

Older people, learning and education: what do we know?

A NIACE paper for the Department for Business,
Innovation and Skills

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This is a paper prepared for the Department for Business, Innovation and Skills by the National Institute of Adult Continuing Education (England and Wales). to inform policy by providing an information base on older people, their learning needs, experience and aspirations.

In order to describe all the aspects of older people's lives which might generate learning needs, the paper has had to draw on sources across an extremely wide range of academic and policy fields. As a result, there may be inadvertent errors, which are the sole responsibility of the author.

NIACE intends to update the online version of the paper periodically as new data and more relevant sources emerge. Comments or corrections which could lead to improvements in future editions are very welcome, and should be sent to stephen.mcnaire@niace.org.uk

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1. Summary

The shape of the population is changing

Life expectancy has been rising steadily for more than a century. In 1900 half the population was dead by the age of 59, in 2000, half the population was still alive at 79. The proportions of the population who are over 50, over 75 and over 100 continue to rise.

In general, older people today are healthier and more active than people of the same age in the past. The average 65 year old can now expect to live for more than 17 years (men) and 20 years (women). Two thirds of this will be in reasonable health.

As a result of these changes, we have seen, in the last 50 years, the emergence of a new major life phase of active retirement, which now accounts for more than a decade of life for most people. This "third age" is very different, in lifestyle, opportunities and constraints, from traditional notions of "old age" or from the final stages of life, during which people depend increasingly on support from others for aspects of everyday living. For some, the third age includes staying longer in paid employment: real retirement ages in the UK have been rising for some years (longer for women), as have employment rates of older people, which are among the highest in the developed world.

This paper is concerned with the "third" and the "fourth" ages, and we define the beginning of the third age as 50 (which is when age discrimination in work, and declining health, begin to have an impact on significant numbers of people). However, older people are not all alike, and individuals differ in experience, aspirations and capabilities. Furthermore, some are systematically disadvantaged: the benefits of extending lifespan, in life expectancy, health, wealth and income in retirement are much greater, in general, for people in higher social classes, and with higher levels of education.

Why older people's learning matters to policymakers

There are three reasons why policymakers should be interested in older people's learning:

Economic contribution

Rising life expectancy, and rising real retirement ages, make the economic contribution of older workers more important. Here, investing in older people's learning is a priority if it can:

- Enable them to stay longer in work (contributing to GDP, and reducing the period spent dependent on pensions)
- Improve their productivity in their present jobs
- Enable them to find a job which makes better use of their capabilities
- Enable them to return to work if they become unemployed

Social cohesion

Government aims to improve social cohesion, both to raise the quality of life for individuals, and the capacity of communities to support themselves. Here, investing in learning is a priority if it can:

- Strengthen supportive social bonds between individuals
- Increase their ability to contribute to society in unpaid roles
- Reduce their isolation and dependence on public support

Wellbeing and autonomy

Government aims to promote individual wellbeing, recognising that wellbeing is a desirable goal in itself, not directly related to income and wealth. Here, investing in learning can be justified if it can improve individual wellbeing and quality of life.

It is plausible that there will be benefits from learning in all three cases, and there is some evidence of benefit. However, it is often tangential to the focus of education policy, often uneven, and lacking in the quantitative base which is most convincing to policy audiences.

Why learning benefits older people themselves

The strongest evidence of benefit from learning relates to wellbeing. There is substantial evidence that learning can improve health, and increase social engagement, and civic activity.

What older people say

When surveyed, learners themselves describe the benefits of learning in five broad areas:

- Developing myself as a person
- Meeting new people, and making new friends
- Improving my communication skills
- Improving my self confidence
- Enjoying learning more

What research shows

There is a growing body of research evidence showing that older people's cognitive capabilities and wellbeing are improved by some forms of learning. Evidence from the English Longitudinal Study of Ageing, shows a strong correlation between participation in "music/arts/evening classes"¹, and wellbeing measures, especially for women and those still in work. This was strong enough on one measure to cancel out the normal age related decline in wellbeing over the relevant period. By contrast, for older people, participation in formal, and exam based, courses was not related to wellbeing on any of the measures.

The problem of measuring benefit

However, because policy interest in quantifying the benefits of adult learning is relatively recent, the hard evidence is limited, and much of it is anecdotal, or qualitative, based on small samples and projects. Problems with measuring benefits include:

- lack of appropriate measures of outcome and tools for measuring social return;
- lack of policy interest in the past, making monitoring of change difficult;
- the fact that older people are more likely than younger people to be learning outside public sector institutions, and thus less accessible to researchers;
- the fact that many of the most significant benefits fall in the health and social care sector, where learning is not easily separated from other interventions;

Are older people's learning needs different?

Many of the learning needs and preferences of older people are the same as those of younger people. However, there are some specific needs. Older people may particularly benefit from learning which helps with:

- Managing life transitions and crises
- Remaining socially engaged
- Accessing the digital world
- Managing caring roles
- Maintaining health
- Ensuring financial security
- Maintaining employability (in paid or voluntary work)
- Developing interests, curiosity, and knowledge
- Cultural engagement and transmission between generations

¹ Unfortunately, the ELSA questions do not distinguish clearly between different kinds of learning.

- Maintaining basic skills

Many of these needs are poorly met, or not met at all, and most people have no access to learning some of them.

Some of these are best addressed by direct educational interventions: like courses designed to improve performance in a particular job, or to help individuals to manage a health condition. However, the effect is often indirect: joining a class provides an accessible, and socially acceptable, way of overcoming social isolation, and achieving a sense of purpose to life, whatever the "subject" studied. For some, joining a class is a less intimidating way of meeting new people than joining an established club.

Who participates, in what?

Participation in learning, and especially formal learning, declines with age, from 42% of people aged 25-49 to 28% of those aged 50-74, and 11% of those 75+.

Unlike younger people, who often report barriers of access, timing, cost or environment, older people generally cite lack of interest or being "too old" as the reasons for not learning. Most think it is relatively easy to find and get to courses, and less than 10% of older people report that a disability restricts their opportunities to learn.

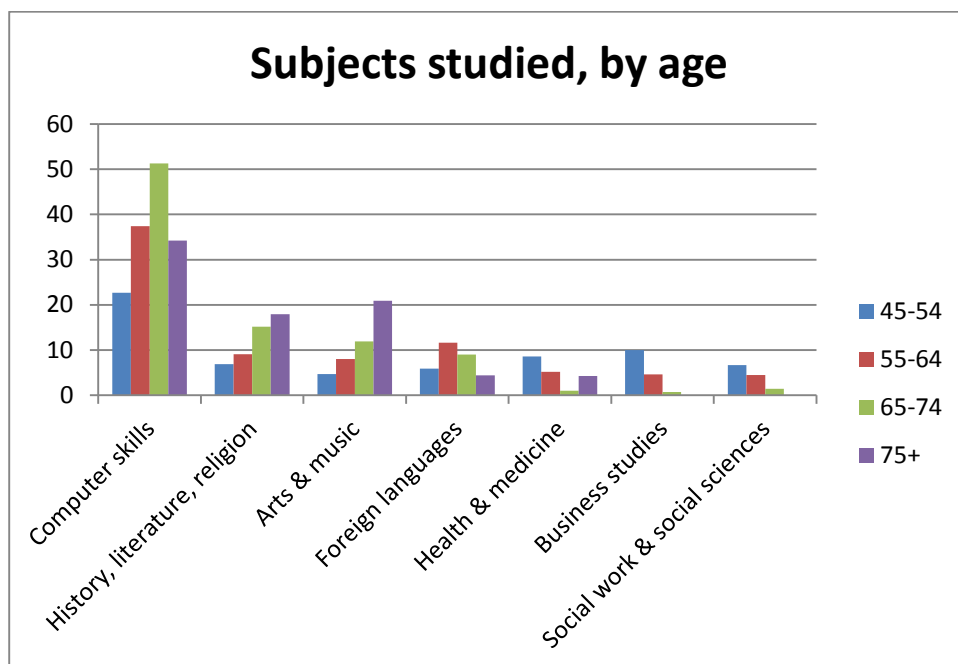
However, there is a group of "lifelong learners" who appear to continue learning well into old age, sometimes undertaking learning projects which last for years.

Those most likely to continue learning are better educated and from higher social classes (who constitute, over time, a growing proportion of each age cohort, because of their higher life expectancy).

What do older people learn?

As people age, and especially around the time of retirement, they become less interested in qualification bearing and vocational courses, and scientific subjects, and increasingly interested in studying the humanities and social sciences. Figure 1 shows this pattern, and highlights a peak in interest in languages around 60 (when people retiring embark on foreign travel, and some move abroad), and in computer related skills in the late 60s (when a generation seek to catch up with the opportunities offered by the online world)

Figure 1 Most popular subjects studied, by age



How and where do they learn?

People between 45 and 54 are most likely to be learning in the workplace, but, unsurprisingly, the proportion doing so drops rapidly after the 50s. Learning at home, or in an public sector education institution (FE College or Adult Education Centre) then become the commonest locations.

Who pays?

Older people generally pay for learning themselves, or undertake learning activities where there are no fees to pay (the proportion who pay nothing is rising, perhaps reflecting the growth of the U3A movement).

Although there are many potential benefits in learning for older people, expenditure is not evenly divided across the lifespan. People aged 50-74 account for 33% of the adult population but only 11% of all spending on education (public, private and voluntary²), while those aged 75+, who form 9.7% of the population account for only 0.5% of spending.

What has been changing?

The last decade has seen a very substantial shift in the nature of older people's learning. Government policy - to focus learning resources on young people, vocational skills, academic progression and formal qualifications - has led to a large fall in the number of older people in publicly funded adult education and further education. Alongside this there has been a rapid growth in self organised educational activity through the U3A movement, which now involves over 270,000 older people. The implications of these changes for who participates, and with what benefits, has not been systematically studied.

² Of spending on people over 18.

Areas for further investigation

Because policy interest in older peoples' learning is relatively recent, there has not been a great deal of systematic and well funded, study. Some of the topics where further work would be worthwhile include:

Apprenticeship	the role of apprenticeship styles of learning ³ in maintaining employability and extending working life
Basic skills	The nature and extent of basic skills needs among older people
Caring	The role of learning in caring: both to make people better carers, and to improve their own quality of life.
Cohort change	The extent to which attitudes and behaviour are the result of birth cohort, rather than age
Equity	How far learning, and its changing patterns of opportunity, are enhancing or reducing social equity
Health economics and learning	The impact of learning on health and social care expenditure
Partnerships and organisation	Forms of partnerships and organisation to better meet older people's learning needs
Social Return on Investment	Evaluation of Social Return on Investment in older people's learning
Survey approaches	Review/reform of the use of age categories in national surveys, and better use of existing survey data
Wellbeing	The role of learning in improving the wellbeing of older people

Future challenges and policy options

Although the demographic facts of an ageing society have been known for a long time, policy has been slow to respond, and those responses have often focused narrowly on support needs. In 2008, the Audit Commission's review of local government responses reported that only one third of Authorities had well prepared strategies, and many saw ageing purely as a matter of managing care services⁴.

This partly explains why many of the distinctive learning needs of older people listed above are poorly met, or not met at all for many older people. However, the consequence is poorer quality of life, reduced contribution to society and greater costs of dependency.

Addressing these needs calls for a different kind of relationship between educational and other agencies, calling for new kinds of partnership and collaboration, as well as new ways of raising and deploying funding. This is necessary because many of the needs do not fall into the traditional frameworks of adult education provision. Financial education, for example, is largely provided by the financial services industry, but mainly for those with sufficient money to make it attractive to that industry. Pre-retirement education is usually very short, and sometimes superficial, and available almost entirely to those in large firms or public sector employment.

³ Traditionally "apprenticeship" involved learning programmes closely integrated with work and the workplace. This is a broader definition than the current Government schemes.

⁴ Audit Commission (2008) *Don't stop me now: preparing for an ageing population*, London, Audit Commission

One key challenge is to find ways in which the skills and resources of educators can be brought to bear on issues where the benefits fall outside education budgets, and to ensure that some of the (potentially very large) savings to health and social care budgets from learning interventions can be deployed to fund learning programmes.

2. Definitions: what we mean by "older" and "learning"

What we mean by “older”

There is no generally accepted definition of “old”. Although State Pension Age is often used for statistical purposes, it is only loosely related to actual retirement ages, is different for men and women, and is changing.

In this paper we use 50 as the age at which people become “older”. Policymakers and researchers have commonly used 50, because this is the age after which disability and age discrimination begin to have a marked effect on employment patterns (although most people are still in employment ten years after this).

However it is not helpful to group everyone over 50 into a single category, especially since for a growing proportion of people this is only half way through the lifespan⁵. Perhaps the most critical distinction after 50 is between what have been described as the “third age” and the “fourth age”. The former is a relatively new phenomenon, a rapidly expanding phase of active later life, distinct from a “fourth age” where dependency becomes a major factor in people’s experience and lifestyle. However this is not a simple age based distinction. There is no point at which all people move from one to the other, for some it happens in the 50s, and for others in the 90s (or not at all).

What we mean by “learning”

“Learning” is also not a simple concept, either in public policy, academic discourse, or in the understanding of the general public.

In public policy, it is often treated as synonymous with “education”: as formal taught activity, managed through an education/training institution or agency, and this is often how the general public see it. However, it is sometimes seen more widely, as when policy seeks to encourage the creation of environments where incidental or embedded learning is more likely or more effective (as in some campaigns to create “learning organisations” or “learning cities”, or in voluntary organisations or workplaces).

The wider definitions include learning embedded in everyday life, much of it tacit and routinised to the point where it is “invisible”. Some individuals are more aware of such learning than others, although some researchers argue that the full benefit of learning is only achieved when the learning is made conscious⁶. For most individuals, learning is simply a part of life, and rarely noticed, but others consciously see themselves as “learners”, sometimes engaged in long term learning projects, in or outside formal educational settings. As a result, different people will respond to questions about “learning” in very different ways, even when the learning is similar.

These differences of definition make it difficult to study peoples’ experience of “learning” in an objective way.

Other benefits of participation

One of the benefits of educational programmes is the opportunity which they provide for people to meet and interact with other people. Since social isolation is a major concern for many older people, with costs in wellbeing for the individual and in physical and mental health, these benefits can often be justified in terms of social and health policy. However,

⁵ Between 1980 and 2010 the number of people living to 100 rose from 12,500 to 12,640, and are projected to exceed 160,000 by 2040 (ONS *Population Estimates for the Very Elderly*, 2010 release).

⁶ Hodkinson, P. et al. (2008) *Learning through life*. ESRC Learning Lives Project Summative Working Paper 1 www.tlrp.org

this sits uneasily with the policy priorities of "educational" services, whose outcomes are usually measured in terms of "progression" and achievement of qualifications.

3. Three policy challenges

An ageing society confronts society and government with many challenges. Learning, in the broad sense, is particularly relevant to three of these: balancing contribution and dependency across the lifecourse; changing cultural expectations of ageing; and integrating policy across departmental and institutional boundaries.

Balancing contribution and dependency

The most critical policy issue raised by an ageing society is the economic relationship in the overall population between the numbers of economically contributing and economically dependent people, commonly described as the "dependency ratio". Crudely, the welfare of retired people depends on the productivity of the working population, mediated by taxation and welfare policy. Trends in this ratio therefore have a critical influence on many aspects of public policy.

The dependency ratio is often calculated simply as a comparison between adults below and above State Pension Age (SPA) (although there are many inactive people below SPA, and many people working after it). Table 1 shows how this ratio is changing, without changes in SPA, and with the changes agreed by Government at the end of 2011⁷.

Table 1 The changing dependency ratio

	1976-2006	2012	2051
	No. over SPA, per 1000 people over 18		
Without change in SPA	300	376	495
With changes in SPA (at Dec.2011)	300	311	348

ONS Pension Trends 2010

The Office of Budget Responsibility estimates that, as a result of demographic change, age related UK public expenditure will rise from 22.5% of public expenditure in 2009/10 to 26.6% in 2039/40. The largest increases are in long term care (40%), health (27%), and state pensions (23%). Public sector pensions rise by only 5%, and the total is offset by a reduction in education expenditure of 3%⁸, reflecting lower birth rates⁹.

While some of the costs of "dependency" come from the State Pension and other welfare benefits, the largest costs relate to ill health and disability, and requirements for social care (residential and community, with the latter being the largest cost). Because a large proportion of health and social care costs are concentrated in the final few years of life, this stage is critical in policy terms. The White Paper *Building a Society for All Ages*¹⁰ reported that an increase of one year in average healthy life expectancy could reduce healthcare costs by 14%.

Thus, the critical costs do not relate directly to the (growing) numbers of people over 65, but to their health, and to the support available to enable them to remain independent. Here the

⁷ Changes in SPA are likely to be under more frequent review as life expectancy continues to rise, and public finances tighten. It should also be noted that raising SPA changes the dependency ratio, but only increases the number of people in employment (the "true" dependency ratio) if the demand for labour also increases.

⁸ It appears that OBR does not recognise the learning needs of an expanding older population in these calculations.

⁹ Cited in Dilnot (2011) *Fairer Care Funding*. London. Department of Health

¹⁰ Department of Work and Pensions (2009) *Building a Society for All Ages*. London. The Stationery Office

important measure is “healthy life expectancy” or “disability free life expectancy”. Both have been rising, but neither has done so as fast as overall life expectancy.

