



Office of the
Deputy Prime Minister

Creating sustainable communities

A Sure Start to Later Life

Ending Inequalities for Older People

A Social Exclusion Unit Final Report





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Social
Exclusion
Unit

January 2006
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Prime Minister's Foreword




When we came to power in 1997, I made tackling social exclusion one of this Government's priorities. We recognised that too many people were suffering from the combined effect of problems such as poverty, unemployment, poor housing, ill health and discrimination – a vicious cycle that was cutting them off from the things that most people take for granted. We also recognised that this waste of human potential was bad for society as a whole.

Since then, we have made real progress. Our strategy to reform welfare and make work pay has delivered the lowest unemployment for a generation. There are now 700,000 fewer children living in poverty. And through focused action, we have taken on some of the most acute issues – for example, reducing the number of people sleeping rough by three quarters. But we know that there is still much to do.

Public services – and dedicated public servants – are in the front line of our efforts to reduce social exclusion. At the same time, we are implementing a major programme of reform – delivering services that are increasingly personalised to the needs of the individual, offering more choices, driving up standards, encouraging people to take more responsibility.

Our reforms of the public services go hand-in-hand with our continued commitment to social justice. For too long, public services have worked less well for disadvantaged people, who in turn have had few means of challenging the quality of the services they have been offered.

This is why I particularly welcome the Social Exclusion Unit's report *A Sure Start to Later Life: Ending Inequalities for Older People*, part of the *Improving Services, Improving Lives* series. As we give citizens more direct influence over their public services, this process must include the most disadvantaged people in our society, so that we can offer them support that is more effective and relevant to their needs than ever before.

A handwritten signature in black ink that reads "Tony Blair". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Foreword by Phil Woolas and Baroness Kay Andrews

A society can be judged on how it treats its children and older people. We created Sure Start for children because we want the best for every child. Having learned from its pioneering approach we think that now is the time to pilot a Sure Start to later life approach. We have a goal to tackle child poverty and now are renewing efforts to tackle pensioner poverty.

A lot has been done to ensure that later life is a time of opportunity, not vulnerability. We have seen progress on poverty, equality in employment and better services. Our strategy on ageing, *Opportunity Age*, sets out an ambitious agenda for the ageing population. This report follows on, focusing on those who experience exclusion, but we know that if we can make things work for the most excluded, they will work for all older people.

New research allows us to understand the extent of exclusion, poverty and isolation for older people. For a minority there is much to do if we want to achieve a radical vision of an end to these inequalities in later life.

Government must take the strongest possible leadership role to achieve wider change in attitudes to ageing that are the root cause of inequalities. It will lead legislative change to tackle discrimination and promote equality. A ministerial review will consider whether to establish an Office for Older People and Ageing Policy to provide strong leadership across government. However, effective cultural change must come from communities themselves and we will support the champions of this agenda at every level.

Our focus is on preventing exclusion and promoting well-being in later life by addressing poor health, poverty and social exclusion, with effective joined-up services at key times. The forthcoming White Paper from the Department of Health will also support the models of preventative joined-up local services, like Sure Start.

This is all about increasing quality of life for all, including the most excluded where the biggest gains can be made, and will be achieved by creating a cycle of well-being through participation, leisure, education, improved health and ensuring older people are valued in families, the workplace and communities.

A handwritten signature of Phil Woolas in black ink.

Phil Woolas

Minister of State for Social Exclusion
Office of the Deputy Prime Minister

A handwritten signature of Baroness Kay Andrews in black ink.

Baroness Kay Andrews

Parliamentary Under Secretary of State
Office of the Deputy Prime Minister

Executive summary

Helen Fox

Mrs. Helen Fox is aged 78 and lives by herself in a terraced house in Manchester. Mrs. Fox once enjoyed a very busy life, working until 69 and having an active social life: “I used to go dancing a lot me ... I love dancing.” However, a stroke a couple of years ago left her wheelchair bound. Social services offered to move her into a smaller flat, but she felt that such a move would restrict her independence. With the help of her family she has adapted her home so that she can remain as active as possible: “I try and do things that I can ... like tidying up ... I mean I do my Hoovering and I wash all my washing and ironing ... and I do my own cooking.” Being able to manage daily life independently in her own house is very important for Mrs. Fox’s well-being: “I’m not one that’s crying about my health, I’ve got to go forward, I’m very independent me.”¹

Older people at the centre of active communities

We called this report a *Sure Start to Later Life* for a reason. We think that **the approach of Sure Start in galvanising communities and reshaping children's services can work just as well for older people**, including the most excluded. We'll tell you about the model in chapter two, why it might work in your area and how we will be piloting the approach.

Aspirations of independence, dignity and choice run across government policy, including *Opportunity Age* and the White Paper on Primary and Community Care. However, we know that this cannot be realised for excluded older people without **basic standards of health and wealth** which we explore in chapter three. We also need to address **housing** needs, covered in chapter five.

However, independence alone is not enough if we want to improve the **quality of life** of older people and tackle exclusion. Everyone, including older people, has the right to **participate** and continue throughout their lives having **meaningful relationships and roles**. Older people's vital role and responsibility to help build social capital will become ever more apparent as our society ages. We tell you about our work on this in chapter four.

We want to build **inclusive communities** that meet local needs where the contribution of older people is key to their success. However, safety, access to services and good transport are all vital to achieve this. Chapter six looks at this.

To build these communities we need **strong leadership and strong citizenship** at a local level. Nationally we will provide strong leadership, in particular on **equality and discrimination**. Our plan for this is covered in chapter seven.

We took a decision not to structure this report along service or policy lines but rather to take the perspective of an excluded older person themselves. We put the individual in the centre of our considerations and work outwards. This also reflects the areas where older people can experience exclusion.

The experience of exclusion is not unique to older people – it affects people of all ages. However, exclusion can be particularly acute in later life for three reasons. First, it is all too rare that people who are excluded in mid-life are able to break the cycle of exclusion in later life², indeed it can often become more acute. Secondly, the impact of key life events, such as bereavement, can lead people to become excluded in later life. Thirdly, the impact of age discrimination on both the aspirations of individuals and the environment within which they operate can lead to exclusion. Too often this exclusion is compounded by the failure of services to react to the complexity of exclusion in later life. This is why we need a more responsive model for services for older people that addresses these needs.

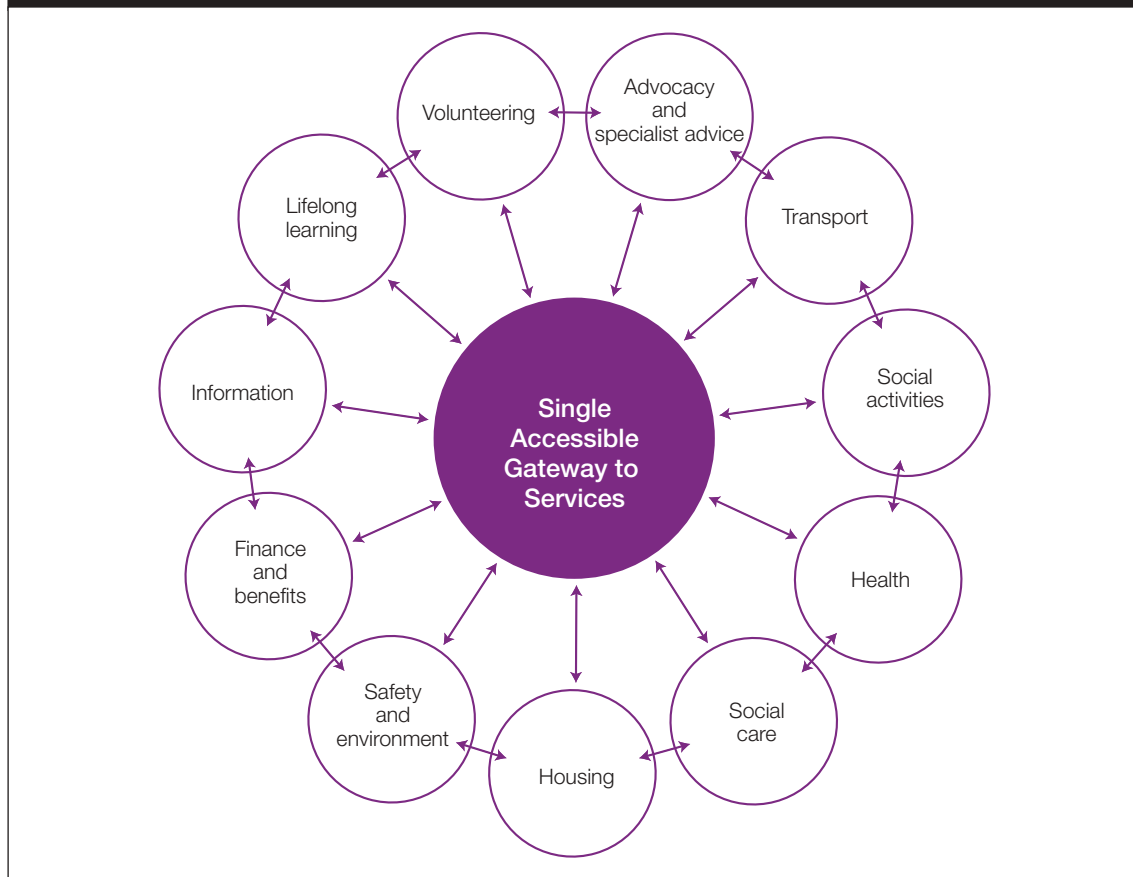
A Sure Start to later life

Sure Start was created for children and families living in disadvantaged areas to access education, care, health, family support and other services in one place. Part of its success comes from locating a single, accessible gateway to wide ranging services in the community, where potential problems are identified quickly and prevented from

becoming worse. Older people also highlighted to us the importance of a full range of services being delivered locally and in one place – rather than being pushed from pillar to post by service providers. The Sure Start to later life approach would use the same methods as the children’s model to improve access, bringing together services around older people.

It will not be just about better social services, which is often seen as the service responsible for older people, but comprehensive services that can empower older people and improve quality of life. The Sure Start approach is designed to address this and is part of building inclusive communities where older people themselves are leading change.

Figure 1: A Sure Start to later life – improving participation and prevention



By piloting the Sure Start approach for older people the Government aims to meet the key challenges David Miliband has set out for government in addressing exclusion* and follows three key principles. First, the government’s commitment to progressive, personalised services tailored to need. The second is the commitment to social justice which means services that work for all, particularly the most excluded. The third is our commitment to economically efficient services, through better prevention and joining-up. We believe that a **Sure Start approach will produce economic returns for society and improve the lives of older people**. Put another way, as our society ages, the costs of the failure of services to meet these challenges will be too big to ignore.

A **pilot programme called ‘Link-Age Plus’ will test out the Sure Start approach for older people**. The model will also be piloted through other programmes including **Partnerships for Older People Projects, Local Area Agreements** and supported by the forthcoming White Paper on Primary and Community Care.

* As set out in David Miliband: “Social Exclusion: The Next Steps Forward”, 29 November 2005, www.odpm.gov.uk

Agreed government action

1) The Department for Work and Pensions (DWP) will pilot the Sure Start for older people approach calling it the 'Link-Age Plus' programme, starting in Spring 2006. This model will be evaluated and the findings disseminated to allow other local partnerships to establish similar approaches in their areas.

The individual

At the level of the individual there are a range of policy changes that could make a significant difference to the lives of older people. No older person should be forced to live in poverty in the 21st century. Despite our efforts, there is need for the **take-up of entitlements such as Pension Credit, Council Tax Benefit, Housing Benefit and Attendance Allowance** to be further improved. The aim is to make entitlements as simple and automatic as possible to limit the need to disclose personal information. For certain automatic entitlements people would have to opt out, rather than opt in. Further work will consider how we can work towards eliminating pensioner poverty.

In relation to health and social care, we believe that all older people should have access to a fair and transparent health and care service where they can be **treated with dignity and respect**. We intend to **build more capacity into services, make them more responsive** to the needs of individuals, more accessible to communities **and boost preventative approaches**. Health and social care services need to be underpinned by high quality information and joint working between services. Single, local points of access to information and services and an increased role for users in delivering services are likely to be key to delivering this. The forthcoming Department of Health (DH) White Paper on Primary and Community Care will develop these themes and further outline our proposals. These will be described in detail in a separate 'Next Steps' document which will outline the programme for improving older people's services over the next three years, building on the progress made since the publication of the National Service Framework for Older People in 2001.

The need for and benefit of preventative services has been highlighted throughout our consultation. Prevention is often thought of as being something which happens much earlier in the life course. However there is a need for a range of interventions later in life such as ensuring that older people are targeted with **active ageing opportunities** in the same way as younger age groups. The Department of Health funded Partnerships for Older People Projects will increase preventative services for older people and our knowledge of what works.

The development of direct payments has provided a welcome focus on the needs of the individual as a mechanism for implementing changes in the social care market. Our work in the Social Exclusion Unit and across government on **individual budgets** develops the model beyond social care and aims to make it work for the most excluded by reducing burdens on the individual and providing more support.

We have also heard clear messages about the problems with specific services such as chiropody, dentistry, hearing aids and electronic TV 'readers'. We will drive improvements in these areas to reduce exclusion.

