

Please note that this is BBC copyright and may not be reproduced or copied for any other purpose.

**BBC
RADIO 4**

CURRENT AFFAIRS

**ANALYSIS
THREE SCORE YEARS AND TWENTY**

TRANSCRIPT OF A RECORDED DOCUMENTARY

**Presenter: Chris Bowlby
Producer: Rosamund Jones
Editor: Innes Bowen**

**BBC
Fourth Floor
Zone B
London
W1A 1AA**

**Broadcast Date: 11.03.13 2030-2100
Repeat Date: 17.03.13 2130-2200
CD Number:
Duration: 27' 40"**

Taking part in order of appearance:

Professor Sarah Harper
Oxford Institute of Population Ageing

Professor Hans Rosling
Health Statistics Specialist, Gapminder Foundation

Selam Kidane

Dr Ramesh Naik
Consultant, Royal Berkshire Hospital, Reading

Silvia Elsner
Counsellor

Baroness Sally Greengross
International Longevity Centre
Former Director Age Concern

Dina Mehmedbegovic
Refugee from former Yugoslavia

Helene Neveu Kringelbach
Researcher, University of Oxford Diaspora Programme

Professor Christopher Murray
Principal Investigator Global Burden of Disease Study

Isabelle Aboderin
African Population and Health Research Council

BOWLBY: When it comes to good news stories, this ought to be the biggest there is. Death is steadily losing its dominion.

HARPER: We are pushing death back further and further into older age. In 1850, half the population in England were dead before they reached 46. Now half the population in England are alive at 85; and 8 million people currently alive in the UK will make it to 100 years or more. And if we extrapolate that to Europe, we can say 127 million Europeans are going to live to 100.

SEGUE:

ROSLING: We have reached the turning point five years ago when the number of children stopped growing in the world. We have 2 billion children. They will not increase. The increase of the world population from now on will be a fill up of adults.

BOWLBY: This will change the whole shape of our society, in ways we've barely begun to imagine. Politicians like the Health Secretary Jeremy Hunt concentrate on questions that traditionally come under an unglamorous heading - retirement and old age - struggling for sustained political attention.

HUNT: I think the two biggest issues that we face as an ageing society are the sustainability of the NHS and the sustainability of the pension system; and within the NHS, I include the social care system as part of that. And I think we have made very real progress in trying to tackle those issues. We're not there yet.

BOWLBY: This is still one of those long term questions that commissions investigate and policy-makers nod to, while knowing it won't swing the next election. But ask experts on ageing like Oxford University Professor Sarah Harper to imagine a future that works, and she describes a revolution we must start now.

HARPER: We've fundamentally got to change our whole concept of what our society is like, what our individual lives are like. We have to say what about our housing, what about our transport, what about our working lives, what about our workplaces. Everything that we have taken for granted is going to have to change over the next forty, fifty years as our population shifts.

BOWLBY: Full disclosure. I'm in my early fifties, keen of course to classify myself as part of the new early middle aged, with a potentially long lifespan still to come. 50, we hope, is the new 30. But uneasily aware that - as Sarah Harper says - what we've taken for granted will have to change if this defiance of Death is to be matched with real life improvements. New research about global chronic disease warns that Britain faces a particular threat. So I also want to know who's doing better than us in facing ageing. As well as the experts, I've been talking too to those with a unique international perspective - migrants to Britain assessing their long term future.

KIDANE: I guess we will be the first generation who will have the curse of growing old.

SEGUE:

NAIK: In the past, there was always a lady in the house. Now they're doing jobs and the elderly father, elderly mother is not looked after in the way that they were guaranteed to be looked after before.

SEGUE:

ELSNER: It's not so much prioritising family bonds or family structure. That is not the case in Latin America. That's a big difference I see. And it has to do with the vision of old age, I think.

BOWLBY: **The tension you sense immediately is between individualism and communal responsibility. The generations about to benefit from longer life have grown up with a sense of liberation from older social and family structures. Those who became adults in the 1960s and 70s may not all be rock and roll retirees or post punk pensioners, but they're hardly going to approach later life passively. Many of them are used, for example, to independent living in homes they regard as major assets. They'll be very unwilling to relinquish that.**

GREENGROSS: Our culture is one that fosters isolation, unfortunately, and that's very destructive in late life.

