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# **Multiple Exclusion and Quality of Life amongst Excluded Older People in Disadvantaged Neighbourhoods**



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Deputy Prime Minister  
Creating sustainable communities

# **Multiple Exclusion and Quality of Life amongst Excluded Older People in Disadvantaged Neighbourhoods**



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March 2005

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# Executive summary

## Introduction

This report highlights the experiences of older people whose lives are affected by multiple forms of social exclusion, and represents part of the Social Exclusion Unit's new focus on excluded older people. Despite growing evidence of the positive impacts of a range of policies aimed at reducing the social exclusion experienced by older people, research shows that some groups of pensioners continue to be disadvantaged by poverty. Others are affected by exclusion from services, community activities, social isolation and discrimination.

The report draws on in-depth interviews and case studies of excluded older people living in socially deprived urban neighbourhoods. It addresses the following questions.

- What are the key characteristics of exclusion faced by older people in disadvantaged neighbourhoods, and how are these identified through individuals' narratives?
- How does the experience of social exclusion vary according to such factors as age, gender, ethnic origin and health status?
- To what extent does exclusion reflect the influence of life course factors and/or the impact of old age?
- Why do some people who experience multiple forms of exclusion report a good quality of life, and what are the policy implications of this?

The report presents data from 32 in-depth interviews and 10 detailed case studies of people aged 60 and over living in deprived neighbourhoods of Liverpool, Manchester and the London Borough of Newham. The interviews, conducted in 2001/2, explored such issues as older people's sense of well-being, experiences of daily life, perceptions of the local neighbourhood, the management of household finances, and social relationships.

## Exclusion through the life course: becoming and staying excluded

The origins of exclusion in later life are varied and complex. While no two cases are identical, there are nevertheless some common features that appear to contribute to older people's social exclusion.

- The relatively low incomes of excluded older people tended to reflect individuals' low economic and social status preceding retirement. Most participants had worked at some point during their adult lives, often for long periods. However, several had fairly disjointed employment biographies. Exclusion from material resources in later life was generally related to a lifetime of having struggled to get by financially. Even without the impact of key life events, such as the death of a partner, the onset of ill health, or the assumption of caring responsibilities, this particular group of people would not have reached old age with sufficient resources to provide for a comfortable retirement.

- Participants displayed two different pathways into exclusion from social relations. For some, this represented the continuation of longstanding difficult relationships with other people. For others, particular life events or age-related losses had initiated such exclusion. In relation to life events, becoming a widow and the loss of close friends featured strongly as triggers of exclusion from social relations, as did the onset of chronic ill health.
- Pathways to neighbourhood exclusion can also be viewed in relation to individuals' life courses. On the one hand, older people who had lived in their communities for many years were especially sensitive to the perceived deterioration of their local environment. Negative perceptions of the neighbourhood tended to develop slowly over time and could not be linked to particular triggers or events. On the other hand, negative experiences both in and beyond the home acted as turning points which served to undermine the confidence of some participants in their neighbourhood. A strong feature of such experiences was the impact of crime and individuals' perceived vulnerability to crime and disorder.

## **Social exclusion and quality of life**

Excluded older people reporting a good quality of life tended to emphasise two central aspects of their lives as being positive. Some participants highlighted the ability to remain independent despite the challenges of daily life. This might involve being able to manage on a modest income or being able to live alone despite deteriorating health. Others adopted more philosophical or spiritual perspectives on quality of life.

A clear pattern could also be identified in relation to research participants who judged the quality of their lives to be poor. Poor family and social relationships featured strongly as negative influences on well-being. On occasion, weaknesses in such relationships overlapped with physical and mental ill health and led participants to question the meaning of their lives. Others emphasised the limiting nature of their financial situation.

## **Conclusions and implications for policy**

This study focused on a group of multiply excluded older people living in deprived urban neighbourhoods. While the interviews were conducted several years ago, the analysis raises a number of issues that are relevant to current social policy, and to the development of services designed to reduce social exclusion and increase well-being amongst the most excluded older people.

- The research emphasises the complex nature of social exclusion in later life. Rather than seeking to develop catch-all policies that aim to reduce social exclusion, there may be a strong case for focusing on co-ordinated solutions aimed at tackling particular strands of disadvantage. Such solutions should acknowledge the importance of the life course dimension.
- Transitions and major life events play a major role in generating social exclusion in later life. Widowhood, the adjustment to living alone and the loss of close family members, friends and neighbours feature strongly. Also important are such life events as the breakdown of family relationships, the onset of chronic ill



health, withdrawal from the labour market, and the experience of crime. The research suggests the need for a new type of preventive social policy geared towards providing support to individuals at key turning points in their lives.

- This research suggests that well-considered interventions during adulthood and in old age could also have positive impacts in reducing exclusion in later life.
- The study presents compelling evidence of the impacts in old age of low social status and economic disadvantage throughout the life course. While many excluded older people had spent a considerable part of their lives in employment, such employment tended not to provide sufficient resources to allow for a financially secure retirement. Providing sufficient income to people with complex lives, limited social support or chronic health problems represents a key policy challenge for the years ahead.
- A striking feature of this research concerns the extent to which socially excluded older people have 'aged in place'. Many participants in the study had spent the overwhelming part of their lives in the same community and were, as a result, acutely aware of the changing residential context. Reconciling these two dimensions should be a major feature of the community development dimension to social exclusion.
- Finally, this research raises issues concerning the well-being of some of the most excluded older people in British society. What is perhaps remarkable about the study is the degree to which older people experiencing multiple forms of disadvantage continue to report a good quality of life. Although exclusion and (poor) quality of life are related, some individuals appear to be highly resilient to the impact of disadvantages linked to low incomes and poor neighbourhood conditions. Of particular relevance to those reporting a good quality of life was the ability to remain independent, suggesting that strategies designed to safeguard people's independence in later life continue to be of utmost importance. Of course, some excluded older people reported a very poor quality of life, and this group's needs should also be the focus for further policy development. In this respect, this research suggests that strategies which guarantee yet reach beyond the provision of financial security in later life are likely to be of greatest benefit to excluded older people with the poorest quality of life.

# Introduction

The Breaking the Cycle series of reports was published by the Social Exclusion Unit in September 2004, providing an opportunity to take stock on government progress in tackling social exclusion. While there is growing evidence of the positive impacts of a range of policies aimed at reducing the social exclusion experienced by pensioners, research suggests that some groups of older people remain particularly at risk of exclusion. Poverty is an issue for some, but so is exclusion from services, community activities, social isolation and discrimination (Social Exclusion Unit, 2004).

Following publication of the Breaking the Cycle series, the Social Exclusion Unit initiated a project that aims to improve the well-being and quality of life of excluded older people. The project focuses on service provision rather than changes to income, tax and benefits. It seeks to assess the broad economic picture and the advantages of preventative services, examining, for example, how excluded older people can have greater involvement in health, care, education and other services.

The research reported here was commissioned as part of the Social Exclusion Unit's new focus on excluded older people. Drawing on 32 in-depth interviews and ten case studies of older people living in socially deprived neighbourhoods of three English cities who experience multiple forms of exclusion, the report addresses the following questions.

- What are the key characteristics of exclusion faced by older people in disadvantaged neighbourhoods, and how are these identified through individuals' narratives?
- How does the experience of social exclusion vary according to such factors as age, gender, ethnic origin and health status?
- To what extent does exclusion reflect the influence of life course factors and/or the impact of old age?
- Why do some people who experience multiple forms of exclusion report a good quality of life, and what are the policy implications of this?

# Background

Earlier research conducted as part of the Economic and Social Research Council's Growing Older Programme identified a range of forms of social exclusion faced by older people living in disadvantaged urban neighbourhoods. Drawing on a survey of 600 people aged 60 and over, significant minorities of older people were judged to be prone to exclusion from material resources, social relations, civic activities, basic services and the neighbourhood. The earlier research suggested that most older people in deprived areas faced at least some form of social exclusion, and that a significant minority experience multiple forms of exclusion (Scharf et al., 2004).

Other research highlights a range of conditions and drivers that might cause exclusion in later life.

- *Age-related characteristics* refer to the way in which older people are disproportionately affected by certain kinds of losses or restrictions relating to income, health or reduced social ties. Such changes might take place across all points of the life course but they are likely to feature more prominently in later life given income changes associated with retirement, the impact of chronic disabling conditions, and increased needs among people adjusting to living alone.
- *Cumulative disadvantage* refers to the fact that birth cohorts may become more unequal over time. For example, limited educational and work opportunities at early points in the life course may have long-term consequences in terms of reduced income in old age or limited awareness about how to access the full range of social and health services.
- *Community characteristics* highlight the way in which older people, who may have strong attachments to their locality, may also be vulnerable to changes associated with population turnover, economic decline, and rising levels of crime and insecurity within neighbourhoods.
- *Age-based discrimination* refers to the impact of ageism within economic and social policies this contributing to various forms of social exclusion in old age. The debate around ageism has challenged the link with age as a form of dependency, emphasising instead various different forms of positive engagement that can be maintained throughout the latter half of the life course (Phillipson and Scharf, 2004).

Within the context of an emerging policy focus on excluded older people, the research presented here seeks to explore individuals' experiences of different forms of exclusion. In particular, it sets out to address such experiences across the life course, and to examine the impacts of different forms of social exclusion on older people's quality of life.

# Methodology

In order to address the relationship between multiple exclusion and quality of life of the most excluded older people in disadvantaged neighbourhoods, the research presented here draws on data collected within the context of a study supported by the Economic and Social Research Council (ESRC).

The study involved the collection of two types of data. First, a survey using a standardised questionnaire was undertaken in deprived neighbourhoods of Liverpool, Manchester and the London Borough of Newham. Face-to-face interviews were conducted in 2000/1 with 600 people aged 60 and over living in nine electoral wards across the three local authority areas. The survey provided a range of information that allowed the research team to assess both the degree to which respondents experienced different forms of social exclusion (see Scharf et al., 2004 for details), and individuals' quality of life (see Smith et al., 2004 for details).

Second, in-depth interviews were undertaken with a sub-sample of survey respondents in 2001/2. These qualitative interviews explored such issues as older people's experiences of daily life, their perceptions of the local neighbourhood, the way in which they managed their household finances, and the types of social relationships in which they were engaged. The interviews allowed the research group to explore the meaning of quality of life from the perspective of older people, and to address variations in the experiences of sub-groups within the older population. For the purposes of this research, the interviews also provided a wealth of data that would allow the impact of life course factors on individuals' social exclusion to be assessed.

**Table 1 Aggregate measure of multiple exclusion cross-tabulated with a quality of life measure (number of cases)**

Aggregate measure of multiple exclusion	Quality of life					Total
	Very good	Good	Neither good nor poor	Poor	Very poor	
Not excluded	9	15	4	1		29
Excluded on 1 domain	5	20	5	2		32
Multiply excluded	4	16	6	4	2	32
<b>Total</b>	<b>18</b>	<b>51</b>	<b>15</b>	<b>7</b>	<b>2</b>	<b>93</b>

Source: Keele survey of poverty and social exclusion, 2000/2001

The research reported here is based on an initial sample of 93 older people who took part in the qualitative phase of the ESRC study for whom composite social exclusion and quality of life data were available (Table 1). The degree to which respondents were vulnerable to social exclusion was judged according to their susceptibility to five different forms of exclusion: exclusion from material resources, social relations, civic activities, basic services and the neighbourhood. On this basis, older people could be classified in three different ways.

- A first group experienced no form of social exclusion. This applied to 29 of the 93 older people who took part in the in-depth interview phase of the research.
- A second group experienced social exclusion on a single dimension. For example, someone in this group might have been excluded from social relations, but included on the other four dimensions of social exclusion. Thirty-two respondents belonged to this group.
- The third group is comprised of 32 individuals identified as being multiply excluded. Older people in this group were vulnerable to the cumulative impact of two or more forms of social exclusion. It is this group that represents the central focus for further analysis in this research.

In relation to quality of life, older people taking part in the survey phase of the research were asked: 'In very general terms, how would you rate your quality of life?' Respondents could answer 'very good', 'good', 'neither good nor poor', 'poor' or 'very poor' to this question. Of the 32 respondents judged to be multiply excluded, 20 reported a good or very good quality of life. The remaining twelve individuals reported a (very) poor quality of life or indicated that their quality of life was neither good nor poor (Table 1).

In the case studies summarised below, we seek to provide evidence of the impacts of multiple social exclusion from the perspective both of older people who judged their quality of life to be (very) good and of those research participants who reported a (very) poor quality of life. The ten case studies were selected to reflect variations in quality of life and the nature of individuals' vulnerability to different forms of social exclusion, as well as such characteristics as age, gender, ethnic origin, marital status and place of residence.