Agreed government action

2) The Department for Work and Pensions (DWP) and the Office of the Deputy Prime Minister (ODPM) will produce a plan to increase take-up of entitlements to older people taking into consideration the Lyons Review. This will include consideration of:

- financial incentives and disincentives for local authorities to increase Council Tax Benefit (CTB) take-up;
- the need to remove any legislative barriers to take up, such as the requirement for a pensioner to submit a separate CTB claim form; and
- the feasibility of making entitlement to CTB more automatic.

3) The Department for Work and Pensions (DWP) will continue to look at wider definitions and indicators of pensioner poverty in the wake of recently commissioned research, and will consider with the Treasury how and whether these should feed into PSA targets as part of the 2007 Comprehensive Spending Review.

4) The Department of Health (DH) and the Office of the Deputy Prime Minister (ODPM) will produce guidance as part of the forthcoming White Paper on Primary and Community Care on improvement of the take up of services amongst excluded older people.

5) A group of statutory and voluntary sector service providers in London are currently researching the feasibility of establishing a pilot intermediate care service for homeless people. The Care Services Improvement Partnership will work with the Housing Improvement Network to consider how best to take forward the results of the pilot.

6) The Department of Health (DH), as part of the forthcoming White Paper on Primary and Community Care, will build on its commitment to provide a greater focus on joint commissioning between healthcare and social care and better integration between healthcare, social care and other local government services.

7) Work is progressing on the production of guidelines to hospitals around the admission and discharge of homeless people, which will be jointly promoted by the Department of Health (DH) and Office of the Deputy Prime Minister (ODPM).

8) The Department for Work and Pensions (DWP) and the Department of Health (DH) will ensure that advocacy services are included in the piloting of the Sure Start to later life approach through the 'Link Age Plus' programme and as part of the Individual Budgets pilots.

9) The Social Exclusion Unit (SEU) will examine the role of advocacy in delivery of services to socially excluded people.

10) The Department of Health (DH) will shortly publish a 'Next Steps' document based around three themes: Dignity, Responsive Services and Active Ageing. Initiatives from each of these themes will include:

- The reactivation of the Older People's Champions National Network (Dignity);
- The extension of the self-assessment process of the Mental Health National Service Framework implementation to older people's mental health services by 2007; and
- A project to promote exercise and physical activity amongst older people (Active Ageing). This will be delivered through the Choosing Health Delivery Board on Active Ageing.

Social relations and participation

Some life course events and personal situations can lead to loss of role and loss of participation. It is clear that issues of **social isolation and loneliness cannot be solved at national government level alone**. Addressing social exclusion amongst the most excluded older people has to be everyone's responsibility. Individuals, families and communities therefore need to consider the extent and cause of social isolation in their areas and consider developing the most appropriate interventions. We want to see everyone – family, neighbours, pharmacists, GPs and shopkeepers and older people themselves – acting to ensure that isolation amongst older people is reduced.

There are however specific areas in which the Government needs to take a national leadership role. One of these is the needs of carers. The findings from our work would suggest that the broader qualitative issues which crucially affect the lives of carers are not being addressed. The Social Exclusion Unit (SEU) and Department of Health (DH), working with other departments, will lead analytical and policy work on carers to be published in 2006.

Opportunities for **leisure and learning and volunteering** have been shown to be vitally important for older people, as they are for everyone. Local service providers need to consider whether their provision meets the needs of the most excluded older people, who may frequently have had little experience of accessing such opportunities.

Agreed government action

11) The Social Exclusion Unit (SEU) and Department of Health (DH), working with other departments, will lead analytical and policy work on carers to be published in 2006.

12) The Department of Culture, Media and Sport (DCMS) will publish analysis by Spring 2006 on the participation patterns of older people in cultural, sporting and leisure activities and how to promote increasing participation.

13) Department for Work and Pensions (DWP), Home Office (HO), Department for Education and Skills (DfES) (through the Learning and Skills Council) and Department for Culture Media and Sport (DCMS) will ensure that opportunities for volunteering, life-long learning and leisure activities are included in the piloting of the Sure Start for Older People approach which will take place through the 'Link-Age Plus' programme.

The home

Research has shown how critical the home is to an older person maintaining their independence and a decent quality of life. Whilst initiatives such as Supporting People have had a major impact on the provision of support for older residents, it is clear that there is scope for action in a number of areas to ensure that **more older people are enabled to remain active and independent for as long as possible**, that older homeless people with high levels of specialist care needs are appropriately accommodated and that repeat **homelessness is prevented**.

A decent home is crucial to the well-being of older people. For those older people who wish to remain in their homes, there is a need for the **provision of high quality adaptation services** at a local level. There is also a need to address the underlying policy areas which support the delivery of housing adaptations to ensure that a range of policies across government are joined-up.

We believe we must move to a position where the lifetime use of a home is taken into account when it is built or when renovations are undertaken. This will, over time, preclude the need for some types of adaptation – including the most expensive types of access modification. For this reason, we will build the lifetime homes standard into the Code for Sustainable Homes to ensure quick progress on increasing take-up of the lifetime homes standard.

For all older people, regardless of their tenure type, **fire safety** and accident prevention is a critical issue. We will ensure that all older people have access to services which can **prevent accidents and fires in their homes**, and that service providers' work together to identify those most at risk. As part of this we are announcing additional resources to enable fire services to provide people over 60 with free smoke alarms.

Agreed government action

14) The Office of the Deputy Prime Minister (ODPM), working with the Department of Health (DH), Department for Environment, Food and Rural Affairs (DEFRA) and external partners, will develop a strategy for housing and older people by 2006/7.

15) The Office of the Deputy Prime Minister (ODPM) will ensure that the housing needs of older people are built into the Housing Diversity Action Plan to be published in late 2006.

16) As part of the Disabled Facilities Grant review and work on individual budgets, Ministers from the Office of the Deputy Prime Minister (ODPM), Department for Environment, Food and Rural Affairs (DEFRA) and Department of Health (DH) will lead a working group to consider how a more integrated delivery system for aids, adaptations and assistive technology policy can be developed.

17) The Office of the Deputy Prime Minister (ODPM) will build the lifetime homes standard into the Code for Sustainable Homes to ensure quick progress on increasing take-up of the lifetime homes standard.

18) The Office of the Deputy Prime Minister (ODPM) will ensure that fire services have capital and guidance in 2006 to provide all people over 60 with a free 10 year smoke alarm and sprinkler systems for people who are not adequately protected by other methods such as those with dementia or mobility problems.

19) The Office of the Deputy Prime Minister (ODPM) will support local fire services in developing a range of prevention initiatives, including the installation of smoke alarms for older people, with a prevention revenue grant from 2006.

The local area

As our society ages we will increasingly realise the interdependence between older people and their communities. Older people need to feel empowered to contribute and participate, for their benefit and for that of society.

The design of towns, streets and homes can make a huge difference to the ability of an older person to spend time safely and participate in their local community. **Policy, planning and local strategies on regeneration and crime need to take older people and their needs into account.** Older people's role in helping to build cohesive communities needs to be acknowledged.

Many older people have reported to us the impact that the Neighbourhood Wardens Scheme has made to their lives in **reducing their fear of crime**, sorting out community problems, identifying excluded older people and ensuring that older people feel safe to walk in their communities.

Older people have told us clearly that they value **flexible, individualised transport services** which can allow them to retain their independence within their local community. This is especially true of rural areas where transport provision can be infrequent.

In some areas there is a clear need for **mainstream transport services** to be made more accessible. We believe that **flexibility of concessionary fare schemes** and the blue badge schemes needs to be considered for the most excluded older people to be able to access the transport that they need.

Agreed government action

20) The Office of the Deputy Prime Minister will consider whether the lessons learnt from the Help the Aged Older People's Wardens pilot should lead to a revised guidance note on wardens working with older people.

21) The Department for Transport (DfT) will provide local authorities with continuing freedoms and flexibilities in what they can offer in concessionary fares as long as they offer the statutory minimum entitlement. DfT will evaluate the impact of the introduction from April 2006 of free off-peak local bus travel for those 60 and over, to monitor how it is working for excluded older people.

22) The Department of Health (DH) will explore the potential to pilot a transport component within individual budgets pilots.

23) The Department for Transport's (DfT) Blue Badge scheme will be extended to other categories of severely disabled people whose disability is cognitive/behavioural rather than physical.

Wider society

There is much that can be done both at a national and local level to ensure that our society is one that respects the rights of older people and treats them and their families with dignity. Legislation is already forthcoming which will impact on age discrimination. From 1 October 2006, with the approval of Parliament, draft regulations will come into force that will outlaw unjustified **age discrimination** in terms of recruitment, promotion and training; and we will consider whether the current anti-discrimination framework should be extended to make age discrimination in the provision of goods and services illegal.

Structurally within government there is also much that needs to be done to ensure that the profile of older people is raised. The Government has already formed the Domestic Affairs (Ageing Policy) (DA(AP)) Cabinet Committee to deal with all issues facing an ageing population. An Office for Older People and Ageing including the planned Observatory for Ageing will be considered, to support the Minister for Older People in their work.

There is potential for Government Offices to take a strong leadership role at a local level in taking forward this agenda.

Improving Services, Improving Lives: Evidence and Key Themes published by the Social Exclusion Unit in 2005, provides analysis on how services can be structured to meet the needs of all people, including excluded older people. Areas covered by this report include information and communication, interactions with frontline staff, building personal capacity, joining-up, the role of the voluntary and community sector and levers and incentives. Full information on the wider work programme is contained in the appendix to the report.

Agreed government action

24) Government ministers who lead work on older people and ageing will undertake a review of whether to create an Office for Ageing and Older People to include the planned Observatory on Ageing. They will consider how the Office might best provide effective leadership and co-ordinate policies, programmes and research on ageing and older people.

25) Government ministers from key departments will lead the process to join-up proposals from all departments on older people, ageing and exclusion as part of the 2007 Comprehensive Spending Review.

26) The Government will publish the Discrimination Law Review Green Paper in Summer 2006. This will address whether the current anti-discrimination framework should be extended to make age discrimination in the provision of goods and services unlawful and consider extending public sector duties that promote equality to include age. The results of the Green Paper consultation will inform recommendations for legislative change in a Single Equality Bill, to be introduced this Parliament, in line with manifesto commitments.

27) The Department of Health (DH) will ensure that tackling social exclusion, including isolation amongst older people, is included in revised guidance on the role of the Director of Adult Social Services, as part of the wider approach to promoting well-being.

28) The Department of Health (DH), in taking forward revised guidance on the role of the Director of Adult Social Services, will promote better integration of a range of services for older people that support and link with social care objectives.

29) The Office of the Deputy Prime Minister (ODPM) will expand the regional leadership role of Government Offices (GOs) to improve services for older people and support the implementation of Opportunity Age, the White Paper on Primary and Community Care and this report.

30) The Office of the Deputy Prime Minister (ODPM), working with other government departments, will explore how Sustainable Community Strategies guidance and Local Area Agreements can ensure that the exclusion and isolation of older people are effectively tackled.

CHAPTER 1

Facing exclusion in later life

Peter Brown

Peter Brown is 69 and lives on a council estate in Manchester. He has limited contact with family and has no friends that live in the area and feels that “nobody cares about you anymore”. Ten years ago he left work to become a full-time carer to his mother. After his mother died, he was unable to find employment and, as a result, has a limited income. His neighbourhood is a source of stress, with his daily activities constrained by anxiety about street crime: “It’s not nice travelling round here at night.” The absence of meaningful social ties and daily challenges associated with living in his neighbourhood have led Mr. Brown to question the quality of his life: “I’m not interested in this house ... I’m not interested in anything round here ... come to think about it, I’m not really that interested about living.”¹

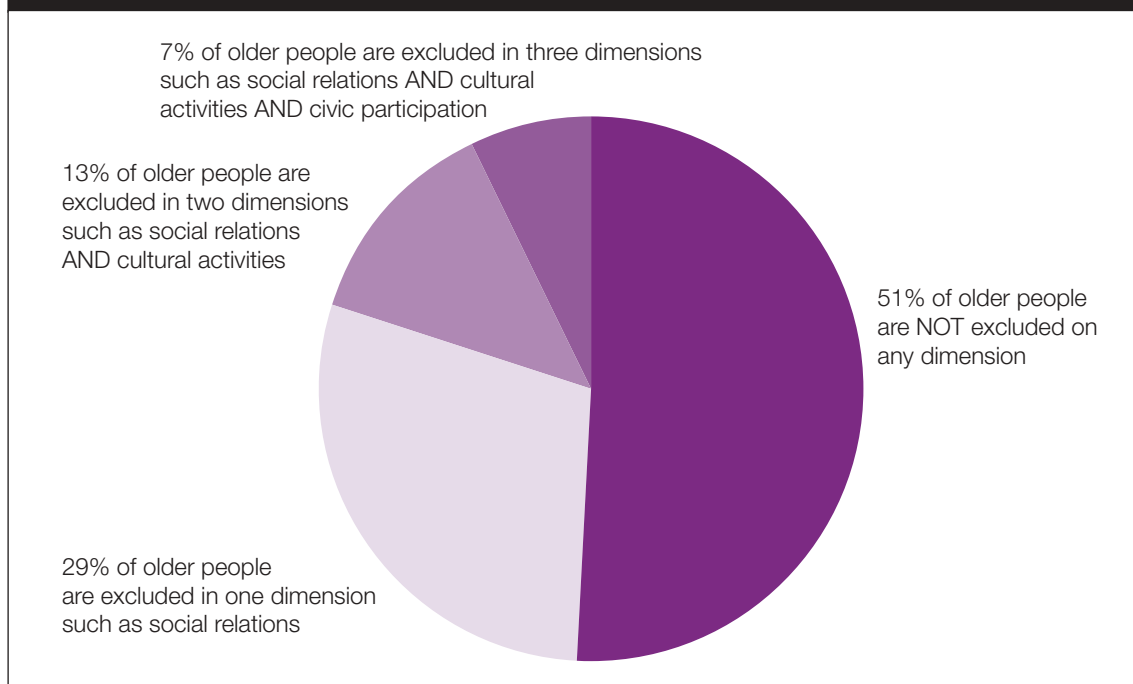
What is exclusion in later life?

