), and nearly 2,000,000 in part-time further education (50% of all women in part-time further education), there is no available breakdown of these numbers according to subgroups within the 30+ population (Penny 2004, 69-71). Therefore it is not possible to tell how many women aged 50+ are in full and part-time education, nor is one able to understand why they have chosen

to return to formal education, nor what subjects they are studying. Similar problems exist in relation to statistics about higher education.

Few sources of official statistics about professional training were identified and there is a marked shortfall in the coverage of official data in this area. Searches did, however, find sources of data concerning employees receiving job-related training by age and gender. These figures suggest that the likelihood of taking up training declines with age, though more women than men are receiving training at all ages, with the exception of 16-17 year olds (Summerfield and Babb 2004: 48). Figures are also available about encouragement to learn more job-related skills by gender and age, but for England only. The level of encouragement varies by age and gender: on average those aged 50-54, whether they male or female, receive the most encouragement. The level of encouragement begins to tail off after 54 years old but more rapidly for men than women. Further divisions can be identified based on part-time / full-time worker status. This is due to the particular concentration of older women in part-time employment (Humphrey et al. 2003: 41).

The situation is much the same for vocational training and lifelong learning, which once again reflects the bias towards formal education and a focus on the 'economically active' population. However, some statistics are available concerning enrolment on adult education courses by age, attendance and gender in England and Wales, which identifies that women of all ages are more likely to enrol on courses than men (Summerfield and Babb 2004: 49).

3.3 Work

Very few empirical studies focused on the paid and unpaid work of older women in Britain and only one example was identified which examined the interaction of gender, ethnicity and age (Peggs 1995). While there was one study that showed that older women carry much of the burden of unpaid care work post-retirement, the number of studies and range of issues covered remain quite limited (Skucha and Bernard 2000). Consequently, a knowledge gap can be identified regarding the nature, extent and implications of older women's participation in paid employment. Labour market studies tend to focus upon those still employed; very few studies gathered retrospective perspectives on older women's experiences of paid work and the interaction of work and care. Some of this data may well be found in life story approaches to research with older women but was not identified by specific searches for research about older women in the gender and work literature.

In addition, when compared to the wealth of literature available on younger women's paid work, very few studies looked directly at the labour market participation of older women. The lack of focus on older women can in part be explained by the tendency within labour market research to concentrate upon either a particular occupational sector or a type of employment. Analyses tended to pay little attention to differences of age compared to those of gender and to the division between part-time and full-time work. Ethnicity was also under-examined in this area. Importantly, research on gender and work needs to take account of age-related discrimination and its interaction with gender and ethnicity if it is to become more inclusive of the complexity of patterns of discrimination at work. Several empirical knowledge gaps were identified: more research is needed on older women's exist from the labour market; on their unpaid work in the family; and in social networks.

Nevertheless, a small number of empirical studies about labour market participation have been identified that focus specifically on older women. These tended to be concentrated in the employment sector of education and have generally concluded that older women's patterns of career development are closely related to patterns of unpaid care obligations (Ledwith and Manfredi 2000; Maguire 1995). Some studies were also identified under the themes of working areas, conditions and attitudes towards older workers. This research tended to examine the experiences of younger women and those studies that did examine older female workers were focused on broad 40+ age groups. Consequently, findings relating to groups of

women who would not be defined in gerontology as older women (i.e. those under the age of 50 years) were subsumed within the results. The central focus of many of these studies was the relationship between labour market participation, unpaid care in the family and conditions and access to pensions in later life. These studies generally concluded that a relationship was identified between work history, unpaid work in the household and career progression. Many women had to slot their careers around those of their husbands or, in some cases, had to make a choice between career and family. Inequalities in access and entitlement to pension income were linked to career breaks and participation in part-time work and in certain occupational sectors (Ledwith and Manfredi 2000). Results drawn from research interviews with 45 women aged 40-59 showed that most wanted an independent pension income but many could not afford, or were ineligible for their desired schemes (Ginn and Arber 1996). All of these factors relate to the gendered distribution of unpaid care work in the family.

As would be expected, the search for official government statistics revealed a wide range of sources on paid work. Many long-running, large-scale surveys exist that cover multiple aspects of work participation, including rates, types of activity and treatment and conditions within paid employment in the UK. The main sources are the Census, General Household Survey, New Earnings Survey, and the quarterly Labour Force Survey. Official statistics are available on labour market participation, including rates of employment; economic activity; socio-economic classification; types of employment; and partners' employment. These figures tend to be broken down by age, gender, and industrial sector, and only in the 2001 Census by age, gender and ethnic group. Employment figures in the UK disaggregated by age and gender are categorised in units of 10 years (women from 50-59 and 60+ bands, but men from 50-64 and 65+). These figures show that women's participation in employment during the ages of 50-59 has increased in the UK. In 1995 60.3% were in work (nearly 2 million) and by 2003 this figure had increased to 67.1% (nearly 2.5 million). This increase is a result of both labour market growth and demographic trends. A similar growth has taken place in the 60+ age category – from 7.7% in 1995 to 9% in 2003. Men's labour market participation is considerably higher than women's for ages 50-65 but lower for 65+ (Penny 2004).

The 2001 Census provides the only comprehensive source of employment figures by gender, age, ethnicity and type of participation (including full-time/part-time, self-employed, unemployment, student, looking after home or family, and disability). This is an very important comparison but it fails to provide the detailed data needed about age because the age groups are too large – 16-24 and 25-74. The Census also covers gender and industry by age. This age breakdown is much more sensitive, banding ages according to 50-54 up to 70-74. As would be expected, the number of women in employment declines as these age groups progress. The types of industries in which women are concentrated remain the same across the age groups. The three industries where the largest numbers of older women can be found are: wholesale and retail; education and health; and social work (ONS2003a: 74-75).

Figures on full and part-time employment, show that there is little variation by age in the percentage of women working part and full-time, although women aged over 50 are evenly split between full and part-time work. The distinction is greater for men, with 90% of men aged over 50 working full-time and only 10% working part-time (Dench et al. 2002: 47). Unsurprisingly then, older women are more likely to work part-time than men, largely because women are more likely to be found in part-time work than men at any age. These figures indicate differences in income, treatment and conditions across a working lifetime between older women and men, which could have profound effects on quality of life. Figures are also available on socio-economic classification based on own current or last job by age and gender. These figures show that older women are less likely to be found in the higher professional and managerial classifications (Walker et al. 2002: 70). Apart from the census data (which are not broken down sensitively enough according to age groups to be useful to gerontology), very little exists on participation in and distribution of unpaid work.