Rethinking expectations of ageing

A second important policy challenge is cultural. Because the new model, in which most people spend more than a decade in relatively healthy “retirement” is historically a very new phenomenon, there is no public consensus about what individuals are entitled to expect from society, and society is entitled to expect in return, during this rapidly extending life phase. As a result, competing models of “retirement” jostle for position in public discussion and policymaking. While some people associate “ageing” with terminal decline, others see an extended holiday or a new phase of contributing life.

Furthermore, for those in the “fourth age”, who are increasingly dependent on others, there is no vision of what “a good life” might be, and no clear sense of what the human rights of older people should be. One survey found that individuals felt they were seen as “commodities”, with decisions being made for them without consultation, and with care limited to meeting the basic physical needs of survival¹¹.

Coordinating Government policy

Ageing is an issue which crosses the traditional boundaries of Government Departments, and policies sometimes conflict. A notable example is the tension between education policy, and age policy.

Education and training policy has concentrated on increasing the productivity of the workforce, and the proportion of “working age” people in productive employment. In recent years, this has led to an growing focus of public education spending on younger people, and skills for work. As a result, it has tended to undervalue the contribution of education to the other side of the equation: to maintaining older people’s independence, health and welfare, and thus reducing the costs of dependency, which has been seen as the province of health and social welfare policy. However, health and social welfare agencies have limited capacity and expertise in managing educational programmes.

Such institutional boundaries are a major limitation on innovation. Policy objectives and impact measures differ, and the effects (positive or negative) of a policy intervention by one Department are often felt in another. One clear example is the contribution of education to maintaining independence in later life, where the costs fall on the education budget, but the savings are in the health and social care ones.

¹¹ Joseph Rowntree Foundation (2009) *Older people's vision of long term care*, York, JRF

4. Ageing: the facts

People are living longer

There are 21 million people over 50 in the UK, of whom nearly half (9.8 million) are over 64¹². It is likely that by 2035 there will be nearly 100,000 people over 100 (up from 100 in 1911).

The proportion of the population over 65 is rising at an accelerating pace. This is especially true for those over 85. The traditional imbalance in favour of women is reducing.

Table 2 Changing demography 1984-2034

Population	1984	2009	2034
65+	15%	16%	23%
85+	.66 million	1.4 million	3.5 million
100+	2,600	11,600	87,900
110+			100+
Female/Male ratio 65+	1.56	1.29	1.18

Life expectancy has risen rapidly for men and women. Historically, women have outlived men, and this remains true, but the gap has been narrowing (from 6 years in 1980 to 4.1 years in 2010). The average 65 year old man in the UK can now expect to live to 82.8, and the average woman to 85.4. In both cases life expectancy is higher in England than in any of the Devolved Administrations, where Scotland is markedly lower at (81.6 and 84.2)¹³.

One indication of the changing pattern is the rise of the four (plus) generation family: two thirds of grandparents are not now the oldest generation of their families¹⁴, creating increasingly complex patterns of informal care within families.

Longer life is not always healthier life

While life expectancy has been rising, increases in healthy, and in disability free, life expectancy (which are more accurate indicators of the costs of ageing) have not been keeping pace. Chart **** shows that, while total life expectancy for men, and disability free life expectancy for men and women have all risen by a third over a quarter century, healthy life expectancy for women has risen by only 13%,

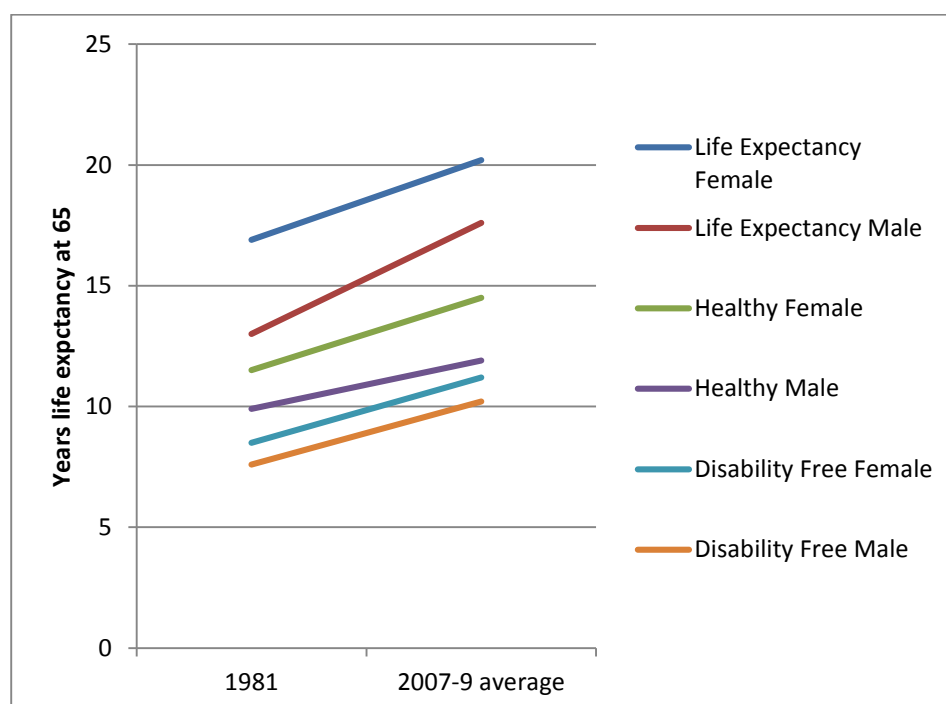
Although the overall health of older people has improved steadily with improvements in health care and medicine, physical and mental health problems become more common, and play an increasingly important role in the quality of life as people age.

¹² DWP (2011) *Older Workers Statistical Information: Quarter Two 2010*

¹³ ONS Statistical Bulletin 31 Aug 2011 *Health Expectancies at birth and at age 65 in the United Kingdom, 2007–2009*

¹⁴ Dench, G. and Ogg, J. (2002) *Grandparenting in Britain: a baseline study*. Institute of Community Studies

Figure 2 Changes in life expectancy 1981-2008



ONS (2011)¹⁵

Levels of physical activity among older people are dramatically lower than Department of Health guidelines, which suggest that, for people over 65, moderate activity significantly reduces the risk of heart disease, stroke, diabetes, some forms of cancer, depression and dementia, bone and muscle loss, and reduces the risk of falls¹⁶. More than half of 65-74 year olds, and two thirds of the 75+ take little or no exercise.

Mental health, in the broad sense, is also an important issue as people age. In 1999, the National Survey of Health and Development¹⁷ found that at the age of 53, only a quarter of men, and slightly fewer women reported that they were happy in their jobs, felt in good health, and had enough opportunity to talk openly and share their feelings.

One effect of the continuing gender difference in life expectancy is that older women are more likely to live alone, and be socially isolated, than older men (33%/ 22% of those aged 65-74; and 60%/36% aged 75+).

People are retiring later, and differently

In the late 20th century early retirement became increasingly common, especially for men, partly as a result of the closure of much heavy industry. However, since 1995, the employment rate of people over 50 has risen, and real retirement ages have been rising rapidly (since 1984 for women, and since 2002 for men) . Table 4 shows the rise in average retirement age since 2004¹⁸.

¹⁵ ONS (2011) *Focus on Older People: Older People's Day*

¹⁶ Department of Health (2011) *Start Active: Stay Active: a report on physical activity for health from the four home countries' Chief Medical Officers*
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

¹⁷ The NSHD is a longitudinal survey which has tracked the same sample of people since birth in 1946 (see below).

¹⁸ ONS (2011) *Pension Trends*.

Table 3 Average retirement ages 2004-2009

Average retirement age	2004	2009	Change over 5 years (yrs)
Men	63.8	64.5	+0.7
Women	61.2	62.0	+0.8

In 2011, 65% of people aged 50-64 were in employment (71% of men and 58% of women), although this varied greatly between regions (from 58.5% in the North East to 69.6% in the South East)¹⁹. However, there is a strong relationship between educational qualifications and retirement, with those with low or no qualifications much more likely to be fully retired²⁰.

Table 5 shows that the growth in employment has been even more rapid for those over 65, and especially for women over 65, whose employment rates have doubled. People aged 65+ now constitute 3% of all those over 16 in employment, with the majority working on a part-time basis²¹.

Table 4 Employment rates of older people 1995-2010

Employed	1995	2012	% Change
%			
Male 50-64	65	71	9
Female 50-64	49	60	20
Male 65+	8	12	50
Female 65+	3	6	100

In the year to November 2011, despite the economic downturn, the overall employment rates of people 50-64 rose by 1.4%, and the rate for people over 65 rose by 1.5% (compared to a fall of 0.7% for people aged 35-49. However, there are some signs that these rising participation rates may have peaked in mid 2011, and in the year to November 2011, the employment rate for women over 65 fell, for the first time, by 2.6%.

There are four distinctive features of the older labour market.

- For those who want to stay in work after 50 and are in relatively secure work, the chances of staying as long as they wish are better than in the past;
- For those who lose their jobs after 50, the chances of getting back in (certainly at a similar level) are very slim;
- There is a group of older workers in high status and relatively well paid jobs, who continue to work, often because of the interest and status attached to the particular role;

¹⁹ ONS (2010) *Older Workers Statistical Information Quarter Two 2011*. London Department of Work and Pensions

²⁰ Humphrey, A. et al (2003) *Factors affecting the labour market participation of older workers*, Department of Work and Pensions Research Report 200, London

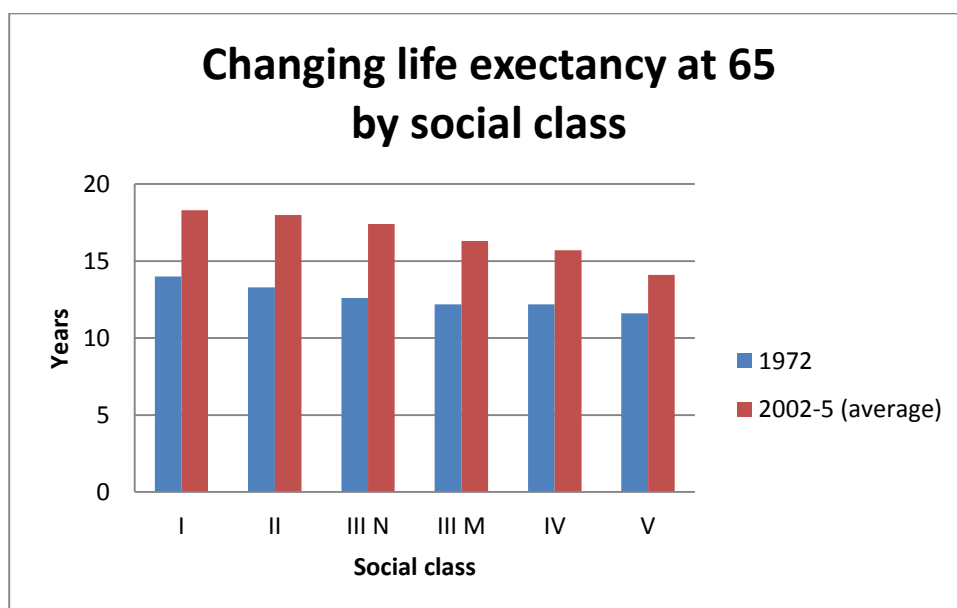
²¹ ONS (2011). Op cit

- There is another group are in much lower skilled and status roles, although they may previously have been in more demanding roles. They are often in "entry level" jobs, which may put them in competition for jobs with young low skilled people²², where their greater life experience and work ethic can make them more attractive to employers²³.

Social class affects life expectancy

Social class and occupation have a major influence on the nature of later life and retirement. Figure 2 shows that, while life expectancy for all social classes has risen, the gap between manual and non-manual workers has doubled²⁴ over 30 years. In 2002-5 the gap in male life expectancy at 65²⁵ between social classes I and V was 4.2 years.

Figure 3 Changing life expectancy by social class



Age no longer correlates directly with poverty

The historic link between retirement and poverty has weakened in recent decades. Between 1996 and 2009, average gross pensioner incomes increased by 50% in real terms, significantly faster than average earnings. In 1979, half the people in the bottom quintile of earnings were over 65: by 2008 this had fallen to a quarter²⁶. Figure 3 shows the income distribution of people over 50²⁷. The largest source of income for pensioners is State Benefits (including State Pension), followed by occupational pensions.

²² McNair, S. (2011) *Older people and Skills in a Changing Economy*. London. UK Commission for Employment and Skills.

²³ McNair, Flynn, and Dutton (2007) *Employer Responses to an ageing workforce: a qualitative study*. DWP Research Report No 455. London HMSO 2007

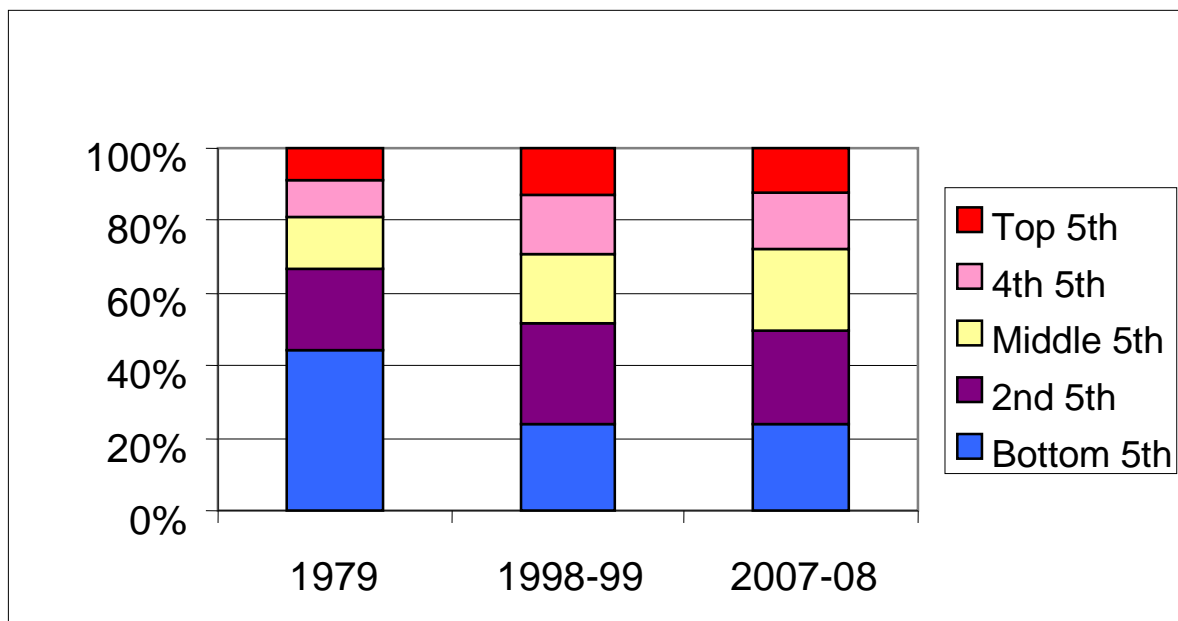
²⁴ ONS (24 Oct 2007) Press release.

²⁵ Life expectancy at 65 is different from life expectancy at birth, since the latter includes those who die before reaching 65.

²⁶ ONS (2011) *Focus on Older People, Older People's Day: Statistical Bulletin*. London, Office of National Statistics

²⁷ DWP Pensioners Income Series

Figure 4 Distribution of older people by income



However, there are great disparities within the pensioner population:

- the average income of the first quintile is nearly four times that of the fifth quintile;
- 1.8 million pensioners still live below the poverty threshold²⁸;
- younger pensioners have higher incomes than older pensioners;
- poverty levels are higher among people in rented accommodation than owner occupiers (27%/13%).

Older people's spending is a major economic factor

Older people now represent significant contributors to the economy as consumers. A study by SQW for WRVS suggested that older people make a positive net contribution of \$40 billion to the UK economy, and that this is likely to rise to £77 billion by 2030²⁹. BIS calculates that, over 25 years, the ageing population will generate growth of over 50% in expenditure in eight areas (in downward order of size): health, recreation, miscellaneous services, fuel, household goods, communication and transport³⁰.

Older people play a significant civic and political role

Not only are older people a growing proportion of the population, they are also more likely than young people to vote in elections. In the 2010 general election, there were 102 parliamentary constituencies where people over 65 constituted more than 40% of people voting, and 368 where they represented over a third of votes cast³¹, making them a

²⁸ 60% of median income after housing costs.

²⁹ WRVS (2011) *Gold age pensioners: valuing the socio-economic contribution of older people in the UK*, Cardiff, WRVS

³⁰ BIS (2011) *Economic Opportunities and Challenges of Ageing*, London, Department of Business, Innovation and Skills

³¹ Davidson, S. *Quantifying the changing age structure of the British electorate 2005-2025*, London. Age Concern

significant political force, though there has, to date, been relatively little attempt to mobilise them as a voting bloc³².

Engagement in civil society peaks among the 50-64 age group, when 62% of people take part in some form of civic activity. However, overall levels of activity have been declining over time among all groups, with rates of participation for people aged 50-64 falling from 64% in 2007/8 to 59% in 2010/11. Table 6 shows how participation in various forms of civic activity declines with age. Men are slightly more likely than women to take part in all these activities³³. Formal volunteering is more likely among those with higher levels of qualification. For those older people who do undertake formal volunteering, it plays a significant part in their lives, with the average volunteer over 65 committing 14 hours a week³⁴.