BOWLBY: **Baroness Sally Greengross is a former director of Age Concern and prominent parliamentary activist on all the emerging issues connected with an ageing society. She worries that love of independent living could leave many older people alienated from society around them.**

GREENGROSS: I think one of the reasons for that is the English habit of making our home our castle and we never move; and it's good to be in a neighbourhood where you know people, but it isn't always good to stay in a rather unsuitable home where you are isolated as you grow older because the people you knew perhaps die or move out. And we also have a philosophy of wanting our children to be independent of us; we don't want to be a burden on our children. And in some societies people don't consider that quite as strongly as we do. So we want children to be able to be free of ageing parents.

SEGUE:

ELSNER: I think this is when kind of the northern societies become very sad - when you know people retire. Somehow the family has all disbanded - even in cases where there are good family relationships.

BOWLBY: Silvia Elsner works as a counsellor for young people in Britain but grew up in Mexico. She believes relationships across the generations will be crucial if loneliness and alienation is to be avoided. Britain and Europe, she argues, may not be as well prepared as other parts of the world.

ELSNER: In northern Europe a lot of emphasis is placed in the first years of life. Mothers and fathers are very dedicated. There's a feeling that once they become teenagers, there becomes a kind of distance and then almost you have to let them go. That is not the case in Latin America. That's the big difference I see and it has to do with the vision of old age, I think. The vision I grew up with in Latin America was that grandparents played a key role in the family, for example - partly because the families were big and so mother could hardly cope at times. So I was taught how to read by my grandmother. The first poetry I heard came from my grandmother. Even practical things - to do a bit of cooking - by her. So of course grandmother had to live very close. In my case, she used to live in the house next door. It was inconceivable to have a different arrangement.

BOWLBY: Do you think certain cultures have an approach to old age that will continue to shape them; the world isn't all moving in the same direction?

ELSNER: Well I hope that this is the case - that the kind of diversity still exists and we're not becoming too homogeneous. The role of old people as having something to give - figures of attachment for the young - is crucial, and I would like that preserved actually.

BOWLBY: This vision may have more to do with the past than the future. But the old idea that the state would provide what families used to offer is under strain as public spending contracts. So for those who have children, the family as fallback resumes its importance. Could longer living parents, grandparents and great-grandparents trade greater involvement in say childcare for a commitment to family support as they grow frail? It would be difficult, given the expectations younger men and women now have. Dr Ramesh Naik is a consultant at the Royal Berkshire hospital in Reading who treats many among the Indian and Pakistani communities who've come to live in Britain.

NAIK: Every family is now keen on ensuring that the children get all the opportunities to study, to go to university. With an Asian family, it's understood that you've got to go to university - including the girls. I've got two daughters. One's a lawyer, one's a doctor. The one thing that it's going to lead to is difficulties looking after the elderly because in the past there was always a lady in the house. Now they're doing jobs, so there is quite often nobody at home, and the elderly father, elderly mother is not looked after in the way that they were guaranteed to be looked after before. So I think the Asian elderly now are having difficulties, in the same way as the Caucasian elderly. For the first time you know you're now getting homes for the Asian elderly which you didn't have before, so it's changing quite a lot actually.

BOWLBY: One revealing response to that anxiety about care and quality of life in old age is a decision by some migrants to Britain to return to where they came from - challenging the belief that Britain is a kind of welfare state paradise that

no-one would want to relinquish. Dina Mehmedbegovic came to Britain in the 1990s as a refugee from the war in former Yugoslavia.

MEHMEDBEGOVIC: People whom I know who spend a lot of time working in other countries, they always make sure they have a little base at home. You know they build a house there and you can see them spending more time in their older age back in their country of origin. I could see that you know there is a pattern there. And you know some people have returned and decided that they prefer the quality of lifestyle there and will trade off you know some of the income, benefits and so on for just having a more comfortable lifestyle.

SEGUE:

NEVEU KRINGELBACH: Most people that I've met in West Africa or from West Africa who have gone to Europe do not intend to stay there for very long.

BOWLBY: Helene Neveu Kringelbach is a researcher with the university of Oxford diaspora programme, and has also lived in France and Denmark since leaving her birthplace, Senegal.