Official government data exist on working conditions and attitudes towards older workers. These data range from hours distribution and earnings, to social attitudes, to flexible work and employment rights. The main sources for these figures are the New Earnings Survey and the Equal Opportunities Commission report on *Parents in the Workplace* (2001). Figures on distribution of hours show, for example, that women over 50 work slightly less hours than men in that age band (ONS 2003d: F5.1/2). Figures on earnings reflect the inequalities of income between men and women, and full and part-time rates of pay. For example, gaps in income levels exist between men and women at all age groups; with men's average weekly wage peaking between ages of 40 and 49 and women's between 30-39. However, the wage decline for women over 60 seems much less marked than that for men (ONS 2003d: F7.1/2 and F8.1/2). The key limitations of the available data are that very few surveys investigate treatment and conditions at work and attitudes towards older workers beyond the issue of earnings.

A wealth of government statistics exists on the important issue of exit from the labour market. Themes include unemployment, economic inactivity and retirement. The main sources were ONS abstracts; Labour Forces Survey; National Centre for Social Research; IFS; and DWP. Unemployment statistics can take various forms – unemployment, claimant count and economically inactive. Figures on unemployment by age and gender in the UK show that the proportion of men and women aged 50+ in unemployment (as a proportion of all economically active) has dropped significantly since 1994 (Penny 2004: 94). Figures on the claimant count show that the number of women aged 50+ claiming benefits has halved from 81.5 thousand in 1996 to 40.4 thousand in 2002. A similar reduction has occurred for men aged 50+ (Penny 2004: 93). This is due to a combination of structural changes within the labour market and benefits reforms that have changed entitlement to benefits and opportunities to claim in-work benefits.

Figures on the rates of economic inactivity amongst women by ethnic origin and age are also available. Women over 50 are more likely to be economically inactive than younger women for all ethnic groups, except for the classification of 'all others'. Pakistani and Bangladeshi women in this age group have significantly higher rates of inactivity than other women - over 90% of women in this category are inactive. White and black Caribbean women are the least likely to be inactive with just over 30% of women over 50 classed as economically inactive (Moss and Arrowsmith 2002: p. 9). These differences relate to a combination of public and private structures of gender, age and ethnicity.

The UK 2000 Time Use Survey, reported in *Social Trends* (Summerfield and Babb 2004: Table 13.2, p. 196), collected data on unpaid work in the household. Although differences decreased with age, it shows that older women spend more time on tasks than older men. Both the Census and the GHS ask people about unpaid caring activities. The Census (2001) shows that people in their fifties are the group most likely to be providing unpaid care (21% so doing) and, among those aged 50 to 64, a greater proportion of women than men provide unpaid care. However, for the older age groups (5% of those aged 85 and over provide some form of unpaid care) men are more likely than women to be providing care, which is typically co-resident in nature. One in four carers over the age of 50 (24%) spends 50 hours or more a week caring (Summerfield and Babb 2004: Table 8.3, 121).

A wider range of information is provided through analysis of GHS data on the extent and nature of care giving in Britain, which have been collected at five-yearly intervals since 1985. The most recent ONS-backed report (Maher and Green 2002) confirms established trends. For example, the data show that of all carers, the majority are women (58%). Women aged 45 to 64 comprise the largest percentage of adults who are carers (27% compared with 19% of men in the same age group) (Table 2.1, 6). A slightly higher percentage of men aged 65 and over are carers (18% compared with 15% of women) but this is partly the result of a relatively high proportion of very old women in the age-group who are likely to be the recipients rather than the providers of care (Maher and Green 2002: 4).

The recently established English Longitudinal Study of Ageing (ELSA) is a welcome addition to the above sources of data on caring. It has provided figures which show women, across all age groups, to be more likely than men to look after children or grandchildren, with the prevalence of such care peaking at ages 60-64 (11% for women; 5.4% for men) (Hyde and Janevic 2003: Figures 5.1 and 5.2, pp. 169-170, and Table 5A.1, 180). Crucially, no published analyses were found which looked at care activities among older women and men from minority ethnic groups. Also of concern was the lack of apparent data concerning older women's unpaid work in social networks.

3.4 Material situation

On the whole, searches found very few studies that focused on older women. This could have been due to the predominance of large-scale dataset analysis of the income of the British population which tends not to examine older women as a subgroup of this population. Furthermore, the ongoing assessment of income by household may also have been a contributing factor. Again very few studies focused on the interaction of gender, ethnicity and age: only 1 study was identified (Ginn and Arber 2001).

In the UK, there is no official yardstick for measuring low income or poverty. Two broad approaches are generally used in research. The first measure is the 'objective' yardstick of 'absolute poverty' incorporating all those whose income levels are inadequate to meet their basic needs. This approach often uses income support levels (cf. People of 65 and over receiving income support by marital status, socio-economic group and age; Arber and Ginn 2004: Table A.9, 9). Previously the government-set 'Minimum Income Guarantee' (now the Pension Credit scheme) for those aged 60 and over, as a guideline. In contrast, 'relative poverty' regards poor people as those living below a generally accepted standard of living as determined by the culture and norms in a specific society at a particular time. Some statistics, for example, incorporate those with incomes of less than 60% of the national average income in the category of poor (cf. Incomes of pensioners as a percentage of incomes of non-pensioners – selected countries; Arber and Ginn 2004: Table A.8, 8).

Gendered empirical studies that examined income and social protection systems typically focused on either the experiences of younger women or older/younger unemployed men. Searches identified a small number of studies that examined the pension incomes of older women and reflected upon the inadequacy of the current system of social protection (cf. Ginn and Arber 1995, 1999; Gough 2001; Peggs 1995). The majority of studies were concerned directly with the issue of pensions and this research tended to be dominated by quantitative research methods. A slight drawback of these studies was that research was focused on quantitative studies of younger women that were used to project the pensions situation of these groups of women when they reach retirement. However, some studies in the review did draw upon survey data on the pensions income of older women currently in retirement.

The general findings of these studies were that income from non-state and state pensions was closely related to employment patterns, occupational sectors and types of work (ibid.). A key finding was that women who worked part-time were disadvantaged compared to those who worked full-time. Furthermore, full-time working women experienced disadvantaged access to pensions compared with full-time working men and, once older women's longevity was taken into account, this led to the persistence of poverty in older age. One study focused upon the interaction of gender, age and ethnicity with pension prospects. This study suggested that ethnic minority groups, and especially women from these groups, would be disproportionately dependent on means-tested benefits in later life due to the combined effects of low private pension coverage and the shifting of pension systems towards the private sector (Ginn and Arber 2001).