# Sample characteristics

In this section, we highlight some of the key characteristics of the sub-sample of 32 older people who were identified as experiencing multiple forms of social exclusion. In describing the sample, it should be emphasised that this group of research participants is unlikely to be representative of the older population living in deprived urban areas of England as a whole. Moreover, the data arise from 2000-2002 and reflect the situation that existed at that time. The purpose of the qualitative analysis which follows is to identify patterns that may be of more general relevance.

The evidence presented in Table 2 suggests that older people who experience multiple forms of social exclusion are a diverse group. Such diversity is reflected in a variety of socio-demographic and individual characteristics.

- Participants ranged in age from 60 to 92 years, with the sample having a mean age of 74.7 years.
- The sample encompasses 13 men and 19 women.
- Nineteen participants described their ethnic origin as white, six as Black Caribbean, six as Somali and one as Indian.
- A significant proportion of the sample of multiply excluded older people were widowed. This provides an initial indication that the transition to widowhood may represent an important life event in relation to subsequent multiple social exclusion. Twenty-one participants were widowed, five were married, four were single and had never married, and two were separated.
- Household size is closely related to marital status. Eighteen research participants lived alone. Of the remaining 14 participants who lived as part of a shared household, ten lived with one other person, three shared a household with two other people, and one lived with three others.

**Table 2 Sub-sample of multiply excluded older people: sample characteristics**

Case no.	Age	Sex	Ethnic origin	Marital status	Household size	No. of children	Tenure	Area	Years in neighbourhood	Has health problems (LLTI)	View of own health state	Age at retirement	Self-rated quality of life
1	81	m	Caribb.	Widow	1	8	Owner	Newham	32	yes	neither	65	poor
2	92	f	White	Widow	1	1	Renter	Newham	52	yes	good	62	good
3	85	f	White	Widow	1	1	Owner	Newham	73	no	good	60	good
4	66	m	White	Married	2	5	Renter	Newham	50	yes	poor	46	good
5	81	f	White	Widow	1	1	Owner	Newham	54	yes	v. good	60	v. good
6	79	m	White	Single	1	0	Renter	Newham	35	yes	poor	59	neither
7	82	f	White	Widow	2	4	Owner	Newham	56	no	v. good	64	v. good
8	85	m	White	Widow	1	3	Renter	Newham	27	yes	neither	60	good
9	75	m	White	Married	2	7	Renter	Newham	76	yes	v. poor	61	v. poor
10	78	m	White	Single	2	0	Renter	Manchester	25	yes	neither	64	good
11	68	m	White	Single	1	0	Renter	Manchester	68	no	v. good	60	poor
12	85	f	White	Married	3	3	Owner	Manchester	82	yes	v. good	65	good
13	79	m	Caribb.	Widow	1	2	Renter	Manchester	15	no	good	78	poor
14	63	m	White	Married	3	4	Owner	Manchester	15	no	v. good	n/a	good
15	87	m	White	Widow	1	0	Renter	Manchester	67	yes	v. good	63	good
16	74	m	White	Single	1	0	Owner	Manchester	65	yes	poor	64	good
17	78	f	White	Widow	1	3	Owner	Liverpool	47	yes	neither	62	good
18	77	f	White	Widow	2	1	Renter	Liverpool	32	yes	neither	42	neither
19	81	f	White	Widow	1	2	Renter	Liverpool	81	yes	poor	72	neither
20	60	f	Indian	Widow	2	5	Renter	Liverpool	60	yes	poor	35	v. poor
21	69	f	White	Widow	1	3	Renter	Liverpool	2	yes	poor	57	poor
22	71	f	White	Widow	2	3	Renter	Liverpool	71	yes	good	68	poor
23	69	f	Caribb.	Married	2	4	Owner	Manchester	41	yes	neither	64	neither
24	67	m	Caribb.	Widow	2	4	Owner	Manchester	39	yes	neither	60	good
25	74	f	Caribb.	Widow	2	2	Owner	Manchester	40	no	good	60	good
26	63	f	Caribb.	Separated	1	7	Renter	Manchester	35	yes	neither	60	neither
27	71	f	Somali	Widow	3	2	Renter	Liverpool	2	yes	neither	n/a	good
28	69	f	Somali	Widow	1	1	Renter	Liverpool	8	no	poor	n/a	neither
29	70	f	Somali	Widow	1	5	Renter	Liverpool	10	no	good	n/a	good
30	69	f	Somali	Widow	1	1	Renter	Liverpool	11	yes	good	55	good
31	66	f	Somali	Widow	1	9	Renter	Liverpool	9	yes	neither	n/a	good
32	78	m	Somali	Separated	4	2	Renter	Liverpool	30	yes	v. good	67	v. good

Source: Keele study of poverty and social exclusion, 2000/2001; in-depth interviews. Shaded cells indicate participants included in the case study analysis

- Most participants had children who were still alive, with the number of children ranging from one to nine. Five of those included in the sample – all men – were childless.
- Around one third of older research participants (n=11) owned their homes or were in the process of purchasing their homes with the help of a mortgage. The remaining 21 participants were living in rented accommodation, usually belonging to social landlords.
- Most research participants had lengthy employment biographies, as reflected in their age at retirement. While some participants, including a number of older Somali women, had never been in paid employment, others had continued to work beyond the usual retirement age.
- A key feature of the participant group is the degree to which individuals have 'aged in place'. On average, participants had lived in their current neighbourhood for 40.9 years, and some had lived in the same community for all of their adult life. In this sample, only older Somali women in Liverpool tended to have a shorter period of residence in their current neighbourhood, reflecting their relatively recent migration to the United Kingdom.
- In relation to their health, 24 participants reported at least one chronic health condition that limited their lives. Of this group, seven described their health as being poor or very poor for their age, and a further ten felt their health to be neither good nor poor. Even when participants reported the existence of a limiting longstanding condition, a number (n=7) still felt that their health was good or very good for their age. Just eight participants reported no limiting health condition, and of these seven reported their health to be good or very good. One participant – a 70-year old Somali woman – described her health as being poor, despite expressing the view that her health condition(s) did not limit her activities in any way.

This initial analysis of the characteristics of a sub-sample of older people prone to multiple forms of social exclusion highlights the diversity of this population group. Nevertheless, some important points can be made in relation to the potential impact of life course transitions or events on individuals' subsequent social exclusion.

- First, it is apparent that the transition to widowhood may represent a particular risk factor, especially for women. For men, remaining single and being childless appears to represent an equivalent risk factor.
- Second, limiting longstanding health conditions may be linked with increased vulnerability for some older people.
- Third, especially amongst those who consider their health to be poor, there is evidence of limited employment histories. This may in turn reflect the impact of long-term disabilities in generating social exclusion in later life.

These issues will be explored in greater detail in the case study analysis to follow.



# Forms of social exclusion

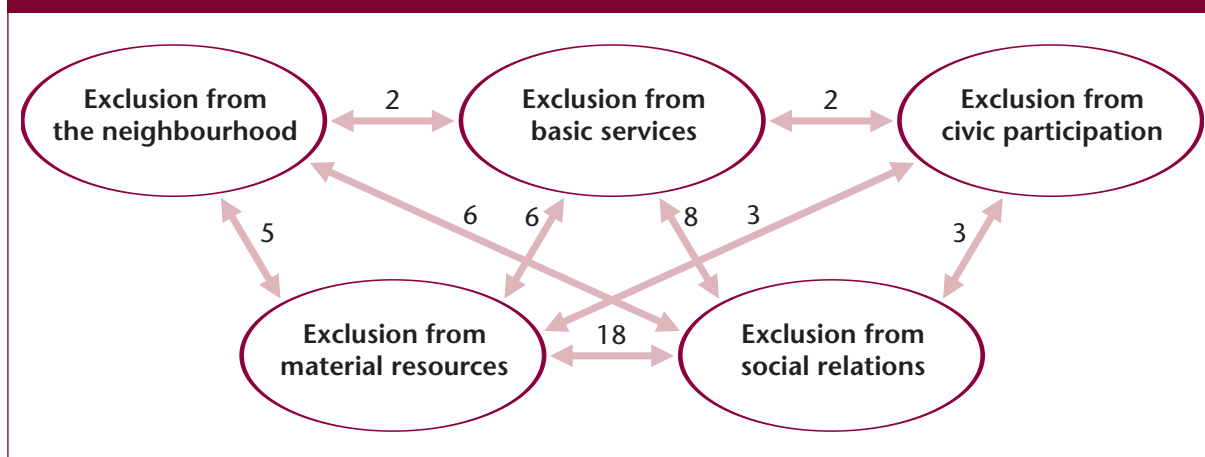
The sub-sample of older people vulnerable to multiple forms of social exclusion can also be differentiated according to the number and variety of forms of exclusion experienced (Table 3). While twenty-two participants were excluded in relation to two out of five domains of social exclusion, ten were excluded on three domains. On the whole, those experiencing disadvantage in relation to three forms of exclusion tended to share similar characteristics to participants who were excluded on two domains. However, the ten participants excluded on three domains were more likely to belong to a minority ethnic group, and were predominantly widowed.

**Table 3 Sub-sample of multiply excluded older people**

Case no.	Individuals excluded from:				
	Material resources	Social relations	Civic participation	Basic services	Neighbourhood
1	X	X		X	
2	X	X			
3	X		X	X	
4	X	X			
5	X				X
6	X	X			
7		X			X
8	X	X			X
9		X		X	
10		X			X
11		X	X		
12		X		X	X
13	X	X			
14				X	X
15	X	X			
16		X			X
17			X	X	
18	X				X
19	X	X			
20	X	X	X		
21	X	X	X		
22	X	X			
23		X		X	
24	X			X	
25		X		X	
26	X	X			
27	X	X		X	
28	X	X			
29	X	X		X	
30	X	X			X
31	X	X			
32	X	X		X	

Source: Keele study of poverty and social exclusion, 2000/2001; in-depth interviews. Shaded cells indicate participants included in the case study analysis. Cells marked with 'X' indicate dimensions of social exclusion affecting participants.

**Figure 1 Sub-sample of multiply excluded older people: combinations of social exclusion (numbers)**



The most common form of social exclusion experienced by those who were multiply excluded was exclusion from social relations. Such exclusion encompasses the domains of social isolation, loneliness and non-participation in a range of common social activities (Scharf et al., 2004). This form of exclusion affected twenty-six of the 32 participants in the sub-sample. Exclusion from material resources, comprising of poverty and multiple deprivation, was experienced by 22 participants. By contrast, other forms of social exclusion occurred less frequently within the sub-sample. Twelve participants were vulnerable to exclusion from basic services either within or beyond the home, nine experienced neighbourhood exclusion, and five were excluded from civic participation.

When assessing older people's vulnerability to different forms of social exclusion, it is evident that some dimensions of exclusion are more frequently combined than others (Figure 1). By far the most common combination found within this sub-sample of multiply excluded older people linked exclusion from material resources to that from social relations. This combination occurred eighteen times, and reinforces the findings of earlier research that highlights the close relationship between the phenomena of poverty/deprivation and social isolation/loneliness (Townsend, 1979; Gordon et al., 2000). Also important was an apparent link between exclusion from social relations and exclusion from basic services. This relationship occurred eight times, suggesting that for some multiply excluded older people limitations in the nature of their social relationships may also restrict their use of services both in and beyond the home. Six people experienced a combination of exclusion from social relations and neighbourhood exclusion. Exclusion from material resources combined with exclusion from services in six instances and with neighbourhood exclusion in a further five cases. Other combinations were less common in this sub-sample. In particular, none of the research participants experienced exclusion from civic activities in combination with neighbourhood exclusion.

# Findings from the in-depth interviews

In this section, we present findings from in-depth interviews with ten of the 32 older people included in the qualitative phase of the research who were disadvantaged in relation to at least two different dimensions of social exclusion. The selection of individuals for closer analysis was informed by the research questions, with a focus on examining social exclusion from the perspective of older people who judged their quality of life differently. In the sample as a whole, more people reported a (very) good than a (very) poor quality of life. This distribution of perceptions was also reflected in the choice of case studies. As a result, four people were selected from those who reported their quality of life to be poor or very poor, and six from the group reporting a good or very good quality of life. Within each of these sub-groups, the research sought further to select individuals who displayed different forms of social exclusion – for example combining exclusion from social relations with exclusion from services or exclusion from material resources with neighbourhood exclusion – and then to ensure a certain degree of diversity in relation to the characteristics of age, gender, ethnic origin, marital status and place of residence. Key characteristics of the case studies are presented in Table 4.

