

# DEVELOPING POLICY AND PRACTICE FOR OLDER PEOPLE IN LONDON

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## **Developing policy and practice for older people in London**

### ***Introduction***

In the UK, for the first time, there are more people aged 60 and over than children under 16. Older people are experiencing and expecting many more years of healthy life after retirement. The patterns of life are changing and issues relating to the economic and social implications of population ageing are of growing interest to everyone. There have been a number of calls for a radical rethink, a change of perspective, to embrace the challenges that these changes are throwing up. Work programmes from the Audit Commission, Better Government for Older People, the Association of Directors of Social Services, the Local Government Association, Nuffield Institute for Health and Joseph Rowntree Foundation all share common messages. They are not alone – many others, including the Association of London Government (ALG), echo their views and are coming together to influence the debate. The central message, the shared priority, is to improve the quality of life for older people – to shift the debate from dependency and deficit towards independence and well-being for all older people.

It is against this background that this discussion paper has been developed with the aim of setting out some of the key facts about the population of London, the changing demographics and the impact of an ageing population with particular reference to the delivery of services. In doing so it highlights two particular issues:

- the contribution of older people which is so often undervalued
- changes in approach to planning and service delivery.

Whilst we have drawn on the enormous amount of valuable literature written about older people in London it has not been possible to include every issue or aspect of the current debate, however important. We have had to be selective. Statistics used in the paper, some of which are new calculations, are sourced in footnotes and all accompanying material (facts & figures, tables and references) is available in a separate document. The views expressed in this paper are the author's, and should not be considered as the views of the ALG.

### ***London - key population points***

The impacts from the substantial national growth of the older population give rise to marked regional and economic differences. The London region has a high density of population coupled with exceptionally high costs of land and property to match its concentration of jobs. London, more so than elsewhere, reflects the immense diversity of 'older people'. While it is known as a 'young' city with a proportionally larger population of those aged 20-39 there are specific issues related to the impact of demographic change in London that warrant closer scrutiny.

With a population of 7.35 million in 2002, London is the largest city in the EU. Of this population 1.9 million are aged 50 or over with over 1 million over state retirement age<sup>1</sup>.

The majority (56.3%) of Londoners aged 60 or over are women. This rises to 60% for Londoners aged 70 or more, 66.2% for Londoners aged 80 or more, and of the 38,500 Londoners aged 90 or more, 75.6% are women.<sup>2</sup>

London boroughs, in particular inner London boroughs, have the lowest population percentages of people over retirement age in England and Wales. Fifteen of the twenty English local / unitary authorities with less than 14% of their population over retirement age in 2001, are inner London boroughs.<sup>3</sup>

#### *Inner and outer London*

It is important to understand the differences, of which there are many, between inner and outer London, particularly in terms of population, ethnicity and social deprivation.

Over two thirds of Londoners aged 60 or over (68%) live in outer London. Of those aged 85 and over, an even higher percentage (71%) live in outer London.<sup>1</sup>

#### *Households - living patterns*

Over 10% of Londoners live in all-pensioner households. This ranges from a high of 15.7% in Havering down to 6.8% in Newham.<sup>4</sup> Over one third of London's older people live alone.<sup>5</sup> Those living alone constitute 5.4% of all Londoners; this ranges from 9.1% in the City of London to 4.2% in both Brent and Newham.<sup>4</sup> A higher proportion of older people live alone in inner London (36.9%) than in outer London (32.9%), reaching over 57% in Kensington and Chelsea.<sup>5</sup> The majority tend to be older women following the death of a spouse, but there is evidence of an increasing number of younger male pensioners living alone. There are also indications that the proportion living alone may be affected by migration patterns with older couples more likely to move away from London. Older people living alone tend to be more prone to problems associated with isolation, poverty or poor health and therefore strategies to ensure that their voices are heard and that appropriate support mechanisms can be implemented are of critical importance. The challenge for public services is to deliver a range of services that nurture older people's own sense of independence.