Overall, these studies showed that older women were more likely to experience poverty in older age due to the unequal division of unpaid work, gendered employment structures and

the current structure of state and private pension systems. The studies shared common ground with gender and welfare state research, arguing that social protection systems had been designed around the structure of the long-serving male breadwinner model that was completely out of step with the more mobile and flexible female patterns of employment. The failing of the welfare state was putting women at greater risk of poverty in older age, with this risk increasing for most groups of ethnic minority older women (Gough 2001). Research gaps pointed to the general need for more studies examining the income and material status of older women. Urgently needed are specific studies on consumption of goods and services, housing conditions and equipment, and the financial support given to family members.

The Family Resources Survey (FRS) and the General Household Survey collect official statistics on levels of income. Although the overall proportion of pensioners in poverty has fallen recently, general trends show a growing polarity in older people's incomes and a corresponding gulf between the poorest and richest pensioners (Arber and Ginn 2004). Given the reliance of older people on pension income, this trend is partially attributable to the declining value of the basic state pension relative to national earnings and the corresponding rising value of private occupational pensions. The trend has notable implications for older women. The government's Women and Equality Unit, in association with the Department for Transport and Industry, publishes an Individual Income series that provides estimates of the individual income of men and women in Great Britain and changes in income over time. These provide a means of comparing the income received by women of all ages with that received by men of all ages (Women and Equality Unit/DTI 2003a).

Findings show, amongst other things, that in terms of family type (Women and Equality Unit/DTI 2003a, Table 1.1, 8), median income measures are lowest for women in pensioner couples (i.e. couples where the head of the family unit is of state pension age). Eighty-five per cent of women in pensioner couples are in the bottom two income quintiles, with 60% in the bottom quintile (Table 1.3, p. 16). This compares with just 5% of men in pensioner couples in the bottom income quintile (Table 1.4, 16). Sources of income are broken down into 7 categories, comprising earnings, self-employment, occupational pensions, investment, tax credits, benefit income and 'other'. The categories of most significance to men and women of retirement age are benefit income and income from occupational pensions. These are the main sources of income for single pensioners, although men are more likely to have an occupational pension than women (Women and Equality Unit/DTI 2003a). Nearly four-fifths of single pensioner women gain at least half of their total income from benefits (Table 2.3, 24) compared to just over two-thirds of men (Table 2.4, 24). Individual income and sources of income are also analysed by gender and age band, using five-year bands from age 16 to 84 and then 85 and over. In terms of quintiles, this analysis confirms the general pattern for older women to have a much lower income than older men. For women aged 60 and over, 70% or more are in the bottom two quintiles, compared with just over half of all women (Table 3.6, 38).

GHS data also record private pension and income support receipt. Due to the low level of state pensions, the presence or absence of a private pension plays an important role in determining older people's income. As a result of their lesser ability to build private pensions relative to men (mainly due to women's childrearing activities, as well as the gender gap in pay), only 43% of all older women have any private pension income compared with 71% of all men (Arber and Ginn 2004: Table A.11, 11). Older women who 'never married' or are from professional backgrounds are more likely to have such a pension than other groups of older women; 61% and 64% respectively have private pensions compared with 28% of married/cohabiting women and 34% of routine and manual women workers. This lesser ability of women to access occupational pensions has led to a widening of the gender gap in pensioners' personal incomes over time. While older women's median personal income was 71% of men's in the mid-1980s, it has declined to only 53% in 1998 (Ginn 2003, cited by Arber and Ginn 2004: 11). In terms of income support, findings from the GHS reveal that among people aged 65 and over, women are generally more likely than men to receive income support (in

their own right). Those most likely to receive it include divorced or separated women (40%), those aged 75 or more (20%) and those from unskilled occupational backgrounds (18%) (Arber and Ginn 2004: Table A.9, 9).

Data on incomes of older people from minority ethnic groups in the UK are severely limited because they tend not to be broken down by gender alongside age in the classic published analyses. Independent secondary analyses examine ethnic and gender differences in individual income among the older population (Arber and Ginn 2000). They show Asian older women to be particularly disadvantaged in terms of pension provision. However, in spite of this potentially important impact of ethnicity in the lives of older women, few data are available on the way in which ethnicity and gender intersect in older age.

Additional data on social protection systems are provided by the DWP through the FRS. The DWP has developed more detailed analyses of the key DWP benefits claimed specifically by men and women over current state pension age from its existing samples of administrative data on the UK population over state pension age, with the goal of improving the relevance of data to monitor the government's welfare reform agenda (DWP 2003). In general, secondary analysis of data shows that, while retirement pension and income support remain the primary sources of income for all older people, income received from disability and other state benefits increases with age (Summerfield and Babb 2004: Table 5.4, 72).

Official statistics on the consumption of goods and services are found in the Expenditure and Food Survey (EFS) that provides data on household expenditure covering a comprehensive range of categories. In published reports, it is typically analysed by age and by family type but rarely by age and gender combined (cf. Social Trends, DWP/ONS Focus on Older People; and GHS supplementary reports on older people, in addition to the EFS reports themselves). The category of single pensioners most often comprises women living alone (Summerfield and Babb 2004: 96). This category has been shown to have the lowest level of total weekly expenditure of all family types (Table 6.4, p. 96). Overall, expenditure declines with age (Table 6.6, p. 97). The 2002 ELSA gives details about durable ownership by age band (50-59, 60-74 and 75 and over) and gender. In general, findings show a very small gender difference in durable ownership (Janevic et al. 2003: Table 8A.9, 321). Almost everyone owns certain durables on the list, such as a television, washing machine and freezer. For example, 99.4% of women and 99% of men own a television. Where there are noticeable differences, they relate to ownership of goods such as a CD player or a computer (see section 2.2.3 for examples of statistics on computer ownership). The Census collects data on car ownership that are analysed by age and gender. The 2001 Census, reported on in Social Trends, shows not only that older women are more likely than men to lack access to a car but that car access declines more rapidly for women than for men with increasing age (Arber and Ginn 2004).

Data on housing tenure are also typically analysed by household composition. The most significant finding here, based on Census data for 2001, is that only 58% of lone pensioner households (again, typically comprising older women) are owner-occupiers; compared with 81% of pensioner households and 69% of all households (Summerfield and Babb 2004: Table 10.7, 153). The 2002 English Longitudinal Study of Ageing provides data on housing tenure that are broken down by age bands (50-59, 60-74 and 75 and over) and gender (Janevic et al. 2003). Findings confirm that more older men than older women own their accommodation and that more women than men overall rent (21% versus 18.1%) (Table 8.1, p. 306). Data on tenure by ethnic group are not typically broken down by age (Table 10.10, p. 155).