- 1.1 Our starting point was to ask older people what matters for their quality of life – the things that everyone should be able to expect. People mentioned factors such as decent health, decent income and their home as being important, but they also stressed the importance of good relationships with family and friends, of having a role, feeling useful, and being treated with respect.²
- 1.2 Exclusion among older people is experienced when a person lacks one or a number of those factors important for a good quality of life. A shorthand definition is an experience characterised by deprivation and the lack of access to social networks, activities and services that results in a poor quality of life.
- 1.3 To better understand the extent and profile of older people affected by exclusion nationally we commissioned secondary analysis of the English Longitudinal Study of Ageing (ELSA).³ This chapter presents some of the findings from this study. A more comprehensive report can be found online at www.socialexclusion.gov.uk.
- 1.4 The ELSA analysis undertook a broad approach to understanding social exclusion amongst older people. Social exclusion was measured across the following dimensions:
 - social relationships (contact with family and friends);
 - cultural activities (such as going to the cinema or theatre);
 - civic activities (such as being a member of a local interest group, undertaking volunteering or voting);
 - access to basic services (such as health services and shops);
 - neighbourhood exclusion (feeling safe in your local area);
 - financial products (such as a bank account, or long term savings); and
 - material consumption (such as being able to afford household utilities and an annual holiday).
- 1.5 The experience of exclusion in later life can be particularly acute as it is all too rare that people already excluded in mid-life are able to break the cycle of exclusion in later life and it may even worsen. Additionally, key events in later life, such as bereavement or retirement from work, can lead people to become excluded, and age related prejudice can limit an individual's opportunity to overcome these.

What is the extent of exclusion nationally?

- 1.6 Our research highlighted that 7% of older people were excluded on three or more indicators, corresponding to approximately 1.2 million older people. It also found that a further 13% of older people are excluded on two indicators. Therefore around 80% of older people do not experience multiple exclusion. This is a useful way of understanding the extent of exclusion and multiple exclusion but hides a number of complex relationships which might affect the degree and range of exclusion experienced. For example, age, gender, ethnicity, living arrangements, family structure, employment status, health, income and wealth all impact on the extent of exclusion which older people face.

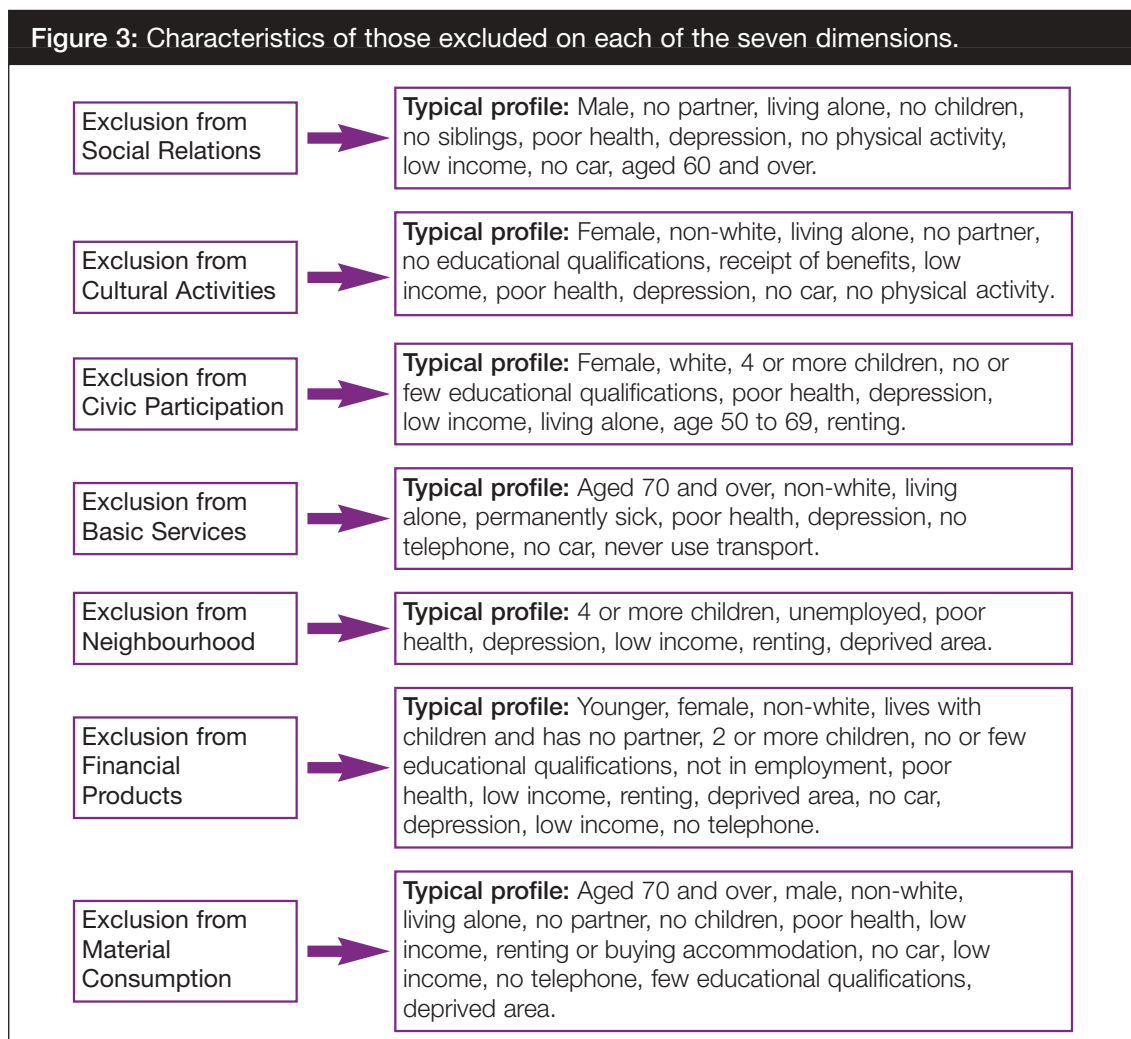
Figure 2: Percentage of older people experiencing exclusion.



Source: ELSA, Wave 1.

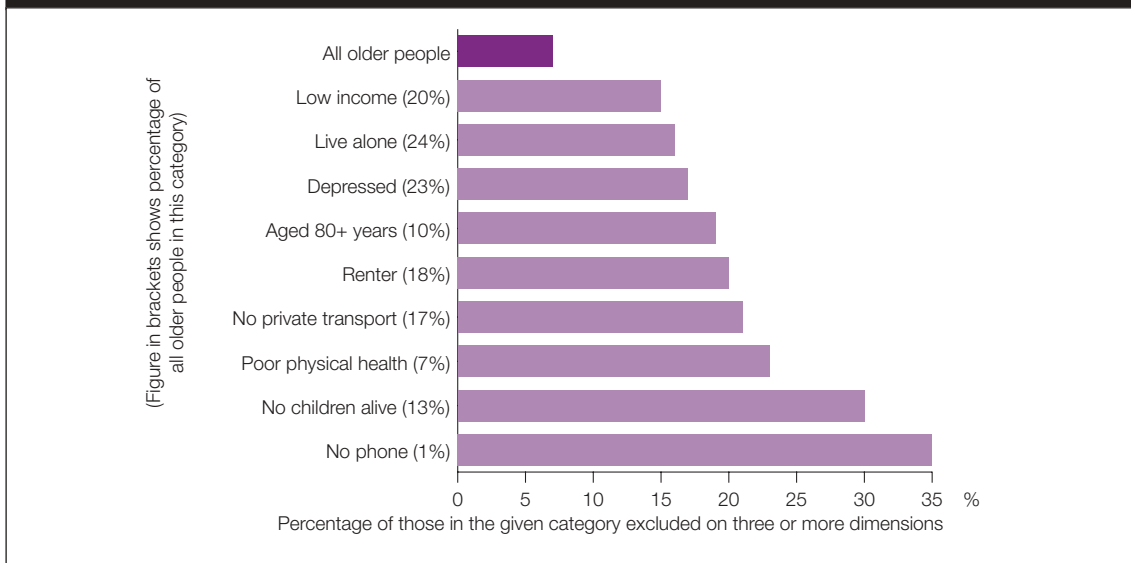
Characteristics of excluded older people

- 1.7 This research has enabled us to construct pen-pictures of who might be categorised as the most excluded older people.



Who is at risk of multiple exclusion?

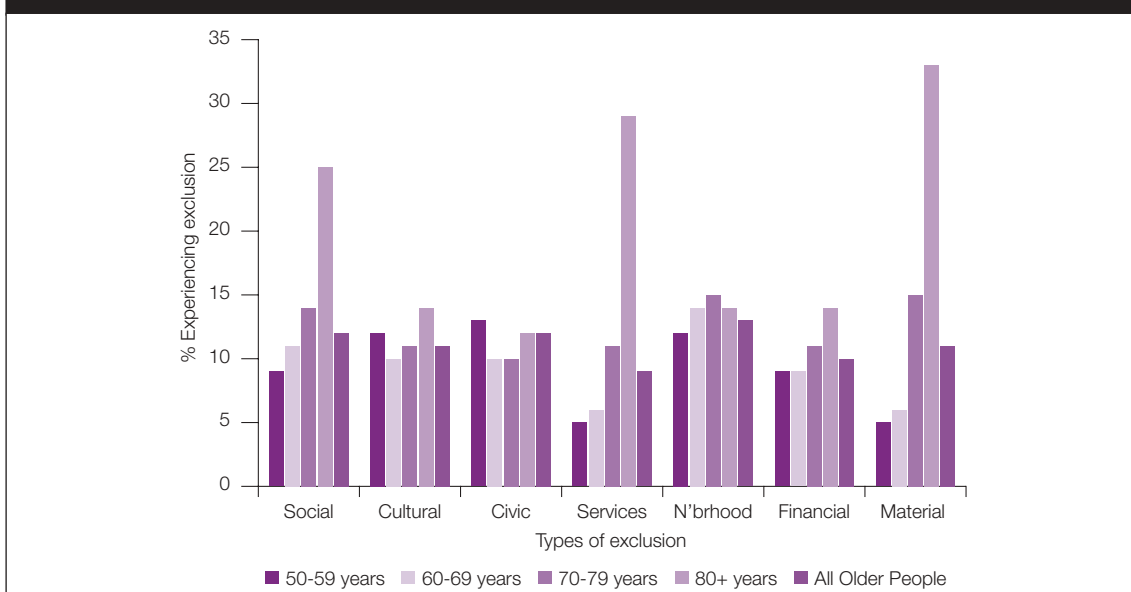
- 1.8 The data revealed a number of characteristics associated with a greater likelihood of exclusion. Figure 4 shows the relationship between the characteristics of older people and the association with multiple exclusion. Compared to the older population as a whole, those on low income, living alone and suffering from depression are between two and five times more likely to experience multiple exclusion. The graph shows, for example, that only one per cent of older people have no phone. But, of these people, 35% experience multiple exclusion.

Figure 4: Characteristics and percentage of older people with multiple exclusion

Source: ELSA, Wave 1.

What ages are we looking at?