In the analysis which follows, evidence is drawn from the ten case studies. One potential drawback of such an approach is that such evidence may become decontextualised from individuals' biographies. In order to overcome this weakness, fuller descriptions of the case studies are included in an appendix to this report. When reviewing the data presented below, readers might also find it useful to relate these findings to individuals' more detailed biographies. Participants' names, those of other individuals, and – where appropriate – street and place names have been altered in order to protect the identities of those taking part in the research.

**Table 4 Summary of case studies**

Case no.	Name	Key characteristics	Forms of social exclusion	Quality of life
3	Joan Richards	85 years, white, widow, lives alone, in good health	Material resources, civic participation, basic services	Good
5	Pauline Fields	81 years, white widow, lives alone, in very good health	Material resources, neighbourhood	Very good
8	Joseph Lee	85 years, white, widower, lives alone, health neither good nor poor	Material resources, social relations, neighbourhood	Good
11	Peter Brown	68 years, white, single, lives alone, in very good health	Social relations, civic participation	Poor
16	Donald Lloyd	74 years, white, single, lives alone, in poor health	Social relations, neighbourhood	Good
20	Flora Peters	60 years, Indian, widow, lives with son, in poor health	Material resources, social relations, civic participation	Very poor
21	Elizabeth Farmer	69 years, white, widow, lives alone, in poor health	Material resources, social relations, civic participation	Poor
22	Mary Johnson	71 years, white, widow, lives with son, in good health	Material resources, social relations	Poor
25	Edna Walker	74 years, Black Caribbean, widow, lives with son, in good health	Social relations, basic services	Good
31	Waris Abdi Duale	66 years, Somali, widow, lives alone, health neither good nor poor	Material resources, social relations	Good

## Different forms of social exclusion

A first research question relates to the representation of different forms of social exclusion through individuals' narratives. Here we explore the ways in which older people who are vulnerable to multiple forms of social exclusion talk about the challenges faced in their daily lives. In this section, the degree to which such experiences vary according to individual characteristics such as age, gender, ethnicity and health status is also addressed.

### Exclusion from material resources

Of the ten individuals selected for case study analysis, seven were prone to exclusion from material resources – a measure encompassing the dual dimensions of poverty and material deprivation. None of the remaining three case study participants were

financially well-off, and each commented on the way in which having a low income limited central aspects of their lives. In this respect, the challenges of managing on a fixed low income represent a recurring theme throughout the narratives of older people within this group.

Paying household bills and buying food tended to be prioritised by participants, although it was evident that not all succeeded in getting by financially from week to week. Those who appeared to manage best, had coped with financial hardship throughout their lives, and tended to have a relatively modest view of what it might mean to be financially secure.

*"All my life I have had to be economical ... I've been able to manage to do things ... You more or less exist. You are ready for your money when it is due on a Thursday, and I do put my money away for the telephone, gas and that ... I've always been able to have managed because I've always put my money to one side and I don't spend." (Joan Richards)*

*"At the moment I am managing comfortably. I don't owe anything, my bills are paid up-to-date. Yes, I'm managing at the moment." (Pauline Fields)*

One way to manage on a low income is to cut back on items of expenditure that are perceived as being luxuries or non-essential. However, what some older people regard as luxuries would be considered standard items by many.

*"It [state pension] doesn't give the opportunity of buying luxuries if you know what I mean. I mean I couldn't go out and afford to buy a lump of steak or the meat. You just buy things within reason, like sausages, the cheaper brand of stuff." (Joan Richards)*

*"Well I know what I want and it's all within reason. But the £30 I've got left from my state pension that doesn't keep me in shopping ... I can't afford luxuries really. I mean like getting a bottle of whiskey or something like that ... I couldn't do that." (Joseph Lee)*

*"I got to buy the things that I can afford ... Things are so dear in the shop and sometimes I have to leave some things, buy smaller one, you know just buy what you can afford ... say if you want sugar they have 3 or 4 different kinds of sugar and you have to take the cheaper one because they [are] dear, they have cheap things and dear things. Well the thing I hate to have is cheap things. I don't like anything cheap to eat. I'll wear it [i.e. cheap clothes] but I wouldn't eat it. So I just buy a small amount." (Edna Walker)*

*"Certain things in the food line you know like buying chops or that to make a dinner for myself. But I wouldn't ... [I] just have to just put out what I've got." (Elizabeth Farmer)*

*"You can only buy the cheapest of food. Besides bread and fresh milk sometimes I buy what you call a shank, you know a gammon shank and I boil that, because they're only about £1.24 and I do cabbage and we have that with some other veg ... Occasionally we used go down to the market there and it's like cheaper ... We'd get a cheap chicken or something like that and that'll do us 2 days. You know take a leg and a wing off one day and then we use the breast the next day. And then you can make a bit of chicken soup ... Some people buy this Dolmio you know for pasta and that. Well I don't buy those expensive things. I usually do something myself like, you know, tomato purée and things like that." (Mary Johnson)*

Reflecting findings from an earlier quantitative analysis of survey data collected in the context of the same research study (Scharf et al., 2002, 2004), some older people also cut back on more basic items, including food and household utilities in order to make ends meet. This was especially apparent amongst, but by no means restricted to, older people belonging to minority ethnic communities.

*"Because I am by myself I don't cook for 3 days. I can only afford to cook 2 days ... I do the cooking one day and then split it into half so one half I have today and the other half tomorrow, and so on." (Waris Abdi Duale)*

*"I go in for the cheap stuff ... The only time I have really a decent meal is a Sunday. I love my Sunday dinner." (Flora Peters)*

*"I'm only on incoming calls for the phone like but I can ring 999 if I want to. I was getting big bills so I had it put on incoming calls ... It's a bit of a nuisance when you want to make a phone call you've got to either walk right round to where the police station is along Oak Tree Road. You can torment your neighbours, but I don't like it." (Mary Johnson)*

*"[I] never pay the water bill. Just can't afford to pay it. They've sent me one letter. I mean it's impossible to manage on £78 a week." (Flora Peters)*

Most research participants were in receipt of a range of social security benefits in addition to the State Retirement Pension. Some also derived an income from occupational or survivors' pensions. However, it was not always clear whether individuals were receiving their full benefit entitlements. In several interviews, participants reflected on the difficulty of claiming state benefits.

*"I get £4 I think it is for my disability, not a lot, but I pay full rent so I don't get any benefits now. That was my own fault 'cause it got a bit of a bind you know every time you get a little rise on your pension it might be about 5 bob a week, something like that, and you got to notify them and letters in triplicate and quadruple and it got on my pip, plus they are not very helpful down there [benefit offices] ... You've got a couple times a year you've got to notify them but I mean we got 25p one year and 20p for being the age of 80, because I'm 86 now and the last rise Mr Brown give us was it £5? I had £1 out of that because the rent went up £2 and the council tax went up another £2 a week so we don't get nothing out of that ... every time we get a little rise, the council put up the rent. I don't know why they don't give it to the council in the first place." (Joseph Lee)*

*"I've, about 3 or 4 times, I've put in for a grant for clothing and they said no to me so I don't bother with that." (Elizabeth Farmer)*

Receiving support from family members, either in cash or in kind, allowed some participants to manage their finances slightly better. For example, one participant (Joan Richards) relied on her son to buy her a new pair of shoes, albeit in the form of a Christmas or birthday present. Another woman (Pauline Fields) received gifts in the form of clothing from a niece. Family support was occasionally required to claim benefit entitlements, as in the case of the Somali participant, Mrs Abdi Duale, whose daughter worked for the local authority and was able to help complete the relevant documentation.

## Exclusion from social relations

Of the ten individuals selected as case studies, eight were identified as being excluded from social relations. This indicator of exclusion subsumes the three inter-related dimensions of social isolation, loneliness and non-participation in common social activities.

Reviewing the narratives of those excluded from social relations displays a considerable degree of variation in individuals' circumstances. Older people's social networks were structured very differently, and the characteristics of participants' social support systems were also diverse. Some participants, for example, provided evidence of longstanding, problematic social relationships that have continued into older age. For example, one respondent (Flora Peters) spoke at length about the multitude of difficulties that she had encountered with family members throughout her life. She had experienced various forms of abuse at the hands of her mother during her childhood and early adult years and she had been unable to develop close relationships with her siblings. As a result she had opted to withdraw from relationships with her family, commenting: "I don't bother with my family. I keep to myself." Poor quality interactions were also evident in Mrs Peters' relationships with her husband and her own children. In this respect, she experienced the death of her husband as something of a liberation:

*"The way I look at it, if I want to go anywhere I've got no-one to tell where I'm going and what time I'll be back. I've just got my own free life ... I mean my husband's been dead 11 years and I used to have a terrible life with him. But it's just the way I want it now, free, please myself what I do."* (Flora Peters)

Other participants also referred to difficult relationships with close family members. One woman (Mrs Farmer) had become estranged from one of her three children following the death of her husband:

*"Since he's [husband's] passed away my daughter doesn't have nothing to do with me ... I don't know as to why she is like this with me. She won't speak to me ... and she only lives in [nearby street]."* (Elizabeth Farmer)

The same respondent also reported her distress at having been the victim of a domestic burglary at the hands of a grandchild:

*"He [grandson] robbed me when I was in hospital in December. He took all my savings money out of the drawer. £180 I had saved up. He took away the heater, electric one, my husband's radio cassette, ate all my food."* (Elizabeth Farmer)

In other cases, exclusion from social relations appeared to follow the loss of close family members and friends or the end of longstanding caring relationships. For example, one male respondent (Peter Brown) had acted as the main carer of his mother for the ten years preceding her death. Never having married, the demands of the caring relationship tended to limit Mr Brown's capacity to maintain existing contacts with friends and neighbours or to develop new relationships. Reflecting on the period following the death of his mother, Mr Brown felt that his life now lacked company and that it was too late to do anything about the limited nature of his social relationships. Other participants continued to experience a sense of loss following the death of a spouse or a close friend.



*"I'm not quite over it [death of husband] yet. I still miss him terrible you know."  
(Elizabeth Farmer)*

*"My husband was only 49 when he died. And I didn't have much time to mix up with anybody, because I used to stay here with the children. And we'd say when they're older we'll go out together. But he died when he was 49 so I never got the chance."  
(Mary Johnson)*

*"We [neighbour] was company to each other. We'd cook a meal for each other sometimes. Now I miss her really."  
(Joseph Lee)*

The absence or loss of proximate family or friends was occasionally compounded by a view that the quality of relationships with local friends and neighbours was in some way deficient. This was particularly evident in the narratives of research participants who were identified as being severely lonely, and would tend to confirm the findings of other studies conducted in areas characterised by a relatively high population turnover (Phillipson et al., 1999). Older people who have spent a considerable period of their lives in a particular community are likely to have out-lived many friends and neighbours of their own age-group, and may experience difficulty in developing social ties with people who have moved into the community in more recent years.

*"If anyone come in to me and sit down and talk I'm glad. But then if they don't invite in their house, I don't want to go ... Maybe they would like to have me, but they don't invite me."  
(Edna Walker)*

*"When you are elderly no-one comes to see if you are all right. I mean there should be a welfare officer that knocks at the door ... We don't get help here. No-one comes to see if you are all right."  
(Joan Richards)*

*"[We] had lovely neighbours ... no such thing as neighbours now ... well you don't congregate like same as like on bonfire night. In the old days all the neighbours used to be outside with chairs and what have you ... having treacle toffee and roasted potatoes and all this lot, nobody cares about you now."  
(Peter Brown)*

Even where some older participants appeared to maintain relatively frequent contact with other people, there was a sense that such contacts were fairly shallow:

*"I wouldn't say friends. We laugh and talk and you know ... I don't really go to them with my problems ... We talk about the weather and talk about our arthritis and so on."  
(Edna Walker)*

A number of people described the way in which lack of income impacted negatively upon their ability to participate in socially valued roles. An older Somali participant (Waris Abdi Duale) was neither socially isolated nor lonely, but was unable to engage in a range of social activities on the grounds of her limited income. This also applied to individuals whose expectations of an evening out were fairly modest:

*"Some people go to the bingo, but I can't afford to because we're just on state pension, we don't get no extras."  
(Mary Johnson)*



Limited financial resources also restricted some individuals' ability to engage in reciprocal relationships with family or friends:

*"I would just like a bit more money because I used to give the grandchildren, you know, money for Christmas and paying it out of the pension you've got to keep cutting it down every year. You like to give people presents because they buy you a present and you like to give them back. But being on pension you can't. It makes you feel so mean. And then people invite you over and you sort of shy clear because you say 'well I'd have to have people here', you know. I can't go round more so you shy away from them really." (Elizabeth Farmer)*

While exclusion from social relations was a common feature of many older people included in the case study analysis, there were also a number of examples of positive social relationships that helped to counterbalance the perceived inadequacies of other relationships. Flora Peters, for example, had very poor relationships with close family members, but had a friend in a neighbouring area whom she visited twice a week. Others relied on friends and neighbours for company or support.