Data on housing problems and overcrowding / under-occupation are provided by the English Housing Condition Survey (EHCS) and the English Longitudinal Study of Ageing respectively. Such data, as they relate to older people, are typically reported on by age or household alone (cf. DWP/ONS 2004). Perhaps surprisingly, Matheson and Summerfield report that of those older people living alone, men are more likely to live in poor housing than women (p. 22). At all ages, older men are also more likely than older women to report adap-

tations having been made to their accommodation (Janevic et al. 2003: Table 8A.7, 321). In terms of accommodation density, isolation may be a more salient issue than overcrowding, especially for older women. For example, among those aged 75-79 and over, 26.6% of women live in accommodation with more than 3 rooms per person; compared with 15.2% of men. This is largely explained by widowhood – the fact that women tend to survive longer than men and older widowers are more likely to move in with someone else (Table 8A.3, p. 318 and 8A.1).

3.5 Social integration, participation and other social issues

Findings on social integration, participation and other social issues were drawn from a diverse range of subject-specific and subject-related sources. Amongst relevant empirical studies, there was a slight bias towards qualitative approaches. Often, where statistical data were plentiful, empirical studies were lacking and vice versa. Indeed, some reports reflected on methodological issues and the fit between different topics and methods of investigation. For example, one study highlighted the benefits of life-history accounts in helping to reveal the contribution of experience, knowledge, passions, and decisions in understanding social issues, and in distinguishing what is unique and new from what is shared and continuous in women's lives (Bornat 1993). Another argued for the need to develop culturally sensitive frameworks within which to examine different experiences of growing older (Afshar et al. 2001).

The latest statistical findings confirm the trend for older women in the UK to be much more likely to live alone than older men, especially in later life (Rickards et al. 2004). They are also more likely than men to live with children and 'others' (typically siblings or other relatives) – though the proportions so doing are in decline (Matheson and Summerfield 1999: 15) – and to be residents in 'communal establishments' – i.e. hospitals, residential homes, nursing care and managed sheltered housing (Arber and Ginn 2004: 5). Such patterns, which increase with age, are related to differences in marital status, women's longer lifespan, and their relatively higher levels of disability. From general trends it can be inferred that, compared with older White people, most women from minority ethnic groups are less likely to live alone (Matheson and Summerfield 1999: 17) and more likely to experience living in households of a higher than average size (2.32 persons) (Rickards et al. 2004: 27). The reasons here are related to financial position, cultural ideas and geographical dispersion (Matheson and Summerfield op. cit.).

In terms of marital status, the proportion of single (never-married) women aged 65 and over has declined while that of married older women has increased as has that of divorced/ separated older women (Bridgwood 2000: 25; Walker et al. 2003: Table 1). Husbands tend to be older than their wives, which is partly why (when compared with men) widowhood is of greater impact on the lives of women, especially in the older age ranges (Walker et al. *ibid.*). This may lessen in future due to recent trends in men's increased life expectancy. However, widowers are more likely to remarry than widows and, similarly, divorced men have higher remarriage rates than divorced women (Matheson and Summerfield 1999: 14). Additionally, although the overall number of people aged 65 and over who are cohabitants is small – data suggest that most people aged 55 and over favour sexual relations within marriage (Park 2000: 3) – more older men than older women are cohabiting (Arber and Ginn 2004: 5).

Against such trends, it is not surprising that a considerable proportion of older women in general may be sexually inactive, the lack of a partner being a factor for many (cf. Barlow et al. 1997), though amongst those who are active there seems little difference in sexual frequency across age groups (55-66 and 65-74) (Barlow et al. 1997). Growing attention is being given in qualitative work to sex and ageing as a socially, historically and culturally determined 'gendered issue' (cf. Gott and Hinchliff 2003). However, statistical surveys remain very limited, either being refused government sponsorship on the grounds of intrusiveness and unacceptability (Johnson et al. 1994) or, as in the case of the National Survey of Sexual Atti-

tudes and Lifestyles (Natsal), being underpinned by a implicit belief in the unimportance or irrelevance of sex in later life (Gott and Hinchliff *ibid.*). Alternatively, surveys focus on sexual health (Barlow *et al. op. cit.*) or such things as contraception use, in which case women aged 45-49 years become defined as 'older' (Rickards *et al.* 2004: 10).

Other empirical studies on older women's spousal relations highlight the impact of gender roles and expectations within the more commonly explored contexts of care-giving/ receiving and bereavement. Within long-term relationships, patterns of care may be fundamentally influenced by women's individual marriage biographies (Ray 2000) although normative expectations generally lead older women carers to experience much less autonomy compared with older men (Davidson *et al.* 2000). Post-bereavement, wider family ties, residence and multiplicity of roles are some of the continuities in women's lives helping them to cope (Chambers 2000), recognition of which helps to expand understanding beyond traditional but limited stage theory approaches to widowhood (Bennett and Bennett 2000).

Wider family are, in fact, important sources of informal support for older women. Their children and/or their children's partners – typically daughters and daughters-in-law respectively – are the most frequently identified carers for older women after spouses (Maher and Green 2002: 13-14). Indeed, their mothers' health may be an important determinant of children's proximity (Glaser and Tomassini 2000). There may be exceptions to these general patterns. For example, Japanese older women migrants have reported coming to Britain to find alternative lifestyles to the family-oriented social system in Japan (Izuhara and Shibata 2001). More common, however, is a reciprocal flow of support across generations, albeit underpinned for some groups by parental expectations (*cf.* Cylwick's 2000 study of Greek Cypriot migrants in London). A significant proportion of older women are involved in intergenerational relations through looking after children or grandchildren (Hyde and Janevic 2003: 169-170 and 180) thereby gaining a feeling 'of use' (Bamford 1994) as well as a sense of 'continuity and immortality' (Clarke and Roberts 2003). Indeed, they make conscious efforts to preserve grand/parental roles – including helping out financially and emotionally – and to be kin-keepers, contributing to the 'feminisation of the family' (Bornat 2002). In turn, older women may have an impact on granddaughters in the promotion, amongst other things, of family entity and continuity (Hyde and Gibbs 1993).

As noted in section 3.1, the importance of positive intergenerational relations and communication with older women may be recognised in training staff groups caring for older people (Armstrong and McKechnie 2003; Bernard 1998). However, while anxiety and depression may be related to relationships (Bennett *et al.* 2002), evidence suggests that childlessness impacts negatively on network strength only for married older women (in widowhood) since they tend to have self-contained, private restricted networks (Wenger *et al.* 2000). Single (never-married) women are more likely than married childless women to develop relationships with younger generations (typically nieces) in later life (Wenger 2001). On the other hand, the types of social support available through their networks leaves single older women potentially more vulnerable should they have urgent needs: for example, if ill or needing to borrow money (Coulthard *et al.* 2002: 76-77).