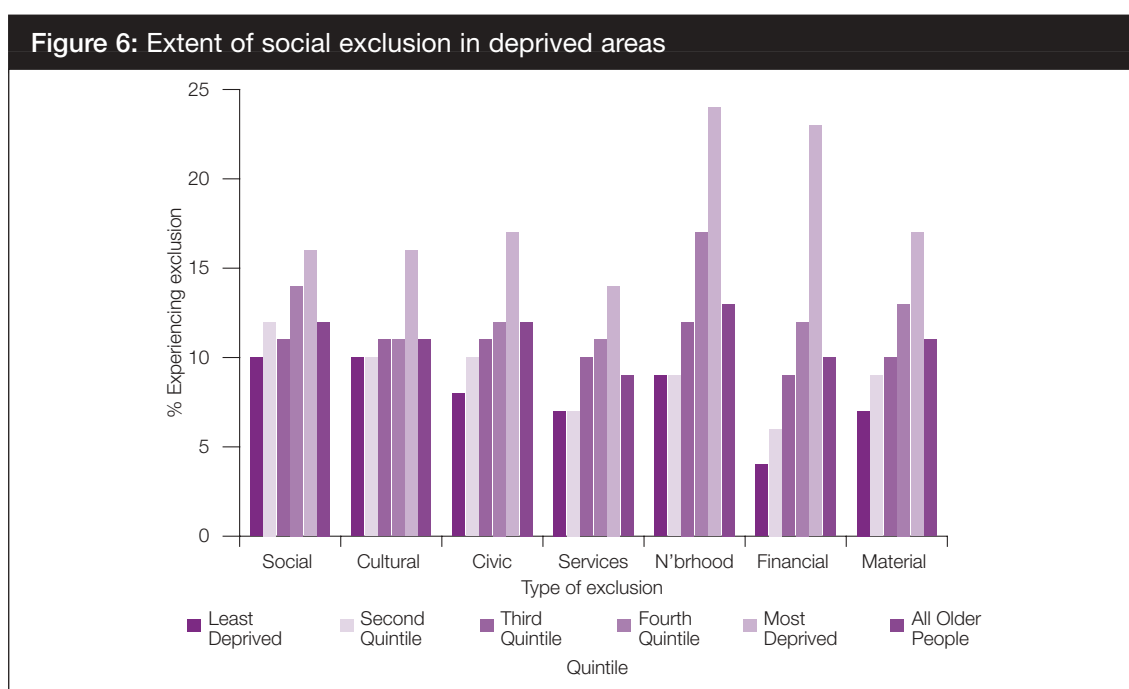
- 1.9 There is an important relationship between social exclusion and age (see Figure 5). Increasing age was found to have a particularly strong relationship with exclusion from social relationships, service provision, and material consumption, while younger age groups, in particular those between the ages of 50 to 59, were associated with a greater chance of exclusion from civic engagement. Exclusion from services and material consumption showed a very strong relationship with those aged 80 and over. Almost one in three persons aged over 80 were found to be excluded on basic services compared to only one in twenty of those aged 50-59. This is similar for material exclusion. Exclusion from social relationships also showed a strong association with age, with one in four persons aged 80 and over excluded compared to only nine per cent of those aged 50 to 59.

Figure 5: Age and type of exclusion

Source: ELSA, Wave 1.

Where do excluded older people live?

- 1.10 Excluded older people can be found across all geographical regions of England. However, there are some areas which are found to have a higher extent of exclusion amongst their older population than other areas. Older people living in London were found to be more multiply excluded compared with older people living in other regions in England. The south east and east of England are found to have the least risk of exclusion amongst older people. The north east and west, Yorkshire/Humber, east and west Midlands and south west all have higher rates of exclusion for older people.
- 1.11 Not surprisingly, areas classified as deprived on the Index of Multiple Deprivation (2004) have a higher percentage of persons experiencing exclusion on all of the seven dimensions. On many of the dimensions there is a strong relationship between the least deprived areas and the most deprived – the figure below compares the extent of exclusion for older people with the extent of deprivation in a particular area (see Fig 6).



Source: ELSA, Wave 1.

Services addressing disadvantage in later life: responding to the evidence

- 1.12 Earlier in the chapter we discussed groups of older people who are much more likely to experience disadvantage. In particular, our national picture of exclusion in later life allows us to profile the characteristics of those people likely to be excluded and where they are likely to live (see Annex for further details). This can aid service providers in the identification and targeting of those at risk and/or those already excluded. From a national perspective this highlights the need to tackle a small, but substantial minority of about a million older people suffering from multiple (at least three) forms of exclusion.

- 1.13 The range of types of exclusion that older people suffer from – challenges around social relationships (e.g. loss of social network), limited financial resources (e.g. lack of savings, unclaimed benefits), and challenges inherent in their environment (e.g. crime, poor housing), require a joined-up approach across national and local government. This evidence supports the Sure Start approach, a comprehensive service to meet the needs of those affected by multiple exclusion but also one that prevents exclusion. In order to be effective in preventing exclusion this service must respond to the impact of key life events, such as loss of work, bereavement, loss of social networks and changes in health, which can make people more vulnerable to exclusion.
- 1.14 The Sure Start approach to older people's services recognises these patterns of disadvantage and ensures services are responsive to this. The next chapter explains how the model works in more detail.

CHAPTER 2

A Sure Start to later life – preventing a cycle of decline and promoting the cycle of well-being

“Inactivity and isolation accelerate physical and psychological declines, creating a negative spiral towards premature, preventable ill health and dependency.”

Report of the House of Lords Select Committee on Science and Technology on Ageing, 2005.

“The crucial importance of preventing distress represents one means by which the size of the care problem for the over 75s might be limited... Prevention will be achieved by those universal services which together reduce social and economic risk throughout the community.”

Report of the Committee on Local Authority and Allied Personal Social Services, 1968.

“With a little bit more help upstream, the need for high-dependency help downstream can be delayed.”

Malcolm Dean, The Guardian, 2nd November 2005

Summary

A society can be judged on how it treats its children and older people. We created Sure Start for children because we want the best for every child and having learned from this pioneering approach we think that now is the time to develop a Sure Start approach for later life. A pilot programme called 'Link-Age Plus' will test out the Sure Start approach for older people. The model will also be piloted through other programmes including Partnerships for Older People Projects, Local Area Agreements and supported by the White Paper on Primary and Community Care.

Sure Start was created for children and families living in disadvantaged areas to access education, care, health, family support and other services in one place. The approach drew on evidence that early intervention can massively improve the life chances of young children and tackle inequalities. Early intervention in later life can prevent inequalities in advanced age and makes economic sense. Sure Start's guiding principles offer a radical and transferable model for services for older people. The services are different but the principles and outcomes are shared.

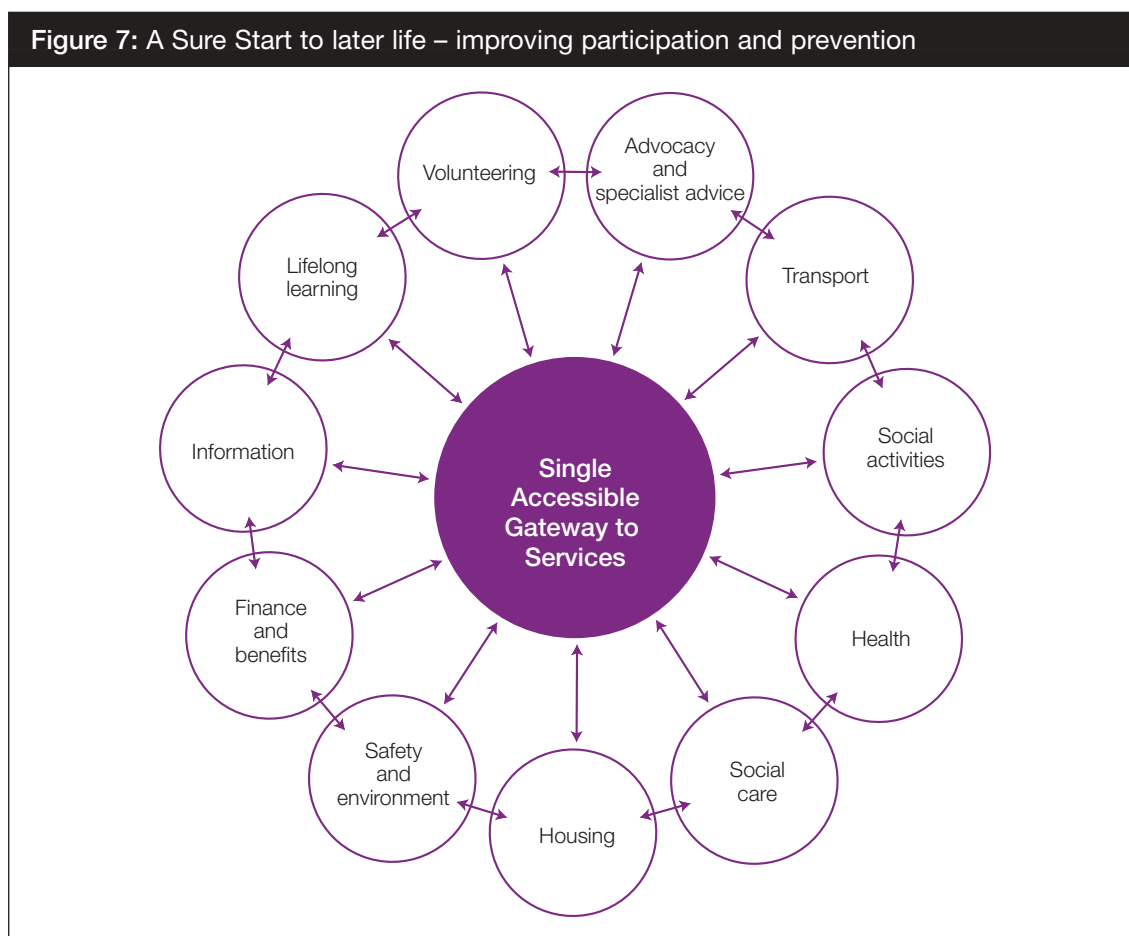
What is a Sure Start approach?

- 2.1 A Sure Start to later life will use the Sure Start principles of service delivery to deliver locally owned, responsive, non-stigmatised and economically effective services that support dignity for individuals. These guiding principles include:
- **Working with older people:** older people will be involved in the design, development and delivery of the service and improving their community. It will be community driven but professionally coordinated;
 - **Services for everyone:** but not the same service. Progressive, preventative and personalised services that reflect the diverse needs of individuals;
 - **Flexible and pro-active:** services will reflect the diversity of older people, their needs and aspirations, different environments and anticipate changing requirements;
 - **Accessible:** pilots will be easy to access in terms of location, opening times and transport;
 - **Promote well-being and independence:** services will be preventative in approach and include but go beyond health and social care; and
 - **Respectful and transparent:** services will be respectful of their customers and avoid duplication wherever possible.

2.2 The principles are the same as the children's model but in practice the services will be different. The full range of services that you would be able to access is shown in the diagram below. This will go well beyond the services typically considered to be 'older people's services' and the shape of these will be decided by older people themselves working with professionals. At Bramley Elderly Action in Leeds they ask people questions such as:

- Is there anything which has been a lifelong interest that you would still like to be able to do?
- Is there anything you have always wanted to do but not had the opportunity to do?

2.3 It is examples like Bramley and the Mayfair case study below that show how key principles can be translated into practice.



Case Study: Existing models – The Mayfair Centre

The Mayfair Centre is located in Church Stretton, a small town in Shropshire. It is a purpose built community centre situated in the centre of the town close to shops, health centre and other local amenities. It is managed by local people.

The Centre hosts a large range of activities and services, most of which are used during the day by older people. There is a reception staffed by volunteers which can provide information on local services. A café operates as a ‘drop in’ facility and meeting place for older people.

There is a small day nursery for children on site which is staffed by volunteers. There is a day care unit which provides a relief care service for older people. The centre is a base for the ‘Maysi’ project which provides a support service for older people on discharge from hospital who do not receive social services help, and for a transport service. The top floor is used during the day for exercise classes and IT training and in the evening as a youth centre.

The Mayfair Centre provides a good example of a wide ranging, inclusive and accessible service for older people. The key elements are that local people give their time volunteering and also use the centre for a very wide range of activities, from getting their eggs from the market to accessing the services of a counsellor to intergenerational work.