*"You know she's a very good friend 'cause she phones me nearly every day or I phone her, see how I am. And sometimes she pops down when she gets her daughter to drop her off. That's the only friend I have got." (Elizabeth Farmer)*

*"My neighbour's pretty ill and when her son goes out, you know, work doing a bit of business ... I go and sit with her ... to keep her company ... She had a heart attack and he's [neighbour's son] a bit afraid to leave her on her own. So when he goes out he'll give me a ring on the phone and I go and sit with her ... I do that every day. As I say, it's a bit of company for me because I don't see anybody and we have a cup of tea and a chat." (Elizabeth Farmer)*

*"Any jobs that I want doing, I can always call on them [neighbours], they will come and do it for me. I'm most fortunate really." (Pauline Fields)*

### **Exclusion from civic activities**

Four of the ten people selected for closer scrutiny in the case studies were identified as being excluded from civic activities. This suggests that they are not involved in meetings of religious or community organisations, and that they do not participate in activities such as voting in elections, taking part in fundraising initiatives or writing letters to a newspaper. Even amongst those who took part in such activities, there was little evidence in individuals' narratives that civic activity represented a central feature of the lives of people prone to multiple forms of social exclusion. An exception to this general pattern was only found amongst those who participated regularly in religious activities.

Consequently, the lack of participation in civic activities tended not to feature very strongly in older people's discourse. This can probably be attributed to the difficulty of talking to people about issues that they are not interested in or that they do not regard as matters of priority. For example, the central focus of Peter Brown's life around the time of interview was the need to come to terms with the death of his mother, for whom he had acted as main caregiver. Equally, Flora Peters and Elizabeth Farmer were much more oriented towards meeting the challenges of their daily lives than to finding ways to engage in aspects of civic society. Some participants

commented on the absence of suitable places for older people to meet, with Peter Brown explaining that the local authority had been obliged to close a local social club after it was repeatedly vandalised:

*"The council kept repairing it and you can't blame them for closing it. They got fed up."*  
(Peter Brown)

Closer analysis of interview transcripts does tend to qualify the view that all people classed as excluded from civic activities are entirely disengaged from formal aspects of civil society. For example, one participant (Joan Richards) had started to take classes at a local adult education college so that she could learn how to communicate in sign language, and she also attended in a club for people with hearing difficulties.

### **Exclusion from basic services**

Only two of the ten people selected as case studies were vulnerable to exclusion from basic services. This dimension of exclusion reflects individuals' restricted usage of such services as gas, electricity, water and the phone within the home, and the non-use of three key services beyond the home – a chemist, a post office and a bus service. However, in both cases addressed here (Joan Richards and Edna Walker), it was the cutting back on services in the home that represented a central feature of the disadvantage experienced. This was, in turn, related to the need to manage on a fixed, low income.

Examining older people's narratives suggests that access to services beyond the home may also represent an issue for others in this sub-group. This applies to both public and commercial services. For example, one woman highlighted the difficulties caused by the closure of her local Post Office branch:

*"The Post Office in Main Road closed down. There is a little one on the High Street, just a little thing. You can't get anything in it and it's really mucky ... You'll have to go all the way back to the High Street or back to Kings Street, you know, because there is no Post Office nearby. I have to go all the way to the High Street – it's about 3 bus stops to get my pension."* (Edna Walker)

Another female participant commented on the impact of the loss of large retail outlets in the vicinity of her home:

*"We used to have Lewis's store, we had a Marks and Spencer's, British Home Stores. What else was there? Woolworth's. We've got none of those now. All my clothes I've got, including this, have all been bought for me as presents by my niece. She has bought all my tops. She buys me my trousers. I tell her what I want and she gets them, because there is no shops around here."* (Pauline Fields)

This particular woman's deteriorating health also served to limit her use of public transport, and she felt constrained by the lack of public toilets close to shopping areas.

*"Up until then [health problems] I was always on the buses or on the trains all over the place and I loved it ... Well it seems as if you take your life in your hands ... They jolt and you could fall over and there are steps that you can't see and it is a bit dodgy ... So that doesn't encourage me."* (Pauline Fields)

*"There used to be a nice one [public toilet] at the top of the market. A man looked after the gents and a lady looked after ... But they've done away with that and put this modern thing there and nobody wants to use them." (Pauline Fields)*

For others, the loss of local pubs and the characteristics of pubs that have survived discouraged them from leaving the home in the evening:

*"There's nowhere to go at night ... We've had five pubs closed in the past two years ... You get people smoking cannabis and all the rest [in the remaining pubs]." (Mary Johnson)*

One participant (Donald Lloyd) had moved to another neighbourhood of the same city after the survey phase of the research. He was interviewed in his new home, and was able to contrast the amenities of his new neighbourhood with those of his former place of residence:

*"From here either way, up that road ... I can be amongst the shops, very many shops, you've got two supermarkets, discount stores, there's all the facilities you want in a shopping area which are missing with the type of development in [previous place of residence] ... All those little roads now the shopping centres are closed ... This is a lovely shopping centre ... If I get fed up I can go out for a walk and I've got something ... It's somewhere to go where I wouldn't do in [former neighbourhood]." (Donald Lloyd)*

Some participants suggested the need for new types of services or amenities that would benefit older people. For recent migrants to Britain, this might involve establishing classes that would help older people get to grips with the English language:

*"We need desperately ... you know, all the Somali elderly people would like to have more classes so you know we can learn English more quickly ... to get by, just to know your address, how to write your name, how to go when you are going to your GP how to say a few words to him or her, you know something basic." (Waris Abdi Duale)*

### **Neighbourhood exclusion**

Three of the ten case study participants were socially excluded on the neighbourhood dimension. Indicators of this form of social exclusion have been developed to reflect the growing importance to people of the local residential context as they age and as their health deteriorates. Research suggests that the neighbourhood represents a major influence on older people's sense of self and on the quality of their daily lives (Scharf et al., 2002). In this study, older people who held very negative views of their local neighbourhood and who felt unsafe when moving around in the neighbourhood after dark were regarded as being vulnerable to this form of social exclusion. However, even those not judged to be excluded on this dimension talked at length about some of the difficulties associated with residence in a challenging urban environment.

The narratives of older people affected by neighbourhood exclusion point to two key aspects. First, there is the sense that a local area which had formerly been a pleasant place in which to live had been subject to a steady decline over recent years. Several people described their neighbourhoods as being dirty and poorly maintained.

*"When I first moved into the area it was quite nice ... it was all nice and clean. Decent shops, but they gradually moved out ... nothing around here of a night time or anywhere really. I mean compare it to before the war, you could go out window shopping ... You'd be saying hello, you know, all the evening. But now, no, that's lost ... These people in the government who run the jobs they're all well suited aren't they ... Nice big house, big gardens, way out in the suburbs somewhere. They don't experience it." (Joseph Lee)*

*"It really was a nice quiet street. [But now] the streets are untidy ... filthy, all the bits and pieces in the road ... It has really gone downhill." (Pauline Fields)*

*"It was that nice on this estate. As I say, I was the first one in this house. When I moved in here it got full up this estate because it was that nice, well kept you know. They've had to pull houses down over there because they've vandalised but there was a waiting list for this estate. Now they can't get rid of them, they pull them down they get vandalised so much ... I mean that green out there on a summer's day we used to all be sat outside there with our sunshades and tables and you could leave them tables there all night and sunshades, go to bed, go out next morning and they'd still be there. Not now ... the general appearance of the estate has deteriorated. Broken lamp standards and empty property." (Peter Brown)*

For some, the changing physical fabric of the neighbourhood appeared to coincide with a deterioration in the quality of relationships with local residents, mirroring the findings reported in relation to the dimension of exclusion from social relations. This came to be reflected in an inability to trust other local people:

*"I wouldn't trust any of my neighbours ... Neighbours ain't like they used to be in the old days." (Joseph Lee)*

Such descriptions stand in stark contrast with the experience of Donald Lloyd who had moved to a new neighbourhood ahead of the in-depth interview. Thinking back to his experience in his former neighbourhood, he was able to reflect on some of the characteristics of his new location that he especially appreciated:

*"I mean I've never had this seeing leaves falling. I mean this is something, I see the squirrels here, we've got a lot of squirrels believe it or not ... there's that big a difference." (Donald Lloyd)*

Second, alongside negative perceptions of area change, participants frequently referred to forms of crime and anti-social behaviour as affecting their lives. On the one hand, this was founded on the actual experience of crime or anti-social behaviour. On the other, older people perceived themselves as being at risk, even though they had not been the victim of crime. Pauline Fields falls into the first of these categories, having experienced crime on two occasions in recent years. On the first occasion she had been victim of a distraction burglary:

*"[It] was my silly fault, it was my own fault. There was a young lad and a girl knocked on the door and like a fool I opened the door. He asked for somebody, a name, I said I don't know the person and then he starts talking about what buses go to [place] and I said, I'll write it down for you and me walks in and they walk in and I didn't realise it at the time but he was attracting my attention. The girl come in, she sat there first of all, then she sat there and she took £5 out of my bag, I had a purse in the bag there. How she did it I don't know and then she was missing and I said where*

*has she gone? He said, oh she's gone out. She hadn't she'd gone upstairs and I didn't know till I went up to bed. My wardrobe doors were all open, she'd been looking through all the drawers. Fortunately there was nothing up there worth taking ... Apparently they went to somebody else's house up there as well."* (Pauline Fields)

On the second occasion, the same participant had been out shopping when someone had used a knife to slice through the lining of her shopping trolley and had taken her purse:

*"It happened in Tesco's because I saw somebody who I hadn't seen for sometime and it must have been while I was talking to her. I never knew, it was sort of like a leather sort of trolley and I went round, got what I wanted, got to the checkout, opened the trolley for my purse, it wasn't there. So I thought oh, and I never noticed anything so I said to the girl keep them, I'll have to go home and get some money my purse has gone. And it wasn't till I'd come home with the shopping and there was a light, they'd slit the front of the trolley."* (Pauline Fields)

Neither incident was reported to the police. As with others, this participant felt that it was too much bother to report crime, describing this as a "waste of time". Most people taking part in this study also fell into a second category, in that they perceived themselves as being vulnerable to crime or anti-social behaviour, especially at night.

*"I walk around as I like [during the day]. Only if it's dark and there is some boys around, young boys. They will be the ones to push you down. You hear they push down people and they take all their bags ... well I go out and have them in my mind ... with darkness coming down now, I don't walk anywhere. But when it's bright, I try and walk anywhere."* (Edna Walker)

*"They've got a big pub over there. They're nutters, they're always fighting and the police is always raiding it for drugs ... I've got an 8 minute walk, but I avoid the pub at nights. I go out my way. Instead of coming across here I walk down the road so I don't have to go past the pub ... It just shows you though what you've got to do doesn't it?"* (Peter Brown)

### **Exclusion through the life course: becoming and staying excluded**

A further research question regards the point in older people's lives at which they became vulnerable to different forms of social exclusion. Here we explore the degree to which exclusion reflects the interaction of *age-related characteristics* and of *cumulative disadvantages* experienced through the life course. The first of these aspects highlights the disproportionate impact on older people of certain kinds of losses or restrictions relating to income, health or reduced social ties. The second element points to the way in which birth cohorts may become more unequal over time as a result, for example, of limited educational and work opportunities at early points in the life course. Such characteristics are especially pronounced in relation to exclusion from material resources, social relations and the neighbourhood.

The focus in this study on a group of older people who are prone to multiple forms of social exclusion suggests that the origins of such exclusion are likely to be varied and complex. This is borne out by an analysis of the narratives of the ten people selected as case studies. While no two cases are the same, there are nevertheless some common features to individuals' biographies that have contributed to their social exclusion in later life.