#### *Moving away - migration outward and inward*

There has been a drift of older people away from the capital in the ten years from 1991 to 2001 and although the population of older people in London is projected to increase in the longer term, it will not increase as rapidly as for the rest of the UK. Except for Bexley, and Havering (which at 20.3% in 2001 is the London borough with the highest percentage of its population over retirement age), all London boroughs experienced a drop in the percentage of their population over retirement age

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<sup>1</sup> ONS Mid-2002 population estimates

<sup>2</sup> Developing policy and practice for older people in London; facts and figures, table 3

<sup>3</sup> Ibid, table 6

<sup>4</sup> Ibid, table 16

<sup>5</sup> Ibid, table 17

between 1991 and 2001. The largest percentage point drop in England and Wales was experienced by the City of London<sup>6</sup>

Migration patterns are likely to change the make up of London's population aged 65 and over, with an increased proportion being of overseas origin.

Except for the 16-24 age group, London experiences net **outward** migration, to other parts of the UK, for all age groups including those aged 65 and over.<sup>7</sup> The largest flows are to the areas of East and South East England near London. Many older people - mainly couples - seem to be maximising their assets and moving out of high density London to retire to more attractive areas elsewhere. More information is needed on this but it does appear that those in higher socio-economic groups moving away are more mobile and have fewer social and family ties with their area. Migration from abroad follows a different pattern. London experiences net **inward** migration from abroad for all age groups including those aged 65 and over.<sup>7</sup> The implications of these changes are not clearly understood but it is likely that there will be concentrations of poorer older people, often living alone, who are not owner occupiers but are living in social housing. This concentration of deprivation increases the divide between the 'haves' and the 'have nots' in London. This, in turn, will have a knock-on effect for the local provision of appropriate health and social care services, advocacy and advice, housing, employment, and education.

#### *Ethnic diversity*

Black and minority ethnic groups are likely to form a small but increasing proportion of London's older people. As often quoted, London is home to 45% of the total UK black and ethnic minority population.<sup>8</sup> The numbers of those aged 65 and over are expected to triple between 1991 and 2011,<sup>9</sup> reflecting the growing proportion of black and minority ethnic groups in the boroughs' population profile. Although, in 2001, less than 10% of non-EU nationals resident in London were aged 55 and over, compared with 20% for the population as a whole, nearly 25% of nationals from other EU states before expansion (EU15) were in this older age group.<sup>10</sup> There are, however, marked variations in ethnic diversity across the capital and overall growth in numbers is expected as particular migrant groups age and as a result of the net inflow to the capital from abroad of people aged 65 and over. Issues such as the different profiles and therefore different needs of recent migrants and refugees, and those communities who have settled in London over a number of years, need to be understood. The diversity of different ethnic groups, with their different socio-economic patterns, has important implications for planning and provision of amenities and services. Strategic planning needs to take account of the complex nature of diversity particularly in areas of high concentration of black and minority ethnic older people where poverty and poor housing are of particular concern. Housing issues include poor maintenance, lack of central heating and lack of access to grants. Whilst there have been many good examples of local pilot projects addressing issues of

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<sup>6</sup> Ibid, table 7

<sup>7</sup> Focus on London 2003, *Virdee D, Williams T (eds)*, London Development Agency, Greater London Authority, Government Office for London, 2003

<sup>8</sup> Making Age Work for London: A scoping report on population ageing and productivity in London, Age Concern London, 2003

<sup>9</sup> Health of Ethnic Minority Elders in London, *Lowdell C, Evandrou M, Bardsley M et al*, East London and the City Health Authority, 2000

<sup>10</sup> Third Country Nationals Living in London, *Spence L*, GLA DMAG 2003

diversity these need to be sustained and brought into mainstream services. Ageist and racist attitudes remain a problem both within services and society more generally. Language remains a problem to finding out about services and is also a particular barrier where issues such as health concerns need to be clearly expressed. Specific culture, beliefs and values of minority communities require appropriate responses which are often better served by community-based services. These therefore require adequate funding. Concerns expressed by black and minority ethnic communities living in London are similar to those expressed by many older people, particularly those on lower than average incomes, who have poorer employment and health prospects.