General patterns in wider social networks and participation across all groups, show the majority of older men and women alike to have at least one or two relatives living nearby (Coulthard *et al.* 2002: 55-56), see relatives or friends at least once a week (Walker *et al.* 2003: Table 52), and receive favours from neighbours on a fairly regular basis (Coulthard *et al.* 2002: 33-34). Just under four-fifths also say they have a hobby or passtime (Hyde and Janevic 2003: 202). However, there is notable variation in these areas, indicating the complexity of social participation. For example, compared with older men, older women have more frequent telephone contact with relatives and friends and are more likely to report having a 'satisfactory relatives network' (Coulthard *et al.* 2002: 55-56).¹⁰ On the other hand, they

10 Those who were described as having a 'satisfactory relative network' saw or spoke to relatives at least once as week and had at least one close relative who lived nearby.

talk to neighbours less often (Walker et al. 2003: Table 54) and are considerably less likely to report having good social capital, albeit with variation across classes (Janevic et al. 2003: 334)¹¹. In terms of leisure and cultural activities, more older women than men have no membership of any organisation but, at the other extreme, slightly more are members of four or more organisations (Hyde and Janevic 2003: 193). While the differences are not huge, older women are less likely than men to be members of social clubs and to read newspapers but more likely to be involved in an education, art or music group (Hyde and Janevic 2003: 202), go to the ballet and, with increasing age, to listen to the radio (Matheson and Summerfield 1999: 37-39). They are also more likely to belong to a church or other religious group than older men (Hyde and Janevic 2003: 188) and to attend a religious service (Matheson and Summerfield, 2001b: 235).

Survey findings on social involvement and ethnicity are few and rarely broken down by age and gender, but nonetheless give insight into further differences across groups with potential implications for older women. For example, findings from the new Citizenship Survey on sources of help suggest a greater potential input from members of the extended family (i.e. cousins, aunts, uncles, nieces or nephews) for adults from minority ethnic groups compared with White British-born adults (cited in Summerfield and Babb 2004: 31). On the other hand, Asian and Black adults are generally less likely than White adults to have a satisfactory friendship network (Coulthard et al. 2000: 57 and 69) or to report trusting people in their neighbourhood (p. 36). It is perhaps not surprising then that amongst older women migrants, community groups and centres play an important role in sharing language and culture, offering company and in providing a place for communal gatherings and celebrations, although most of these centres are under-funded and in competition with each other for grants (Afshar et al. 2001).

Neither is it surprising that older people from minority ethnic groups are less likely to be volunteers than older White people (Smith 1998), though national surveys tell us little else about ethnicity and volunteering patterns. Across all ages, men and women are equally likely to be volunteers and, while not the age group most likely to volunteer, older people, especially those aged 65-74 years, are increasingly participating in volunteering (Smith 1998). Amongst those older volunteers, more older women than men belong to a charitable organisation (Hyde and Janevic, 2003: 188) and volunteer in the key areas of education, heritage and social welfare (The Carnegie Report on Third Age Volunteering cited in Matheson and Summerfield 1999). The main exception is the environment, perhaps because this type of activity can involve heavy manual labour.

At the time of writing this review, results from the module on sports and leisure contained in the most recent GHS (2002) have not yet been published. However, empirical research suggests a need to move beyond simple measurement of activities. For, while older women tend to retain collective leisure and cultural identities associated with being women, older and working class, opportunities are affected by processes of gentrification, fragmentation, and diversification characterising cities in the 90s, as well as complex power relations, primarily of gender and 'race', affecting the space available to them (Scraton et al. 1998).

Social integration and participation also clearly depend on mobility and accessibility. While women can expect to live longer than men (Pearce and Goldblatt 2001: table 2.4), they are also more likely to have more years in poor health. Increasing numbers, with age, report restrictions to their daily activities. The most common are difficulties with going out of doors and getting up and down stairs (Walker et al. 2003: table 29) suggesting particularly high levels of dependency on outside help for some older women living alone (Bridgwood 2000). This may be part of the reason why, in later years especially, older women make far fewer trips and travel less distance than older men (the National Travel Survey cited in DWP/ONS

11 In the ELSA survey, social capital was explored through questions about aspects of the area in which respondents lived including vandalism and graffiti, loneliness and the trustworthiness or friendliness of local people.

2004). Another reason is older women's much more limited access to cars and reduced likelihood of holding a driving licence (DWP/ONS 2004, Table: Full car driving licence holders). Subsequently, of all groups by gender and age, older women are the most reliant on public transport (Walker et al. 2003: Table 51) and considerably more likely to report difficulties accessing local amenities (Janevic et al. 2003: 339) especially shops. After ill-health and disability, the main reason for the 66% of women aged 85 and over reporting non-use of public transport, however, is lack of availability (Hyde and Janevic 2003: 337; Walker et al. 2003: Table 51). Perhaps surprisingly, cost of public transport does not appear to be a major deterrent.

Additional barriers to social integration and participation are discrimination based on gender and ethnicity and ageism. Biographical studies describe the efforts made by older men and women in resisting the category of 'old' and the cultural designation of older people as 'other', of which they may be especially aware at times of illness, redundancy and bereavement (Clarke 2001). Statistical data on age discrimination do not appear to be collected on a systematic basis though findings may be presented as a sub-category within other themes. For example, the Family and Working Lives Survey, conducted in the mid-1990s (cited in Matheson and Summerfield 1999: 31), revealed a greater proportion of women compared with men to believe they had been discriminated against on the grounds of age when making a job application, though overall percentages were low. Stereotyped attitudes may be demonstrated by workers themselves with notable consequences within the crucial area of welfare provision. For example, older women from minority ethnic groups are over-represented under Part 11 of the Mental Health Act 1983 (Audini and Lelliot 2002) while older women in general may be under-targeted in breast-screening practices (Brown et al. 2002; Edwards and Jones 2000). At the same time, in higher education, older women students are not enthusiastically welcomed by all universities (Marshall 2000). In addition to ageism, evidence suggests that older and younger women in academic departments show no signs of collective working or networking, which might challenge the strongly gendered culture of higher education (Ledwith and Manfredi 2000).