Contact: Nicola McPherson, Development Manager – Mayfair Community Centre, tel: 01694 722077 or e-mail: nicola.mcpherson@mayfaircentre.org.uk

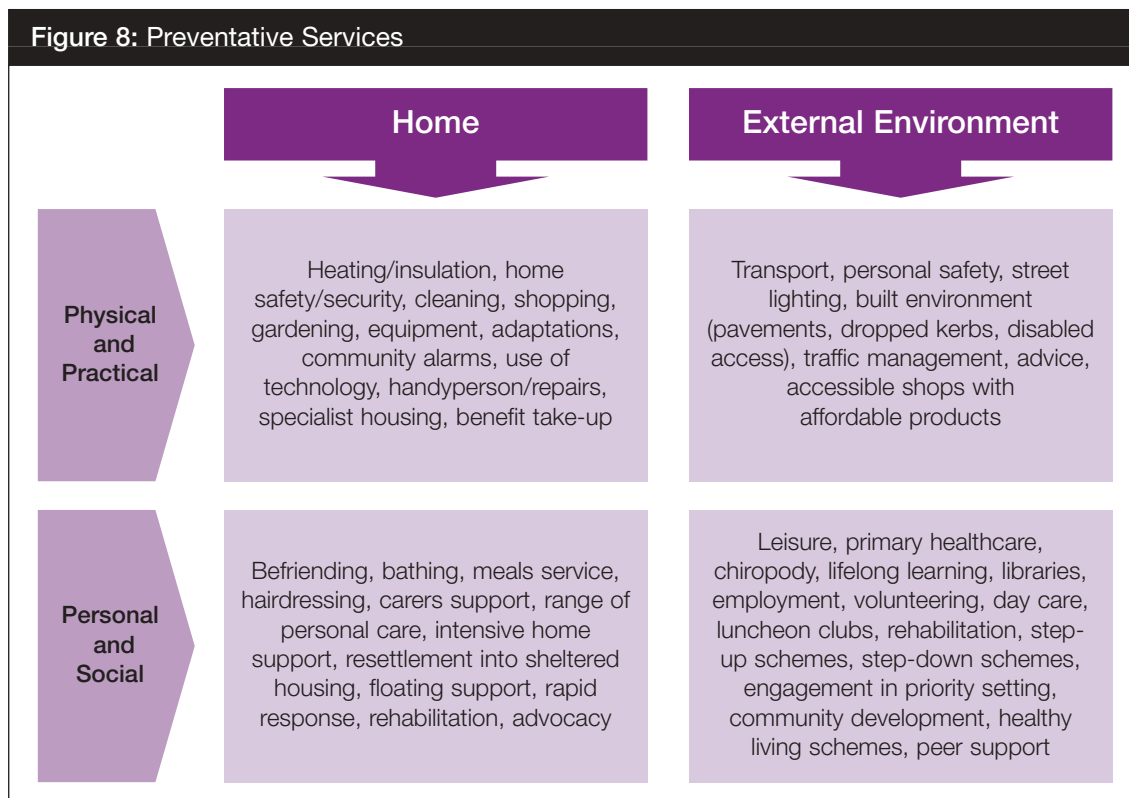
The case for a Sure Start to later life

- 2.4 Our consultation has shown the considerable popularity of the Sure Start approach. Independently, Help the Aged also published a case for a Sure Start for older people, drawing on economic evidence in areas such increasing employment and preventing falls and strokes.¹
- 2.5 In short, the case for a Sure Start to later life follows three key principles. First, the government’s commitment to progressive, person-centred services tailored to meet individual need. The second is the commitment to social justice which means services that work for all, particularly the most excluded. The third is our commitment to economically efficient services, through better prevention and joining-up. We believe that a Sure Start approach will produce economic returns for society and improve the lives of older people. We have looked into the economic case in detail in a companion document to this report, entitled – Making Life Better for Older People: An Economic Case for Preventative Services and Activities (www.socialinclusion.gov.uk).

Leading a shift from crisis to prevention to well-being

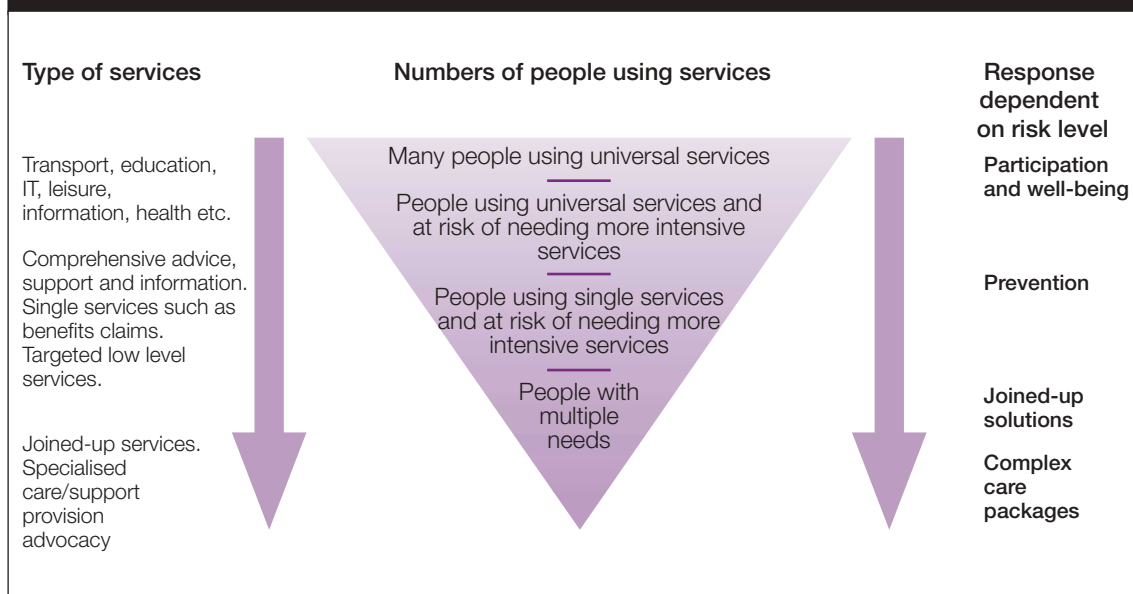
- 2.6 Government support for preventative approaches is now well established within health, social services and housing.² The Joseph Rowntree Foundation’s description of preventative services as “that bit of help” is the clearest explanation of what we are talking about.³

- 2.7 The need for a shift to preventative approaches, or ‘Inverting the Triangle of Care’,⁴ has been led by social care professionals, however it cannot be the responsibility of social services alone and requires a whole systems approach. Some argue that social services have become the ‘acute sector’ of adult services⁵ and that a new type of service is needed. We think that model based on the principles of the Sure Start approach could offer a new type of service and help shift the balance of services towards prevention.
- 2.8 Below are some examples of preventative services that a Sure Start approach could deliver:



Source: diagram adapted from Joseph Rowntree Foundation (2003). From Welfare to Well-being – planning for an ageing society.

- 2.9 The approach that we are advocating brings together key partners of health, social services, benefits and housing, as well as often overlooked missing links such as transport, leisure, community safety and learning. This is about community capacity building to move the debate on from paternalism to prevention and promotion of well-being.
- 2.10 The diagram above (Figure 8) shows how integrated services could be targeted on people with different levels of risk. For some it will be about active ageing and improving well-being, for others it might be complex packages to address multiple causes of exclusion.

Figure 9: Progressive services tailored to individual needs

Reaching the most excluded – reversing the ‘Inverse Care Law’

- 2.11 The Inverse Care Law⁶ states that people in the greatest need are the least likely to receive services. For example, our research showed that 34% of people with poor health were excluded from basic services (including some health services), whereas only three per cent of those with excellent health were excluded from basic services.⁷
- 2.12 The evidence varies between different services, however our consultation has shown that where there is a pressure on services, tough eligibility criteria or complex operating systems, too often the people with the greatest need lose out. Recent research found that areas with the highest levels of poor health tend to have the lowest numbers of medical practitioners.⁸
- 2.13 We know from Sure Start what works in reaching the most excluded and this is shown in the table below. One key factor will be the way that extended social networks and volunteers are harnessed as intermediaries between services and excluded people. The development of multi-disciplinary needs assessment will underpin integrated working and improved information sharing between agencies.

Why services don't work for excluded people		Sure Start approach
Services disjointed and complex	→	Services co-located and joined-up. Excellent advice and information. Joint planning, data sharing and single assessments.
Services unresponsive	→	User accountability and design input. Advocacy available.
Services stigmatised	→	Community owned. Provide universal services on site. Positive approach and brand.
People don't see key services	→	Outreach and community involvement in services. Better information and social networks.
Services inaccessible	→	Single access point, locally located with outreach. Transport integral. Opening hours etc convenient.
Services for the few	→	Area based services for everyone, but not the same services.

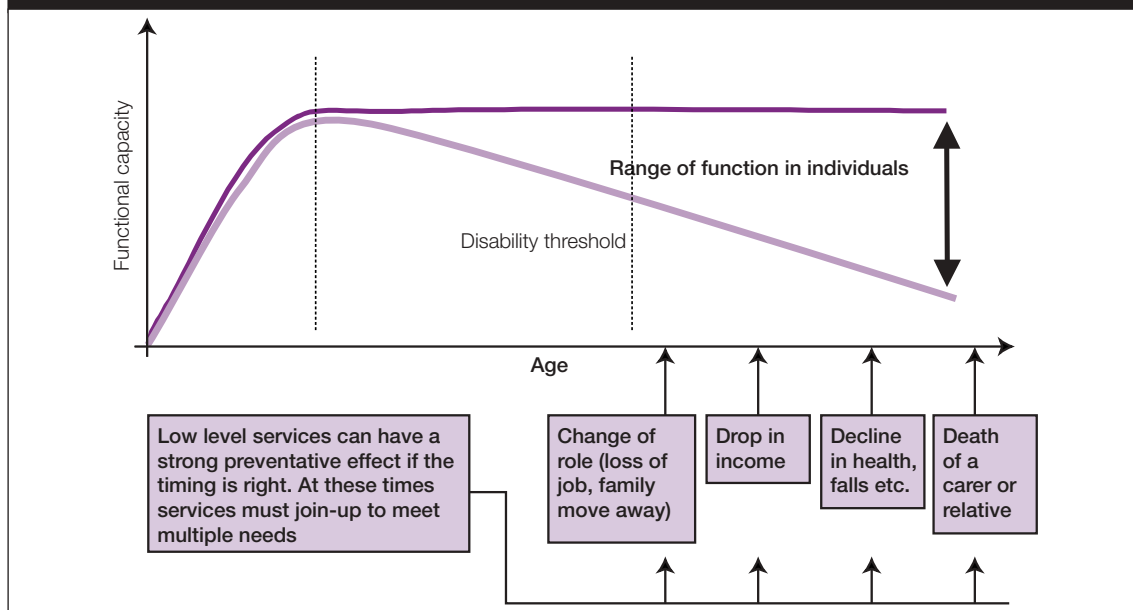
- 2.14 The above Sure Start model will achieve a step change in services, but only if the practice delivers empowerment for older people. Empowerment can be achieved through the simplest approaches such as providing the information to make good decisions and also through access and control of a full range of integrated and preventative services.

Preventing a cycle of decline in quality of life

"Social networks suffer as people get older and it becomes harder to make new friends. Social isolation leads to depression, loneliness, anxiety, which in turn stop people from interacting with their local community and accessing services they need."

Consultation response

- 2.15 A cycle of decline in quality of life and health is devastating to the individual and costly to the state. There are key life course events that can lead to a decline in quality of life including retirement, bereavement, experience of crime, loss of job, loss of family role and ill health. These can be particularly destructive in later life if compounded by ageist attitudes that perceive loss of function, ill health and decline in health to be inevitable and irreversible impacts of the ageing process. Carefully considered preventative services will work to stop decline and improve life chances.

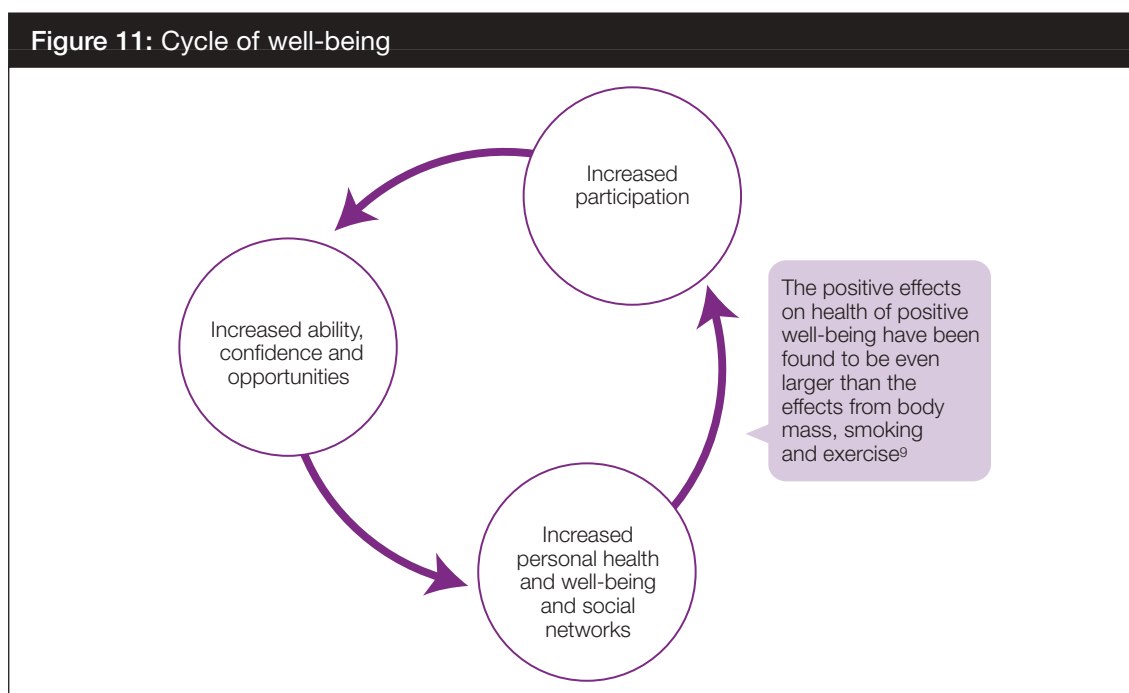
Figure 10: Improving life chances through preventative services

Promoting the cycle of improvement in well-being

"I'm doing nearly every class here, absolutely everything and this is the happiest I've been in 20 years..."