### *Pensioner poverty*

High levels of pensioner poverty are experienced in parts of inner London, particularly in the North East sector - Hackney, Islington, Newham, Haringey and Tower Hamlets. An index, recently compiled by Help the Aged, of the proportions of older people living on income related benefits shows a concentration of disadvantage in the North East sector of inner London for both the 65-74 and 75+ age groups.<sup>11</sup> Five of the seven English and Welsh districts with the highest proportion of people aged 65 and over receiving benefit, are in this North East sector of inner London.<sup>12</sup> There is a particular concern that older men have higher unemployment rates than women.

After housing costs have been taken into account, 36% of older people living in inner London are living in poverty compared with 21% for outer London and 25% for England as a whole.<sup>13</sup> The 36% inner London rate is substantially higher than for any other region of Great Britain. Pensioner poverty in these areas, with its associated greater health risks, is likely to have a major impact on planning and service provision in the future.

Figures from the Department for Work and Pensions (DWP) relating to pensioners on income support also show that 62% of electoral wards in London have levels of Income Support above the national average with high levels particularly concentrated in the inner East area.<sup>8</sup>

### *Health issues*

The self-reported health of older people in London is similar to England and Wales as a whole but older residents of Outer London, particularly among the younger old, feel healthier than those in Inner London. There are, however, big variations between individual boroughs in both inner and outer London. Levels of reported health are closely allied to levels of deprivation and, particularly for the younger old, the highest proportions of older people reporting 'not good health' are concentrated in those north east sector boroughs, Hackney, Islington, Newham and Tower Hamlets which experience the highest levels of pensioner poverty.<sup>14</sup>

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<sup>11</sup> Older People Count; the Help the Aged Income Index for older people in England and Wales 2003, *Lloyd M et al*, Help the Aged, 2003

<sup>12</sup> Developing policy and practice for older people in London; facts and figures, table 9

<sup>13</sup> London Divided: Income inequality and poverty in the capital, Greater London Authority, 2002

<sup>14</sup> Developing policy and practice for older people in London; facts and figures, table 22

In general, older Londoners are relatively healthy compared with the rest of England and Wales. Except for those, particularly men, aged between 55 and 64, age specific death rates are lower in London for both men and women at all ages over 55.<sup>15</sup> This tends to mask a number of issues. Older men and women in urban areas suffer particularly from respiratory ailments. Deaths per thousand from respiratory ailments are higher in London than in the rest of the UK.<sup>16</sup> There are also a number of health and disability issues associated with older black and minority ethnic Londoners, and aspects of ethnic diversity may affect the quantity and quality of services received. The incidence of dementia forms a lower proportion of mental health cases in London (8%) than in the rest of England (12%).<sup>17</sup> This is partly due to the young age profile of the population and partly because the incidence of dementia appears to form a lower proportion of mental health cases in areas of greater deprivation. It is estimated, however, that there were over 74,000 cases of dementia in London in 2002. There are specific cultural issues relating to black and minority ethnic communities associated with the perceived stigma attached to mental illness. There are also issues associated with a low level of specialist residential and nursing home care for those suffering from dementia in London. Particular health and service issues associated with homelessness, substance and alcohol misuse need to be addressed. Further information is needed about the health and other requirements of the small but growing number of older refugees and asylum seekers.

### *Housing*

Housing tenure for older people shows a dramatic difference between inner and outer London. Over 70% of outer London pensioner households are in owner occupation while for inner London it is just over half this level (36.5%). Bromley and Redbridge, in outer London, have 78% of pensioner household in owner occupation while for Hammersmith and Fulham and Tower Hamlets it is just 22%. Southwark, at nearly 54% has the highest proportion of pensioner households renting from the council, with Bromley the lowest at less than 2%.<sup>18</sup>

The English House Condition Survey has identified ‘risk characteristics’ for older people found to be in what are termed as ‘non-decent’ homes and many of these apply to London and include older people who are private tenants, older people who live alone and those living in income poverty after housing costs. The likelihood of living in poor housing conditions increases with age.<sup>19</sup> The housing needs of older Londoners should be given serious thought by the relevant authorities. The lack of choice of a variety of affordable housing is a major problem.