Nevertheless, women may approach transition into (chronological) older age with increased confidence by acquiring new skills through classes or as a volunteer (Bernard et al. 2000). Participation in further education can provide a sense of well-being and moving forward rather than being thrown off course (Maguire 1995). Other general positives are family and children; time, freedom and activity; being oneself; and looking forward though mid-life women also experience fears concerning ill health; dependency; and loneliness, identity, dignity and appearance (Bernard and Harding Davies 2000; Clarke 2001). Indeed, the 'double standard of ageing' still persists whereby women are not permitted to age in ways that men are, experiencing a greater emphasis on maintaining appearance and sexual attractiveness (Bernard 1998) and the need to 'grow old gracefully' (Clarke 2001). It was noted earlier in section 3.1 how bodies and the 'thin ideal' of size remain important to women, especially those not in paid employment, and are still linked with sexuality (Bennett and Stevens 1996). At the same time, however, women adopted a *laissez-faire* attitude towards eating, referring to freedom, awareness of mortality and inevitability of weight gain as they grow older (Tunaley et al. 1999). For women requiring low level care and support services, identity and independence are closely linked to their ability to maintain socially acceptable standards and to retain those domestic tasks that were still within their capacity (therefore challenging the priority given by statutory services to personal assistance over domestic help) (Clark et al. 1998). For women providing care, there is a need for reflective exploration of their tendency to emphasise problem-oriented and negative images of old age, particularly around dependency and ill health (Bernard 1998).

Ethnicity is also important to the relationship between the changing body and the self-image of women. Differences in perceptions of age may be linked to life course events such as migration (Afshar et al. 2002) and to cultural factors such as myths and taboos shrouding menopause for Punjabi-Sikh women (Mayor 1994). Pakistani and Bangladeshi women ap-

pear to feel older at earlier ages in comparison to other groups though non-migrant women in the UK are more likely to claim a sense of invisibility and of being ignored or dismissed because of their perceived age (Afshar et al. 2001).

3.6 Violence and abuse

The main statistical source on criminal violence is the *British Crime Survey (BCS)*. This irregular survey began in 1982 and involves structured interviews with a random sample of the population in England and Wales on their experience of and attitudes towards crime, fear of crime and risk of crime. According to these statistics older people are very unlikely to commit violent crimes. However, due to the fact that the age of the perpetrators of crime does not tend to incorporate an 'older' category, it is difficult to judge this issue accurately. For, as with other European statistics on crime, the focus appears to be on juvenile delinquency. While statistics on the victims of crime incorporate detailed age categorisations, statistics on those committing crime have much broader age groupings with older people being incorporated into a very broad banding of aged 35 plus. One empirical study explored older women's self-described needs and experiences within a study of women over fifty who were growing older in prison. Yet, although imprisoned, the women in this study were not necessarily incarcerated due to violent crimes.

Not only are crime statistics patchy, especially those with an age and gender dimension, but there are also many problems associated with statistics relating to crime and violence. For example, the incidence of crime and violence especially in domestic settings is not always reported and therefore does not always appear in official statistics. There may also be inconsistencies over time in the way in which such incidences are categorised. Furthermore, while older people appear to experience less violence than younger counterparts, assaults against them may be more serious in terms of level of violence, injury and impact but these issues are not covered by official statistics which tend to focus on the incidence rather than the severity and impact of violence and abuse.

Within the UK the terms 'elder abuse' or 'adult abuse' are used to encompass six forms of abuse experienced by older people, namely physical, sexual, psychological, financial or material, neglect or acts of omission, and discriminatory abuse (Department of Health 2002). Therefore there are semantic tensions with the term 'violence'. For example, an older person whose money had been misappropriated would be considered to have been abused (financially), yet the offence would not necessarily be considered one of violence. Other forms of adult abuse, such as sexual or physical abuse, would be far more likely to be described as forms of violence. However, all such reports of abuse, whether or not criminal charges are brought, are not recorded systematically at present within the UK. Fortunately, it has recently been recognised by the House of Commons Health Committee (2004) that the combined issues of a lack of reporting of this hidden issue, alongside a dearth of research, require to be addressed in order to determine the extent of this extremely serious problem. The Committee has advocated that government departments, statutory agencies, independent bodies, charities and organisations adopt agreed, consistent and comprehensive definitions of abuse. This is unlike the other end of the age spectrum where data concerning children and young people on child protection registers are recorded and published.

Of the empirical studies identified within this area the majority examined the concept, nature and prevalence of 'elder abuse' or 'adult abuse' within the UK. Two studies used professionals dealing with elder abuse cases as the research sample, rather than the older people themselves who had been abused (Aitken and Griffin 1996; Wilson 1994). However, the studies reported similar findings with regard to gender differences in elder abuse. Women were more likely to be abused by men, whereas men were more likely to be the perpetrator of abuse. Whilst one of the studies highlighted that sons were more likely to abuse than husbands, within a familial structure, (Aitken and Griffin 1996) both gave credence to the notion that gendered power relations remain in older age.

Another study explored older women's understandings and experiences of elder abuse directly through the use of focus groups (Morbey 2002). The women thought quality of relationships between family members in care-giving relationships to be inextricably linked to quality of care. Challenging situations for caregivers included the inability to communicate with the care-receiver and care-giving for someone who did not 'comply' with the care given. The recommendations of the research were to prioritise relationships, rather than action or behaviour, in assessing the relations of abuse in later life. However, despite reported incidents of elder abuse within care settings, no primary research was identified within this area.

A fourth study focussing on adult abuse included both professionals and older women who had been abused within the research sample (Pritchard 2000). Further confirmation of the greater propensity for older women to be abused was found with approximately two thirds of the female victims aged over 75. Interestingly, whilst professionals identified physical abuse as the most common form of violence, victims identified financial and emotional abuse as most common. Other key findings, not identified by studies of professional perspectives, included over half of the older women interviewed disclosing abuse at earlier stages of their lives and detailed descriptions of their subsequent and ongoing support needs.

3.7 Interest representation

Political activity is receiving increasing attention in statistical research, especially in recently established surveys exploring productive ageing (Marmot et al. 2003) and active communities and rights and responsibilities (Attwood et al. 2003). However, detailed studies concentrating specifically on older women are still very sparse, despite the flagging of the significance of gender to issues of participation and empowerment in later life (Cook et al. 2004). Where they do exist, ethnicity is not often emphasised.

Surveys charting nation-wide voting trends show women to be more active voters (albeit Conservatively) compared with men (Norris 1999). However, while a greater sense of citizenship duty has been suggested as one reason for such patterns (p. 153), women's actual interest in politics seems to decline with age (Hinds and Jarvis 2000). Indeed, older women are less likely to be members of a political party or trade union than older men, though the association between their membership and occupational status is clearer cut (Hyde and Janevic 2003: 188). While overall numbers are small, women are also less likely to participate in political or other interest groups at the local level (Hyde and Janevic 2003: 12-13). Notably, at this level – and despite comparable membership of tenants' and residents' groups, and neighbourhood watch schemes (Hyde and Janevic op. cit.) – far more older women than older men report themselves as not civically engaged (Coulthard et al. 2002: 12).¹² If older women take action to solve a local problem, most contact an appropriate organisation to deal with the issue.