Focus group participant

- 2.16 Our research based on ELSA data shows those with better self-reported health participate more. Better health and participation can become self-reinforcing to improve well-being and boost the resilience factors that prevent a negative cycle of decline in quality of life. The *Choosing Health* White Paper (2005) published by the Department of Health sets out the case for active ageing in promoting health and well-being. This will be implemented through a Delivery Board chaired by DCMS and the Department of Health National Director for Older People.
- 2.17 Meaningful participation of older people in services following a Sure Start approach could range from dropping in for a cup of tea with friends in a centre to involvement in the planning and delivery of services. It is important that older people are involved in determining what the community resources will look like and have considerable scope to influence outcomes. Community ownership will be critical to its success in building sustained growth, creating responsive services and reaching out to people who wouldn't otherwise be involved.



How are we taking forward this programme?

- 2.18 The Department for Work and Pensions (DWP) are leading a partnership of central, local government, health and voluntary sector organisations to develop a pilot programme for older people based on the Sure Start approach. The programme will be known as “Link-Age Plus” and will be driven by the needs and aspirations of older people themselves. Pilot funding will run from this year to 2007/8 and will be evaluated to test the effectiveness of the model. Once evaluation is complete, we will bring forward proposals on how best to roll out successful models across the country.
- 2.19 The model will also be tested through our Partnerships for Older People Projects (POPP) and Local Area Agreements. The Department of Health is investing £60 million ring-fenced funding in POPP for Councils with Social Services Responsibilities to establish innovative pilot projects in partnership with Primary Care Trusts (PCTs), the voluntary, community and independent sector and with older people themselves. An example of one of the POPP pilots is outlined below.

Case Study: Partnerships for Older People Project: local active age centres in Somerset

The establishment of 50 local 'Active Age Centres' provide a range of services for older people in a café style environment, based in existing local facilities (such as village halls, sheltered housing schemes etc.). The centres will be a source of information and a straight route into the full range of preventative services in the area. Some of these will be provided at the centre and others will be provided through signposting to partner organisations.

Examples of innovative services operating from or linking to the centres include:

- Adult learning and leisure with each centre having internet facilities.
- A new co-ordination service that will proactively identify older people at risk of falling with the aid of a very simple screening tool.
- Crime reduction initiatives (e.g. security and Victim Support).
- Healthy living and ageing well services (e.g. Flexercise, Activage, healthy eating).
- Fuel poverty and energy efficiency services and advice.
- Access to assistive technology.
- Specialist groups and networks (e.g. carers, mental health, sensory loss).
- Access to volunteering (e.g. Time Bank) and pathways to work.

Since transport is a key issue for Somerset, there will be outreach facilities for older people who are unable to, or do not wish to, attend physically.

Older volunteers will be a central feature of this project. They will receive training so that they are able to provide a range of information, advice and support services (e.g. providing healthy lifestyle advice, or support to those people who want to assess their own needs for services). Above and beyond this, they will serve as a vehicle for empowering the local community of older people, with older people identifying ways in which their local communities might be improved.

Promoting independence and well being is much more than providing a range of preventative services. Key to this project is the notion that older people's active citizenship is a form of prevention in itself. Older people need to be at the forefront of organising and even delivering support to their peers.

Contact: GORourke@somerset.gov.uk

Agreed government action

1) The Department for Work and Pensions (DWP) will pilot the Sure Start for older people approach calling it the 'Link-Age Plus' programme, starting in Spring 2006. This model will be evaluated and the findings disseminated to allow other local partnerships to establish similar approaches in their areas.

CHAPTER 3

The individual

Waris Abdi Duale

Waris Abdi Duale is a 66 year old widow who lives in a flat in Liverpool. Mrs. Duale migrated to Britain ten years ago following the outbreak of civil war in Somalia. Although she lives in poverty and struggles with increasing poor mobility, Mrs. Duale feels that she is better off than most Somalis and describes herself as having a good quality of life: “I don’t want to have so much money. But I would like to have health, good health – the main thing for my quality of life is to have good health.”¹

Summary

A Sure Start to later life through individual empowerment

A Sure Start approach for the individual will mean individual empowerment and active ageing. However, to achieve this individuals need basic standards of health and wealth and excellent services.

Much progress has been made in addressing poverty amongst older people. Increases in life expectancy and the quality of health services have benefited the majority. We have added years to our lives and we are determined to add more life to those years.

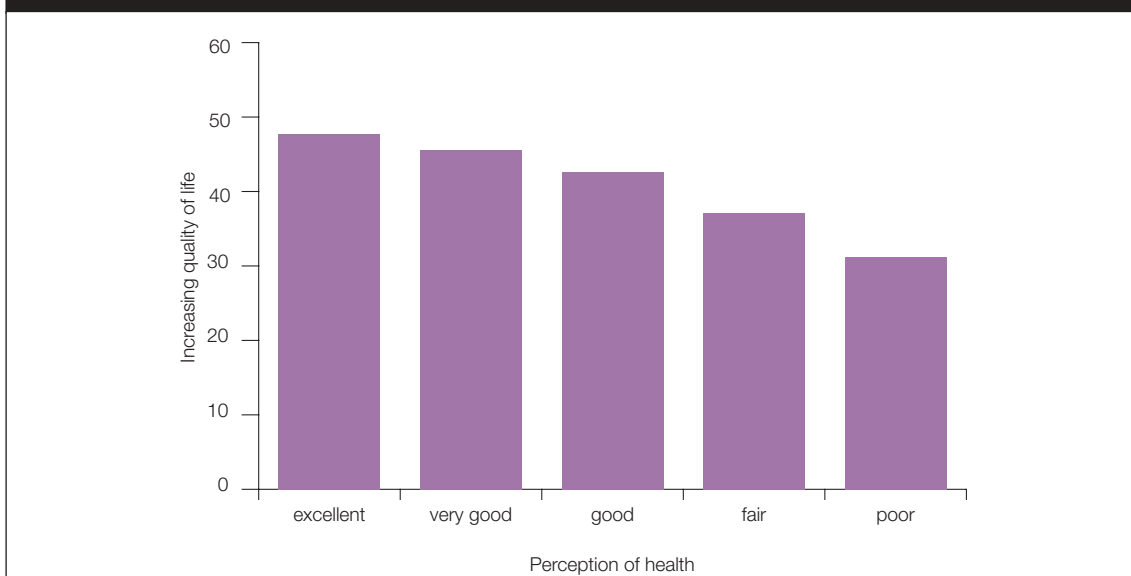
However, poverty and chronic ill health are still a reality for millions of older people in England, which can make life intolerable and are a key cause of exclusion.

Our vision is to end poverty in old age; and to ensure that lack of income is not a barrier to participation in society. We will be taking further steps to simplify benefits and to ensure older people get them as automatically as possible.

To achieve better health and care amongst the most excluded older people we need dignity and equality of services regardless of age. To achieve this, we want to develop the capacity and responsiveness of services and new models of prevention, promotion and participation.

- 3.1 Older people should be able to expect the same quality of life as the rest of the population. They have told us that a decent level of income and good health, together with control over services, are necessary for independent living. These are the issues set out in this chapter.

Figure 12: Quality of life and health status



Source: ELSA, Wave 1

- 3.2 For both health and wealth, it is true to say that enough is as good as a feast. Once someone has a decent standard of health and income, increasing health and wealth further does not affect happiness dramatically. But below this level, tackling poverty and chronic ill health really do make a big difference. For example, the figure above² shows that older people who perceive their health to be poor are more likely to report that their quality of life is poor than those who consider their health to be good.

Material poverty and well-being

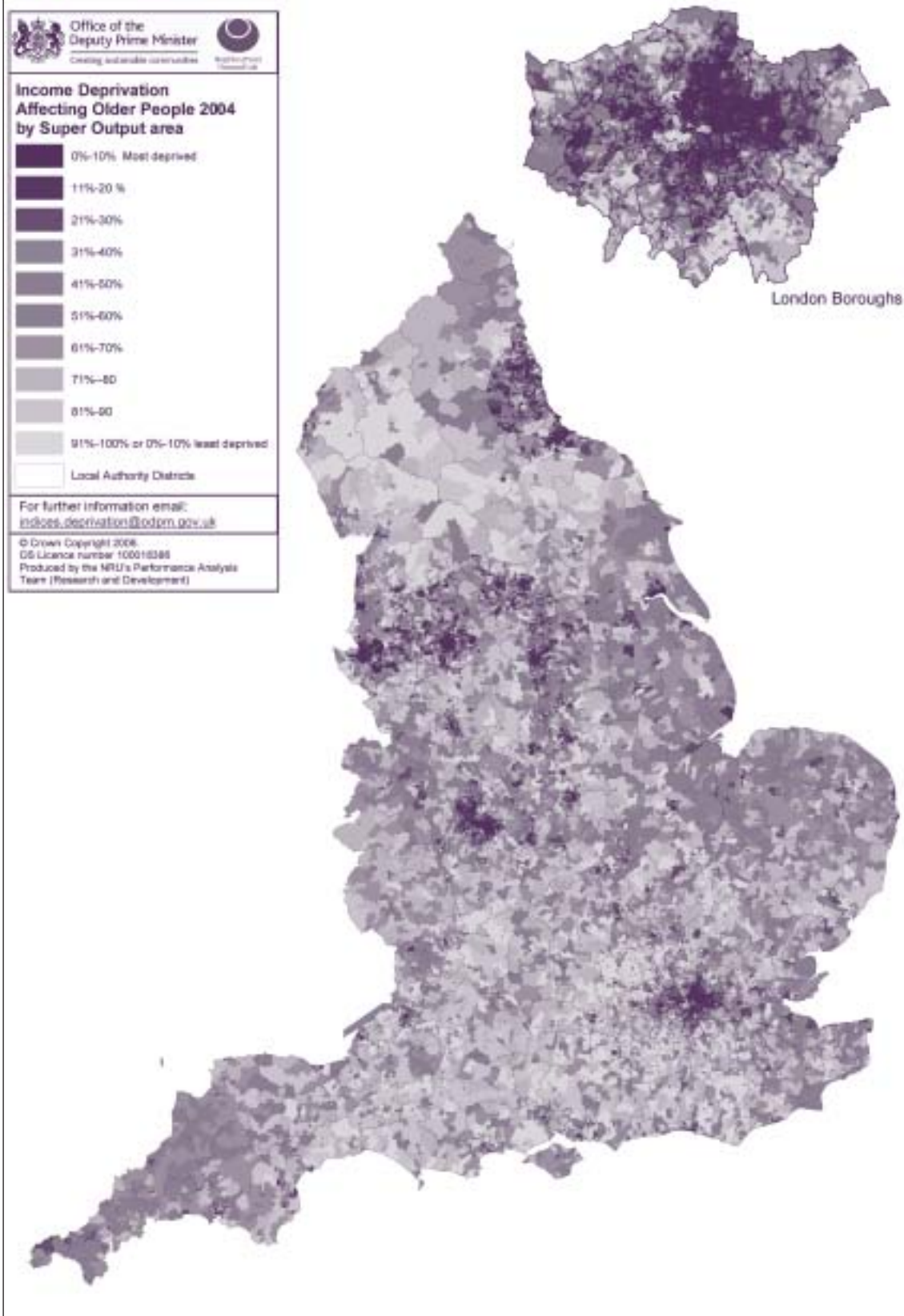
“...you get your pension Monday, it pays your rent, it pays your gas, it pays your light, you go for your grocery, you come back and you have nothing again.”

Focus group participant

- 3.3 This year the Government is investing over £10 billion more on pensioner benefits. As a result, the poorest third of pensioners are up to £1,900 a year better off in real terms than they would have been, and pensioner poverty has fallen to its lowest level in twenty years.
- 3.4 There are a wide range of forms of financial assistance available to pensioners. These include:
- State Pension;
 - Pension Credit;
 - Housing Benefit;
 - Council Tax Benefit;
 - Attendance Allowance and Disability Living Allowance (including Carer's Allowance);
 - Winter Fuel Payments;
 - Social Fund; and
 - Warm Front – this provides a package of heating and insulation measures to vulnerable households in the private sector.
- 3.5 Research³ commissioned by the National Audit Office explored the impact of additional benefit income on a group of older people. Findings show that:
- More money was spent on essentials such as food, clothing, heating, lighting and water. In particular, people with disabilities were able to afford food more appropriate to their conditions, such as diabetic food.
 - The increased income helped improve people's social contact.
 - They could now save for bigger pieces of expenditure, such as a mobility scooter, housing repairs and extra bedding.

- 3.6 However, poverty still affects one in five older people. There are high concentrations of pensioner poverty in urban areas, as shown by Figure 13.