The relatively low incomes of all participants in old age appeared to represent the outcome of individuals' low economic and social status preceding retirement, bearing out the findings of previous research on poverty amongst older people (Walker, 1993). Most participants had worked at some point during their adult lives, often for long periods. This applied to both men and women in this study. Joan Richards, Pauline Fields and Edna Walker, for example, had worked until reaching retirement age. However, several participants had fairly disjointed employment biographies. Mary Johnson had only taken up work in her 40s following the death of her husband at the age of 49, and had continued to work until the age of 68. Peter Brown had given up his job in order to provide full-time care for his mother, and had not been able to find suitable work after his mother's death. Elizabeth Farmer had been obliged to leave her part-time job as a school lollipop lady at the age of 57 for health reasons. In the case of Donald Lloyd, there was evidence of downward mobility brought about by redundancy in his 50s. Unable to find suitable work in his original trade, he felt obliged to take on a range of odd jobs "at a considerably lower rate" in order to make ends meet, and finally retired at the age of 64. Only two participants had not worked throughout their adult lives. While Flora Peters had given up her job as a machinist at the age of 35 in order to raise her family, Waris Abdi Duale had never been in paid employment either in Somalia or in the UK after her migration. Exclusion from material resources in later life, therefore, was generally related to a lifetime of having struggled to get by financially. Even without the impact of key life events, such as the death of a partner, the onset of ill health, or the assumption of caring responsibilities, this particular group of people would not have reached old age with sufficient resources to provide for a comfortable retirement.

Participants tended to display two different pathways into exclusion from social relations. For some, this represented the continuation of longstanding difficult relationships with other people. For others, particular life events or age-related losses had triggered such exclusion. Flora Peters provides an example of the former pattern. Having been involved in abusive relationships during childhood and for much of her adult life, she was now content to keep herself to herself and to avoid contact with members of her large family. The two men in this study who had never married (Donald Lloyd and Peter Brown) had developed relatively limited family and friendship networks through their adult lives and were consequently more prone to social isolation in old age. In relation to life events, becoming a widow and the loss of close friends featured strongly as triggers of exclusion from social relations. In particular, the transition to widowhood contributed to a diminution of some people's social relationships. Pauline Fields, Waris Abdi Duale and Mary Johnson had all lost their husbands at a relatively young age and had had to cope with the absence of a partner for a considerable period of time. For Edna Walker and Elizabeth Farmer, the loss of a husband had occurred more recently and was still very deeply felt. In Mrs Farmer's case this life event was compounded by the breakdown in a relationship with one of her children. Peter Brown reflected at length on the death of his mother, while others commented on their sense of loss following the death of friends and neighbours. Joseph Lee particularly missed the companionship of a female neighbour who had recently died.

Pathways to neighbourhood exclusion can also be viewed in relation to individuals' life courses. On the one hand, older people who had lived in their communities for a lengthy period of time were particularly sensitive to the perceived deterioration of their local environment in recent years. Negative perceptions of the neighbourhood tended to develop over a number of years and could not be linked to particular

triggers or events. The physical decay of the neighbourhood tended to coincide with a loss of services and amenities and was especially deeply felt by some older people. On the other hand, negative experiences both in and beyond the home acted as triggers which served to undermine the confidence of some participants in their neighbourhood. A strong feature of such experiences was the impact of crime and individuals' perceived vulnerability to crime and disorder. Several people in this small sample had been recent victims of crime, and few had felt confident enough to report this to the relevant authorities:

*"Oh them [police] no good, no use ... because if you phone them, the first thing they want your name and telephone number ... They come knocking on your door and the next thing when they gone and the thief know that you call the police on them they try to get you ... On two occasions I call the police and that man [neighbour] called the police. Once they had left, the next minute, his window, my window all of them break up ... You can't take no chance. You might be walking up there and you get a gun in the neck." (Edna Walker)*

One man, Donald Lloyd, had sought to overcome the challenges of his neighbourhood by moving house. In his new home, he talked in very positive terms about the impact of the move on his quality of life and his appreciation of the freedoms offered by his new neighbourhood. The fact that this participant owned and was able to sell his home in the former neighbourhood highlights the opportunities to overcome forms of exclusion afforded by a certain degree of material security.

The analysis of individuals' narratives emphasises the importance of both age-related changes and disadvantages that accumulate over time in generating multiple forms of social exclusion in later life. The loss of loved ones features as a key event in the lives of a number of individuals, with some people still struggling to come to terms with such losses a considerable number of years later. Other important life events include the breakdown of family relationships and the experience of crime. Cumulative disadvantages are related to a lifetime spent managing on a relatively low income, which offers a weak foundation for providing financial security in old age, to a lack of social ties in midlife, to the (early) onset of chronic ill health, and to the changing neighbourhood context.

## **Social exclusion and quality of life**

In the final part of the analysis we turn to the relationship between social exclusion and quality of life. Here the focus is on developing an understanding of why some people who experience multiple forms of exclusion report a good quality of life, while others regard their quality of life as poor.

Examining, first, individuals who reported a good or very good quality of life, two key characteristics can be identified. These relate to the ability to remain independent despite some of the challenges of daily life, and to a philosophical or spiritual perspective on life. Sometimes these characteristics coincided to produce a positive overall assessment of a person's sense of well-being.

Independence was emphasised in different ways in the comments of a number of research participants. For some this involved being able to manage on a modest income, while for others the ability to live alone despite deteriorating health was important.

*"Being able to live comfortably and walk about, have shops nearby. That's what it [quality of life] means to me anyway." (Pauline Fields)*

*"I mean if you haven't got the ability to get around it must be terrible really but I get around. It's a struggle but not so good as it was a couple of years ago." (Joseph Lee)*

*"If I was to not go out and stop in the house all the time and had to watch every penny I think that would be a low quality of life and that's not what I want. ... I reckon I've got a good quality of life because I've got good friends, I'm not short – even on a pension. I was never very poor. I wasn't poorly off though I had to watch the pennies, not to the extent where I'd starve myself. I always had meals. So my quality of life is good and, as I say, I have good friends and I go out sometimes on a Sunday all day to [place name] and have a game of cards you know." (Donald Lloyd)*

*"My financial problem is no bother to me because I make it do. I'm happy with it. Whatever I want, if I can't afford to get it I just don't bother. It don't bother me. I just get the necessary and what I would like." (Edna Walker)*

*"I don't want to have so much money. But I would like to have health, good health – also peace. But the main thing for my quality of life is to have good health." (Waris Abdi Duale)*

More philosophical and spiritual perspectives on quality of life were emphasised by three female respondents. Strong religious beliefs were especially evident in the narratives of two women belonging to minority ethnic groups.

*"It's just that I accept things in life now. I think to myself you've got to make a life for yourself haven't you. I mean you are on your own and if I sit here morbid then I'll go down. But if I get up and go ... if you keep your brain active, you'll be all right and that's what I do." (Joan Richards)*

*"Well I'm happy I've got the strength and energy to go to church, meet people, think about everybody, have everybody interested in me. If I can help them, I'll help them. Don't have no hard feelings for anybody. Just to be pure and genuine inside me." (Edna Walker)*

*"God, you know, decided what would happen to me." (Waris Abdi Duale)*

A clear pattern can also be identified in relation to the research participants who judged the quality of their lives to be poor. Individuals reporting a poor quality of life tended to have poor family and social relationships. For three of the four individuals in this group, weaknesses in social relationships overlapped with physical and mental ill health and appeared to lead participants to lose the will to live. The other participant emphasised the limiting nature of her financial situation and her poor health on her quality of life.

*"Well my mother died 3 years ago and I'm not interested in this house at all now. I'm not interested in anything round here actually. Come to think about it, I'm not really that interested about living. If I die, I die." (Peter Brown)*



*"I just take one day at a time. If I'm here today I might be gone tomorrow. That's the way I look at it. Sometimes I think it's not worth living. I've sat here, cried my eyes out and I thought well I've got tablets there I'll take them. ... Sometimes it makes you wonder whether it's worth living." (Flora Peters)*

*"Sometimes I'm sitting here of a night and sometimes I just ... Well the other week, last week, I was just sitting here and I got all my tablets and said 'shall I or shall I not?' That was one of them days when I just felt like giving it all up and somebody just said 'no, don't do it'." (Elizabeth Farmer)*

*"You just carry on from day to day. See I've been pretty lucky until last year, I never had a day's illness really and then just out of the blue I've had these 5 mini strokes all on one night and they kept me in hospital for a week. I'm just on tablets now here for blood pressure. No I've been pretty lucky compared with other people. As I say like my neighbour she's got arthritis in her feet and this and that but she's 80. But you see some people of 60 they can't even walk. So I've been pretty lucky up to now." (Mary Johnson)*

*"As I say, you like to give your grandchildren presents don't you, and your relations. But when you can't you feel mean, especially when they're opening great big presents and you're giving a little box of chocolates. It makes you feel rotten." (Mary Johnson)*

All individuals in this study were subject to multiple forms of social exclusion, yet this did not always translate into a perceived poor quality of life. For this group, none of whom were financially secure, social relationships represented a crucial component of well-being. Those with good relationships tended to judge their life quality more favourably than those for whom relationships were strained. Independence was valued by older people reporting a good quality of life, while chronic health problems and psychological distress tended to reduce well-being.

# Conclusions and implications for policy

The focus of this study has been on a group of multiply excluded older people living in deprived urban neighbourhoods. Although the data were collected in 2000-2002 and reflect the situation of this population group at that particular time, the analysis of older people's experiences raises a number of issues that continue to be relevant to the policy process. Improving understanding of the pathways that lead to social exclusion in later life and of the characteristics of such exclusion can contribute to the development of services designed to reduce social exclusion and can increase well-being amongst the most excluded older people.

The research undertaken here emphasises the complex nature of social exclusion in later life. Distinct advantages arise from attempts to disentangle the various forms of disadvantage that affect older people and to explore the overlapping nature of the different dimensions of social exclusion. Rather than seeking to develop catch-all policies that aim to reduce social exclusion, there may be a strong case for focusing on developing co-ordinated solutions that tackle particular strands of disadvantage. Such policy solutions should acknowledge the life course dimension, in particular the impacts of age-related changes, the accumulation of disadvantages throughout individuals' lives, and community characteristics.

A key feature of the case study research presented in this report is the impact of major life events on generating social exclusion in later life. The transition to widowhood, the adjustment to living alone and the loss of close family members, friends and neighbours feature strongly in older people's narratives. Other important life events include the breakdown of family relationships, the onset of chronic health conditions, withdrawal from the labour market, and the experience of crime. People interviewed in this study appeared to lack adequate support when such events occurred, and some continued to struggle with the impact of life transitions well after their onset. Loss of a partner may bring in its wake other problems such as coping with long-term illness, financial pressures, and feelings of vulnerability about living alone in the community. This highlights the potential need for a new type of preventive social policy geared towards providing support to individuals at such turning points in their lives.

Considerable investment has been made in recent years in developing early forms of intervention for children and young people in order to prevent the onset of social exclusion during adulthood. This research suggests that well-considered interventions during adulthood and in old age could also have positive impacts in reducing exclusion in later life. In terms of older people's quality of life, additional support for people when family relationships break down or who experience mental health problems would appear to be particularly important. In policy terms, there may be a strong case for developing targeted forms of intervention to widows and widowers adjusting to the early phase of solo living. This may be especially significant where individuals have been involved in long-term informal care, support which may have eroded personal social networks to a substantial degree.

The study also presents compelling evidence of the impacts in old age of low social status and economic disadvantage throughout the life course. Many people taking part in this research had spent a considerable part of their lives in employment. However, such employment tended not to provide sufficient resources to allow for a financially secure retirement. Lack of skills and qualifications, poorly paid work, bouts of unemployment, and periods spent raising children or caring for family members featured strongly in individuals' biographies. While these factors tended to generate a dependency on social security benefits for research participants, it was unclear whether all individuals were in receipt of their full benefit entitlements. For those with complex lives, limited social support or chronic health problems there are likely to be advantages associated with the provision of a higher regular income in the form of an upgraded basic state pension or through better targeted benefits. The policy issue here is complex and redressing cumulative inequalities may be a particular challenge for social policy. However, addressing the *consequences* of such inequalities – which may be manifest, for example, in a lack of confidence and awareness about claiming particular benefits – may be possible to achieve. Moreover, understanding the extent to which social exclusion reflects an interaction between problems of *old age* and that of *ageing* should itself generate significant innovations in social policy.

Further policy implications relate to the neighbourhood dimension of social exclusion. A striking feature of the research reported here concerns the extent to which the socially excluded have 'aged in place'. A number of research participants had spent the overwhelming part of their lives in the same community and were, as a result, acutely aware of the changing residential context. On the one hand, physical decay, loss of amenities, problems affecting the quality of health and social care services, and certain types of social change – such as population turnover and rising crime rates – tended to contribute to negative perceptions of the neighbourhood. On the other hand, older people's own need for support is likely to increase, along with their requirement for a high quality domestic and neighbourhood environment. Reconciling these two dimensions should be a major feature of the community development dimension to social exclusion. Neighbourhood renewal policies should recognise the relevance of such environmental changes in determining the quality of older residents' daily lives and in influencing their social exclusion. Awareness of the needs of older people is therefore of utmost importance in developing successful urban policy. Urban regeneration policies will also need to consider an *intergenerational* element to their work, seeking to bring together vulnerable groups such as families with young children, different minority ethnic minority groups, and long-term residents such as older people.