### *Care services for older people*

Information gathered in the first round of inspections of care homes shows a great deal of regional variation in the number of places available for older people and London has the least with 313 places per 10,000 population aged 65+.<sup>20</sup> Care homes

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<sup>15</sup> Regional Trends 38, *Causer P, Virdee D (eds)*, Office for National Statistics, 2004

<sup>16</sup> Developing policy and practice for older people in London; facts and figures, table 19

<sup>17</sup> Availability of mental health services in London: a report for the Mayor of London, *Dr Foster*, GLA, August 2003

<sup>18</sup> Developing policy and practice for older people in London; facts and figures, table 18

<sup>19</sup> Growing Old in London, *Evandrou M*, SAGE Discussion paper, December 2003

<sup>20</sup> How do we care? The availability of registered care homes and children’s homes in England and their performance against National Minimum Standards 2002-3, *Dalley G et al*, National Care Standards Commission, 2004

in London also charge significantly more than elsewhere in England, with approximately 30% of fees being £450 per week or more.<sup>20</sup> This, and other measures<sup>21</sup>, would suggest an under supply of residential care in London. There will always be a need for residential care and it is not satisfactory for those in homes to be forced to be at a distance from their families and local communities.

The proportion of those aged 65 and over who are helped to live at home is 50% higher in Inner London than for England as a whole but rates vary from 18.7% in Tower Hamlets down to 7.5% in Greenwich.<sup>22</sup>

Older Londoners, particularly those living in Outer London, are, in general, less satisfied with the help at home provided by social services than older people living in the rest of England.<sup>22</sup>

Delayed discharge remains a problem in London with all but three boroughs having rates above the average for England. Six boroughs have delayed discharge rates more than double the average for England and the average rate for Inner London is 80% higher than that for England as a whole.<sup>22</sup>

#### *Direct payments*

Direct payments offer older people greater choice and control over their lives. The ALG is undertaking a study of how London boroughs are working with voluntary organisations to implement direct payments. The aim of the review is to make recommendations for future practice and the study will identify, amongst other things, barriers to effective collaboration.

#### ***Older people's contribution to life in London***

The traditional view, which characterises older people as dependent, is misleading as older people's economic contribution through both paid and unpaid work is considerable. Age discrimination, however, in employment and elsewhere is a major barrier to older people participating in London's workforce. Age Concern London and others have noted that many people of 50 and over would like to work but are experiencing difficulty in doing so. Such an important unused labour reserve might benefit the NHS and other public service providers.

#### *Patterns of work and retirement*

An increasing proportion of older Londoners are continuing to work beyond state retirement age. At a time when the number of older people as a proportion of London's total population is falling, the proportion of the London labour force who were over state retirement age in 2002 rose to 3%, a figure comparable to the UK average of 3.1%.<sup>7</sup> This implies that, in 2002, an estimated 109,800 of London's pensioners (10.6%) were continuing to work beyond state retirement age. Older people in paid employment experience better health and more income than those not in paid work. In London older people are making a significant contribution to the economy. Employers need to address issues such as training and skills development within the context of the London job market. Older workers are less likely to be involved in vocational training schemes, probably because they tend to be initiated by employers. There is a growing literature on both the disadvantages faced by older workers, either by those already in the workforce, or those unable to re-enter, and also on the benefits that older people bring.

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<sup>21</sup> Developing policy and practice for older people in London; facts and figures, table 26

<sup>22</sup> Ibid, table 27



### *Caring*

Older people are involved in caring both as carers for those who are sick and / or disabled and also as grandparents. In London 12.5% of men and 11.6% of women aged 60 and over provide some form of unpaid care. Of these, around 30% provide 50 hours or more per week.<sup>8</sup> In London, in the 2001 Census, 1,060 women and 1,366 men aged 85 and over reported providing more than 50 hours per week of unpaid care.<sup>8</sup> Whilst much has been written about the contribution of older carers but far more could be done to support older carers particularly in terms of improving their financial security.

### *Volunteering*

Voluntary organisations rely heavily on unpaid voluntary work carried out by older people. Significant numbers of older people in London are involved in a wide range of voluntary activities. While many value the contribution that older people can make, there are some organisations who claim to have problems with arranging insurance for older volunteers. Others mention problems such as the need for more ‘flexibility’ when recruiting older volunteers.