Table 5 Civic activity by age

	Civic participation	Civic consultation	Civic activism	Formal volunteering
35-49	39	19	11	43
50-64	40	22	12	42
65-74	36	20	11	41
75+	29	14	8	28

Although they may be over represented in some roles (e.g. elected representatives in local government, or as Magistrates), in general, as people age they are less likely to feel that they can influence decisions affecting their locality or the country. In recent years there have been systematic attempts to strengthen the representation of older people in policymaking, through the Better Government for Older People programme, and more recently through local and regional older people's fora³⁵. At national level the UK Advisory Forum on Age brings together regional representatives with national agencies and Ministers to discuss major policy issues.

Older people, and the retired especially, provide a significant proportion of the voluntary workforce, and there have been concerns that moves to extend (paid) working life would reduce the capacity of voluntary organisations. There has been little research into this issue, but there are two counter arguments: that raising retirement ages in line with rising life expectancy merely defers the period when people volunteer; and that the people who volunteer in later life are, in general, the same people who volunteered when they were in paid employment.

The level, and impact, of disability varies

The proportion of people with disabilities increases with age, and in 2010 almost half (48.5%) of all claimants of Incapacity Benefit and Severe Disablement Allowance were over 50³⁶.

However, individuals vary greatly, in whether they become disabled at all; in the scale of disability; and the extent to which this impacts on their lives. Some people remain very active

³² Unlike the USA, where older voters are recognised as a serious political force, encouraged by the AARP.

³³ DCLG (2010) *Citizenship Survey April 2010 – March 2011*.

<http://www.communities.gov.uk/documents/statistics/xls/1992761.xls>

³⁴ Kitchen, S. 2007/8 *Citizenship Survey: Volunteering and charitable giving report*. London. DCLG

³⁵ <http://www.ageuk.org.uk/get-involved/older-peoples-forums/>

³⁶ DWP (2011) op.cit.

with disabilities which are severely limiting to others. Furthermore, self reported disability is not always stable or permanent, and in the ELSA longitudinal studies some older people who reported a long term limiting disability in one wave of a survey, did not report it when questioned three years later³⁷.

The population age profile varies by region and locality

Although people aged over 50 form at least a quarter of the population in all regions of the UK, the population age profile varies significantly by locality³⁸. Urban areas have the youngest populations, especially central London. The highest proportions of older people are in the South West and Wales, with the median age above 50 in Somerset, Norfolk, Hampshire, Dorset, and Berwick on Tweed. The 10 youngest areas, all of them with less than 10% of people over 65, are urban³⁹.

Life expectancy at 65 is highest in some parts of London, and in the South East and South West, and lowest in Scotland and the North West.

Life expectancy also varies greatly by locality. The gap in average life expectancy at 65 between the highest (Kensington & Chelsea), and lowest areas (Glasgow City) is 9.8 years for men and 8.9 years for women⁴⁰.

The older ethnic minority population is small, but growing

The ethnic minority population is significantly younger than the White British one, since many have come, in the last thirty years, as young first generation immigrants.

Furthermore, generalisations about needs or aspirations of "the minority ethnic population" are unwise, since the term embraces a wide range of very different groups, with different patterns of employment, and expectations of retirement, about which not a lot is known.

Only 3.7% of the 65+ population are from ethnic minorities, the largest group being Asian and Asian British. In London 17% of minority men, and 14% of minority women are over 64, but in all other regions the proportions are under 6%, falling to 1% of minority men in the North East⁴¹.

Social care policy is critical but poorly coordinated

The high cost of social care (residential and community) makes it a critical issue for the quality of life for many older people, as well as for public policy. Although the overall level of public expenditure is high, so are private contributions. Contrary to popular opinion, care is not free, and unless it is for a diagnosed medical need, individuals are expected to pay until their resources fall below a threshold.

However, the need for social care is very difficult to predict. Although one quarter of 65 year olds will never need significant care, most will at some point. On average, a man who is 65 today can expect to spend 6 months receiving publicly funded care at home, and 6 months in residential care (10 months and 12 months for women)⁴². However, for many, the time is

³⁷ Banks. (2010) *Financial Circumstances, Health and Wellbeing of the Older Population in England: the English Longitudinal Study of Ageing (Wave 4)*. London. Institute for Fiscal Studies

³⁸ Baylis, S. and Sly, F.(2010) "Ageing across the UK" in *Regional Trends 2010*, London, ONS

³⁹ All of them University towns with a high proportion of students.

⁴⁰ ONS Statistical Bulletin 19 Oct 2010 [Life expectancy at birth and at age 65 by local areas in the United Kingdom - 2007-2009](#)

⁴¹Runnymede Trust (2010) *The future ageing of the ethnic minority population of England and Wales* <http://www.runnymedetrust.org/publications/147/32.html>

⁴² Comas-Herrera, A. and Wittenberg, R. (2011) "Expected lifetime costs of social care for people aged 65 and over in England", in *Unit Costs of Health and Social Care 2010*, Canterbury, PSSRU

much shorter, because the averages are skewed by a small proportion (10%) who stay for more than 6 years⁴³.

Although the estimated average cost of lifetime care for someone who is 65 today is £31,500 (higher for women, and lower for men), one person in ten will require extended or intensive care costing over £100,000.

Despite public perceptions, the bulk of the costs relate, not to residential care but to care in the community, because, although the unit costs of residential care are high, only 3.5% of the 65+ population are in residential care, and the average stay is relatively short. Figure 4 shows the numbers receiving social care, and Table 7 shows its costs in 2009/10⁴⁴.

Figure 5 Care provided to the 65+ population

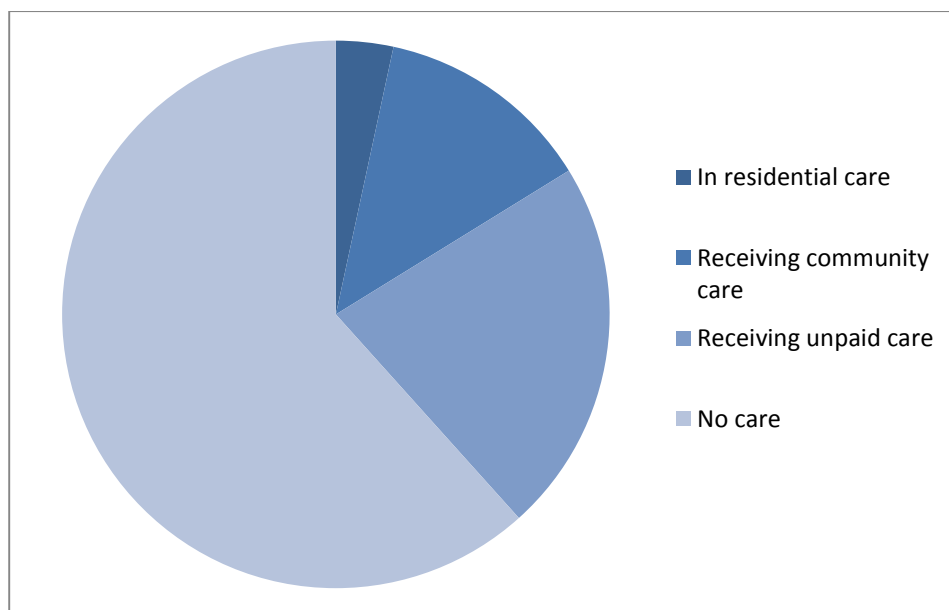


Table 6 Expenditure on social care

	Million	%
Numbers receiving social security disability benefits	2,200	25.6
Net public expenditure on care	£7,500M	47.5
Private spend on care	£8,300M	52.5

A quarter of the 75+ population (and 6% of the 65-74 age group) receive some form of support from Local Authority Social Services (and adult social care accounts for 30% of Local Authority expenditure, excluding education and police). In the last decade there has been a substantial shift away from residential to community care. Despite an ageing population, since 2003 the number of people in residential care has fallen by 20%, with a corresponding increase in home care (although the latter also fell in 2010)⁴⁵.

⁴³ Forder, J. & Fernandez, J-L (2011) *Length of stay in care homes*. www.pssru.ac.uk

⁴⁴ Dilnot, A. (2011) *Fairer care funding*. London. Commission on Funding of Care and Support. www.dilnotcommission.dh.gov.uk

⁴⁵ Dilnot, A. op cit

However, the process of assessment for care support is slow, and an individual who moves into another area has to begin again. It is also very unevenly distributed: the proportion assessed who then receive support varies between Regions from 12% to 29%, which suggests that levels of support provided do not always reflect the level of need Table 8 shows the proportions receiving some social care ⁴⁶.

Table 7 Proportions of age groups receiving some social care

	65-74	75+
	%	%
Receiving some support	6	28
Physical	5.1	24
Mental	0.6	2.3
Of which dementia constitutes	33	54

There are serious issues about the quality of life in residential care. People are often admitted rapidly after a crisis and with little preparation. They often say that they did not want to go into residential care, and were not consulted, and surveys show them reporting being treated as "commodities"⁴⁷.

Dementia is a major issue in the health of older people. In 2011 there were 750,000 people with dementia in the UK, and this is expected to rise to over 1 million within a decade⁴⁸. However, only 40% of them receive a formal diagnosis. Despite this, up to a quarter of all acute hospital beds (which represent the large majority of all NHS beds) are occupied by people with dementia⁴⁹. There is tentative evidence that participation in adult education can defer or reduce the onset of dementia.

The Dilnott Commission into Social Care argues that the current system exposes individuals to very high and unpredictable financial risks, that eligibility criteria and level of service varies greatly across the country, that the system is difficult to understand, and the role of different agencies is not sufficiently joined up (especially health and Local Authority Social Services). It also argued that total expenditure was inadequate, and that there is considerable unmet need. The Government plans to announce its response to the Dilnott proposals in 2012.

Unpaid caring is a major part of life for many

A large proportion of caring for older people is carried out on an unpaid basis by other old people, especially spouses. One in six of all people aged 50-74 (3 million) are carers, for another older person/people, for children or grandchildren⁵⁰.

Two thirds of carers have a long term disability themselves. 40% report deteriorating mental health in the last year. 80% worry about the future. One third never have a break from caring.

⁴⁶ Association of Public Health Observatories (undated) Indications of Public Health in the English Regions. www.wmpho.org.uk/resources/APHO_OP.pdf

⁴⁷ Joseph Rowntree Foundation (2009) op.cit.

⁴⁸ Young, J. et al. (2011) *Report of the National Audit of Dementia Care in General Hospitals 2011*. London. Royal College of Psychiatrists

⁴⁹ Alzheimer's Society (2009) *Counting the Cost: caring for people with dementia on hospital wards*. London.

⁵⁰ Princess Royal Trust for Carers (2011) *Always on Call, Always Concerned*

As healthy lifespan extends, the four generation family becomes more common, and patterns of informal care within the family become more complex. Grandparents in particular are playing an increasing role in childcare. Of the 14 million grandparents in the UK (half of them over 65), a high proportion "often" provide care for grandchildren (45% of those under 55, and 25% of those over 64) on average caring for two children for 13 hours a week, almost all without pay⁵¹. This is an important economic contribution, since a quarter of working families rely on grandparents for childcare to enable both parents to work. Grandparents also play a particularly critical role in supporting children where parents have problems of health, drug and alcohol abuse, or neglect of children. The economic value of grandparent care has been estimated at £3.9 billion⁵².

A third of grandparents who care for a grandchild also care for an older dependent⁵³.

Some patterns may reflect birth cohort, rather than age

It is often suggested that patterns of attitude and behaviour differ by birth cohort: that those born in a particular period are different from those born in a previous or later period. If this is the case, the behaviour of one cohort may be a poor guide to future policy. There is academic debate about how far these effects are real, and how significant they are.

Much depends on how the cohort boundaries are drawn, and on what factors are seen as significant. The most commonly cited cohort is the "baby boomers", born after 1945, most of whom will retire in the next decade. In the USA, where the term originated, the definition extends to births into the 1960s, while in the UK the equivalent term (the "baby bulge") was limited to births in the immediate aftermath of the war.

In any event, it would seem unwise to assume that the attitudes of those who lived as adults through the 1930s and the Second World War are a reliable guide to those of the generation who grew up in the welfare state and the period of economic growth of the 1950s and 1960s. There is some reason to suppose that the latter will have higher expectations of retirement, and whatever the cause, there is good evidence that they expect to, and are, staying longer in the labour force.

Potential implications for learning

The features of the older population outlined below have many potential implications for learning, some of which will be explored later in this paper. To summarise, learning might contribute to:

- Reducing dependency
- Changing cultural conceptions of age
- Longer life offers opportunities for more learning, raising aggregate demand
- Improving health
- Changing retirement behaviour (timing, shape and roles)
- Reducing inequality – reducing poverty,
- Reducing social isolation
- Strengthening voluntary activity – in numbers and quality
- Meeting diverse needs – of disabled and ethnic minority elders
- Improving the quality of social care
- Improving the quality of life of carers

However, there are particular challenges in coordinating public policy across departmental boundaries, and in meeting the diverse needs of different areas (unmanageably high levels

⁵¹ Aviva *Family Duties* survey, 2011

⁵² Age Concern (2004) *The economy of older people*. London

⁵³ Wellard, S. and Wheatley, B. (2010) *Family and friends care: What if we said no?* Grandparents Plus

of demand where older people are concentrated, and uneconomically low levels of service where they are few).

The rest of this report explores some of these issues.

5. Older learners: sources of evidence

There are five broad kinds of evidence about older people's learning.

Conceptual models of older people's learning.

These attempt to extrapolate from known social and economic trends to identify issues where learning might be expected to be relevant to improved quality of life. Such approaches may embrace a wider view of the potential of "learning" than the others. One recent model, produced by NIACE with a group of Local Authorities and the National Older Learners Group, identified ten distinct purposes for older people's learning (see below Section 7).

Surveys of older learners

Learner surveys ask older learners why they choose to learn and what benefits they believe they have received from this. This tells us about what older people have chosen to learn. However, this choice is limited by what is available in any given context, and by the individual's awareness of such opportunities. Such evidence is liable to positive bias since those who are dissatisfied may drop out before the survey takes place, while those who have chosen to participate may be particularly likely to want to ensure its continuation.

General population surveys

These are surveys which ask about a range of issues, including learning. These are less prone to positive bias in relation to learning, since it is a minor element of interest. Such surveys can reveal more about the aspirations and needs of those who have not recently engaged in learning, and make it possible to compare the behaviour and attitudes of different age groups. One key source is Aldridge & Tuckett⁵⁴, who analysed data from the NIACE Annual Adult Learners Survey in 2005, when the sample was deliberately boosted for people over 50.

Social return on investment.

SROI is a technique developed by a range of agencies, and sponsored by the Cabinet Office, which seeks to gather and evaluate evidence on the social benefits of policy interventions. NIACE has worked with a range of Local Authorities to explore this approach in relation to learning in adult social care settings, community empowerment, and family education, all of which are potentially relevant to older people. However, such work is still in the early stage of development

Cohort studies

Longitudinal surveys interview the same sample of people repeatedly at intervals. The UK pioneered such research and has the largest datasets, beginning with the National Survey of Health and Development, which has been tracking the same group of 5000 people, born in 1946, from before birth to State Pension Age (which they all reached in March 2011), through 23 separate surveys. Such studies make it possible to examine the relationships between experiences and circumstances, including learning and work, at different stages of the lifecourse⁵⁵. The background to retirement patterns can now be examined, and in due

⁵⁴ Aldridge, F. & Tuckett, A. (2007) What older people learn. Leicester, NIACE

⁵⁵ National Survey of Health and Development. www.nshd.mrc.ac.uk

course, the survey will provide information on the changing experience of life in retirement and later old age, and the earlier life influences on that.

The 1946 cohort has now been followed by cohorts born in 1958, 1970 and 2000 (producing samples now aged 65, 53, 41 and 11). This provides the opportunity to examine how far changes in behaviour and attitudes relate to age or to cohort.

In addition, a more narrowly focused study, the English Longitudinal Survey of Ageing (ELSA), has been surveying a representative sample of people born before March 1952. This tells us more about life for older people, but less about the factors in early life which may have influenced attitudes and behaviour after 50.

The Centre for the Wider Benefits of Learning, has used data from the national longitudinal studies to establish the relationships between educational activity and a variety of personal and social outcomes, but has not examined older people specifically

Limitations of the evidence

One consequence of the focus of Government education policy on young people and vocational skills is that data is limited, and sometimes non-existent. This is very striking in relation to a series of recent research papers from the Department of Business, Innovation and Skills.

The review of Learner Satisfaction⁵⁶ only divides the population between those over and under 19, while its study of the returns to learning adds a further division at 25⁵⁷. The Skills for Life Survey extends the age range, but cuts off at 65, preventing analysis of the basic skills needs of most older people⁵⁸. Its study of the economic impact of learning makes no reference to age⁵⁹.

⁵⁶ Department of Business, Innovation and Skills (2011) *National Learner Satisfaction Survey* Research Paper 23

⁵⁷ Department of Business, Innovation and Skills (2011) *Age and Returns to Training*. Research Paper 48

⁵⁸ Department of Business, Innovation and Skills (2011) *2011 Skills for Life Survey: Headline Findings*. Research Paper 57

⁵⁹ Department of Business, Innovation and Skills (2011) *Measuring the Economic Impact of Further Education*. Research Paper 38

6. Benefits of learning for older people

Public investment in older people's learning is justified in so far as it contributes to broader policy objectives, principally to increase productivity, reduce dependency or improve wellbeing. It is more readily justified if it can be shown to contribute more to these objectives than other competing policy interventions.