Finally, this research raises issues concerning the well-being of some of the most excluded older people in British society. What is perhaps remarkable about the study is the degree to which older people experiencing multiple forms of disadvantage continue to report a good quality of life. Although exclusion and (poor) quality of life are related, some individuals appear to be highly resilient to the impact of disadvantages linked to low incomes and poor neighbourhood conditions. Of particular importance to those reporting a good quality of life was the ability to remain independent. For some this meant coping with limited financial resources. For others managing to get out of the house once a day was the key marker of their independence. Adopting a more philosophical or spiritual view of life allowed some excluded older people to view their lives in positive terms. These represent difficult issues for policy, but suggest that strategies designed to safeguard people's independence in later life continue to be of utmost importance. Of course, some excluded older

people reported a very poor quality of life, and this group's needs should also be the focus for further policy development. While low incomes represented a factor for some in this group, poor social relationships and physical and mental health issues came more strongly to the fore. In this respect, strategies which guarantee yet reach beyond the provision of financial security in later life are likely to be of greatest benefit to those excluded older people with the poorest quality of life.

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# Appendix: Case studies

## Individuals reporting a good quality of life

### Joan Richards (ID Number: 3)

Joan Richards is in her mid 80's and lives alone in a flat. She has lived in London's East End for over 70 years and in her present accommodation just under 30. Widowed at the age of 66, Mrs Richards has one child, a son, who lives locally and visits her each day. She also has frequent contact with other family members and friends. She reports good health, despite some hearing problems, and perceives her quality of life to be good. This reflects her life philosophy: "It's just that I accept things in life now. I think to myself you've got to make a life for yourself haven't you. I mean you are on your own and if I sit here morbid then I'll go down. But if I get up and go ... if you keep your brain active, you'll be all right and that's what I do."

Exclusion from material resources appears to reflect a life course of having to manage. She recalled as a young woman the difficulties she and her family had in seeking to make ends meet: "In the past we never had a lot of money ... I mean our wages when we were young were very poor." Reflecting on her life as a whole, Mrs Richards feels that there have been a number of occasions when she has lived in poverty: "All my life I have had to be economical."

Having left school at the age of fourteen without any formal qualifications, Mrs Richards worked for much of her adult life. She retired at the age of 60 from her part-time job in the food packing industry. At the time of interview, she was living on a weekly income of about £130, made up of her state retirement pension, Income Support, Council Tax Benefit, and a small occupational pension linked to her husband's work history. A lifetime of careful budgeting makes it possible for Mrs Richards to manage on a relatively low income: "I've been able to manage to do things ... You more or less exist. You are ready for your money when it is due on a Thursday, and I do put my money away for the telephone, gas and that ... I've always been able to have managed because I've always put my money to one side and I don't spend." To make ends meet, she restricts her use of gas, electricity and the telephone. If she wants anything extra which she is not able to buy with her pension, she waits for special occasions: "I mean if I need a pair of shoes ... Paul [her son] will give me the money. He will buy them for Christmas or my birthday or anything like that, so I get by that way." Generally content with her financial situation, Mrs Richards wishes she could buy the odd luxury: "It [state pension] doesn't give the opportunity of buying luxuries if you know what I mean. I mean I couldn't go out and afford to buy a lump of steak or the meat. You just buy things within reason, like sausages, the cheaper brand of stuff."

Looking beyond the home, Mrs Richards expressed the view that her neighbourhood was not a particularly supportive place for older people to live in, and suggested the need for new types of neighbourhood service that would support older people: "When you are elderly no-one comes to see if you are all right. I mean there should be a welfare officer that knocks at the door ... We don't get help here. No-one comes to see if you are all right." Mrs Richards attends a club for people with hearing problems

once a month, and is in the process of learning sign language, taking weekly classes at a local adult education college. However, she was not involved in any other types of civic activity. She does not participate in meetings of community groups or attend religious meetings, and she had not voted in any of the most recent local or general elections.

### **Pauline Fields (ID Number: 5)**

Pauline Fields is aged 81 and lives in a terraced house in London's East End. For over 50 years she has lived in the same neighbourhood and house. She has one child, a son, who lives about an hour's drive away, and a niece who lives locally and visits frequently. Mrs Fields describes herself as being in good health despite some mobility problems.

Retiring at 60, Mrs Fields worked for most of her life in a factory. The death of her husband at a young age undoubtedly has had some impact on her present financial situation. Receiving the basic state pension, income support and a council tax rebate, Mrs Fields reported having a weekly income of around £85. Because she and her husband were able to afford to buy their house she feels she is able to manage on her income. She can afford to pay her bills and buy food and that is all she feels she needs: "At the moment I am managing comfortably. I don't owe anything, my bills are paid up-to-date. Yes, I'm managing at the moment." There are, however, some concerns regarding the ability to afford items beyond bills and food, such as the maintenance of the home.

Having lived in the area for a significant period of time, Mrs Fields feels very attached to the area: "My roots are deep here." The street that she lives on appears to have a good atmosphere and sense of community spirit. Neighbours appear to socialise with each other and help out: "Any jobs that I want doing, I can always call on them, they will come and do it for me. I'm most fortunate really." However, Mrs Fields does express a sense of loss and displacement related to some of what she sees as negative changes to the area: "It really was a nice quiet street," but now "the streets are untidy ... filthy, all the bits and pieces in the road ... It has really gone downhill." Loss of services has also been a particular issue for Mrs Fields: "We used to have Lewis's store, we had a Marks and Spencer's, British Home Stores. What else was there? Woolworth's. We've got none of those now. All my clothes I've got, including this, have all been bought for me as presents by my niece. She has bought all my tops. She buys me my trousers. I tell her what I want and she gets them, because there is no shops around here." Other than getting some small bits of shopping, she feels the neighbourhood no longer caters to her needs and there is little in the way of activities to do.

Mrs Fields also feels that the neighbourhood has changed with respect to crime. In the last couple of years she has been a victim of crime twice, one of which she blames herself for: "It was my silly fault. There was a young lad and a girl knocked on the door and like a fool I opened the door." The couple came in, one distracted her and the other took money out her purse. On the second occasion, she was out shopping and someone slit open her shopping trolley and took her purse. Neither incident was reported to the police. Mrs Fields believed that this would be too much of a hassle and a "waste of time. You'd never get it back ... No I didn't bother I'm just careful in future."



Mrs Fields also has a number of concerns over personal safety when she gets out and about in the neighbourhood. She expressed particular vulnerability to groups of young people congregating, preferring to rather cross the street to avoid them rather than walk through them. There are also issues over safety at night. After a frightening incident with some youths one night upon coming home from an evening out with her niece, Mrs Fields felt that it was best not to go out at night, unless it was just over the road to visit her neighbours.

Local services were also found to impact on Mrs Fields' activities. Since breaking her wrist and having some problems with her one remaining leg, Mrs Fields does not feel comfortable using public transport: "Up until then [health problems] I was always on the buses or on the trains all over the place and I loved it ... Well it seems as if you take your life in your hands ... They jolt and you could fall over and there are steps that you can't see and it is a bit dodgy ... So that doesn't encourage me." Mrs Fields also has an issue with the availability of public toilets: "There used to be a nice one at the top of the market, a man looked after the gents and a lady looked after ... But they've done away with that and put this modern thing there and nobody wants to use them."

Despite some of the challenges to daily life, Mrs Fields felt that she was quite content and settled. She felt fortunate to have good neighbours and regarded her quality of life as being good because she can manage financially, and has been able to remain independent.

### **Joseph Lee (ID Number: 8)**

Joseph Lee is 85 and lives alone on the top floor of a block of flats in London's East End. He has lived in his present neighbourhood for almost 30 years. A widower, Mr Lee has three children, two of whom live close by and visit weekly.

A number of aspects of Mr Lee's life presented challenges. In addition to a range of health conditions, the absence of adequate social relations appeared to represent a growing concern. Mr Lee was severely lonely. This was likely a consequence of several factors. In recent years many of his friends had either moved away from the area or had died. He was greatly affected by the very recent death of a friend and neighbour whom he had been very close to: "We was company to each other. We'd cook a meal for each other sometimes. Now I miss her really." Mr Lee's deteriorating health appeared to prevent him from engaging in more social activities, and his poor eyesight increasingly prevents him from keeping up with his retirement hobby (marquetry). In addition, increasing mobility problems coupled with having to manage several floors of steps to his flat prevent him from going out more: "I have to do it only once a day, that's enough." He feels his days are increasingly "pretty boring" and "depressing".

Features present in the neighbourhood have also led to exclusion. Mr Lee spoke at length about what he perceived to be negative changes to the local community. He felt that the area was dirty, shops were of poor quality, crime was bad and "neighbours never speak". High population turnover and anti-social behaviour of neighbours has prevented Mr Lee from forging friendships and had increased his sense of alienation. Even in an emergency situation he feels his neighbours could not be relied on to help: "I wouldn't trust *any* of my neighbours ... Neighbours ain't like they used to be in the old days." There was a sense of loss and sadness when he spoke about the area: "When I first moved into the area it was quite nice ... it was



all nice and clean. Decent shops, but they gradually moved out ... nothing around here of a night time or anywhere really. I mean compare it to before the war, you could go out window shopping ... You'd be saying hello, you know, all the evening. But now, no, that's lost ... These people in the government who run the jobs they're all well suited aren't they ... Nice big house, big gardens, way out in the suburbs somewhere. They don't experience it".

Financial resources also appeared to be a problem for Mr Lee. A semi-skilled labourer for much of his working life, Mr Lee was forced to take early retirement because of failing health. This had undoubtedly affected his financial situation, which he currently sees as a "problem". Mr Lee receives a basic state pension, Disability Allowance, a small works pension and a rebate on his council tax. The winter fuel allowance was felt by Mr Lee to be very welcome, as his flat was particularly cold and draughty in the winter. This sometimes allowed him to keep the heating on all day during particularly cold spells. His weekly income comes to around £130. After paying for rent and bills, Mr Lee struggles with the little bit he has left: "Well I know what I want and it's all within reason. But the £30 I've got left from my state pension that doesn't keep me in shopping ... I can't afford luxuries really. I mean like getting a bottle of whiskey or something like that ... I couldn't do that." He would very much enjoy "a little tot [of whiskey] in my cup of tea at night time."

Mr Lee does not claim additional state benefits to which he might be entitled, arguing that this represented more trouble than any benefit increase was likely to be worth: "I get £4 I think it is for my disability, not a lot, but I pay full rent so I don't get any benefits now. That was my own fault 'cause it got a bit of a bind you know every time you get a little rise on your pension it might be about 5 bob a week, something like that, and you got to notify them and letters in triplicate and quadruple and it got on my pip, plus they are not very helpful down there [council offices] ... You've got a couple times a year you've got to notify them but I mean we got 25p one year and 20p for being the age of 80, because I'm 86 now and the last rise Mr Brown give us was it £5? I had £1 out of that because the rent went up £2 and the council tax went up another £2 a week so we don't get nothing out of that ... every time we get a little rise, the council put up the rent. I don't know why they don't give it to the council in the first place." Another reason he does not claim benefits has to do with the intrusive nature of the process. He feels that he would only claim additional benefits "if it became a problem that I can't manage. Then I'd have to ... But if I can manage like this, I won't worry."

Despite many of the challenges he encountered on a daily basis Mr Lee felt that his quality of life remained good. His ability to manage on his financial resources and remain independent appeared to be central to this judgement. Even if he could only get out of his house to do something once a day, this would make the day special.

### **Donald Lloyd (ID Number: 16)**

Donald Lloyd is aged 74 and lives by himself in a one bedroom flat in Manchester. He has never been married and has no children, but has close contact with other family members that live locally. Until being made redundant in his late 50's, Mr Lloyd worked as a shoe repairman, and then took on odd jobs – at "a considerably lower wage" – until he retired at 64. He receives a basic state pension, council tax rebate, a small works pension, and some money from savings, giving him an income of around £110 per week.