Figure 13: Income deprivation affecting older people, 2004*



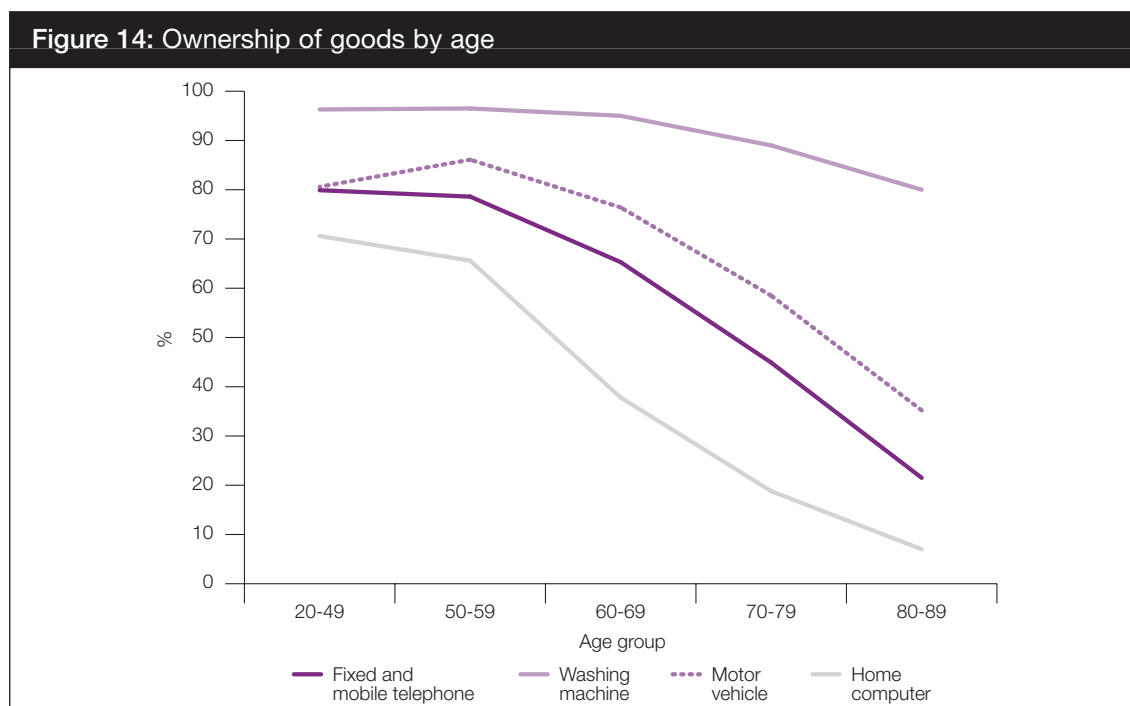
* The map shows the percentage of a Super Output Area's population aged 60 or over who are IS/JSA-IB claimants and their partners (if also aged 60 or over).

Key facts: poverty and older people

- 20% of pensioners were in relative poverty in 2003/04 (this is less than the percentage for the population as a whole).⁴
- 16% of pensioners are persistently poor.⁵
- Ethnic minority pensioners are more likely to be in low income households than white pensioners (29% compared to 19%).⁶
- Women's income in retirement is on average only 57% of men's.⁷
- Ethnic minority groups are also more likely to experience multiple deprivation (i.e. absence of central heating, car, phone, have no formal qualifications etc).⁸

What is it like for older people on low income?

- 3.7 Research has demonstrated that many older people are extremely resilient to the impacts of disadvantages such as low income.⁹ Some older people have commented: *"All my life I have had to be economical... You more or less exist. You are ready for your money when it is due on a Thursday, and I do put my money away for the telephone, gas and that"*¹⁰
- 3.8 However, others have spoken of the limitations that they live within due to their low income: *"I never pay the water bill. Just can't afford to pay it. They've sent me one letter. I mean it's impossible to manage on £78 a week"*.¹¹
- 3.9 The graph below¹² (Figure 14) shows that older people are less likely to own basic household goods. The likelihood of owning these goods directly relates to income, but there are other important factors such as being unable to use them or choosing not to. For example, people with sight loss have particularly low ownership of these goods.



Source: General Household Survey 2002–2003

Improving delivery of benefits to pensioners

- 3.10 The latest statistics¹³ continue to show low take-up of income-related benefits by pensioners. Since the introduction of Pension Credit we have made progress and 2.7 million households are receiving Pension Credit. However, the Government wants all those who may be entitled to Pension Credit to apply and the Pension Service is continually looking at further ways to encourage them to do so. In 2002/3 between £1.7 and £2.9 billion worth of means-tested benefits (Including Minimum Income Guarantee, Housing Benefit and Council Tax Benefit) were estimated to have gone unclaimed. This includes between £660 million and £870 million of unclaimed Council Tax Benefit, reflecting between 1.5 and 1.8 million pensioners not claiming.
- 3.11 Individuals entitled to the guarantee element of Pension Credit are automatically entitled to Council Tax Benefit (CTB). However, in order for a pensioner to receive their Council Tax Benefit, they need to submit a separate claim form to a different organisation.

Health and care

What is the impact of poor health and disability?

I don't want to have so much money. But I would like to have health, good health – also peace. But the main thing for my quality of life is to have good health.”¹⁴

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

Focus group participant

- 3.12 The majority of older people live active and healthy lives; however, the proportion of people with an illness or disability that restricts daily activity increases with age. Our research shows that a far greater proportion of people who are in poor health are excluded, particularly from basic services.
- 3.13 The lives of some older people are profoundly affected by disability. Older people form the majority of those registered as blind or partially sighted and of those with hearing impairments. Our research shows that people with sight impairments are many times more likely to be excluded.

Key facts: the extent of poor health and disability in later life

- 70% of those aged 65 and over reported a longstanding illness.¹⁵
- 10% of people aged 65-79 and 25% of those aged 80 and over reported serious disability.¹⁶
- About 15% of people over 65 have depression.¹⁷
- Up to 750,000 people in the UK have some form of dementia.¹⁸
- There are two million people with sight problems, 90% are over age 60.¹⁹
- 580,000 people over 60 have severe to profound deafness.²⁰
- A fifth of persons aged 50 and over have consulted a GP in the last two weeks.²¹

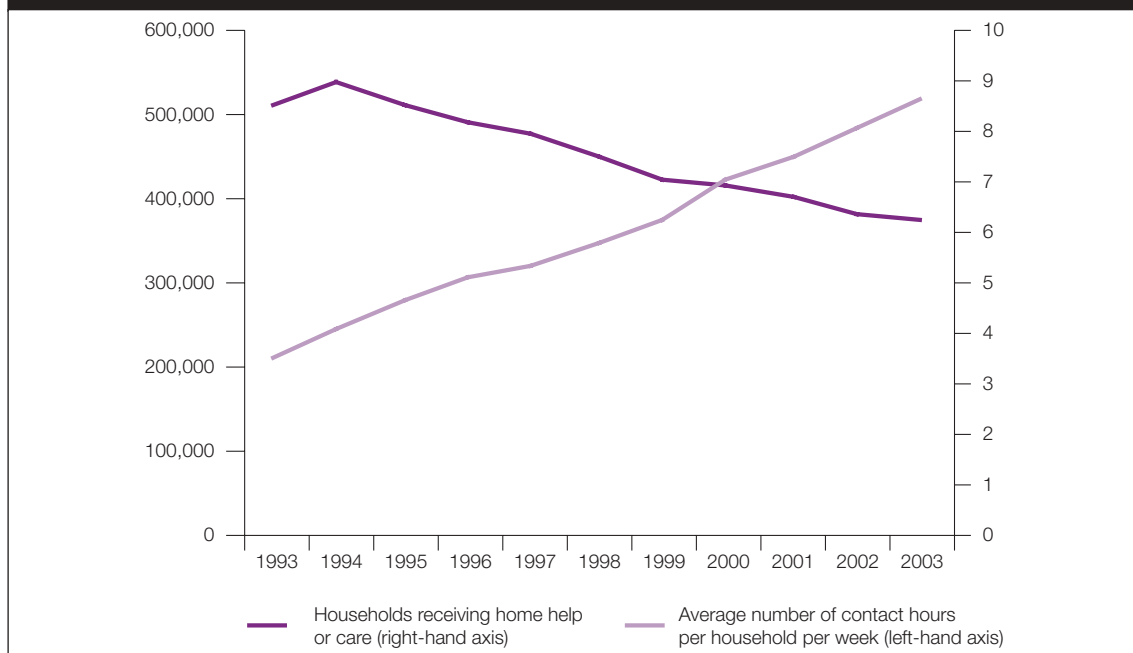
- 3.14 Poor health can have a major impact on well-being and the ability to remain independent. However, there is evidence to suggest that older people only feel that their independence has been compromised if their ability to exercise control and choice over their daily living is lost.²² For this reason, control and user involvement in services can be valuable.
- 3.15 Mental health is also an area of concern. For example, undiagnosed depression in old age is a significant problem.
- 3.16 Carers of older people with mental health problems told us of poor experiences of health and social care services and their constant battle to get help. One person said: *"I was also carer for both my parents during the last five years and I felt completely isolated... the doctors that I dealt with didn't give me the information that I needed."*
- 3.17 Mental health services for older people are poorly developed in many areas of the country and staff in mainstream services can lack the necessary knowledge and training to deal with people with mental health problems.²³
- 3.18 As well as impacting on the individual, poor health amongst older people has a wider impact on society as a whole and on the delivery of mainstream services. Older people are the major users of services provided by the National Health Service (NHS). In 2000/01 the NHS spent 41% of its budget (£12.4 billion) on people over 65.²⁴ Timely and effective services for older people can be cheaper in the long term and can have the greatest impact on quality of life.
- 3.19 In addition, social care can be a lifeline for those who can't get all the help they need from family and friends. It can and should be one of the ways problems of loneliness and social isolation are combated and older people are reconnected. For example, our consultation showed how effective day services, rehabilitation and respite care can play a vital role in supporting individuals and in maintaining their contact with the community.

Key facts: social care provision

- Need for residential/nursing home care increases with age, from 0.3% of those aged 50-59 to 27% of those aged 90 and over.²⁵
- About 360,000 clients received home care services in England in 2005.²⁶
- Number of contact hours provided by social services has increased; however, the number of households receiving care has decreased.²⁷
- The Countryside Agency reports that fewer older people aged over 65 receive non-intensive care from social services to live at home in rural areas (7.2%) than in urban areas (11.1%). The same pattern is revealed for intensive care.²⁸

3.20 At present, social services are often focused on providing practical help to the most disabled, so are less able to provide preventative services. The figure below shows that the number of people receiving home care services is decreasing, but those people are getting more intensive services.

Figure 15: Changes in the number of households receiving home care services and the number of contact hours, 1993-2003 [England]



Source: DH (2004) Community Care Statistics

What next on tackling poverty?

Progress so far

- According to the latest DWP figures the proportion of pensioners in relative poverty has fallen by a quarter since 1996/97, from 28% in 1996/97 to 20% in 2003/04.
- The numbers of pensioners in absolute poverty has fallen by 1.9 million from 2.8 million in 1996/97 to 0.9 million in 2003/04
- The way pensioner's incomes are assessed for Pension Credit has moved away from the stigmatising weekly means tests of the past.
- The application process has been designed to be much simpler – a call to a free phone number, where family and friends can call on a pensioner's behalf. Around 90% of applications are made over the phone.
- There are arrangements in place to backdate claims and pay arrears ensuring that customers do not lose out. People may get up to 12 months back payments if they could have been entitled earlier.
- The Pension Service is already telephoning existing customers who do not appear to be getting Council Tax Benefit and filling in a simple three page claim form on their behalf. Pension Credit customers only have to provide information once.
- From December 2005 the Pension Service will take Council Tax Benefit claims at the same time as new Pension Credit claims.
- DWP are examining how support for Council Tax liability can be awarded more automatically for the future.

- 3.21 No older person should be living in poverty in a wealthy nation in the 21st century. In the short term there is a need for a greater effort on take up of entitlements – particularly with regard to the take up of Council Tax Benefit. As is shown above, getting the assistance you are entitled to can make a significant difference to your quality of life in older age.
- 3.22 Currently the DWP has a target to increase pension credit however, we need to increase the take-up of all entitlements.
- 3.23 At present older people need to take the initiative to ensure that they can claim CTB. Take-up of assistance would be likely to increase if the onus was placed on local authorities and the Pension Service, rather than the older person themselves. This could be achieved by greater automation of the administrative process, which could also reduce the need for repeated disclosure of personal information that is a part of the means testing process.

- 3.24 This move to automatic entitlement to CTB could be taken a stage further. Once calculated, the household's entitlement to CTB could be netted off the total council tax liability to arrive at a single, lower figure ('the maximum liability') on the face of the council tax demand notice. There would be no indication that CTB had been received and any stigma that some pensioners may feel is attached to receiving means tested benefits would therefore be removed.

Agreed government action

2) The Department for Work and Pensions (DWP) and the Office of the Deputy Prime Minister (ODPM) will produce a plan to increase take-up of entitlements to older people taking into consideration the Lyons Review. This will include consideration of:

- financial incentives and disincentives for local authorities to increase Council Tax Benefit (CTB) take-up;
- the need to remove any legislative barriers to take up, such as the requirement for a pensioner to submit a separate CTB claim form; and
- the feasibility of making entitlement to CTB more automatic.

- 3.25 Any pension reform must tackle poverty effectively in retirement. The Pensions Commission, chaired by Lord Turner of Ecchinswell, submitted its second report at the end of November 2005. The Government's proposals for pension reform will be published in the Spring. The Government has said that any package of reform must promote personal responsibility, be fair, affordable, simple, and sustainable. Fairness means the system must protect the poorest, and it must also be fair to those who have saved: providing an incentive to those who can save to do so.
- 3.26 Income is a major factor in achieving a high quality of life, but as this report shows, it is not the only factor that is important. The current low income measures may not always reflect pensioners' circumstances – for example, they don't capture wealth or savings which will help some pensioners achieve a higher quality of life. The Department for Work and Pensions is looking at possible wider measures of pensioner poverty, and as part of this it has commissioned three interlocking pieces of research to look at what material deprivation measures and changing spending tell us about pensioners' experiences of poverty. The results of this research will be published in the Spring.