Adults from minority ethnic groups are less likely than White adults to feel themselves civically engaged (Coulthard et al. 2000: 14). On the other hand, Black people are most likely of all ethnic groups to believe they can influence decisions that affect their local area (Coulthard et al. op. cit.), despite their strikingly low turnout in general elections (Saggar and Heath 1999). However, the disaggregation of data by age and gender is needed before generalisations can be made on the views of older women from different ethnic groups.

Qualitative studies attempting to give voice to older women not usually included in research: have focused on very specific aspects of power: for example, the relationships between women with dementia and medical staff (Proctor 2001) and the context of prison culture for older women serving time (Wahidin 2003). More generally, although potentially needing as-

12 People described as 'not civically engaged' had not been involved in a local organisation, had not taken action to solve a local problem, did not feel well informed and did not feel they could influence decisions that affect the neighbourhood, alone or working with others (Coulthard et al. 2002, p. 12).

sistance, assumed structural disadvantages and constraints (e.g. health, housing, income) do not inevitably mean that women do not have the power to resist and transform their experiences of later life (Afshar et al. 2001). Participation clearly needs to be understood within culturally sensitive frameworks. To this end, life history approaches have again (see para. 3.5) been upheld as making an important methodological contribution (Warren and Maltby 1998).

4. Conclusions and Recommendations

Britain has been described as a 'data rich' country (Victor 2002: 51). A wide variety of high quality national or large-scale surveys provide registration, administrative and social profile data to the social gerontologist. When such data are subject to secondary analysis and set alongside findings from qualitative studies derived from what is essentially a broad variety of disciplines (Jamieson and Victor 2002), research continues to confirm general barriers to social participation for older women, typically increasing with age, comprising health and mobility problems, poor transport, lack of finance and, paradoxically, lack of time (Matheson and Summerfield 1999). Barriers in some cases are linked to, and more generally compound, inequalities established earlier in women's lives through such things as limited educational and work opportunities and caring roles as well as by experiences related to migration. Commentators have recognised that certain trends may change in future. Increasing numbers of women in younger age groups are moving into professional positions in employment (Walby 1997) and holding driving licences (DWP/ONS 2004), for example. Park (2000) has predicted a gradual *secular* realignment in gender politics, as older women voters progressively die out and younger women voters take their place. At the same time, studies give insight into ongoing empowering elements in women's lives resulting from such things as strong family and/or social networks, community activities and religious beliefs, grandparenting and volunteering roles.

Nevertheless, in addition to taking into account the impact of such things as socio-demographic profiles and types of areas of residence (Marmot et al. 2003), more research is needed which explores cultural and normative expectations and patterns linked to gender and ethnicity as they intersect with age, especially if policy makers and service providers are to respond in ways which are multi-culturally sensitive (Afshar et al. 2002; Warren et al. 2003). Clearly, in many instances a fuller picture of older women's living conditions could be obtained by more rigorous secondary analysis of 'raw' data (see the ESRC Growing Older programme for current examples¹³). Major qualitative and quantitative archives such as Qualidata and the UK Data Archive hold computer-readable data from academic, commercial and government sources¹⁴. The ONS provides more detailed analysis of statistical tables in some surveys (cf. the EFS report for 2002/03, Craggs 2003) and can also provide additional tabulations to meet specific requests. However, charges may be made for database use, especially for those outside the academic community. At the same time, while the ONS and other reputable sources provide up-to-date statistics, often enabling of longitudinal comparison, they should not be treated uncritically (Victor 2002).

4.1 Research needs to cover knowledge gaps concerning the living conditions of older women in the UK

A general problem, not necessarily surmountable by access to data archives of any kind, is the issue of missing respondents or data. Despite more detailed classifications for ethnicity (cf. Census), the inclusion of minority ethnic booster samples in surveys (cf. Citizenship Sur-

13 For further information on the ESRC Growing Older Programme see www.shef.ac.uk/uni/projects/gop/index.htm.

14 For further details of the archives see www.data-archive.ac.uk and www.essex.ac.uk.

vey and Family and Working Lives Survey), and the compilation of comprehensive statistically-based profiles of minority ethnic groups in Britain (cf. Modood 1997, White 2002), ethnicity is largely still to be accepted alongside (and therefore combined with) age and gender as indispensable for a variety of policy, planning and research purposes (Haskey 2002). Its absence therefore runs through much of the MERI review, though a major European research project *Minority Elderly Care* (MEC) should help greatly in expanding knowledge of black and minority ethnic (BME) elders' needs for and perceptions of health and social care services as well as of the nature of service provision for them.¹⁵

In addition to the relative invisibility of minority ethnic older people in research, surveys like the GHS typically cover only people in private households. Those living in institutional and residential homes – predominantly older women (section 3.5) – are omitted with particular implications for estimates of the prevalence of disability and chronic health for this group (Victor 2002). Stanley (1995) has similarly noted the relative absence of lesbian women from the Natsal survey and its privileging of heterosexuality in method and focus. Indeed, throughout the statistics and research reviewed, the dichotomous female/male divide is universal and opportunities to register an alternative hermaphrodite or transgender status, for example, are not offered.

In terms of the specific MERI themes, knowledge gaps within both empirical and statistical research included the following:

Health: As already noted (section 3.1), the ONS is working to address the degree of variation in definition and coverage of statistical data across the four countries of the UK (Pearce and Goldblatt 2001). Demographic and socio-economic background data could be usefully expanded, alongside positive measures of health such as quality of life, although used with caution in relation to those who are cognitively impaired (Riemsma et al. 2001). There is a notable absence of research on conditions or health factors that tend to affect older people particularly: falls and dementia have been identified as two important areas for policy and practice development (Department of Health 2001b). This is also true of conditions commonly perceived as being linked with age such as mental health, although Age Concern England and the Mental Health Foundation have recently announced a joint three-year *Inquiry into Mental Health and Well-Being in Later Life*.¹⁶

Education: There is a general failure to examine participation in education outside of the formal sector, missing the large array of more informally based educational activities in which many older women become involved. Data on formal education are frequently not disaggregated by gender and/or are not collected past 59 years for women (cf. Summerfield and Babb 2004: 43, Matherson and Babb 2002: 64), reflecting a government focus on labour market issues and the promotion of earnings.