22% of Londoners aged 50 and over are involved in voluntary activity, making an annual contribution to London valued at 441 million pounds.<sup>23</sup> This is similar to levels of participation in the Midlands and better than for the North of England and Scotland but considerably less than for other parts of Southern and Eastern England.

### *Speaking up for themselves*

Both the ALG Better Government for Older People launch in February 2004, and the second London Older People’s Assembly organised by the London Older People’s Strategies Group (LOPSG), raised a number of issues from older people drawing on their own experience of living in the capital. Income and health were key concerns for older people across London. Other areas of concern included safety; the environment; transport; pensions and poverty. Some individual issues raised included the following: poor public toilet provision; access to services and education, problems associated with Post Office closures; blocked pavements; abandoned cars; protection of parks/open spaces for safe recreational use; prevalence of crime on neglected council estates; the question of older people in London needing extra income to cope with the high cost of living.

### ***A change of culture - service planning and delivery***

The main conclusion from the recent work and reports produced by the Audit Commission and the Better Government for Older People (BGOP), as well from the work of other bodies such as the Association of Directors of Social Services, was that health and care providers are concentrating far too much on solving the *problems* of older people, and still viewing them primarily as users of services rather than as active contributors to society. Older people are seen as an NHS and social care ‘problem’. The focus has therefore been on the delivery of intensive services which tends to be a very narrow approach and excludes both older people and their carers. Older people themselves clearly articulate (when they are asked) what they mean by independence. This is better viewed as interdependence where older people’s contribution to the community is valued and recognised. Older people in fact voice the same desires as

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<sup>23</sup> The Economic Contribution of Older People, *Meadows P*, Age Concern England, 2004

others and these include comfortable, secure homes, safe neighbourhoods, friendships and opportunities for learning and leisure, the ability to get out and about, an adequate income, good, relevant information and the ability to keep active and healthy. Organisations need to work together, form new partnerships and foster an enabling approach in the delivery of services. Adequate training for all staff is needed to ensure a person-centred approach. Strong commitment, and effective management are required to carry this approach through and to ensure its success. Listening to older people and developing flexible approaches to support their needs will enable early appropriate intervention where necessary. A whole systems approach to promoting the needs of older people is required. This change of approach is not necessarily more costly as a better use of resources should be achieved. From 2005 local authorities approach to older people will form an integral part of the Comprehensive Performance Assessment.

### ***Sharing and building on 'good practice'***

#### *London examples - a way forward*

Over a number of years there have been projects, pilots and initiatives set up to investigate, monitor, audit, review, evaluate and so on - just about every aspect of the development and provision of services. One of the problems has been in sustaining and maintaining these initiatives and where appropriate building them into effective mainstream provision. Often 'good ideas' simply remain at the ideas stage. To avoid duplication and pilot fatigue it is time to move the initiatives on a stage and make sure, where they have worked, that they can be developed and sustained.

There are many individual instances, across the London boroughs, of good practice which have brought together effective partnerships to improve service provision for older people. It might be considered invidious to select any one above another but the following is a cross section and illustrative of what is being added to the evidence base of what works and also what could be improved.

*The London Older People's Service Development Programme (LOPSDP)* - was a two year initiative which brought together care communities across London to work in partnership to improve primary health and social care services. The 'collaborative model' was used to promote independence and it optimised care outcomes for older people in London. These were achieved through person-centred, co-ordinated services. The tool has been used to help implement the National Service Framework for Older People in London and in particular the single assessment process.

Following on from LOPSDP the *London BGOP network* was launched on the 13 February 2003 at City Hall. It is facilitated by the ALG, and chaired by Cllr Stephen Burke, chair of ALG Health and Social Care Panel, Councillor and Older People's Champion for the London borough of Hammersmith and Fulham. The network provides an opportunity for all London boroughs, health bodies and other agencies, including pan-London older people's groups, to develop a shared, strategic approach to accomplishing the BGOP aims. The members can discuss and take joint action on London wide issues, actively participate in shared learning, and share examples of good practices of engaging with older people at local levels. It provides a network of those agencies and older people who participate in the development of initiatives in London, and a forum to promote their activities.