NEVEU KRINGELBACH: In Senegal in the Wolof language people have an expression they use very often, which translates as 'man is the medicine of man', and they say it very often in all kinds of discussions to do with well-being regardless of how much or how little you have. What matters is to have people around you and there is a long history in West Africa of having wealth in people rather than wealth in money. Status is still linked to how many people you have around you.

BOWLBY: If you look at some of these league tables using the basic statistics, you'll find African countries at the bottom; you'll often find Scandinavia at the top. (*Neveu Kringelbach laughs*) Now you went to Scandinavia from Africa, so there's a sense in which you made the classic move to suddenly transform your life and the quality of your life. But presumably that's not the way you would see it?

NEVEU KRINGELBACH: Not at all. Having lived in Denmark, in France and Britain and Senegal, I'd say that you can't measure well-being at a universal level like that. I wouldn't say that Danes or Scandinavians have a higher level of well-being just because these are wealthy welfare societies where everybody is well looked after materially. There is also a lot of loneliness, particularly in old age, beyond a certain level of material wealth. Of course you need to have a minimum to be able to look after yourself and look after your children. Beyond that level, it's really your relationship to other people that make well-being.

BOWLBY: So how far can Britain learn from other societies in countering isolation and loneliness? Fundamental cultural differences in how older people are regarded may be hard to change. But Sally Greengross has a practical suggestion from across the Atlantic.

GREENGROSS: One of the things we could do is be more American. Americans move more readily at different stages of their life. I personally think people on their

own who can move into a complex where there are services when you need them gets rid of the loneliness because there are other people who you can go to the cinema with, play a game of cards with, go to a museum with, or whatever you like doing. I think planners should consider the various alternatives for older people. They need to be affordable and many housing associations are doing similar things, but I think that we need more experimentation. The other thing of course is that if people move, they make accommodation available for the young who are desperate. So not being willing to explore and move but rather clinging to what we know doesn't help either because I think people can improve their own quality of life if they're a bit more adventurous in later life.

BOWLBY: So instead of a few pensioners heading for villas on the Costa del Sol, could we see larger groups creating a series of Floridas somewhere in Britain - minus the weather. Easier to imagine for those with plenty of assets and income. And let's not forget that communities of older people can have problems of bullying, say, or separation from wider society. But there will certainly be more people faced with extra decades of life who decide to make a move, enjoying the prospect of a bonus phase in which to try new places and activities. Yet all this depends on one crucial piece of good fortune: avoiding chronic illness, potentially the great downside of our ageing revolution.

MURRAY: People are living longer - that's the good news - and people are living more years in health. But because they live a longer lifespan and because these chronic disabling conditions - you know the musculoskeletal disorders, arthritis, back pain, neck pain, mental disorders - these things tend to go up quite dramatically with age. As people live longer, they're going to spend more of their time with disorders and all the things that go with that.

BOWLBY: Longer life expectancy looks at first like an unambiguous triumph of human progress. But there's another measure - healthy life expectancy - that's attracting increasing, and more pessimistic attention. It measures the amount of time on average we can expect to live without chronic disease or disability. The Global Burden of Disease Study is the largest ever systematic look at major health risks. Its latest conclusions for Britain, published this month, show Life expectancy improving steadily over the last 20 years, while levels of ill health have not. Professor Christopher Murray is the study's principal investigator.

MURRAY: The UK has always been this paradigm of universal healthcare, broad public health programmes, and this has been there for at least six decades. And so when you look at the data and find that the UK lags behind many, if not most, countries in Western Europe, it's very disturbing. I think it's that we've all inherited in different countries a profile of diet, physical activity, different types of habits that profoundly influence health patterns. If you look at things like tobacco consumption, it was much higher in the UK historically than many countries in Western Europe. If you look at other key leading risks like high blood pressure or obesity or physical inactivity or alcohol, those risks are worse for the UK.

BOWLBY: If the gap widens between overall life expectancy and healthy life expectancy, that means many more people with many more years of chronic illness needing costly care. And that could lead to some older people having to

make a move whether they like it or not. This would not be the voluntary migration of those seeking Spanish sun or a local version of Florida. If care of the elderly can be delivered more cheaply abroad, an international market in care could emerge. Sally Greengross has noticed that happening already in Germany.

GREENGROSS: The Germans in some cases now export older people to Eastern European countries because they can't afford - or they say they can't - to provide all the services they need in Germany itself. Countries will do all sorts of things to cope with this. I rather wish we didn't contemplate such activities. I'd rather that we try alternatives.