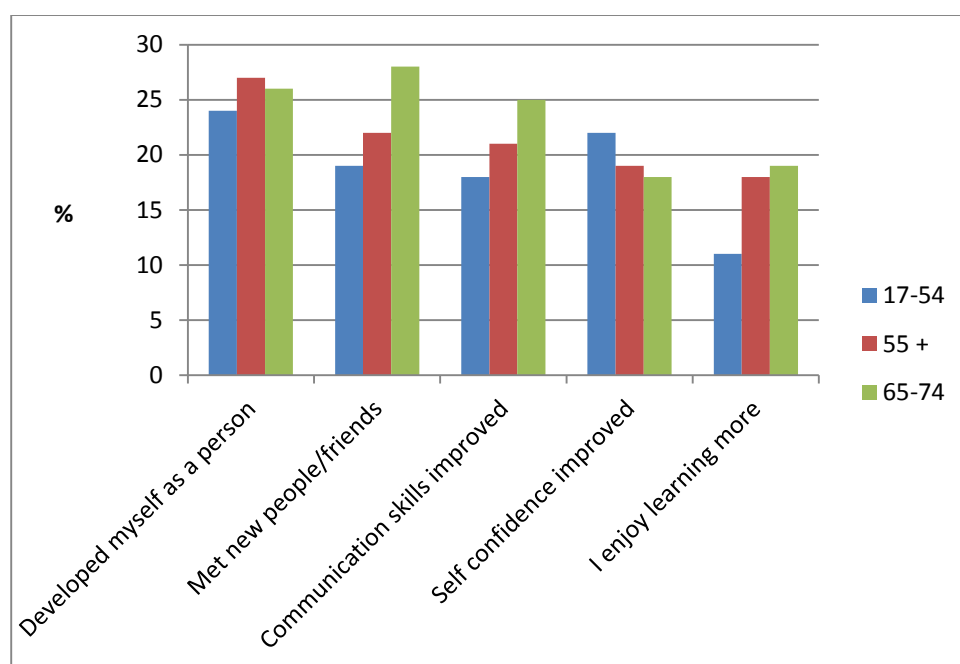
Professionals and academics have advanced arguments in favour of all these, and in the past, these arguments, based often on qualitative evidence and personal experience, have been seen as sufficient. However, there is increasing pressure to demonstrate a quantifiable return on such public investment.

Learners' views of benefits

One critical measure of the benefits of learning for older people is what older participants themselves say. In 2000, Dench & Regan found 80% of older learners reporting a positive impact on their lives, in self confidence, feeling about themselves, satisfaction with their lives and ability to cope⁶⁰.

Figure 5 shows the five most frequently cited benefits by age, showing that social engagement becomes more important with age, while self confidence declines as an outcome⁶¹.

Figure 6 Main benefits perceived by learners



Making new friends is very important to economically inactive older people (39% of learners over 54), and retired (27%). The fact that this is only cited by 7% of those who remain in work after 55 demonstrates how important paid work is as a source of social engagement, and hence the importance to wellbeing of finding ways of replacing such networks.

Table 9 shows the reasons for learning which are more or less often cited as people age (although particular individuals may differ from these patterns)

⁶⁰ Dench, S. & Regan, J. (2000) *Learning in later life: motivation and impact*. Department for Education and Employment Research Report 183

⁶¹ Aldridge & Tuckett (2007) op cit.

Table 8 Changing motivations to learn with age

Increasing with age	Declining with age
Interest in the subject	Develop as a person
Enjoyment of learning	To help with my current job
Improving self confidence	To make my work more satisfying
Meeting people	To get a recognised qualification

Interest in the subject and enjoyment of learning are both cited by more than half of learners over 65. Interest in the subject is more important to people in higher social classes and those not in full time work. Women are more likely than men to identify self-development, meeting new people and enjoying learning as benefits.

Employability

The proportion of older people in employment, or seeking it, is rising, especially among those over 65. A significant number are unemployed and seeking work, and finding difficulty, often as a result of age discrimination in recruitment practice (which is illegal but hard to prove).

However, although it is frequently suggested that education and training can improve the employability of older people, the empirical evidence for this is thin. The most comprehensive study of this issue found that participation rates decline with age, but that in sectors and firms where training is widespread, it usually extends to older people too. Very few admit to refusing training when it is offered, and they are much more likely to report being overqualified for their jobs than in need of training.

For those who are unemployed, the evidence is that training can improve self confidence and morale, but on its own rarely makes much difference to the chance of getting back into work. The most likely route is through training very specifically linked to a particular sector or employer, with a strong component of work experience to enable individual and employer to "try out" the relationship.

There is very little evidence that employers systematically evaluate the impact of training of older people on their business or the individuals involved.

Health and wellbeing

For many older people the most important area of benefit relates to health and wellbeing, which impact both on the quality of life after leaving paid work, and on the costs of medical and care services.

In recent years Governments have become increasingly interested in the extent to which social policy can enhance individual and community wellbeing, partly reflecting the evidence that there is no simple relationship between wellbeing and wealth⁶². However, the importance of wellbeing as a public policy objective has only emerged recently, and research techniques and measurement instruments are still being developed.

Learning has clear potential to enhance the wellbeing of older people, and there is a *prima facie* case that adult learning can address the five "ways to wellbeing" identified in the

⁶² Stiglitz, J.E., Sen, A., Fitoussi, J-P Report of the Commission on the Measurement of Economic Progress www.stiglitz-sen-fitoussi.fr/documents/rapport_anglais.pdf . OECD (2011) *How's Life: measuring well-being*. Paris OECD

Foresight study on Mental Capital⁶³, which found that personal wellbeing is advanced when people:

- connect with others,
- are active,
- take notice of the world around,
- keep learning,
- give to others

Learning has a contribution to make to all five, and the Centre for the Wider Benefits of Learning has found that participation in adult education by adults of all ages) gave small positive benefits in wellbeing for adults in general⁶⁴, (although there is a small proportion whose experience was unsuccessful and whose wellbeing was reduced as a result)⁶⁵.

The Foresight study also identified a strong negative effect on wellbeing and mental capacity from a widespread underuse of the skills and knowledge of older people.

Recent work by Jenkins, using data from the English Longitudinal Study of Ageing (ELSA), which incorporates three standard instruments for measuring wellbeing⁶⁶, and asks about three distinct kinds of learning, shows clearly that some forms of learning have a very positive impact on older people⁶⁷.

Jenkins found a very strong link between wellbeing and participation in what ELSA calls "music/arts/evening classes"⁶⁸. This was strong enough on one measure to cancel out the normal age related decline in wellbeing over the relevant period, although the effect was found to be significant only for women, and larger for those in work. The positive effect of "music/arts/evening classes" was also larger for those with higher education qualifications, suggesting that later life learning builds on previous positive experience of learning.

Wellbeing was also related to participation in gym and exercise classes, but only for those over 70, the retired and widowed. On the other hand, participation in the third category of leaning, formal, or exam based, courses, was not linked to any of the wellbeing measures,.

Further evidence of the impact of learning on older people comes from analysis of the 1946 National Study of Health and Development. Hatch and colleagues analysed data gathered from the sample at the age of 53, and found that those who had engaged in formal education in adult life (job training, evening classes or other forms of adult education), scored higher on cognitive tests (memory, word recognition and naming) than those who finished their education by their early 20s or before. Because this is a longitudinal sample, tracked from birth, it is possible to control for intellectual ability or educational qualifications already gained at school or college. They suggest that this demonstrates that intellectual skills are still flexible in mid-life, and that maintaining these might mitigate the effects of Alzheimer's disease in later life, and may even delay or prevent its onset⁶⁹. Were this to be the case, the savings to health and care budgets from investment in adult education could be substantial. However, the link between education and dementia is not necessarily a simple one: Sorensen suggests that people with higher levels of education experience the

⁶³ Foresight (2008) *Foresight Mental Capital and Wellbeing Project: Final Report*. London. The Government Office for Science

⁶⁴ Feinstein, L. et al (2003) *The Contribution of Adult Learning to Health and Social Capital*. London, Institute of Education, Centre for the Wider Benefits of Learning.

⁶⁵ See "negative learning" below.

⁶⁶ CASP-19, GHQ-12, and SWLS.

⁶⁷ Jenkins, A. (2011) "Participation in learning and wellbeing among older adults" in *International Journal of Lifelong Education*, 30:3, 403-420

⁶⁸ Unfortunately, the ELSA questions do not distinguish clearly between different kinds of learning.

⁶⁹ Hatch S, Feinstein L, Link B, Wadsworth MEJ, Richards M. "The continuing benefits of education: adult education and midlife cognitive ability in the British 1946 birth cohort". *Journal of Gerontology Series B* 2007;62:404-414

onset of dementia later, but that it progresses faster, suggesting that education creates a defensive "cognitive reserve"⁷⁰. As with much evidence on learning and age, it is not clear that the benefits of learning undertaken later in life have the same impact as learning in childhood and adolescence.

Problems with measuring benefit

Because policy interest in quantifying the benefits of adult learning is relatively recent, the hard evidence is limited, and much is anecdotal, or qualitative, and based on small samples and projects. There are a number of problems in assessing benefit:

Appropriate measures

Proxies for outcomes, like qualification and completion rates, which are appropriate for many younger people, are less relevant to most older people, for whom qualification and employment is a marginal or irrelevant issue.

Social outcomes, including social engagement and active citizenship, and reduced calls on public services, have been proposed but are often difficult to measure, and to attribute directly to learning. Techniques for measuring the social return on investment in public services (SROI) are evolving, and although initial project based work suggests that there may be significant returns to adult learning generally, there is, as yet, little reliable evidence, and none on the specific effects on older people.

Lack of policy focus

For some years, education policy has focused strongly on young people, and on vocational skills, with little attention to older people's learning generally. As a result, little data has been collected or analysed. Policy has had the effect, possibly unintentionally, of encouraging providers to transfer resources and effort from old to young.

The economic benefits of older people's learning fall mainly in reduced demands on health and social care services. These are institutionally and financially separated from educational agencies and policy. "Learning" is often not recognised as a distinct activity, but is embedded in therapy or care programmes, where its impact is difficult to isolate. By contrast, in the health field, techniques for measuring and evaluating costs and benefits are much further advanced (and sometimes easier to define) than in education. The Partnerships for Older People Programme (POPPs), which was a very large, and systematically evaluated, programme of investment in preventative health measures, showed that activities where learning is an element can improve independence and quality of life, and can reduce health and care costs (sometimes very substantially)⁷¹.

Isolating older learners

Some significant work has been done on the benefits of adult learning generally, especially using the national birth cohort studies. The Centre for the Wider Benefits of Learning has found clear evidence in that data of a relationship between participation in adult education and a number of specific health and social benefits, including reduced smoking, increased propensity to participate in voting and community activity⁷². However, although all these are very relevant to older people, that work has not tested whether these relationships apply specifically to them.

A further problem involves learning where the objectives are complex, as in intergenerational learning, where grandparents and children learn together, with potential benefits for both. Given the importance to public policy of early years development it is not surprising that

⁷⁰ Evidence to the NIACE Inquiry into the Future for Lifelong Learning, cited in Philipson (2010)

⁷¹ Windle, K. et al (2009) *National Evaluation of the Partnerships for Older People Projects*. Personal Social Services Unit www.pssru.ac.uk/pdf/dp2700.pdf

⁷² Feinstein (2003) op.cit.

many studies of intergenerational effects on education consider only the role of parents (where the benefits to children of having well educated parents are known to be substantial). The role of grandparents, and how far grandparents themselves benefit, remains to be investigated.

Location and forms of learning

Older people are more likely than younger ones to be learning outside public sector institutions (in self-organised, private sector or independent forms), and as a result, their learning is less open to public scrutiny and assessment. Nevertheless it is important for policymakers to understand the nature of this learning since it might be a more effective or efficient to invest resources in improving infrastructure or in creating environments where learning is more likely to take place, than to directly finance course provision. Examples might include publicising courses, training teachers, or providing access to accommodation for classes). However, such agencies are sometimes reluctant to gather or share data with public bodies.

7. Older peoples' learning needs

The case for older people's learning has, in the past, normally been argued, not on the basis of empirical evidence of need, but of conceptual models, informed by experience of what works, and of the problems which older people are seen to encounter. Some of these, like financial and legal capabilities, derive from distinctive features of retirement and declining independence and mental capacity.

Some models

There are, of course, many ways of framing older people's learning needs. The National Inquiry into the Future for Lifelong Learning proposed a five part model⁷³:

- Basic: literacy, language and numeracy
- Civic
- Health
- Financial
- Digital

The ESRC Teaching and Learning Research Programme argued that learning can:

- Help with the processes of routine living
- Help people adjust to changed circumstances
- Provide skills and knowledge for particular purposes, like job change
- Contribute to changing self identity
- Increase self-agency

Philipson, in his study of older people in higher education argued for four roles for higher education in relation to older people:

- Educational and personal development programmes
- Employment related programmes
- Social inclusion programmes
- Health and social care programmes oriented towards professionals working with older people

A NIACE model

In 2010 NIACE convened a working group of Local Authority officers to explore the notion of a "curriculum" for later life, not in the sense of things which must be learned, but of opportunities which ought to be available. In doing this they were building on previous NIACE work, and on the work of Help the Aged in developing the notion of "literacies" of later life⁷⁴.

This produced a typology of ten social, personal and economic needs which people typically experience in later life, and to which learning of some kind might be relevant. In this section of the paper, we use this framework to examine the potential of learning.

Table 9 Ten learning needs in later life

Area	Objectives of learning
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⁷³ Schuller & Watson (2009) *Learning Through Life: Inquiry into the Future for Lifelong Learning*, Leicester, NIACE.

⁷⁴ Help the Aged (2008) *Learning for Living – helping to prevent social exclusion among older people*, Help the Aged, London

1. Managing transitions	To prepare for and respond positively to major life changes, including retirement, moving house, giving up driving, loss, bereavement, and death.
2. Getting involved	To encourage and support people to play an active role in their communities.
3. Accessing the digital world	To enable people to make effective use of current and emerging technologies, in order to maintain independence, access information and sustain social networks.
4. Managing Caring	To enable people to carry out their caring responsibilities for partners and others, and to provide personal support in managing the pressures of such roles.
5. Maintaining health	To help people to maintain their physical and mental health.
6. Ensuring financial security	To ensure that people understand and can manage their personal finances, and avoid being exploited by others in later life.
7. Maintaining employability	To encourage and enable people to extend their working lives, through paid and unpaid work, and to improve the quality of those working lives.
8. Developing interests, curiosity and knowledge	To enable people to take up, develop and maintain interests and creativity across a range of fields.
9. Cultural engagement	To enjoy, understand and contribute to a diverse, shared and evolving culture. This includes passing on skills and knowledge to younger generations.
10. Maintaining basic skills	To ensure that people have, and can maintain, the basic skills of language (including English for speakers of other languages), literacy and numeracy they need to manage their changing lives.

The NIACE study argued that all of these would contribute to the five “ways to wellbeing” identified in the Foresight study of Mental Capital⁷⁵ (see above).

Managing transitions and change

One key function of adult learning is helping people to manage life transitions, both the predictable, like retirement, and the more uncertain, like bereavement, moving house and entering residential care (which is often sudden and unplanned). In some cases, it can be targeted specifically at such needs, as with pre-retirement education, but more often it provides a secure and non judgemental place where people can build new social support networks with other people around shared interests.

One important, and almost universal, feature of later life is the loss of social support, and most severely the loss of a spouse or partner. Where roles within the relationship have been fairly rigidly defined, this can leave the survivor facing serious and urgent learning needs if they are to remain independent. Examples include bereaved men who cannot cook, and bereaved women with no experience of managing money, or basic DIY skills. Unless such needs are met quickly (faster than the normal timescale for conventional educational

⁷⁵ Foresight (2008) op.cit.

programmes) the individual may suffer severe consequences in health, finances or independence, and loss of independence, which can in some cases lead to very much greater costs in social care for the state.

Getting involved: strengthening agency and citizenship

One outcome of learning for older people frequently found in surveys and qualitative research is increased agency – the sense of being in control of one's life. This is clearly a critical issue for older people, in making informed decisions about retirement, in establishing new social roles in retirement, and in maintaining independence as physical, and sometimes mental, powers decline. A stronger sense of agency is likely to have social benefits in enabling people to continue to live independently for longer. Hodkinson and colleagues highlighted “narrative learning”, the ability to construct a “narrative” of one's life, as an important part of learning for older people⁷⁶ playing a key part in maintaining this sense of agency, and sustaining identity.

A sense of agency is perhaps a precondition of civic engagement, and Dench & Regan's 2000 study of older learners found that “ability to stand up and be heard” or “willingness to take responsibility” were the commonest reported benefits of learning (reported by 42% of learners)⁷⁷. They found that 28% of older learners reported an increased involvement in social, community and voluntary activities as a result of learning. This was especially common among the retired.

The Centre for the Wider Benefits of Learning has studied adult education and attitude change, using data from the 1958 Birth Cohort Study. They found significant and substantial positive effects in a variety of areas⁷⁸:

- Increased racial tolerance
- Reduced authoritarianism
- Reduced political cynicism
- Increased propensity to vote
- Increased civic participation

At the time of analysis this cohort were in their 40s, and it is not possible to examine whether these effects apply equally to older people.

Volunteering is a key dimension of civic engagement, and of the “Big Society”. The evaluation of the *Get Digital* programme in sheltered housing suggests that improving digital skills led to greater volunteer activity, involvement in more organisations and agencies⁷⁹.