*Beacon Council recommendations - London*

*Crime and disorder partnerships:* partnership working is key in the Government's Crime Reduction Strategy. Crime and Disorder Reduction Partnerships/Drug Action Teams place councils as a key stakeholder with police and other local agencies in tackling crime and disorder. Bexley, in particular, has aimed to break down barriers in its work with 26 ethnic groups, care trusts and mental health trusts. Southwark has managed to reduce fear of crime among older people and has a strong commitment to a shared agenda to improve community safety.

*Better local transport:* Improving public transport is critical in reducing social isolation for those who have limited access to cars. Transport for London has worked closely with the Metropolitan Police to reduce crime and fear of crime.

*Supporting Social Care Workers:* social care is moving towards a more regulated and registered taskforce with emphasis on training to support a more flexible workforce and to develop new ways of working - in particular with the development of commissioning strategies. Tower Hamlets maintains strong coordination between local and national priorities. An important element is the authority's ability to 'home grow' care workers from their diverse community. Westminster has developed an effective and innovative strategy for recruiting, supporting, developing and retaining staff.

*Pathways Partnership Project -* supporting London's minority ethnic elders. This project was set up in 2001 as a response to the urgent need to create effective responses to the diversity of London's black and minority ethnic older people. The "One Year on...and Counting" (ALG's response to the Stephen Lawrence Inquiry) is key to the project's aim to support both generic and minority ethnic organisations' work together on improving services and to combat institutional racism in the voluntary sector. Evaluation of the seven very diverse projects/partnerships takes place in July 2004.

Throughout the work of the Audit Commission and BGOP on *Older people - independence and well-being* there are numerous case studies, many within London. These illustrate local strategic approaches to older people and later life issues which directly improve the lives of older people by confronting, and seeking to resolve, the issues that they themselves say are central.

***Feeding into the agenda - a shift in approach***

Two consultations - one national and one specific to London - are worth noting as indicators of the increasing awareness that greater flexibility is required across the range of services for older people and the importance of older people within the policy and planning process.

*National:*

In a speech, February 2004, Stephen Ladyman MP, Parliamentary Under Secretary of State (Community) said "...and we believe that the best way to deliver this vision [where older people have the power and will to make choices about their own lives] is through local partnerships involving health, social care, housing providers, the voluntary sector and the private sector - with active involvement of older people themselves." Comments are invited on the Government's vision and framework for the future of adult and social care.

*London specific:*

The King's Fund have launched an Inquiry to consider a wide range of issues regarding current and future care services for older people in London. The focus is very much on user satisfaction, choice and consultation.

***Conclusion - regional distinctiveness***

The implications of an ageing population for both individuals and for public services are immense both nationally and for London. It is critical that changes are managed successfully to take account of the views and expectations of older people. Many commentators note that those who were born in the 1960s are likely to demand greater choice and control over the way services are delivered.

The importance of planning, and formulating appropriate policies, which are sensitive to the particular demographic diversity of London cannot be over emphasised. Where London varies from other regions in the UK - its regional distinctiveness - must be understood by all those involved in the planning process.

To aid the development of a robust evidence base it is critical that good consistent statistical data for London, broken down by age groups, is widely available to everyone, including older people, to inform the policy and planning process.

There is a great deal of valuable information from projects and initiatives throughout London but it is important that projects that work are sustained, and built into the mainstream, and that findings are made available to all, to avoid wasteful duplication of effort and to encourage the sharing of knowledge. This approach will help to move the agenda on and embed older people's views and well-being into the policy, planning and practice agenda.

Key areas for further debate:

- Shifting local services' approach to include older people's issues and to actively involve local people within their agendas
- Recognition of the contribution of older people
- Sustaining local initiatives / projects, building capacity and bringing them into mainstream provision
- The dynamics between those who are already 'old' and those who are ageing – how does this affect service delivery planning
- Making sure services and approaches reduce inequalities in a diversifying older population. This should include black and minority ethnic communities, those with a disability and those who have mental health needs
- Moving towards abolition of age discrimination in employment and addressing discrimination in older people's access to goods and services

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