The course of Mr Lloyd's life changed significantly three months before the in-depth interview took place. He had sold his house in the neighbourhood in which he had lived for over 65 years, and had moved to another area of Manchester. This was a reasonably spontaneous decision, although he had tried (unsuccessfully) to sell his house some years earlier. A central consideration in his decision to move related to the adequacy of the house for his increasing mobility problems, increasing difficulty managing finances and concerns related to neighbourhood decline and crime.

Mr Lloyd found the move to another area initially very difficult: "When you've been there a long time you're like a fixture and you don't want to budge." On reflection, he is happy with his decision to move, feeling that the quality of his life had greatly improved. Compared to his old neighbourhood, there are many aspects of his new neighbourhood that he enjoys: "From here either way, up that road ... I can be amongst the shops, very many shops, you've got two supermarkets, discount stores, there's all the facilities you want in a shopping area which are missing with the type of development in [previous place of residence] ... All those little roads now the shopping centres are closed ... This is a lovely shopping centre ... If I get fed up I can go out for a walk and I've got something ... It's somewhere to go where I wouldn't do in [former neighbourhood]." In his previous neighbourhood he was always concerned about crime, and worried that when he left his house he might get 'bumped up': "If I did go out, it was in the car and I'd go to a different district ... Now I don't think I'll do that because I've got all the shops here and I don't buy in a lot so I'm nipping out. I don't mind, if I'm short I can get it." Mr Lloyd also very much enjoys the street that he lives on: "I mean I've never had this seeing leaves falling. I mean this is something, I see the squirrels here, we've got a lot of squirrels believe it or not ... there's that big a difference."

Financially Mr Lloyd feels he should be better off. However, he still considers his situation as in a "state of flux": "I'm just at the start of a new system of living if you like and now that my pension takes up probably the rent and the overheads, you've got the gas, the electric, the phone, things like that, that will probably absorb my pension ... now I've got to live. I've got to clothe myself ... At the moment I'm being a little bit wary, yes I am, I'm not skimping but I am being a bit wary." Although "a bit wary" he feels he is not "watching his pennies" as carefully as had previously been the case, and he no longer worries about his financial situation. Having sold his house, he no longer had the same financial pressures: "I should have been a bit more well off than I was. I mean I wasn't stupid, I did save and I had insurance and I had other things as well. But things started to happen at the wrong time. The first thing was I got damp and I had to have the floor re-joisted, fresh joists in and a damp course. Well that was £2,000 and then my boiler went on my central heating. The boiler went and I had to buy a new boiler ... When you start talking about a couple of thousand coming out of your savings it really knocks it."

Mr Lloyd felt that his quality of life had significantly improved since moving to his new location. The area offered numerous amenities, safety, opportunities to have a walk, and a quiet residential street. The improvement in his financial situation was also significant: "So my quality of life is good."

**Edna Walker (ID Number: 25)**

Of Black Caribbean origin, Edna Walker is a 74 year-old widower. She has lived in her Manchester neighbourhood for over 40 years, and currently shares an end-terrace house with her son. Mrs Walker reports being in good health and is able to manage independently such activities as shopping and cleaning.

Mrs Walker was found to have a number of present challenges in her life. One was the inadequacy of her social relationships. She still greatly missed the company of her husband who had died 10 years earlier. Although she had daily contact with family, frequently stopped to chat to people in her neighbourhood and socialised with people at her church, the frequency and quality of such social interactions appeared inadequate for Mrs Walker's needs. Mrs Walker was found to be severely lonely, with the absence of close friends a particular source of concern: "I wouldn't say friends. We laugh and talk and you know ... I don't really go to them with my problems ... We talk about the weather and talk about our arthritis and so on." Despite the number of people she knew in the neighbourhood she was seldom invited into people's homes for a cup of tea: "If anyone come in to me and sit down and talk I'm glad. But then if they don't invite in their house, I don't want to go ... Maybe they would like to have me, but they don't invite me."

Mrs Walker is also excluded from some of the services in the area. She feels that some of the amenities and services offered in the area are either not available or of poor quality. A particular issues is the closing of the post office. "The Post Office in Main Road closed down. There is a little one on the High Street, just a little thing. You can't get anything in it and it's really mucky ... You'll have to go all the way back to the High Street or back to Kings Street, you know, because there is no Post Office nearby. I have to go all the way to the High Street – it's about 3 bus stops to get my pension."

Insecurity in the neighbourhood was also a significant concern to Mrs Walker. She felt fine walking around the neighbourhood during the day but would not go out at night: "I walk around as I like [during the day]. Only if it's dark and there is some boys around, young boys. They will be the ones to push you down. You hear they push down people and they take all their bags ... well I go out and have them in my mind ... with darkness coming down now, I don't walk anywhere. But when it's bright, I try and walk anywhere." Mrs Walker had little faith in the ability of the police to protect her and her property from crime: "Oh them no good, no use ... because if you phone them, the first thing they want your name and telephone number ... They come knocking on your door and the next thing when they gone and the thief know that you call the police on them they try to get you ... On two occasions I call the police and that man [neighbour] called the police. Once they had left, the next minute, his window, my window all of them break up ... You can't take no chance. You might be walking up there and you get a gun in the neck." Because she feels she can't rely on the police, safety is left up to herself and the people on her street: "You can't open it up to anybody because that woman [neighbour] ... on two occasions she open the door and they bore in on her ... rob her purse and push her down on the floor ... So we have to keep looking out. Anybody we see knocking her door we never move until they gone." Now the neighbours prefer to deal with incidents of crime themselves: "The only thing you can do [is] gang up on them. If they try to break in any houses at all we always gang up on them and leave the police out of it."

Retiring at 60, Mrs Walker worked as an auxiliary in a hospital, and except for taking a couple of years off when she and her husband had children, she has worked her whole life. Despite this affording daily necessities is difficult for Mrs Walker. The £95 a week she received from her state pension and her works pension enabled her to just about get by: "I have to save the pension to pay the bills ... I have to pay my gas bill, water is over £200 here, light, telephone, three insurances – one for the house, one for my contents, one for me. So it's a lot and they don't come cheap." Managing her shopping was also difficult: "I got to buy the things that I can afford ... Things are so dear in the shop and sometimes I have to leave some things, buy smaller one, you know just buy what you can afford ... say if you want sugar they have 3 or 4 different kinds of sugar and you have to take the cheaper one because they dear, they have cheap things and dear things. Well the thing I hate to have is cheap things. I don't like anything cheap to eat. I'll wear it but I wouldn't eat it. So I just buy a small amount." The condition of her house was also a problem for her. She felt that it needed some repairs and maintenance but was unable to manage this on her current income.

Despite some of the problems she encountered with regard to social, neighbourhood and material exclusion, Mrs Walker remained optimistic and positive. She felt that her quality of life remained good, suggesting that remaining independent was the most important source of her well-being: "I'm happy I've got the strength and energy to go to church, meet people, think about everybody, have everybody interested in me. If I can help them, I'll help them ... just to be pure and genuine inside me." Nothing else was of concern to her: "My financial problem is no bother to me because I make it do. I'm happy with it. Whatever I want, if I can't afford to get it I just don't bother. It don't bother me. I just get the necessary and what I would like."

### **Waris Abdi Duale (ID Number: 31)**

Of Somali origin, Waris Abdi Duale is a 66 year-old widow who lives alone in a flat in Liverpool. Two of her nine children live locally, but the others live abroad. In Somalia, Mrs Duale enjoyed a reasonably comfortable lifestyle. Her husband worked for the Royal Air Force for much of his working life, while Mrs Duale took responsibility for raising their children. The premature death of her husband, followed by the outbreak of civil war, prompted Mrs Duale to migrate to Britain ten years ago to be closer to her two daughters. Although very grateful for the security and peace provided by living in Britain, she struggles with many aspects of daily life.

Of particular difficulty was the management of her limited financial resources. Mrs Duale receives income support, housing benefit and council tax rebate, giving her a weekly income of around £95. With this money she pays her rent, bills and food, and occasionally tries to send money home to her children in Somalia. To economise and save on bills she will only cook twice a week: "Because I am by myself I don't cook for 3 days. I can only afford to cook 2 days ... I do the cooking one day and then split it into half so one half I have today and the other half tomorrow, and so on." As bills come in, Mrs Duale saves for a couple of weeks to pay for them and in so doing will cut back on shopping. She feels that it is more important to have money to pay the bills and be able to send some money back to her children in Somalia than it is to spend money on food. She feels that she is "just about managing".

She also feels that she cannot complain too much because she recognises that she might be better off than most Somalis. Because her daughter works for the local council she has received help to claim her benefit entitlements. Language barriers and the difficulties encountered by many Somalis with respect to benefit claims forms were overcome with the help of her daughter.

Issues of language are a particular problem for Mrs Duale and she wishes to overcome this: "We need desperately ... you know, all the Somali elderly people would like to have more classes so you know we can learn English more quickly ... to get by, just to know your address, how to write your name, how to go when you are going to your GP how to say a few words to him or her, you know something basic." Mrs Duale feels that this would allow her more control over her own health and enable her to be more independent of her children. Language barriers have also prevented her from reporting crime. A victim of a recent mugging she did not report the incident to the police because of language difficulties, and she did not wish to concern her children with such matters.

Increasing health problems have prevented Mrs Duale from being able to participate in community activities, such as visiting the mosque and a Somali women's centre. A number of recent falls while walking in the neighbourhood have shaken her confidence: "I'm too frightened to go out because I might fall." For her this highlights a need in the Somali community to have better support for older people living at home: "It is a problem all the time to reach the GP. I can't walk and I need somebody to come and visit me at home." Having a place that serves a daily hot meal – as exists for Somali men – would be of benefit to women in her situation.

Despite such challenges, Mrs Duale feels she has a good quality of life: "I don't want to have so much money. But I would like to have health, good health – also peace. But the main thing for my quality of life is to have good health." A deeply religious person, she feels that it is the life that has been selected for her and therefore must make the best of it: "God, you know, decided what would happen to me."

## Individuals reporting a poor quality of life

### **Peter Brown (ID Number: 11)**

Peter Brown is 69 and lives on a council estate in Manchester. He has lived on the estate for over 30 years and in the neighbourhood for much of his life. Mr Brown has never been married and has no children. He considers himself to have good physical health, saying "I'm never ill, I never get a cold and I can walk miles it doesn't bother me" and considers this "the only good thing about me."

A central theme in Mr Brown's life in the past 10 years was the full-time care he provided for his mother. The caring relationship was pivotal in affecting both his social and material resources, and appeared to happen at a time in which negative neighbourhood changes were also occurring.

Mr Brown left work almost 10 years ago to be a full-time carer to his mother. Originally planning to return to work after his caring duties, he was unable to find employment and now considers himself retired. This undoubtedly has had an impact on his material resources. His state pension and a small works pension provide him



with around £170 per week, out of which he pays, rent, utility bills, council tax, and food. Mr Brown finds that he is generally able to manage day to day expenses, but feels that his income occasionally prevents him from being able to go out, and most significantly prevents him from moving out of the neighbourhood.

Mr Brown's exclusion from social relations appeared to be particularly acute. He has limited contact with family and had no close friends or neighbours that he visits or visit him. His only significant social contact is with a sister who visits twice a week and some friends he meets in the pub a couple of nights a week. It appears that Mr Brown was particularly saddened by the inability to socialise with neighbours. In the past he had enjoyed very good relationships: "[We] had lovely neighbours ... no such thing as neighbours now ... well you don't congregate like same as like on bonfire night. In the old days all the neighbours used to be outside with chairs and what have you ... having treacle toffee and roasted potatoes and all this lot, nobody cares about you now." More than anything he feels that his life lacks "company" and he feels powerless to do anything about it because "it is too late".

The neighbourhood also appeared to be a central issues in exclusion. Although originally very happy with living on the estate, he now feels a sense of shame and disgust at the condition of the place: "It was that nice on this estate. As I say, I was the first one in this house. When I moved in here it got full up this estate because it was that nice, well kept you know. They've had to pull houses down over there because they've vandalised but there was a waiting list for this estate. Now they can't get rid of them, they pull them down they get vandalised so much ... I mean that green out there on a summer's day we used to all be sat outside there with our sunshades and tables and you could leave them tables there all night and sunshades, go to bed, go out next morning and they'd still be there. Not now ... the general appearance of the estate has deteriorated. Broken lamp standards and empty property."