One key area where agency is a particular issue is in relation to social care, and especially residential care. The 2009 study by the Joseph Rowntree Foundation Older found that older people frequently felt that they were not consulted about major life decisions, including moving into residential care, and that while their physical needs might be met, their broader human ones were ignored⁸⁰. Learning has a considerable potential to contribute to maintaining “good life” as they defined it, to include:

- People knowing and caring about you
- Belonging, relationships and links to chosen and local communities
- Being able to contribute and be valued for what you do
- Being treated as an equal and an adult
- Being able to choose how you spend your time, and who with
- Retaining your sense of self and personal identity

⁷⁶ Hodkinson (2008) op cit

⁷⁷ Dench & Regan (2000) op.cit.

⁷⁸ Feinstein, L. et al (2003) *Adult Education and Attitude Change*. London. Centre for Research on the Wider Benefits of Learning, Institute of Education

⁷⁹ NIACE draft report (unpublished)

⁸⁰ Joseph Rowntree Foundation (2009) op.cit.

- Feeling good about your surroundings
- Getting out and about

The potential contribution of learning is borne out by the findings of the residential care projects funded by the Department of Innovation, Universities and Skills through its Transformation Fund in 2008⁸¹.

Extending digital access

Changing technologies transform many opportunities and aspirations for those who have access and confidence to use them. In an increasingly complex and rapidly changing society older people are frequently left behind in understanding new opportunities. For those with access to equipment and confidence to use it, new and emerging technologies give access to far greater range of information and communication, while Government's aspirations to deliver an increasing proportion of services online, and the growth of online commerce, leave those without ICT skills increasingly at a disadvantage.

In 2006, the Government signed the Riga Declaration, committing it to halving the gap in internet usage for groups at risk of exclusion, including older people. More recently the *Manifesto for a Networked Nation* report identified digital skills for people over 65 as a key priority⁸².

The National Inquiry into the Future for Lifelong Learning distinguished three dimensions of "digital capability"⁸³:

Digital inclusion	access to broadband, including both physical access and disposition to use it;
Digital life skills	the skills needed to use digital media for learning, work and life more broadly
Digital media literacy	the ability to use understand and create digital media and communications.

Older people in general are less capable on all three dimensions. The Morris report found that people over 65 account for only 20% of the adult population⁸⁴, but over half of the digitally excluded population. In the UK, 41% of people aged 65-74, and 72% of those aged 75+ have never used the internet⁸⁵ (compared to under 10% of people aged 45-54). Furthermore, the fact that 60% of people 65-74 have used the internet does not mean that they are confident and regular users, nor that they have easy access to computers. Only one adult in three over 65, and one in ten of those aged 75+, had both access to the internet and the skills to use it⁸⁶.

The uses of the internet most often reported by older people were email (71% of 55+), general browsing (60%), information about goods and services (53%), buying and ordering goods and services (41%), and financial activities (29%). Only 12% had explicitly used the internet to "learn" something.

Digital technologies have a particular role to play in helping those in sheltered or residential care to overcome isolation, and a recent study of their use in sheltered housing sheds

⁸¹ Aldridge, F. (2009) *Enhancing Informal Learning for Older People in Care Settings*, Leicester, NIACE

⁸² Lane-Fox, M. (2010) *Manifesto for a Networked Nation*. London. Raceonline

⁸³ Based on the work of the Digital Britain Media Literacy Working Group

⁸⁴ Morris, E. (2009) *Independent Review of ICT User Skills*. London. Department for Business, Innovation and Skills

⁸⁵ ONS (2011) Internet Access Quarterly Update <http://www.ons.gov.uk/ons/rel/rdit2/internet-access-quarterly-update/2011-q3/art-internet-access-q3.html#tab-abstract>

⁸⁶ Dutton, W.H. et al (2009) *The Internet in Britain 2009*. Oxford. Oxford Internet Institute

detailed light on the issues. The pattern for residents reflected that for older learners generally: although half had access to computers and to other digital technologies, levels of confidence were low, and use was often very limited. However, motivation to learn was strong. Residents hoped to use them for keeping in touch with friends and relatives, pursuing interests and hobbies, making better use of public services, meeting new people, finding local events, and saving money. The evaluation of the *Get Digital* course, found that such training could have very distinct benefits, including: increased voluntary activity; improved wellbeing (social engagement, health management, and confidence in taking decisions); greater control and choice in use of public services; more informed decisions on spending on goods and services, and stimulating self organised group learning. However, most learners were not confident that they could continue to develop their skills without continuing support⁸⁷.

Supporting caring

Voluntary carers undertake a complex role, often subject to unpredictable pressures and crises which can make participation in forms of learning tied to time and place difficult⁸⁸. In 2003, nearly two thirds voluntary carers reported feeling isolated and unsupported, and a similar proportion were dissatisfied with the support they received from social services⁸⁹.

Learning has the potential to address the needs of unpaid carers in two ways: directly, through programmes aimed at improving their ability to carry out their caring roles; and indirectly, by providing informal social support and mutual learning through participation in classes and other learning groups. .

One example of the former is the “Expert Carers” course offered through one POPPs programme, which showed a reduction in depression, and a reduction in problems in managing work, study, housework, family and leisure activities⁹⁰.

An example of the latter is the 2009 study of carers' learning by the Learning and Skills Council, with NIACE and the National Extension College⁹¹. This recommended better consultation by education providers with carers, especially to develop strategies to overcome the specific difficulties of unpredictable caring responsibilities. It also noted the potential of technology to overcome some of the specific difficulties, given appropriate training and support.

Improving and maintaining health

For adults in general, participation in adult education has been shown to produce positive health benefits, including more healthy lifestyles, reduced use of health services, and more positive attitudes generally⁹². Specific benefits in midlife include reduced smoking, and greater engagement in sport and exercise. However, because these findings arise from analysis of the longitudinal data available in the early 2000s (when all the longitudinal cohorts were under 60), it is not yet possible to demonstrate that these effects are equally true for older people.

Older peoples' physical activity levels are well below the Department of Health's recommended levels. Only 70% of 65-74 year olds take more than 30 minutes physical

⁸⁷ Plant, H. et al (2011) *Get Digital: impact study*. NIACE, Leicester (forthcoming report for DCLG)

⁸⁸ LSC (2009) op.cit.

⁸⁹ Farmer, E. and Moyers, S. *Children placed with family and friends: placement patterns and outcomes*, London DfES

⁹⁰ Windle, K. op cit

⁹¹ LSC (2009) op.cit.

⁹² Preston & Green (2004) *Adult Education and Attitude Change*, London. Institute of Education, Centre for the Wider Benefits of Learning

activity a month, this falls to 32% by 85⁹³. Only 35% of 65-74 year olds take more than 30 minutes of moderate physical activity a week, this falls to 18% from 75-84, and 2% of 85+. Table 11 shows the proportions of older people undertaking the Department of Health recommended level of activity⁹⁴.

Table 10 Proportions of people taking recommended exercise

	Taking the recommended level	"Some" activity	"Low" activity
	%		
Men 65-74	20	33	47
Men 75+	9	23	68
Women 65-74	17	30	53
Women 75+	6	16	78

Activity levels are highest in the South West, South East and Eastern Regions.

There is some evidence of mental health benefits from learning. The work of Hatch and colleagues on the 1946 birth cohort study shows clear cognitive benefits from learning during adult life, and the authors hypothesise that this may result in reduced risk of later dementia⁹⁵.

Learning can also help people with health and disability problems to remain socially engaged, sometimes through the use of distance or online learning. Self supporting "learning" groups (including groups based around particular medical conditions) can also play a significant part in helping people to manage health conditions, and reducing medical interventions.

For those in residential and sheltered housing, there is anecdotal evidence from pilot projects of improvements in health arising from adult courses of many kinds, including reports of significant reductions in levels of medication and improvements in incontinence and sleep patterns, but these have not been studied systematically or on any scale.

One very large systematic study of health benefits is the evaluation of the *Partnerships for Older People Programme* (POPPs), which ran from 2006 to 2009, with 149 projects in 29 Local Authorities. Although the programme was funded by the Department of Health it was based on Local Authority areas, and around inter agency partnerships⁹⁶. It aimed at promoting health, wellbeing and independence, in order to reduce or delay the use of high intensity health or social care services. Most of the beneficiaries were living at home, and over 75. A wide variety of strategies was adopted, but while informal education formed a part of a number of projects, it was only a small part of any of them, and has not been separately evaluated. However, the programme did, for example: support group activities, including classes; fund exercise classes; provide advice services; and provide financial support to local U3A groups.

The evaluation did show a very significant return on investment, meeting the NICE criteria for cost effectiveness of health interventions. Although the biggest identified financial

⁹³ Participating in at least 30 minutes of sport at moderate intensity at least three times a week. http://www.sportengland.org/research/active_people_survey/active_people_survey_5/aps5_quarter_two.aspx

⁹⁴ Department of Health (2010) Health Survey for England <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2009-trend-tables>

⁹⁵ Hatch (2007) op cit

⁹⁶ Windle (2009) op cit

benefits (principally in reduced hospital admissions and GP visits) derived from more intensive interventions, those which provided "low level" services, including education, did produce a measurable improvement of 13% in health related quality of life (EQ-5D)⁹⁷. Interventions aimed at promoting exercise showed a 12% improvement in health related quality of life (HRQoL), while interventions which provided advice resulted in significantly improved take up of benefits.

It also showed the scale of savings which can be achieved by interventions which reduce health and care costs. However, it also confirmed the difficulties of ensuring that the savings made in health could be redeployed to Local Authority services whose work has generated the savings.

On the other hand, health and disability also create barriers to learning, through limitations of hearing, vision, mobility, energy levels. In the 1997 NALS survey, 58% of older people in poor health were "learners", compared to 74% of those in good health, and the gap was larger for those with a limiting disability.

Strengthening financial capability

In later life people experience distinct, but diverse, financial challenges. For some, these involve living on a very restricted income, while others find themselves handling substantially larger sums than they have ever previously had to manage. The fact that some older people are more likely to have substantial financial resources, combined with lower levels of numeracy, and declining capacity to manage finances (for some), makes them a particular target for financial abuse, often by younger relatives⁹⁸.

Although the proportion of older people in poverty has reduced in the last decade, this is still a major issue for many older people, and the largest, and least adequately addressed area of financial education is helping people to live on a severely restricted budget, to manage debt, and to avoid financial abuse. However, there are few incentives for the financial services industry to invest in education for this market.

A study for the FSA of financial capability among older people in 2006 identified four "domains" of financial capability⁹⁹:

- Managing money – "making ends meet", and "keeping track of one's money"
- Planning ahead
- Choosing products
- Staying informed

Financial capability was seen as an issue embracing all four, but individuals varied greatly in their performance between domains.

The study also revealed a significant proportion of people who were only "capable" because they had access to someone else with the relevant skills (usually a spouse/partner). They are, of course, particularly vulnerable in the event of bereavement or separation.

Financial education programmes are popular with older people, but not widely available¹⁰⁰. There are also special ethical and legal issues about such education, given the strict regulation of the provision of financial advice.

⁹⁷ Windle et al. (2010) "The Impact of the POPP Programme on changes in service use", in *Unit Costs of Health and Social Care*, Canterbury. PSSRU

⁹⁸ Gannaway, H. & Miles, L. *Losing my hair: a report on older people and financial capability*, report for Prudential UK & Europe. NIACE, Leicester

⁹⁹ Atkinson, A. (2006) *Evidence of Impact: an overview of financial education evaluations*, London, Financial Services Authority

¹⁰⁰ Derrick, J. et al (2008) NIACE Maths, ICT and Older Learners Project, NIACE, Leicester

Strengthening employability

Many commentators have argued that a main reason for long term unemployment among older people is a lack of relevant skills, which could be addressed by training.

One significant group comprises older people with low or no qualifications have spent long periods working for a single employer in a familiar environment. When such employees encounter redundancy after the age of 50 they may have very great difficulty returning to work, because of unfamiliarity with the job market, and lack of evidence to demonstrate their capabilities. A second group comprises well qualified and experienced professionals, who encounter age discrimination in professions where the model of a lifetime unbroken professional career ladder remains strong, and "falling of the ladder" is seen as evidence of incompetence.

However, the evidence is that training alone can make only a marginal difference to employability for people over 50, whose problem is at least as much a matter of systematic age discrimination in recruitment practices¹⁰¹. An LSC survey of unemployed adults on FE programmes in 2007¹⁰² found that while learning improved motivation and morale its effect on employment outcomes was small, and cancelled out by other disadvantages (including age, disability, ethnicity and gender).

The most positive evidence comes from small scale pilot projects where training was directly linked to work experience in sectors facing recruitment difficulties (security and social care)¹⁰³. A project in the South East which offered careers guidance in the workplace to employed people over 50 found very positive responses from employers and employees, whose attachment to the employer, and interest in working longer, was strengthened by the experience. The effect was strengthened further when the guidance was linked directly to short, job focused, training with visible short term outcomes¹⁰⁴. This evidence suggests that apprenticeship models may be particularly appropriate as a means to get older people back into work.

Voluntary work is of particular relevance to older people, and for those who are relatively financially secure, can provide many of the satisfactions of paid work. It is clear that training will be relevant to some voluntary roles, although there is relatively little evidence on this.

Developing interests, curiosity and knowledge

One major motivation for learning is the desire to pursue interests, and simply to increase knowledge, often described as "learning for its own sake". This may be part of a long term interest, a personal learning project which may run over a number of years, or an exploratory venture into a new field. Self organised provision plays a particularly strong role here, with U3A groups pursuing a very wide range of topics, for very varying lengths of time, and at varying academic levels.

Older learners are particularly likely to be studying the arts and humanities, including practical learning associated with art, musical and drama groups.

¹⁰¹ Although this is illegal, it is difficult to prove, and few are prepared to challenge it.

¹⁰² Casebourne, J. et al. (2008) *The Impact of Learning on Employability*. Coventry: Learning and Skills Council.

¹⁰³ Wilson, N. (2010) *40-70 Tomorrow's Workforce Programme: Making the most of opportunities for older workers in the South East*, South East of England Development Agency, Guildford.

¹⁰⁴ McNair (2010) *A Sense of a Future: a Study of Learning, Work and Training in Later Life*. Leicester, NIACE

Cultural transmission

Historically, one function of adult education has been the preservation and transmission of crafts, skills and knowledge which would otherwise have disappeared. This includes specialised crafts which are no longer taught, and subjects which are dying out in the formal education system. This transmission of craft skills, and historical knowledge between generations can play a significant part in maintaining self esteem and autonomy, and a sense of remaining a contributing member of society, for older people.

Adult education is also an area where new subjects can emerge (Local History, Women's Studies and, at an earlier stage, English Literature all emerged as academic disciplines from adult education rather than mainstream academic institutions). Older people have traditionally played a significant part in this, because of their experience, skills and knowledge, but also because they often have time and motivation to undertake the research and study necessary to build and present a body of knowledge to a new generation. Higher education institutions have contributed to this in the past, but the raising of fees, and the abolition of public support for "equivalent level qualifications" has substantially weakened this function in recent years.

Securing basic skills

Evidence on the basic skills of older people (literacy, numeracy and language) is severely limited by the Government decision to impose an age cut off at 65 in the *Skills for Life* survey, which is the largest and most systematic study, both of assessed skills, and individuals' perceptions of their skill levels.

Older people aged 50-64 generally have lower levels of basic skills than younger people. However, they are unlikely to express concern about this, and they are more likely to overestimate their skill levels, than younger people¹⁰⁵. This suggests that persuading older people to take part in basic skills education will be particularly difficult.

Unsurprisingly, low levels of basic skills among the over 50s are associated with earlier school leaving, and linked closely to social class: half of all those with the lowest level of performance in tests are in the lowest social class (NS-SEC 5). Numeracy levels are lower among older women than older men¹⁰⁶.

"Negative learning"

Not all learning is inherently good. A learning experience which is perceived to be unsuccessful, or even humiliating, is likely to weaken the individual's sense of agency. Many older people report such experiences in childhood and adolescence and this may contribute to the reluctance of older people to engage in assessed or qualification based programmes, where external judgement can be felt to be threatening or irrelevant. Although such damage appears to be rare in adult education, it makes the tailoring of educational activities and contexts to the needs, aspirations and capacities of individuals critically important¹⁰⁷.

¹⁰⁵ Hansen, A. (2008) *Literacy, language, numeracy of older adults* unpublished working paper. Leicester. NIACE, for the National Older Learners Group.

¹⁰⁶ Derrick et al. op cit

¹⁰⁷ Hodgkinson (2008) op cit

8. Who participates?

Age makes little difference to learning processes

There is no evidence that age itself has any direct influence on propensity to learn, preferred approaches to learning, of modes and locations of learning¹⁰⁸, at least during the “third age”, when individuals remain active and independent. However, this does not mean that their learning needs are always well served: some of the recommendations for good learning approaches for older people merely reflect good adult education practice which is not on offer to anyone, whatever their age. Elements of good practice which have been suggested include¹⁰⁹:

- Sensitivity to individual and group needs
- Flexible responses to varying learning styles within a group
- Workshops, "hands on" and self taught learning
- Flexibility over pace, and time for reflection
- Motivating with early success

When people move into the “fourth age”, the distinctive features of their learning often reflect the nature of their dependence, rather than age per se.

Furthermore, older people may have very varied notions of what "learning" is, and this can create conflicting expectations in a group¹¹⁰. For some, the word "learning" itself implies incompetence¹¹¹.