BOWLBY: That sort of move is potentially most controversial where people with dementia are involved, who may have no idea what's happening to them. And dementia can leave individuals living at the furthest extreme from a happy, engaged later life.

GREENGROSS: We're only just beginning to address the challenge of dementia and it's a very difficult one to deal with, but we have to so that people can live well with dementia. It takes a huge amount of money to deal with specially designed living arrangements and trained staff, above all trained carers.

BOWLBY: As Sally Greengross indicates, dementia will make heavy demands. And the ability of societies to respond will be weakened by the arithmetic of the changing population shape. There'll be fewer young people available to provide care or pay the taxes that sustain public spending.

ROSLING: Today 75% - that is the vast majority of world population - live in countries where a two child family is the norm.

BOWLBY: Swedish Professor Hans Rosling is a health statistics specialist with the Gapminder Foundation. He describes a trend that's already much more global than we might think.

ROSLING: Throughout history - and I mean thousands of years ago up till the year 1800 - on average women had 6 children. This has changed dramatically, but it started to change in Britain and parts of West Europe. Now it has changed in the world. When I was a student, there were still 5 children per women in the world. Today it's down to 2.5. Take Bangladesh. They now have 2.2 children per woman, but they are still astonishingly poor when it comes to income per person. Many would be surprised to know that the Islamic Republic of Iran has less children per woman than the UK. So we see it's that chance of children going to school, having electricity at home, having piped water, you know, living a life which is not about surviving but which is about having a better life, having some free time activity. When that is within reach, then they will ask for contraceptives.

SEGUE:

MURRAY: The pace of change is such that in a place like Brazil the mean age of death has increased almost one year per calendar year, so that in a two decade period people that were focused on the problems of the young are now having to deal with these chronic disability problems in a much older age group.

BOWLBY: As Christopher Murray indicates, all this will not just be a matter of how much money is spent. It requires a mental shift in states and societies from old assumptions that health care was mainly about preventing death. The huge achievement of reducing premature death - especially among children - is countered by a shifting burden of disease into later life.

MURRAY: Governments, large health service organisations are focusing their managerial attention, their policy attention, their investments still largely on premature mortality. The change is so quick, there's a disconnect between what's happening on the ground and how these systems are set up to respond to them.

BOWLBY: And systems in some societies around the globe will start from much further back in attempting to tackle the most challenging consequences of ageing. Selam Kidane moved to Britain as a child from Ethiopia, where war and famine once made survival into old age much harder. Now on her return visits she sees the ageing revolution back home.

KIDANE: I guess we will be the first generation who will have the curse of growing old.

BOWLBY: And that's a big change for the future, isn't it? I mean clearly there are parts of Africa and elsewhere where it's still very much a matter of survival. But more and more, it's this question of what will happen to me later on. In that sense, more of the world is facing similar questions, thinking about similar things.

KIDANE: Yeah, yeah, it is very much that. It's very much the uncharted territory of being able to grow old and without any preparation. Our parents would have been lucky to survive war and repression and what have you and their parents the same thing - poverty and disease. And even a few years back with the Aids epidemic, a lot of people were dying and it was unthinkable to think beyond 50, 55, 60. And hopefully we're going to live longer, but that's kind of a blessing and a curse at the same time.

BOWLBY: Africans have great confidence in qualities of traditional care within communities and families that, it's hoped, will make them more resilient when they eventually face ageing societies. But how far can those traditions respond to a challenge like increasing dementia? Isabella Aboderin came across a revealing story in her work for the African Population and Health Research Council.

ABODERIN: I did a little piece of research once with Nigerian nurses who had come to the UK to work in the elder care sector. And in Africa I think it's fair to say there is still a very strong view that institutional care is bad, you know, because it means you're abandoning your old folk and this is not what African values dictate. And the nurses themselves had those views when they came over, but as they began to work in

institutions, they began to realise that the quality of care that older people receive, especially you know dependent older people who've had strokes, who have dementia, who really need intensive care, is so much better in an institutional setting than anything that a family could ever provide, especially not a family that's living in context of poverty. But you know that discourse hasn't happened yet in Africa and the extent to which formal care provision actually might be an appropriate solution also for Africa. So to go back to these nurses, quite a number of them actually planned to set up a formal care service when they went back to Nigeria.