Work: Policy priorities also impact on research on the theme of work itself. Whilst the position of full-time adult employees is generally well covered in official statistics, there are deficits regarding employees – mainly women – who are part-time (cf. New Earnings Survey) and/or with earnings below the tax threshold. Age bandings typically stop at state pension age. Although data are available on labour market participation and exit from the labour market, social divisions of age, gender, ethnicity and also disability are not examined in any depth within these areas. Outside care and household activities, the theme of unpaid work is under-represented. Other knowledge deficiencies include: the nature of employment post-state

15 The *Minority Elderly Care* project, which is collecting both quantitative and qualitative data on minority elderly care, is being led by the UK Policy Research Institute on Ageing and Ethnicity (PRIAE). Supported by European Commission 5th Framework funding, it is due to be completed in 2004. For full details, visit: www.priae.org.

16 The *Inquiry into Mental Health and Well-Being in Later Life* will investigate the mental health needs of older people through a variety of sources of evidence including personal stories and unpublished or informal research. For full details of the project, visit: www.mhilli.org.

pension age, motivations and structures that encourage and enable older people to stay in work, and treatment and conditions at work.

Material situation: Information is published on individual income but data on consumption and expenditure trends or on housing still frequently obscures the position of older women by omitting categorisation by gender. There is an absence of data on patterns of money management and the allocation of money between older couples, whatever their household living arrangements. Research on inter-generational transfers is similarly thin, despite evidence from other countries which suggests a disproportionate flow from the older to the younger generation (Arber and Ginn 2004) as well as the contribution of grandparents in solving childcare deficits (Dench et al. 1999). In all instances, qualitative data are needed in order to understand how older individuals perceive and manage their material situation, and to compare living standards between older women and men, as well as between different groups of women.

Social integration, participation and other social issues: While data are available on many of the sub-themes in this area, they are not always, as in the case of volunteering, disaggregated by age and gender as well as ethnicity, and for the topic of sexuality, typically not collected past the age of 59. Even where statistical data are comprehensive, qualitative studies are needed to understand how gender and age mediate social integration and participation. It was observed in one study, for example, that if there is a silence around leisure, it is more to do with what women mean when they talk about time to do what they want to do (Bornat 1993). More research is needed on contemporary issues including the impact of divorce and, potentially linked to this, the meaning of sexual behaviour (outside the context of health – Stanley 1995) and older women's desires regarding partnership relations and remarriage. Additional under-researched topics include grandparenting, friendship and community networks, and religious activities. Ageism and other kinds of discrimination, as well as socio-psychological aspects of ageing for women are more likely to be explored using qualitative approaches, raising debates about the application of findings in policy and practice (Clarke 2001) as well as about needs and methods concerning the gathering of official statistics.

Violence and abuse: There is a general dearth of statistics on older women both as victims and as perpetrators of crime. In terms of abuse, the House of Commons Health Committee (2004) has recently recognised the combined lack of reporting and research, advocating that agreed, consistent and comprehensive definitions of elder abuse be adopted by relevant organisations. Additionally, the Department of Health is funding a national recording system for adult abuse incidents from 2004-05, although what is meant by 'national' is not clear.

Interest Representation: There is a general need for more data on types and levels of, motivations for, and factors enabling participation by older women at both local and wider political levels. Specific topics of interest might include voting patterns of women within minority ethnic groups amongst which variations have been identified (Saggar and Heath 1999).

4.2 Research needs to improve the publication of official statistics concerning the living conditions of older women in the UK

Alongside the need for research in the areas noted above, a number of additional recommendations for improvements to published official statistics arose from the UK review.

- Special ONS publications on the lives of older people (see section 2.2) should ensure that data are gendered wherever possible.
- Recognition should be given to the impact on representative general population surveys of decreasing numbers of older people with advancing age (Victor 2002) and the shortcomings (Scharf 2002) of the 'pooling of data' in (subsequent) attempts to analyse the experiences of specific subgroups (cf. Evandrou 2000). It is particularly important, therefore, that the collection and analysis of data on ethnicity, alongside age and gender be

expanded and enhanced¹⁷, bearing in mind the potential complexity and diversity in the lives of future generations of older women resulting from the dichotomy 'born in the UK'/'born elsewhere' (Rees 2002).

- Methods issues of language and literacy raised, for example, by conducting surveys in English only and involving such things as use of a self-completion items (Stanley 1995), should be addressed.
- A check needs to be kept on the potential for surveys to provide implicit benchmarks against which older women's lives are measured and potentially judged as wanting. For example, commentators have pointed out the White male norm in sexual terms (Stanely 1995; Gott and Hinchcliff 2002) and the traditional focus on lifelong marital relationships that does not allow for alternative living arrangements (Borell and Karlson 2003).
- Categorisations such as 'pensioner household' should similarly be unpacked since they conceal the position of older partnered women and their potential poverty due to inequitably distributed income (Arber and Ginn 2004).¹⁸ Likewise, potential ambiguities related to broader measures such as unemployment versus economic inactivity need to be recognised: for example, women are reported as having lower unemployment rates compared with men but higher economically inactive rates (see section 3.3).
- Age banding is also problematic. The UK government has defined older age as beginning at 50 years and older people as being 'varied' (Ministerial Group on Older People 1998). Certain statistical trends perhaps inevitably lead older women to be incorporated into extremely broad age categories (see Summerfield and Babb (2004: 140) on 35+ perpetrators of violence). However, in other instances, such as the case of sexuality (section 3.5), it is implicit norms underpinning given topics which may lead to the classification of women as 'older' at younger ages or to their exclusion from surveys from 50 onwards (cf. Johnson et al. 2001). Similarly, the customary failure to use age bands after 65 years in health statistics reflects the generic set-up and focus of 'older people's services' or worse 'geriatrics'. Even where comprehensive data are available, comparisons of related sets may be made difficult by the use of different age bandings in analysis.¹⁹ Efforts should therefore be made to make bandings more comprehensive in terms of steps and age ranges.
- Limitations to national surveys (Victor 2002) acknowledged, opportunities for finding out about specific areas of older women's lives could be provided by the increased use of modules or trailers, as employed in the GHS and Omnibus surveys (section 2.2).

5. References

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17 The ONS (2003) report on the 2001 Census, for example, only contained 3 tables in which data was analysed by age, gender and ethnicity: 'Sex and age by ethnic group' (table S101: p. 121), 'Sex, age and limiting long-term illness and general health by ethnic group' (Table S107, p. 130) and 'Sex and economic activity by ethnic group' (Table S108, p. 113), perhaps indicating government priorities.

18 Pensioner couples now include all benefit units where one or more of the adults are over state pension age. This is in contrast to previous publications where pensioner couples were those where the male in the benefit unit was of state pension age or over (DWP 2003b).

19 For example, findings on receipt of selected social security benefits for pensioners are presented by Summerfield and Babb (2004: 126) from age 60 onwards and on private pensions receipt by Arber and Ginn (2004: 11) from 65 years and over.

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