In the "fourth age" the nature and impact of dependency varies greatly between individuals: some experience no, or only minor, changes in learning needs or expectations; while some need modifications to manage limitations of hearing, sight, or mobility; and some require radical change to cope with mental impairments.

Participation falls with age

Table 12 shows that, overall, older people are less likely than younger people to participate in learning¹¹² (using the four stage model proposed by the National Inquiry into the Future for Lifelong Learning¹¹³).

¹⁰⁸ In this section, data is drawn from Aldridge & Tuckett's 2007 survey unless otherwise stated.

¹⁰⁹ Withnall, A. McGivney, V. and Soulsby J. (2004) *Older People Learning: Myths and Realities*. Leicester. NIACE

¹¹⁰ Brown, M. (2005) "Learning in Later Life: Oldering or Empowerment", in *Generations Review* 15 (4)

¹¹¹ McNair, S. (2007) *Demography and Adult Learning: a paper for the Commission of Inquiry into the Future for Lifelong Learning*. Leicester. NIACE

¹¹² Aldridge, F. & Tuckett, A. (2011) *Tough times for adult learners: the NIACE survey on adult participation in learning 2011*, NIACE, Leicester. The NIACE survey uses a very broad definition of "learning", "to develop skills, knowledge, abilities or understanding". It includes formal, informal and non-formal, with or without instruction, of any duration or mode, and whether or not completed

¹¹³ Schuller & Watson. (2009) op cit.

Table 11 Percentage of people learning by four age groups

	% of age group			
	18-24	25-49	50-74	75+
Learning Currently	49	20	12	6
Learning in last 3 yrs	23	22	16	5
Learning more than 3 yrs ago	8	22	28	27
No learning since leaving full time education/DK	20	36	44	62
All current & recent	72	42	28	11

However, a more detailed breakdown of the older learners group (Table 13) shows that the proportion currently engaged in learning falls less rapidly with age than the proportion who have learned recently, suggesting that while there is a steady downward trend in participation with age, there is a distinct core, of perhaps 10% of older people, who can be considered “continuing learners”.

Table 12 Learning by five year age groups

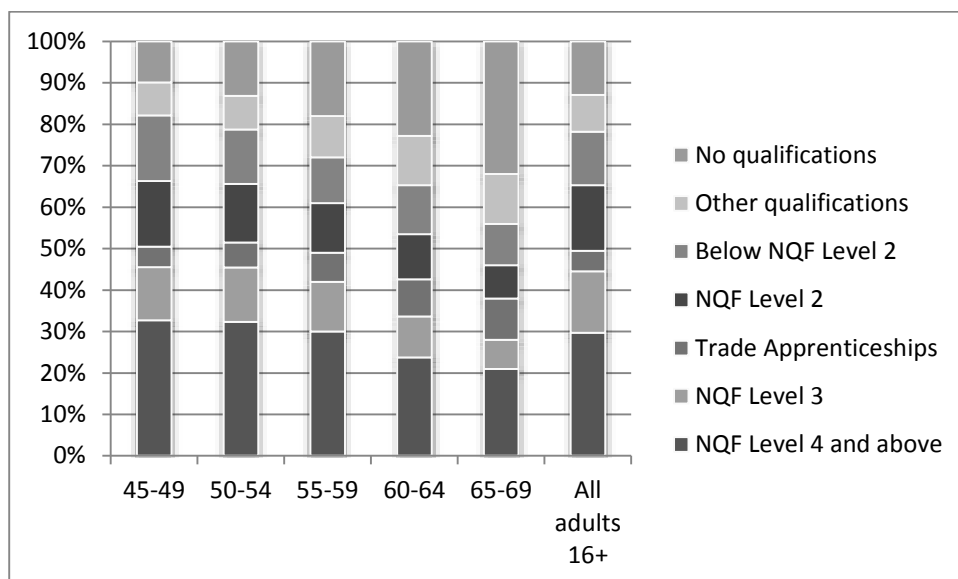
	45-54	55-64	65-74	75+
Current learning	18	11	9	6
Recent learning	23	18	8	5
Current or recent learning	41	29	17	11
None since leaving full time education/DK	34	41	54	62

The role of qualifications

Older people in general have lower levels of formal qualification than younger ones (Figure 6). This partly reflects a lower priority given to formal qualifications in the education system when they were of school age, as well as low levels of participation in qualification based training since leaving school¹¹⁴.

¹¹⁴ Labour Force Survey 2010 Q2. NIACE analysis

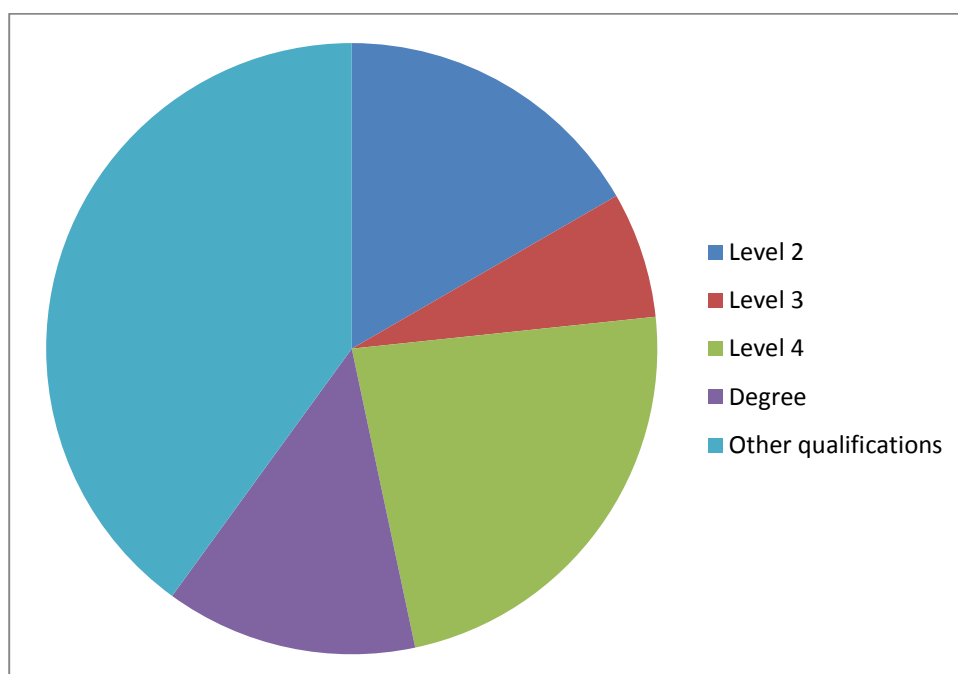
Figure 7 Qualification levels by age



LFS Q2 2010

However, older people are also less likely to be on courses leading to formal qualifications,. In 2008, only 6% of all learners on qualification bearing courses were aged 50-65¹¹⁵, although this represents a rise since Dench & Regan examined the issue in 2000. Figure 7 shows the distribution of such learners between qualification levels, and their heavy concentration in qualifications outside the mainstream qualifications framework.

Figure 8 Learners 50-59/64 on qualification bearing courses



LFS Q2 2010

¹¹⁵ ONS (2009) *Social Trends* 39. ONS. London.

Surveys often find them more resistant to qualifications, and where a course does lead to qualifications it is not uncommon for older learners to not take the assessment, or not to "complete". This may reflect the lack of instrumental motivation, and a perception that qualification is about external recognition of what is seen as an internal process. However, some take the opposite view, seeing the qualification as a challenge, as an opportunity for public recognition of achievement (sometimes to overcome "failure" much earlier in life), or as a guarantee of quality. Social classes AB (who are more likely to hold high level qualifications already), and retired people, are less likely to be on qualification bearing courses.

Participation in further education and skills programmes

The Department for Business, Innovation and Skills is the largest single funder of post school education, through the Skills Funding Agency (previously the Learning and Skills Council) and the Higher Education Funding Council. Unfortunately, the age categories used in published reports are very crude, and have changed over time, making detailed, and longitudinal comparisons difficult.

Table 14 shows the latest breakdown of 50+ learners in Further Education (including FE Colleges, Sixth Form Colleges and External Institutions)¹¹⁶.

Table 13 50+ learners on SFA Funded programmes by programme (2009-10 : full year)

	% of learners in programme area	Number of 50+ learners	% of 50+ learners on funded programmes
Adult safeguarded learning	38.5	293,800	40.4
Learner responsive	10.6	237,300	32.7
Train to Gain	17.3	146,700	20.1
University for Industry	64.7	21,600	3.0
Apprenticeships	1.8	8,900	1.2
Total learners		726,400	100

Table 14 50+ learners on SFA Funded programmes by level 2009-10 : full year

	% of learners in programme	Number of 50+ learners	% of 50+ learners on funded programmes
Learner responsive below level 2	8.1	120,900	9.9

¹¹⁶ The data service, Statistical First Release (2011)
http://www.thedata.service.org.uk/NR/rdonlyres/F56EE533-CCB3-4B6E-85D0-B979682CC9F8/0/SFR_Commentary_October11_Nov_Update.pdf

Learner responsive level 2	8.3	82,500	6.7
Learner responsive level 3	4.7	35,300	2.9
Learner responsive level 4+	13.9	5,000	0.4
Advanced apprenticeships	2.1	3,900	0.3
Intermediate apprenticeships	1.6	5,000	0.4

Unsurprisingly, the large majority (two thirds) of 50+ learners are in "adult safeguarded" programmes¹¹⁷, with one in five in qualification bearing programmes. Although they represent a smaller proportion of older learners, it is clear that older people dominated Train to Gain and the University for Industry programmes, and the Government decision to close the former may have a disproportionate effect on older learners as a result.

Participation in higher education programmes

In Higher Education, the published statistics are thin, perhaps reflecting the fact that student age has not been considered a significant policy issue. However, in 2010 Universities UK published *Active Ageing and Universities: engaging older learners*, which reviewed the issues of ageing for Universities, and analysed (unpublished) data from the Higher Education Statistics Agency¹¹⁸. This showed that 6.7% of higher education students were over 50 at entry, concentrated heavily in part-time undergraduate programmes (Figure 8). The numbers had risen by 58% between 1998/9 and 2007/8, but since this mirrored the general expansion of higher education during that period, the proportions in the age groups 50-54, 55-59 and 60+ had all remained broadly stable, suggesting few major policy initiatives. The exception to the pattern is the Open University, where 10% of undergraduates, and 8% of postgraduates, are over 55¹¹⁹.

Although older learners are a relative rarity in higher education generally, a number of Universities continue the tradition of extramural education for adults, and recruit significant numbers of older people, and there are examples of specific units and programmes, notably the Senior Studies Institute of the University of Glasgow, and work at the Department of Continuing Education at the University of Lancaster (the latter having undertaken pioneering work in partnership with U3A). However, these compare with a much more extensive targeting in the USA, where 800 Universities have institutes focused on older people's learning¹²⁰.

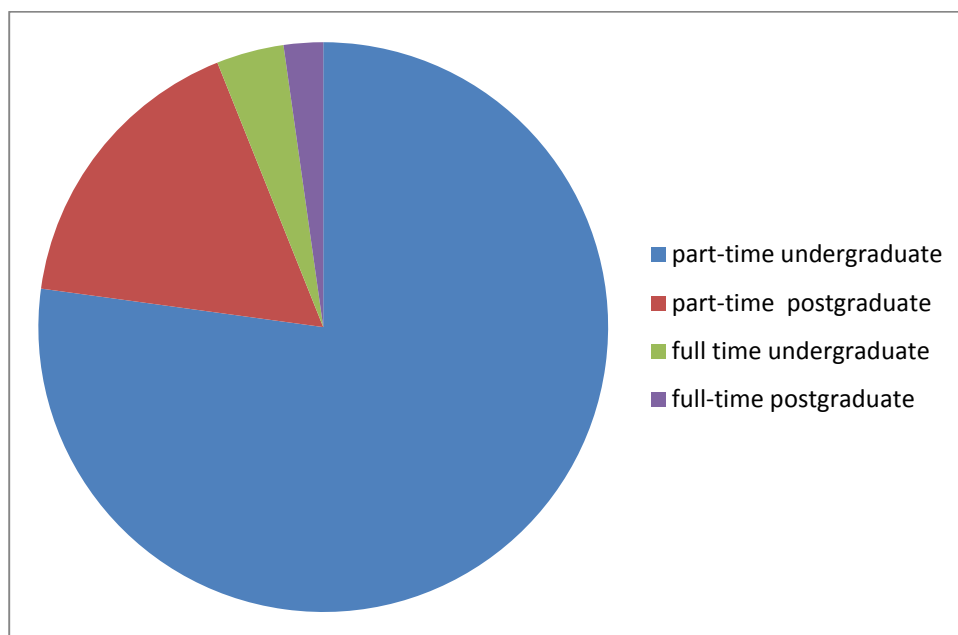
¹¹⁷ Funded from a protected budget for programmes formerly described as "adult education" or "leisure classes"

¹¹⁸ Universities UK (2010) *Active Ageing and Universities: engaging older learners*. UUK, London

¹¹⁹ Open University *Facts and Figures 2009-10*, The Open University, Milton Keynes

¹²⁰ Philipson. C (2010) op cit.

Figure 9 50+ students in higher education

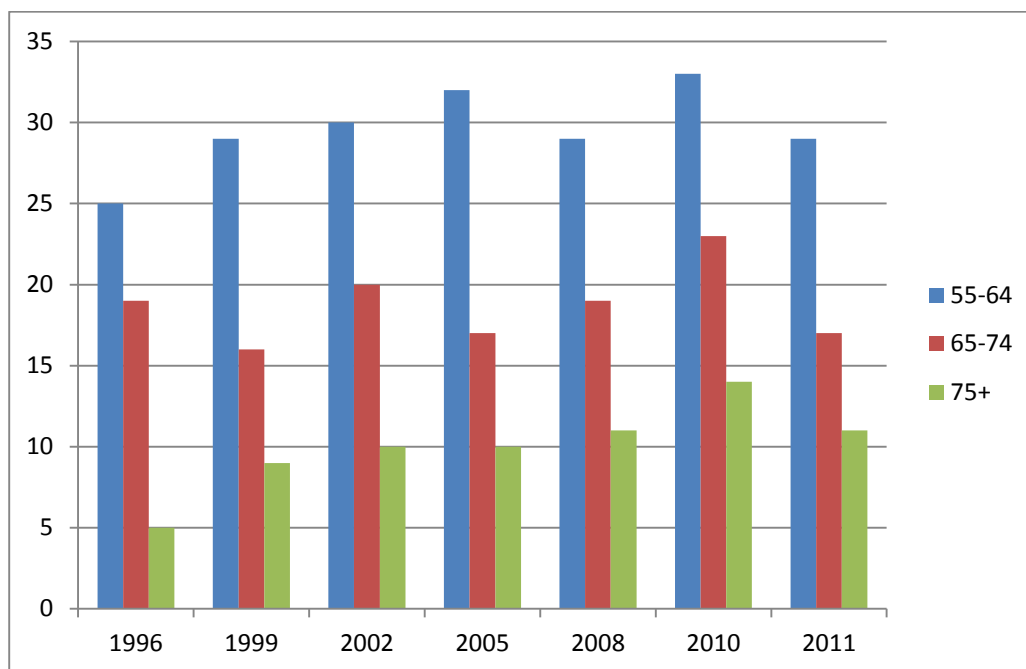


The subject distribution in higher education is broadly similar to that for older people's learning generally, with a growing emphasis on the arts and humanities as people age.

Trends in participation

The pattern of older peoples' participation in all forms of learning over the 15 years of the NIACE Annual Learner Survey is shown in Figure 9. Most striking is the six point fall in the last year for 65-74 year olds, which compares with a 2 point rise for 20-24 year olds in the same period¹²¹.

¹²¹ Aldridge & Tuckett (2011) op cit.

Figure 10 Trends in participation - all learning

These overall figures for learning mask a significant shift from publicly funded to informal learning, resulting (at least in part) from changing public policy on funding further education. Older peoples' participation in publicly funded education rose to a peak in the early 2000s reflecting a broader expansion of further education, which was followed by a deliberate Government policy to focus resources on work related learning and learning for young people (associated with concern about the national skills base, and with the decision to raise the normal age for leaving education and training from 16 to 18). A similar policy pressure in higher education led to a decision to remove public financial support for students studying for a second qualification at the same level (the "Equivalent Level Qualification rule"), this was aimed particularly at people engaging on learning for personal satisfaction rather than qualification purposes, but also excluded graduates seeking career change in later life. These policy pressures contributed to a rapid decline in the proportion of people over 64 in publicly funded learning in the mid-2000s. Table 16 shows the percentage fall in numbers between 2006/7 and 2007/8¹²².