BOWLBY: So it's not quite as simple as saying societies with more traditional family or other networks will cope, places like Britain will struggle. Where expensive specialist care is required in the best institutions - as those Nigerian nurses discovered - poorer societies begin at a huge disadvantage - growing old, as one observer put it, before they grow rich. Hans Rosling sets out the dilemma.

ROSLING: Remember when United Kingdom and Sweden was at a more modest economic level. There was no kidney replacement, there was no heart transplantation, there was no hip replacement. Those technologies didn't exist. Then the technology came around as the economy grew. Vietnam has the economy of UK a hundred years ago, they have the disease panorama of UK thirty years ago, and they have the same technology available.

BOWLBY: But what will be needed everywhere is not only a decision about what the state can do, but also a renegotiation of relationships across the generations. Sarah Harper identifies one group in Britain currently most uncertain of where they fit.

HARPER: We interviewed a thousand people who are currently in their fifties, and their view was we've saved via our pensions, we have taken out mortgages, we were told that when we got to 60 we would be able to start retiring - as our parents did. None of us have been able to pay off our mortgages, which our parents obviously by now did; we still have our children and suddenly we're having to pay for our children to stay in education. And I think that generation who are looking after elderly parents, who actually probably they didn't realise were going to live into their eighties or even nineties, they're the ones I think who are beginning to question exactly what is going on.

BOWLBY: This was a real moment of real revelation for me, as I found my own confusion confirmed as an academic category. Those in the middle find themselves looking up and down the generations to try and work out whether the future's about more obligations or greater dependency. If you're likely to live much longer, does that also increase the length of time when you're obliged to support others? How will younger generations feel about routinely having to support those living past 100 and beyond? Baroness Greengross suggests we move away from age related categories and focus instead on individuals' very different abilities and needs.

GREENGROSS: I think in the future we need to live in a society which is age irrelevant. People need help and support when they are frail, sick or disabled. They don't on the whole need it if they're fit and well. If we can make sure that older

people who are fit and well are as independent as possible, then we reserve our spending for those who do desperately need our care. I do think that's part of our duty now. Older people who are fit and well, those who aren't actively involved do need to realise they are still very much part of society as the majority do, but some need a bit of nudging to get there.

SEGUE:

HARPER: The idea that people are going to be retiring in their fifties or even early sixties and doing leisure is something that many people, not only here in Europe but actually in other parts of the world, are already beginning to think about.

BOWLBY: Professor Sarah Harper puts more pointedly what Sally Greengross calls nudging. Longer life could make all kinds of things possible for generations who've grown up used to an idea of society becoming richer and more liberating. But no-one should rely on this - poor health stalks the ageing debate, as do the obligations faced by those whose lives so far seem more fortunate than those of their hard-pressed children and grandchildren.

HARPER: Are we going to continue working? Are we going to be much more involved maybe in caring for our grandchildren to release our own adult children to be able to go out and work more productively?

BOWLBY: If we do respond adequately to the kinds of changes you're talking about, what will society look like in thirty years time, fifty years time? What differences will we notice?

HARPER: I think socially we will hopefully have a far more age-integrated society. We have a wonderful opportunity with all these generations being alive at the same time for the experience and understanding of older generations to be passed down to younger generations. Imagine being able to draw on the experience of five generations at the same time. But it means that alongside this age integrated society, we'd probably have to change our physical environment. And all the research that's been done on changing the working environment, the home environment, has shown that all it does is make it easier for everyone. If you look at a street, the kind of problems that a mother with a pushchair has is just the kind of problems that a 70 or 80 year old in the future would have. And we will have to learn how to combine older workers who maybe are caring for frail, disabled parents or even grandparents, or maybe if they're in their seventies actually having to deal with the early onset of some of their own disabilities, so that we can accommodate all the demands of these long life courses within our society.

BOWLBY: In some ways, as Sarah Harper indicates, improving society for its older members may benefit those much younger too. Attitudes must change. But confusion, if not resentment, is currently more common. And Britain has no reason for complacency - our health not keeping pace with our longevity, our society seen by some as an especially lonely place in which to age. Pensions and care homes are part of the debate we need to have, but it needs to go much deeper. It is a great achievement to have pushed death back, but the extra life this offers has yet to be grasped.