Crime and personal safety within the neighbourhood have become key issues for Mr Brown. He is careful to avoid certain parts of the neighbourhood he views as "trouble spots", and – day or night – sticks to the one path that he uses to enter and leave the neighbourhood: "They've got a big pub over there. They're nutters, they're always fighting and the police is always raiding it for drugs ... I've got an 8 minute walk, but I avoid the pub at nights. I go out my way. Instead of coming across here I walk down the road so I don't have to go past the pub ... It just shows you though what you've got to do doesn't it?" His daily routine was constrained by anxiety about becoming the victim of street crime. This was particularly evident on the evenings that he went out to the pub: "I get home early me. With being old I get home for half past ten. It's not very nice travelling round here by yourself at night ... I go out at seven. I go out early and get back early, get locked up." Mr Brown was particularly anxious about groups of young people: "I do a detour, try and avoid them ... I try and make sure there's none of them knocking about when I'm going out at night when it's dark because they know I live by myself and they're terrors."

On the one hand, exclusion from civic participation reflects a perceived absence of community organisations that meet his interests, and on the other a general sense of disillusionment evidenced from his discourse on neighbourhood. Many years ago, Mr Brown and his mother would frequently attend a social club for older people. However, repeated vandalism of this club forced its permanent closure: "The council kept repairing it and you can't blame them for closing it. They got fed up."

Mr Brown senses that his life now lacks quality. He reported feeling “fed up” and disinterested in life. His lack of social relationships and the constant strain associated with living in his neighbourhood seem to have had a particularly negative effect on his well-being, culminating in a disinterest in living: “I’m not interested in this house at all now. I’m not interested in anything round here actually. Come to think about it, I’m not really that interested about living. If I die, I die.”

### **Flora Peters (ID Number: 20)**

Mrs Peters is aged 60 and lives in a small bungalow in a Liverpool neighbourhood. She has lived in the area for most of her life and in her present accommodation for about 30 years. She describes herself as of Indian ethnic origin. She is widowed and has 5 children, one of whom is temporally living with her and the others live elsewhere in Liverpool.

Mrs Peters has had a very difficult life history. As a child and young adult she was severely abused by her mother. This abuse appears to have had a significant impact on many aspects of her life, most significantly her social relationships. She appears to have a particularly poor relationship with family (i.e. brothers and sisters) and her children: “I don’t bother with my family. I keep to myself.” Her marriage had also been turbulent, and in some ways she felt liberated by the death of her husband: “The way I look at it, if I want to go anywhere I’ve got no-one to tell where I’m going and what time I’ll be back. I’ve just got my own free life ... I mean my husband’s been dead 11 years and I used to have a terrible life with him. But it’s just the way I want it now, free, please myself what I do.” Despite the presence of her son, the only other frequent contact she has is with a woman who lives in a neighbouring area whom she visits twice a week. This appears to be her only close friend. She chooses to avoid contact with neighbours, and will restrict such interactions to the exchange of pleasantries. She also has no interest in joining or participating in any community organisations and civic activities: “I just want to keep myself to myself.”

Until the age of 35, Mrs Peters worked as a machinist in a factory. However, she opted to leave work to raise her children. The premature death of her husband, coupled with her own deteriorating health, had prevented her from returning to work. As a consequence, she has very limited financial resources. Living on a low income affects many aspects of her life, including her ability to pay for food, bills and the up-keep of her home. In relation to food, Mrs Peters described how she would sometimes go for days without eating properly. She attributed this not only to a lack of financial resources, but also to a lack of interest in eating. She described her food habits in the following way: when shopping “I go in for the cheap stuff ... The only time I have really a decent meal is a Sunday. I love my Sunday dinner.” But sometimes she also spoke about not bothering to eat because she wasn’t particularly interested in food: “As long as I have a smoke and a cup of tea I’m all right.” This lack of food likely adds to her present health problems – she complains of tiredness and sleeps on and off throughout the day.

Paying bills is another challenge. Mrs Peters manages to pay most of her bills, but is selective about which she chooses to pay: “Never pay the water bill. Just can’t afford to pay it. They’ve sent me one letter. I mean it’s impossible to manage on £78 a week.” She feels with only a ‘about fiver’ left at the end of the week she can’t afford much, maybe a bit “more leccy or the papers, but that’s it”.



The condition of her house was also likely a combination of poverty and lack of interest. The house was dark and dirty, and in some need of decoration. The furniture was sparse and the carpet was threadbare. The garden outside was not maintained and the grass was overgrown.

Her financial, health and social situation are a source of significant stress and unhappiness for Mrs Peters. She feels that she has very poor quality of life. The constant daily struggle often appears to be too much to cope with: "I've sat here, cried my eyes out and I thought well I've got tablets there I'll take them ... Sometimes it makes you wonder whether it's worth living."

### **Elizabeth Farmer (ID Number: 21)**

Elizabeth Farmer is aged 69 and lives by herself in a bungalow in a Liverpool neighbourhood. She has three children, one of whom she sees daily and the others very infrequently. She suffers badly from arthritis and angina, and has mobility problems.

For most of their lives Mrs Farmer and her husband were employed in low status jobs – Mrs Farmer as a lollipop lady and Mr Farmer in construction. Both were forced to retire early, Mrs Farmer retired in her late 50's because of poor health and Mr Farmer had an accident at work, in which he broke his back. This situation has certainly impacted on her current financial position, which she describes as "terrible". She gets "£5.60 for the income support and then I get my £72 pension and I've got to get the leccy, gas, my phone bill. I haven't got much". With food there are things she would very much like to have but she shies away from: "Certain things in the food line you know like buying chops or that to make a dinner for myself but I wouldn't ... just have to just put out what I've got." There were also times that Mrs Farmer felt that she could not be bothered with food. This might reflect both a combination of financial limitations and lack of interest due to psychological ill health (i.e. depression and loneliness). Mrs Farmer has tried to get some financial assistance but has always been turned down: "I've, about 3 or 4 times, I've put in for a grant for clothing and they said no to me so I don't bother with that."

Her financial situation is compounded by a number of other events in her life. Three years ago Mrs Farmer's husband died in distressing circumstances following a series of strokes. She feels particularly aggrieved because of the treatment her husband received in hospital, and in some respects feels that this precipitated his death: "I'm not quite over it yet. I still miss him terrible you know." The estrangement of her daughter is another source of distress: "Since he's passed away my daughter doesn't have nothing to do with me ... I don't know as to why she is like this with me. She won't speak to me ... and she only lives in [nearby street]." She has also had a number of problems with her grandson stealing from her: "He robbed me when I was in hospital in December. He took all my savings money out of the drawer. £180 I had saved up. He took away the heater, electric one, my husband's radio cassette, ate all my food." The only good relationship she has with her family, is with a son who provides care and visits daily: "It's just him what's stuck by me."

Mrs Farmer has one very close friend in a previous neighbourhood whose support she appears to value very much: "You know she's a very good friend 'cause she phones me nearly every day or I phone her, see how I am. And sometimes she pops down when she gets her daughter to drop her off. That's the only friend I have got."

Another problem relates to Mrs Farmer's relocation from her old neighbourhood to the present one. She moved on account of her husband's health: "My husband had 10 strokes. Now the last one was a major one. He couldn't talk. He was in a wheelchair. Now I used to wheel him round and round and round everywhere, but the doctor said to go in for a bungalow. So when we applied we got one ... Well my husband never came to live here with me. He passed away." Living in her present neighbourhood she feels isolated from friends and desperately wishes to move back "near my friend's house where I used to live because all my friends are up there you see ... Oh my friends, you know, make me dead happier ... you know going by them." Mrs Farmer has recently experienced problems with crime and antisocial behaviour, and this has strengthened her desire to return to her former neighbourhood.

Health is another area of her life with which Mrs Farmer struggles: "This arthritis what's getting me down you know. Pains in my hands here." Her hands become very swollen and she finds it difficult to do anything with them. Mrs Farmer also suffers from depression and was found to be very lonely, possibly compounded by bereavement and family discord.

Mrs Farmer reported having a poor quality of life. She felt that the only remaining pleasure in her life were her cigarettes. She expressed significant feelings of distress and had at times contemplated suicide: "Sometimes I'm sitting here of a night and sometimes I just ... Well the other week, last week, I was just sitting here and I got all my tablets and said 'shall I or shall I not?'"

### **Mary Johnson (ID Number: 22)**

Mary Johnson is aged 71 and lives in a terrace house in Liverpool. She was born in her current neighbourhood and, excluding the years she was evacuated during the war, has spent her whole life there. She has three children, one of whom lives with her, and the others live elsewhere in England. Mrs Johnson remains very independent and in good health.

In many ways Mrs Johnson's life history is fairly typical of her generation. During the war she worked in a factory. Once the war ended, she was able to get married and start a family. However, the premature death of her husband and not having worked for much of her married life have combined to cause considerable financial and social hardship in her later life: "They say you should have put away for a pension yourself. But actually when my husband was alive he wouldn't let me work because he said I should be in for the children when they come from school so they had something to eat." Mrs Johnson feels that life events had prevented her from developing good social relationships: "My husband was only 49 when he died. And I didn't have much time to mix up with anybody, because I used to stay here with the children. And we'd say when they're older we'll go out together. But he died when he was 49 so I never got the chance." To try and overcome some of the difficulties associated with her financial and social situation, she had returned to work after her husband's death. She worked for as long as she was able to, and had only recently retired at the age of 68. Had her husband not died at a relatively young age and had she been allowed to work during her child-raising years, Mrs Johnson feels that financially and socially her life would be very different to what it is now.

The management of her financial situation is a source of considerable stress for Mrs Johnson. Her income of £75 a week is made up of a partial state pension, Income Support, Housing Benefit, and Council Tax Benefit. She also receives some

income from the son with whom she shares her home: "I make difficult decisions. You see 'til last year I was only getting £68 a week, and you've got to pay all your bills out of that. And he [son] was only on £53 on the dole. And because I've got to pay so much rent and then there's the water rates which is £28 a month, my television's £23 ... and then my electric and gas every fortnight £28 ... then you've got to pay your television licence that's about £9 a month. All that together doesn't leave much over." She decided that she could not afford a telephone, so "I'm only on incoming calls for the phone like but I can ring 999 if I want to. I was getting big bills so I had it put on incoming calls ... It's a bit of a nuisance when you want to make a phone call you've got to either walk right round to where the police station is along Oak Tree Road. You can torment your neighbours, but I don't like it." When buying food, Mrs Johnson is very economical: "You can only buy the cheapest of food. Besides bread and fresh milk sometimes I buy what you call a shank, you know a gammon shank and I boil that, because they're only about £1.24 and I do cabbage and we have that with some other veg ... occasionally we used go down to the market there and it's like cheaper ... we'd get a cheap chicken or something like that and that'll do us two days. You know take a leg and a wing off one day and then we use the breast the next day. And then you can make a bit of chicken soup ... Some people buy this Dolmio you know for pasta and that. Well I don't buy those expensive things. I usually do something myself like, you know, tomato purée and things like that." Mrs Johnson's neighbour also helps out by giving her fresh vegetables every week. So she feels she "gets by that way".

Her financial situation also prevents her from engaging in social activities. This lack of social support might be a significant reason for Mrs Johnson's acute loneliness. At night instead of always watching the television she feels she would love to go out: "Some people go to the bingo, but I can't afford to because we're just on state pension, we don't get no extras." Christmas time with the family is a particularly difficult time for her: "I would just like a bit more money because I used to give the grandchildren, you know, money for Christmas and paying it out of the pension you've got to keep cutting it down every year. You like to give people presents because they buy you a present and you like to give them back. But being on pension you can't. It makes you feel so mean. And then people invite you over and you sort of shy clear because you say 'well I'd have to have people here', you know. I can't go round more so you shy away from them really."

Her social circle appears to be very limited. Other than the son with whom she lives, she sees very little of her other children. One appears to work long hours and the other used to visit frequently but poor health has prevented him from travelling. Her only regular contact is with a neighbour whom she helps: "My neighbour's pretty ill and when her son goes out, you know, work doing a bit of business ... I go and sit with her ... to keep her company ... She had a heart attack and he's [neighbour's son] a bit afraid to leave her on her own. So when he goes out he'll give me a ring on the phone and I go and sit with her ... I do that every day. As I say, it's a bit of company for me because I don't see anybody and we have a cup of tea and a chat."

In addition to financial problems that prevent her from going out, there are also issues related to the neighbourhood. Mrs Johnson spoke of numerous closures in the area, and that other than the bingo hall "there's nowhere to go at night ... We've had five pubs closed in the past two years" and she is not attracted to the ones that have remained: "You get people smoking cannabis and all the rest."

Mrs Johnson feels that she has a very poor quality of life because of her financial and social situation. The constant struggle each day to make ends meet presents a particular challenge. With more money she would be able to “not shy away from social engagements” and “afford extras” like going out a couple of nights a week to the local bingo hall. This she feels would significantly improve her quality of life.