Table 15 Percentage fall in learner numbers 2006/7 - 2007/8

	50-54	55-59	60+
FE Colleges	-18.1	-24.9	-22.8
Adult Safeguarded learning	-15.2	-21.7	-16.0
Total ¹²³	-17.2	-23.7	-19.2

¹²² Data from LSC Statistical First Release 2007/8

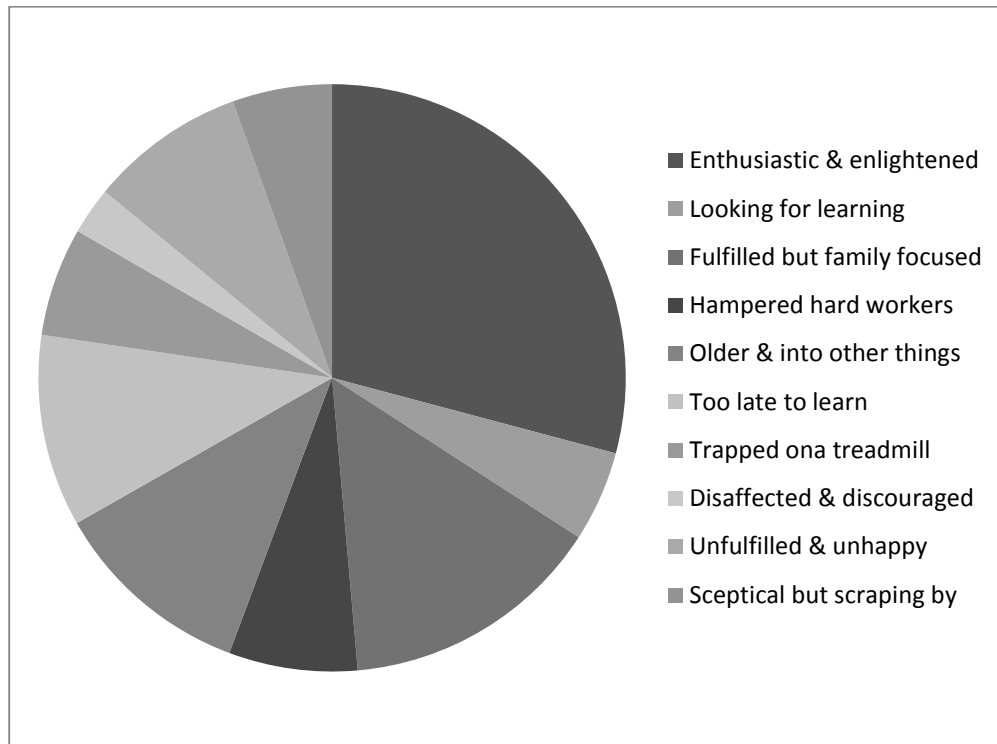
www.thedataservice.org.uk/statistics/statisticalfirstrelease/sfr_archive/lscsfr20022008

¹²³ Total includes small numbers in other FE institutions.

Types of learner

As people age they do not become more alike, and it is, of course, misleading to treat older people as if they were a single homogenous group. Chilvers' segmentation study of adult learners, using data from the 2005 Adult Learning Survey identified ten distinct groups, in terms of attitudes to learning among the adult population (Figure 10).

Figure 11 Segmentation of population by attitude to learning



From Chilvers (2008)

The first two groups (34% of the population) were the most positive about learning. They were more likely to be employed, with relatively high qualifications and predisposed to learn. The next two (32%) were mainly under 45, with broadly positive attitudes to learning, but facing practical and financial barriers to further learning.

Although all the groups included older people, the two with the most older people were described as "older and into other things" (11% of all learners), and "too late to learn" (11%), both of whom were found to have "slightly negative" attitudes towards continuing education. The former were rather more male, and less well educated, with other interests and seeing no point in learning. The latter were mainly low qualified women, half of them employed¹²⁴.

One notable feature of participation is the underrepresentation of ethnic minority groups¹²⁵. Non-white people constitute 4% of the 65-74 population, but only 1% of the current or recent learners.

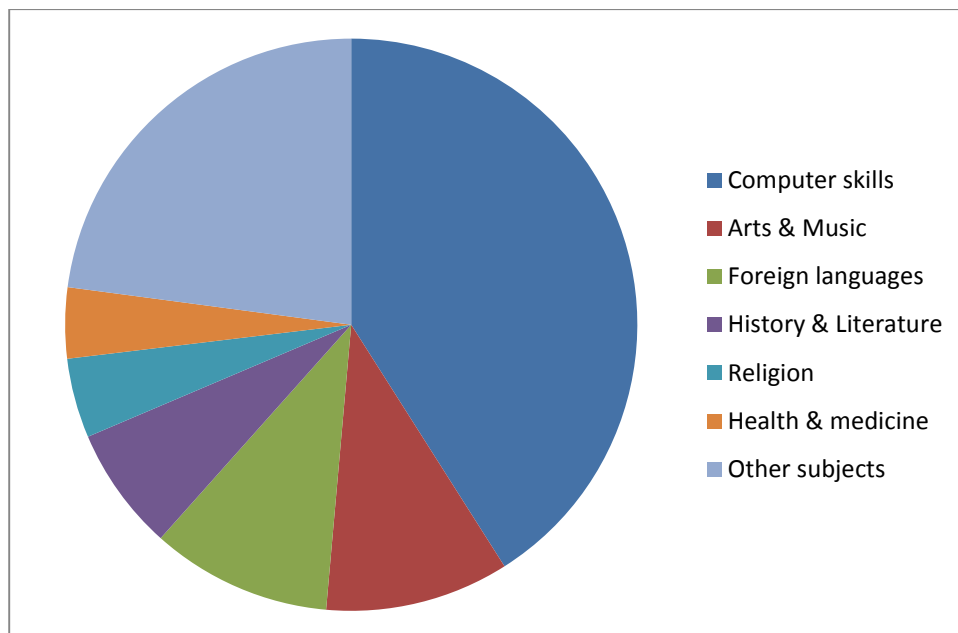
¹²⁴ Chilvers, D. (2008) *Segmentation of Adults by Attitudes Towards Learning and Barriers to Learning* (Rep. No. 08-01). London: HMSO.

¹²⁵ Learning in the last three years

Subject mix

The subjects which people choose to study change progressively with age. Figure 11 shows the proportion of older learners by subject in 2007.

Figure 12 Subjects studied by older learners



Older learners (all forms of learning) NIACE 2008

In the arts and music women heavily outnumber men. Enrolment on language courses peaks around the time of retirement, presumably as people plan travel and moving overseas after leaving work.

"Computer skills" is a special case. More than half of all learners aged 65-74, and one third of those learning after 74, were studying these. Although participation is slightly biased in favour of women, unlike other forms of adult learning, it is spread evenly across social classes. There is probably an effect here of a generation "catching up" with changes in technology, and this pattern might not be sustained in the future (although the numbers of older people without ICT skills remains high – see above).

Asked about future aspirations to learn, a quarter of people over 55 chose "nothing", while 10% chose computer skills, and 6% languages,

Self organised learning

A striking feature of recent years has been a very rapid expansion of self organised learning groups, especially through the U3A (formerly the "University of the Third Age"), whose membership now exceeds 270,000. This probably partly reflects the reduction of Local Authority adult education programmes, and the raising of fees for such programmes, which led to falls in recruitment and closure of courses. One particular factor here was the decision of some Local Authorities in 2006 to abolish fee concessions for "pensioners" when age discrimination was outlawed in further education¹²⁶.

Much of the strength of self organised learning lies in its local roots, and strong sense of autonomy, which makes it sometimes resistant to intervention by Government or public educational institutions. Examples of creative relationships between self organised groups exist, like the partnership between U3A and the University of Lancaster supported through

¹²⁶ Although such decisions were probably based on a misunderstanding of the legislation.

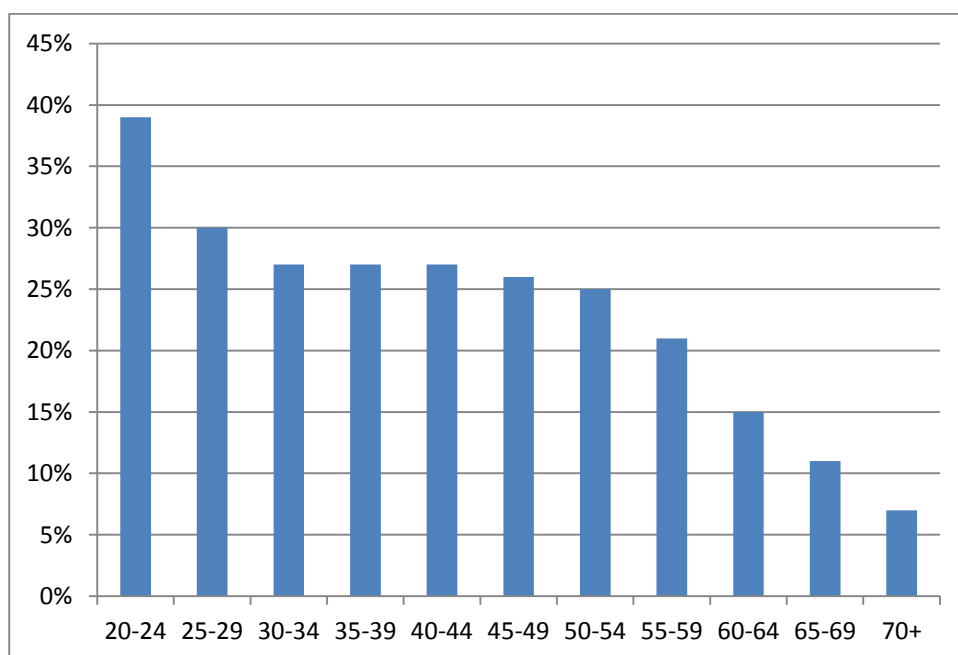
the Government's Transformation Fund, and have been shown to be extremely cost effective, but they need disseminating, and resourcing appropriately, and newer modes of learning in higher education are sometimes less amenable to including older learners in "spare seats in lecture theatres".

Self organised provision expands the opportunities available, can make provision more relevant and responsive to older people's interests and needs, and can help create increased community cohesion. However, while Local Authorities have a statutory responsibility to secure equity in provision, this is not the case for self organised provision in the private sector, which is driven by the interests of the membership. It is possible that such provision can become, by accident or intention, increasingly exclusive, although this has not been studied, and U3A is actively trying to widen its social reach.

Work related learning

Across the lifespan, participation in work related learning declines with age like learning generally. However, in recent years the pattern has shifted, and Figure 12 shows that the decline between 30 and 50 has largely disappeared, perhaps reflecting the increasing speed of technological and organisational change for those in mid career. However, after 50 participation declines progressively¹²⁷. At all ages, the proportion not taking up training when offered (for whatever reason) is very small (under 7%).¹²⁸

Figure 13 Participation in work related training by age



LFS Q2 2010

Women are more likely than men to participate in work related learning at all ages, and their participation rates fall more slowly with age – a woman in her late 50s is as likely to be training as a man 20 years younger. This is partly explained by their high concentration in public sector organisations, and large organisations, where training is more common.

¹²⁷ Because the Labour Force Survey excludes people over 69 unless they declare themselves as employed, figures for people in and out of employment after that age are not comparable.

¹²⁸ McNair, S. (2010) op cit.

Where they undertake work related training, older people are more likely to do so on their employer's premises. The proportion increases with age, which may strengthen the attachment of the individual to the employer. However, by definition, such opportunities exclude those who do not have a current employer to support them. The training undertaken reduces in length as people age.

Colleges of FE account for a quarter of training for people aged 50-54, but almost none thereafter. Other locations for people in their 50s include Government training centres, community workshops, Universities and other educational institutions. After 55, half of work related learning is on employers premises, with the remainder undertaken at home through distance learning, or at a university. After 60 virtually all work related learning takes place on the employer's premises¹²⁹.

In his study of training and older people McNair identified five key actions which could lead to more effective use of older people in the labour market:

1. **Raising awareness of risk.** Government, national and sector bodies should raise awareness among employers and employees about the implications of demographic change to the labour market, including:
 - for employees, the risk of unexpected redundancy in the 50s leading to long term unemployment,
 - for employers, the risk of serious shortages of labour and skills (especially, but not only, high level skills).
2. **Promoting a positive future.** Government, sector bodies and the new Adult Careers Service should help older people to develop a positive sense of the future, in work and in retirement, and of the value of developing oneself to make best use of it.
3. **Building on older workers natural motivation.** Most older workers say they would like to work longer. Employers should develop training, and other management strategies, which build on the factors which motivate older people to work longer. These include:
 - Making work more intrinsically interesting
 - Make work seem purposeful – contributing to one's own future and to the community
 - Encourage social engagement – keeping people active members of a work team or community.
 - Employers and Government to ensure that work continues to pay, for older people.
 - Increasing security of employment and loyalty to the firm.
4. **Developing preventative strategies.** Government policy, and employers, should seek to pre-empt risk to older workers by early intervention, including especially:
 - encouraging training and job mobility among low skilled employees in their late 40s and early 50s, to increase their ability to manage unexpected redundancy later
 - making more effective use of those who think themselves overskilled, by early identification and training to encourage ongoing career development.
5. **Demonstrating the need to train.** Government needs to gather and promote the evidence on the benefits of training older workers, to employers and to individuals. Although cost is not the primary concern for most employers, evidence of benefit is important.

He also suggested that the employed older workforce could be divided into four groups in terms of attitudes to training:

- **The “content”** – about three quarters of older workers fall into this group. As they age the proportion “about right” rises and the proportion “a bit overskilled” declines. Most are not offered training, and the timing of their labour market exit is probably

¹²⁹ LFS 2010 op cit.

unrelated to issues of skill or training, unless they are forced out prematurely by industrial or economic change. The numbers in this group rise with age, slowly up to 50, and then much more rapidly, as people begin to adjust to a new “retired” or “retiring” identity. If this group needs to be trained, they will need persuasion that it is relevant, not only to their present employment but to their future.

- **The very overskilled** – this is a relatively small group until the early 50s, after which their numbers rise rapidly (rising from 12% of all employees at 50 to 20% at 70, mainly in social classes A and B). Although they are strongly represented among the self employed, the majority are in employment, they are unlikely to be offered training by their employer, and are unlikely to seek it out, unless they are planning a career move. They may include people who have chosen to move to less stressful work in the run up to retirement, but they clearly represent an underused resource to the economy as a whole. Where they have experienced downward career moves or age discrimination, they may well be sceptical about the value of training in restoring their former position. For the self employed there may be particular issues about learning how to make better use of their skills.
- **The lifelong learners** – there is a small group of people (under 10%) who train, despite being overskilled for their present job. It may be that they are simply attached to learning as an activity, and will continue to learn into their retirement.

The numbers who perceived themselves to be underqualified for their present job were extremely small at all ages.

9. Factors affecting participation

Motivation

In 2000, Dench and Regan's study of older people's learning identified three broad kinds of motivation to learn¹³⁰:

Intellectual	to increase knowledge, keep the brain active, enjoy a challenge, learn about a long term interest
Personal	to do something positive, take life in a different direction
Instrumental	learning for work, helping the family, voluntary and community work.

They found that intellectual motivations were most commonly reported, and instrumental the least (although three quarters of older learners did report the latter as "very" or "fairly important"). Motivation also changes with age in later life, with instrumental motivations declining and intellectual rising. Jamieson's study of students at the two higher education institutions with the strongest adult focus (Birkbeck College and the Open University) found instrumental/employment motivations strong among people in their 50s, but declining as people aged¹³¹. Dench & Regan also found that those who engaged in learning in later life were likely to also be involved in a wider range of interests/activities.

Hodkinson and his colleagues argue, from their longitudinal study of learners, that research into motivation and participation has tended to overvalue specific barriers, and undervalue the effects of chance and random life events¹³². They suggest that non-participation is often the result simply of accidental and unpredictable factors, not easily amenable to policy intervention.

Finding out about learning

The NIACE participation surveys find that, as people age, word of mouth (friends and family) become increasingly important sources of information about learning opportunities, and this is much more so for women than men. Newspapers/magazines, Colleges, and public libraries are also more important to older people. For those in employment, workmates and colleagues, and employers, remain important sources of information¹³³.

In 2003, the Department for Education and Skills commissioned a study from TAEN, NIACE and ICEGS to examine demand for careers and educational guidance among older people¹³⁴. It found high motivation to learn, for work and other reasons, and identified the kinds of guidance which older people said they would welcome. They included:

- Accessible and detailed information
- Expert advice to relate opportunities to personal circumstances
- Continuity of contact over a period with staff willing to listen, and able to motivate
- Skilled assessment of skills, transferability and experience
- Help with presentation, CVs, interview techniques and advocacy
- Training relevant to the local labour market
- Peer group support

¹³⁰ Dench & Regan (2000) op cit.

¹³¹ Jamieson, A. (2007) "Higher education in study in later life: what is the point", *Ageing and Society* 27, 363-384

¹³² Hodkinson. (2008), op cit

¹³³ Aldridge & Tuckett (2007) op.cit.

¹³⁴ Ford, G. et al (2003) *Challenging Age: Information Advice and Guidance for Older Age Groups*. Department for Education and Skills

These findings were confirmed and elaborated in subsequent work¹³⁵.

Barriers and access

Research into the reasons why people do not participate in organised or conscious learning has historically highlighted problems of location, timing and cost. However, these are not the commonest reasons cited by older people in the NIACE survey. Two thirds of people 55+ said that access to local learning centres was easy or fairly easy, and even in the 75+ group this fell only to half. Similarly, although one in five older learners reported a limiting health/disability problem, 60% of these said that this did not affect their learning.

Table 18 shows that older people who do not participate are much more likely to say that they are "not interested" or "too old". Cost, location and timing are each cited by under 2% of "non-learners". This evidence is supported by Pollard and colleagues, who studied reasons why older people did not participate in higher education, finding more than a third reporting "too old to learn", a quarter saying they felt "no need" and a quarter "not interested"¹³⁶.

Table 16 Main reasons for non-participation

	55-64	65-74	75+
Not interested	33	39	40
Too old	14	26	39
Nothing prevents me	20	16	11
Too ill/disabled	8	6	8
No need anymore	7	9	9

Aldridge & Tuckett

Paying for learning

Overwhelmingly, older people pay for their learning themselves (39%), or are engaged in learning where there are no fees to pay (39%)¹³⁷. The latter figure has risen since Dench & Regan examined the issue in 2000, perhaps reflecting the rise of self-organised programmes, especially through U3A. Age UK's 2010 study of the ageing consumer marketplace found that education accounted for less than 2% of household expenditure for people aged 50-64, and thereafter the proportion was negligible¹³⁸.

The most comprehensive study to date of total expenditure on adult learning in the UK was undertaken by the Inquiry into the Future for Lifelong Learning¹³⁹. This attempted to identify all expenditure on learning post 18, from public, private and third sector sources, and estimated that total expenditure from all sources was £93 billion a year (including the learners' time) or £55 billion (if learners' time was excluded). The study then analysed the results by age cohort, dividing the population into four groups (18-24, 25-49, 50-74 and 75+).

¹³⁵ Ford, G. (2005) *Am I still needed: Guidance and Learning for Older Adults*. Derby. Centre for Guidance Studies. and Ford, G. (2006) *Helping Older Workers: the Impact of an Ageing Population on Career Guidance*. Leicester. NIACE/TAEN/CeGS

¹³⁶ Pollard, E. et al ((2008) *University is not just for young people: working adults' perceptions of and orientation to higher education*. London. Department of Innovation, Universities and Skills

¹³⁷ This may be because the activity is cost free (like reading a book or attending a U3A group), or because of fee concessions.

¹³⁸ Age UK (2010) *The Golden Economy: the consumer marketplace in an ageing society*, London. Age UK

¹³⁹ Schuller & Watson (2009) op cit.

This analysis showed that, although Government expenditure on “adult learning” had increased, this was entirely spent on 18-24 year olds. Table 19 shows the estimated distribution of all post 18 expenditure on learning by the four age groups in 2008 (including expenditure from public, private and third sector sources).

Table 17 Expenditure on learning by age group

	18-24	25-49	50-74	75+
Total expenditure	£47,171M	£6,057M	£1,397M	£285M
Percentage of total expenditure	86%	11%	2.5%	0.5%
Expenditure per head of population	£8,045	£283	£86	£60
Expenditure per learner	£12,395	£633	£319	£542

The Inquiry examined the implications of demographic change over the next decade, where the proportion of the population over 50 is rising, alongside a modest decline in the proportion under 25. It argued that, since expenditure per head is much higher for young than old, the savings from the declining numbers of young people could finance a 55% increase in spend on those aged 50-75, and a 95% increase for those over 75, while keeping the unit costs for each age group constant,

Quality systems

One key measure of quality in learning is the satisfaction of the learners, and although older learners generally report very high levels of satisfaction, there is relatively little systematic data on this.

Formal education for older people is subject to the same quality regimes as learners of any other age. It is possible that, where such regimes put a high value on formal qualification or measurable outcomes, they will undervalue the factors which make learning important to many older learners.

Many forms of informal learning are not subject to external quality assurance. Many, and especially those in self-organised learning like U3A, argue that such measures are inappropriate, since the relevant test of quality is whether people continue to take part.

An issue which particularly affects older unpaid carers, and older people with health problems, is quality criteria which require consistent attendance patterns. Quality systems need to recognise the importance of flexible provision to adapt to such needs.

Use of technology

Older people in general are keen to improve their ICT skills, and ICT related courses dominate the learning landscape for older people. Of those who describe themselves as “learners”, 45% cite ICT, in some form, as the subject studied (compared to only 24% for all learners over 17)¹⁴⁰. The highest proportion is found in the age range 65-74, and they are more likely to be retired than in employment. This may reflect growing awareness of social isolation around the time of retirement, and/or increased time available to learn. Derrick found that older learners reported that their motivation to acquire ICT skills was mainly for social inclusion and financial capability, but that the courses available do not always succeed in overcoming the barriers of confidence.¹⁴¹

¹⁴⁰ Aldridge & Tuckett (2011) op cit

¹⁴¹ Derrick (2008) op.cit.

Whereas participation in most adult learning is biased in favour of those with more formal education and in higher social classes, ICT learners are more evenly spread across social classes, until 75, after which there is currently a clear bias in favour of lower social classes. The gender balance is also relatively even (although women's participation appears to be significantly lower after 75¹⁴²).

Despite the potential benefits of digital technologies for older learners, particularly in overcoming disability, mobility, caring, and access problems, only 12% of people over 55 claim to have used the internet specifically for learning, although this may be underreported, since there may be informal learning involved for many of the 60% who have used the internet for "general browsing".

Gender

Taking all current and recent learners in any form and setting, women slightly outnumber men at all ages¹⁴³ (53.4% are women). The balance is nearest to equal among those aged 45-54 (when 50.4% are women), while the proportion of women to men is highest among the 65-74 year olds (63.5% are women).

In programmes funded by the Skills Funding Agency, however, participation is much more heavily biased towards women. Among people aged 50+, the ratio of women to men is 2:1, while adult safeguarded learning it rises to 3:1¹⁴⁴.

Previous educational experience

Participation in learning in later life is significantly related to previous education/qualifications and occupation. Unsurprisingly, those with the most extensive initial education are the most likely to participate in later life. It is also notable that, even when people are in retirement, social class, and the education and work histories of their parents continue to have an influence¹⁴⁵.

Disability

Disability is a significant factor limiting participation. Key issues include problems with hearing, vision, mobility and energy levels. However, Dench & Regan found that while disability and poor health were barriers to learning, disabled people who did learn were more likely than other learners to report benefits.

Caring

There is no baseline data on the numbers of unpaid carers taking part in formal education¹⁴⁶, despite the fact that the uncertainties of caring roles make carers a distinct and potentially disadvantaged, group.

Location of learning

Unsurprisingly, as people approach retirement, there is a marked shift in the location of learning away from the workplace. Figure 13 shows the location of learning for all recent or

¹⁴² The evidence on people 75+ may be distorted by low sample size.

¹⁴³ NIACE Annual Survey, analysis for this paper

¹⁴⁴ The Data Service (2007) LSC Statistical First Release, Full Year.

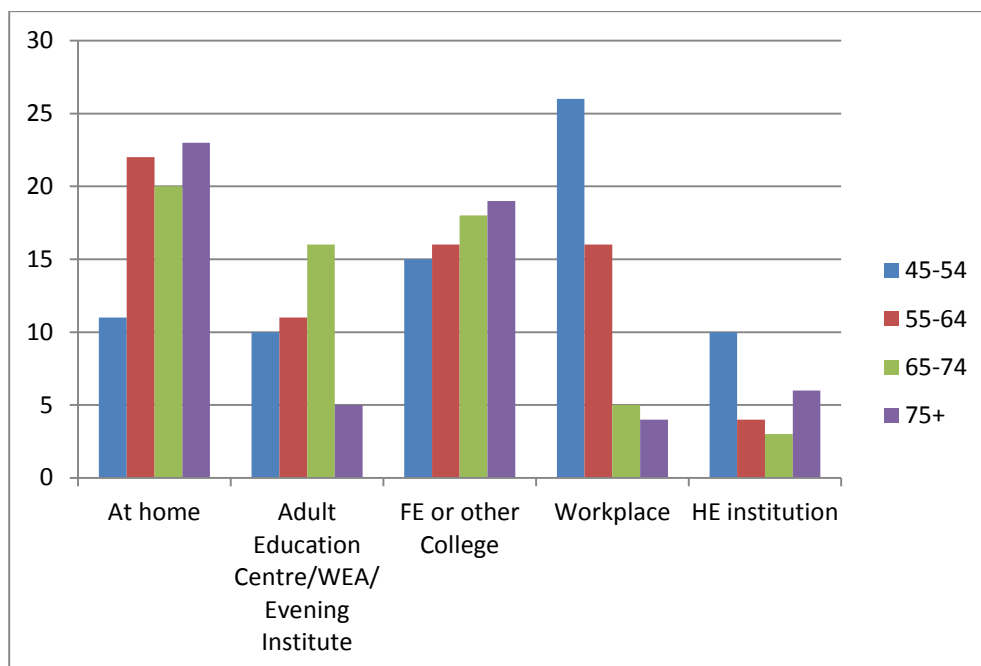
<http://readingroom.lsc.gov.uk/lsc/National/nat-sfr16supportingdata-da-200607-v1-0.xls>

¹⁴⁵ Hodkinson. (2008) op cit

¹⁴⁶ LSC (2009) Including carers: towards a framework for meeting the needs of carers in further education and adult learning. Coventry. Learning and Skills Council

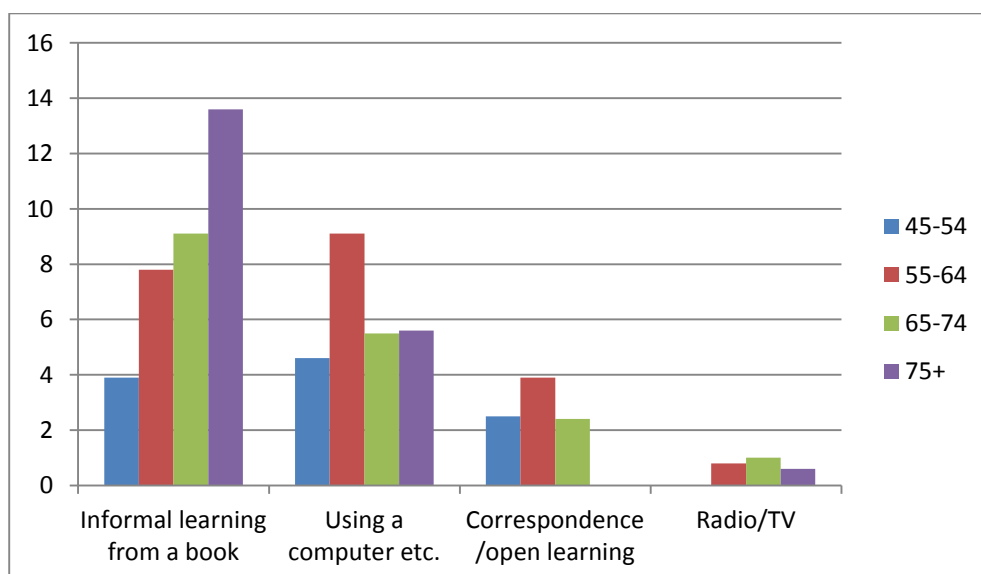
current learners. The home is the commonest location of learning for people after 55, and is more common among men than women.

Figure 14 Location of older people's learning¹⁴⁷



Learning at home is clearly more important for older learners than younger ones, accounting for nearly a quarter of recorded learning. Figure 14 shows the forms which such learning takes, with informal learning from a book rising rapidly with age, while computer based, correspondence and open learning peak in the 65-74 group, which suggests a surge of interest in such learning among the recently retired.

Figure 15 Forms of learning at home



¹⁴⁷ Figures for 75+ in this and the following table are based on small samples and may be unrepresentative.

Learning at home is most common amongst the highest and lowest social classes. The C1s and C2s are more likely to be studying in an adult education centre.

Timing and mode of study

Although, in all age groups, part-time learning is more common than full time, there is a small group (8.6% of all learners over 55) studying full time. Among the retired, two thirds are learning in the daytime¹⁴⁸.

In general, older people are more likely to be studying for relatively short periods (under 3 months).

However, a significant group of older learners report long term study projects lasting more than 3 years (27% of 55+ learners), suggesting a core group for whom learning may be a major component of their identity in retirement.

Completion

“Completion” is not a simple concept, since learners’ purposes may not be the same as those of course providers or funding bodies. However, the proportion of learners reporting that they had “completed” a course once enrolled, appears to fall slightly with age, but only from 44% (of 17-54 year olds) to 41% after 55.

¹⁴⁸ Dench & Regan (2000) op.cit.

10. The research agenda: what do we not know?

Research into ageing has paid relatively little attention to learning, and when it does, it tends to focus on deficits, especially in physical and mental health, which affect a minority of older people.

The following is a list of areas where further research could improve our understanding of the role of learning in the quality of older people's lives, and in public expenditure on them. It draws on the issues identified in this paper, but does not claim to be exhaustive.

Active citizenship	What approaches to learning are most effective in stimulating active citizenship
Basic skills	Older people have lower levels of basic skills, but appear not to see this as a problem. Are they right? Are there areas where they should be encouraged to engage, and how might these be most effectively organised?
Caring	Caring is a major part of life for many older people, and for some it is a stressful one which damages wellbeing and health. How far, and in what ways, can learning help overcome these problems, by improving the quality of care, or the quality of life for carers?
Cohort change	How far are differences in attitudes, expectations and motivation to learn between age groups the result of cohort rather than age itself?
Equity	How far, and in what ways, can the organisation of older people's learning contribute to greater social equity. Does the growth of self-organised provision contribute to, or detract from, this objective.
Health economics and learning	The largest potential saving from learning for older people is in health and social care budgets, but health economists appear not to have systematically studied the role which learning plays, and ways of organising learning opportunities (including partnerships with other public sector agencies). Does learning offer better value for money than other kinds of intervention?
Partnerships and organisation	Much of the discussion in this paper suggests that older people's learning will be better advanced by different relationships between agencies, government departments and providers, as well as learners themselves. Are there good models of partnership?
Resilience	Shocks like unemployment, bereavement, or giving up driving can have a major impact on older peoples' wellbeing. The ability of older people to respond positively to such shocks appears to relate to previous life experience and education. Can learning help people to develop resilience?
Social Return on Investment	SROI is still in its infancy. The techniques need refining, and applying systematically to older people's learning, to establish how far the benefits of investment in

	learning can be measured and evaluated, in their own right, and by comparison with other interventions.
Survey approaches	We have highlighted the problems in evaluating age policy which result from inappropriate age limits in national surveys (notably the Skills for Life Survey, and the Labour Force Survey). There are also untapped resources in the National Survey of Health and Development (the 1946 cohort study), and the English Longitudinal Study of Ageing. There is a need to review, and probably modify both age boundaries in national surveys, and to explore how existing data can be better exploited.
Volunteering	How does learning happen in voluntary organisations, and can it be made more effective, both for the organisation and the individual?
Wellbeing	Improved wellbeing is increasingly recognised as a policy objective for government. The techniques of measurement are still developing. Is wellbeing different for older people, and how do particular forms of learning contribute to it?
Work related models of learning	Learning appears to be most effective in getting older unemployed people into appropriate work when learning is very closely linked to practice on the job. To date a few pilots have explored this. What models work, why and how?
Workplace learning	What kinds of workplace learning are most effective for older people?

11. Future challenges and policy options

Many of the distinctive learning needs of older people listed above are poorly met, or not met at all for many older people. The consequence is poorer quality of life, reduced contribution to society and greater costs of dependency.

At the beginning of this paper three policy opportunities were identified. In each case learning can make a positive contribution.

Dependency

Learning, in all its forms, can contribute to increased independence and autonomy, and help reduce or delay dependency, which destroys quality of life for the individual, and is expensive for the public purse. This is true both for formal provision aimed at specific targets like improving health, and much broader kinds of learning which increase social interaction and cohesion (something which older learners regularly identify as a benefit and a motivation for participating). It can also, in some circumstances, improve the employability of older people, helping them to remain economically active longer.

Learning can reduce isolation by simply bringing people together around a common interest, and the broader the range of opportunity, the more likely it is to include the full range of older people. Digital learning can enable people to maintain social networks, and remain active in society despite declining physical mobility. Learning can help people better manage the caring responsibilities which are a major (and sometimes onerous) part of the life of older people.

Cultural expectations

Confusion about the place of learning in later life is part of a broader confusion across society about the social contract for the newly extended, phase of later life, both the active "third age" and the less active "fourth age". What can we expect from society, and what should society expect from us during decades of healthy, but economically inactive life, and what rights, including rights to learning, should we have when we become more dependent?

Learning brings people together to evolve new social forms, as the growth of U3A has demonstrated. It can also help to change public perceptions of age and of its contribution to society, challenging the traditional perception of age as dependency.

Policy coordination

A revaluing of broad learning, driven by interest, curiosity and the urge to share skills and knowledge with others, would help restore a dimension of education which has been at risk as education has focused increasingly on economic activity in recent years.

However, much of the learning which matters to older people falls well outside the traditional territory of "education" policy. Learning which improves health, financial security, civic and social engagement are examples where other parts of Government have a clear interest. However, "joining up" the work of Departments is not easy, especially when it comes to financial transfers. At a small scale, the benefits of learning, in increasing individual autonomy, to the health and social care budgets have been shown to be very large, but the savings to one Department still appear as additional expenditure for another.

Coordination is not only a matter of linking different arms of government. Many areas of older people's learning fall outside the scope of traditional public sector activity. For example, financial education (including the financial dimensions of preparing for retirement), can be crucial to maintaining autonomy and quality of life, but is generally provided by private sector agencies which are not seen as part of "education", and are generally provided only to those with substantial financial resources (because there is no return to the

financial services industry from those with limited funds). Addressing these needs calls for a different kind of relationship between educational and other agencies, calling for new kinds of partnership and collaboration, as well as new ways of raising and deploying funding.

Finally, we have seen in recent years a very rapid growth of self-organised learning, mainly through the U3A, although there are parallel developments in other fields (like self organised groups focused on managing particular health conditions). There is no doubt that such activity has a public as well as individual benefit, and that part of its success lies in its independence of Government. However, there is underdeveloped potential for collaboration, to make resources and accommodation more readily available, and to understand precisely what role it can, and cannot meet.

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