Agreed government action

3) The Department for Work and Pensions (DWP) will continue to look at wider definitions and indicators of pensioner poverty in the wake of recently commissioned research, and will consider with the Treasury how and whether these should feed into PSA targets as part of the 2007 Comprehensive Spending Review.

What next on health and social care?

Progress so far

Health and community care

“The NSF [National Service Framework] for Older People has been a significant driver in both improving the quality of community services and in extending their range with and across housing and the NHS.” (Andrew Cozens, President 2003/04, ADSS)

Significant progress has been made to date on improving healthcare services for older people. In March 2001, the Government published the National Service Framework (NSF) for older people’s services – led by Professor Ian Philp, National Director for Older People’s Health. The NSF is at the centre of the Government’s response to meeting the health and social care needs of an ageing population, and sets out eight standards for improving the health and social care of older people.

Important steps have been made to improve access to treatment for older people, which have resulted in significant numbers of older people receiving treatment. These are set out in the report *Better Health in Old Age*, from the National Director for Older People’s Health:

- Between 2000/01 and 2004/05 the number of cataract operations for those over 65 rose from 203,240 to 262,545 – an increase of 29%
- Between 2000/01 and 2004/05 the number of hip replacements for those over 65 rose from 54,939 to 65,437, an increase of 16%
- Between 2000/01 and 2004/05 the number of knee replacements for those over 65 rose from 27,242 to 42,143 – an increase of 55%

Since the turn of the millennium the Government has made significant progress towards modernising and improving social care services. This has included greater investment, better regulation, streamlined single assessments and better support for carers. Last year the Government published *Independence, Well-being and Choice*, a Green Paper proposing a vision for social care over the next 15 years, with proposals for improving control and choice.

3.27 Improved health and care for older excluded people can be achieved in a number of ways. Individuals themselves can take action to do the things that improve their health and prevent poor health. Additionally services can be provided to promote good health, tackle poor health and support those who need care. Sufficient, sustained investment in improving community health and care services in these areas is needed to drive improvements and reduce exclusion.

3.28 In this section we consider:

- Active ageing;
- Information;
- Better access to services;

- Joining-up services;
- User involvement;
- Advocacy;
- Increasing the capacity of services; and
- Preventative services – that bit of help.

Active ageing

- 3.29 Greater active participation, stronger social roles and empowerment can have a positive impact on the individual, improving well-being²⁹ and health. In the ELSA research commissioned, lack of physical activity was found to be a significant factor in three of the seven domains of exclusion, of particular interest is exclusion from social relationships. Poor mental and physical health can affect participation in wider social, leisure and civic activities. This issue is covered in detail in the next chapter.

Information

- 3.30 Good quality information is the starting point for empowering people to meet their own health and social care needs and to identify opportunities to become involved in their communities. Information needs to be provided in a range of formats that are accessible to today's users of services and to tomorrow's service users, as well as their family, friends and carers. The production of joint information can also promote more joined-up working across different agencies and enable professionals to signpost people to alternative providers, where necessary.
- 3.31 Local authorities have produced Better Care Higher Standards Charters since 1999, providing a single source of information about local health, social care and housing services. Many local authorities and NHS organisations are already providing information about a range of organisations active in the local community, including voluntary and community sector organisations and benefits services. In a number of cases single points of access have proved to be effective in improving the experience of individual users of services. Local organisations need to plan to meet the needs of communities in a more joined-up way, recognising the potential contribution to tackling social exclusion among older people that a range of organisations can provide. High quality information about services and opportunities in the community will underpin the Sure Start approach.

Better access to services

- 3.32 Older people have highlighted the difficulties which they face in accessing health and care services. This may be a challenge due to poor transport networks, limited mobility, or in some areas due to lack of local services. Research³⁰ has highlighted that the number of GP consultations for rural older people is low, but emphasises that it is not clear whether this is due to good health or limited access to primary care facilities.

- 3.33 GPs are a crucial point of first contact for many older people, and frequently the only point of contact that an older person has within the health or social care professions. Social care workers can also be a crucial gateway to other services for the most excluded. It is therefore vitally important that GPs and care workers are able to refer older people on to other service providers – and GPs able to consider prescribing non-medical interventions where appropriate.

Agreed government action

4) The Department of Health (DH) and the Office of the Deputy Prime Minister (ODPM) will produce guidance as part of the forthcoming White Paper on Primary and Community Care on improvement of the take up of services amongst excluded older people.

Case study: provision of healthcare services in a rural community

The village of Newstead in Nottinghamshire is an isolated community with high numbers of older people, who were finding it difficult to access primary healthcare services. A Healthy Living Centre was set up which provides wide ranging and popular services including advice, transport, gardening, education, IT, dancing as well as accessible medical care.

Contact: Helen Hart or Rachel Hind, Project Managers, 01623 723431

- 3.34 Intermediate care services provide ongoing healthcare in a non-acute setting. They are designed to avoid delayed discharges from hospital, prevent discharge to inappropriate accommodation, avoid unnecessary hospital admission, offer a period of recuperation and rehabilitation from illness or injury and equip someone with the skills to return to independent living.
- 3.35 Many older homeless people find it very difficult to access intermediate care services as they do not have an appropriate discharge address. Older homeless people are likely to have a greater need for intermediate care than younger people. A group of statutory and voluntary sector service providers in London are currently researching the feasibility piloting an intermediate care service for homeless people with a specialist facility within a hostel providing nursing care beds or a mobile intermediate care service. This service needs to be followed up by appropriate provision of a package of settled housing and support.

Agreed government action

5) A group of statutory and voluntary sector service providers in London are currently researching the feasibility of establishing a pilot intermediate care service for homeless people. The Care Services Improvement Partnership will work with the Housing Improvement Network to consider how best to take forward the results of the pilot.

Joining-up services

- 3.36 We have looked at the way services should join-up in the chapter on a Sure Start to later life. However, we also need to ensure that where there are joined-up services, there is also a joined-up workforce and inspection regime. The Joint Inspections of services for older people undertaken by the Healthcare Commission, Audit Commission, and the Commission for Social Care Inspection, had as their remit to review the implementation of the NSF for older people. Their initial findings suggest that all areas making efforts to meet the standards, however there are some areas where progress is still to be made.

Case study: Camden WISH Referral Scheme

WISH (Warmth, Income, Safety, Health) is a partnership between the London Borough Camden, the Camden Primary Care Trust (PCT) and other local statutory and voluntary sector organisations. WISH offers a single referral route for health and social care staff who are concerned about someone but not sure which service can help. The scheme aims to:

- Provide a single point of contact for referrals.
- Provide a direct, holistic service to vulnerable householders.
- Re-allocate work from over-stretched services to those with spare capacity.
- Identify gaps in service provision.
- Help existing services to work better together.
- Co-ordinate information & training on related services to frontline staff.
- Contribute to the preventative health agenda.

For physical health problems, clients are referred to the Camden PCT Reach Team, which provides medical screening, medication reviews for fallers, falls prevention measures, supported discharge from hospital and rehabilitation, and retraining in daily skills. For home adaptations, clients are referred to the Council Home Safety Team (small adaptations), or Occupational Therapy Services (specialist adaptations).

For energy efficiency advice and grants for heating and insulation, clients are referred to Camden's freephone *Warmth for All* helpline. For safety and security measures, clients are referred to the Safe as Houses project (safety measures), London Fire Brigade (fire safety measures), Metropolitan Police (security advice). For home repairs, clients are referred to Environmental Health (major repairs for private tenants, homeowners), the Mobile Repair Service (minor repairs), the Housing Department (repairs for council tenants).

For help in getting benefits, managing income and debt, or help accessing social activities, counselling or advocacy, clients are referred to the Camden Older People Outreach Service, Welfare Rights Team, Age Concern, Citizens Advice Bureau or Disability in Camden, depending on the nature of their need, their age and housing tenure.

Contact: Sue Newton, WISH Scheme Manager, Energy and Sustainability Unit, LB Camden Housing and Adult Social Care Directorate, 020-7974-5059, sue.newton@camden.gov.uk

- 3.37 A difficulty is the fact that services across the country are so variable. Local National Health Service bodies also find it difficult to identify what they spend on older people's services, making inter-agency planning more difficult. To overcome this it is suggested that local health and care 'economies' are required to produce a joint commissioning strategy for older people. This would need the full involvement of older people, including minority groups whose needs might otherwise not be considered.

Agreed government action

6) The Department of Health (DH), as part of the forthcoming White Paper on Primary and Community Care, will build on its commitment to provide a greater focus on joint commissioning between healthcare and social care and better integration between healthcare, social care and other local government services.

- 3.38 Research in Manchester showed that 42% of homeless people aged over 50 had an admission to hospital in the preceding year. Interventions to improve health and housing outcomes can be very effective at these times. For older homeless people³¹ who are homeless or in housing need understanding their housing status from the time of admission and close cooperation with support workers is critical.
- 3.39 ODPM and DH have issued an information sheet setting out the importance of joint working guidance between hospitals and local housing authorities on hospital admission and discharge of homeless people and highlighting existing good practice examples. Guidance³² to hospitals and other agencies on drawing up local protocols is due to be issued shortly. Homeless Link and the London Network of Nurses and Midwives, in conjunction with ODPM and DH, are developing this guidance.

Agreed government action

7) Work is progressing on the production of guidelines to hospitals around admission and discharge of homeless people, which will be jointly promoted by the Department of Health (DH) and Office of the Deputy Prime Minister (ODPM).

- 3.40 The models of services proposed in this report challenge the existing structures and content of job roles across the organisations working with older people. There are interesting examples of agencies successfully developing support worker roles. These work either with individuals or within community groups addressing the broad well-being agenda. This approach may be usefully compared with the social pedagogue model in use across European countries. This approach integrates workers across disciplines at a graduate level.

User involvement

- 3.41 User involvement in the delivery of services can be very effective in improving the responsiveness of services to needs. Best practice³³ in meaningful involvement of older people requires standards on:
- the numbers of older people included;
 - the stage of development at which they are included;

- their scope to influence the outcomes;
- the resources to support their involvement; and
- their involvement throughout the whole process.

3.42 However, we need to make the aspirations of user involvement in health and social care more of a day to day reality. Direct payments and Individual Budgets, discussed later, will help to remove obstacles to the involvement of older people in health and social care. We also need to ensure that the most excluded, such as those with dementia, are also involved in determining the service they receive and access to advocacy will be necessary to achieve this.

Case study: user involvement in health services – expert patients

The Expert Patients Programme is a self-management course for people living with a long-term health condition. It gives them skills and techniques of self-management such as distraction, problem solving and action planning enabling people to take more control over their health by understanding and managing their conditions. Patients with particular chronic diseases like diabetes mellitus, arthritis or epilepsy may understand how their disease affects them better than their doctor. This knowledge and experience held by the patient is a valuable and often untapped resource. Self-management programmes are designed by expert patients who become tutors for others with the same disease.

The Expert Patient Programme relies on training volunteer tutors from the local community, who themselves live with long term health problems. One local area in Sheffield has linked their expert patient tutors into their local timebank across three general practices. This is potentially a way of developing and rewarding tutors for the programme but also advertising it. It also benefits from being part of a wider community approach to developing social inclusion and well-being.

“The Expert Patient Programme has really helped me to take more control of not just my arthritis, but also my life. Prior to experiencing the programme my daily routine each day would be exactly the same.”

Contact: see local area contacts at www.expertpatients.nhs.uk/

Advocacy

- 3.43 Advocacy services for older people can be the only way to ensure that excluded older people receive their entitlements and get the best from unresponsive services. We are committed to investigating how we can best support effective advocacy services and will begin work on this in the Social Exclusion Unit.
- 3.44 We will also be piloting different forms of advocacy through Individual Budgets and LinkAge Plus. Individual Budgets will allow the allocation of cash to individuals or a sum held by the local authority and supporting people to identify and access the support services they need. It is hoped that Individual Budgets will make the Direct payments model work for the most excluded by reducing burdens, joining-up services and through advocacy.

- 3.45 Following publication of 'Independence, Well-being and Choice', 13 local authorities were selected to participate in the piloting process. West Sussex, the first pilot –which focuses on older people – commenced in December 2005 and the remainder will come on stream throughout 2006.

Agreed government action

8) The Department for Work and Pensions (DWP) and the Department of Health (DH) will ensure that advocacy services are included in the piloting of the Sure Start to later life approach through the 'Link Age Plus' programme and as part of the Individual Budgets pilots.

Agreed government action

9) The Social Exclusion Unit (SEU) will examine the role of advocacy in delivery of services to socially excluded people.

Case study: Older People's Advocacy Alliance (OPAAL) UK

The Older People's Advocacy Alliance is a small charity which is managed and supported by a number of larger national organisations and older people themselves to promote the availability of advocacy across the UK. The aim is to ensure older people have a voice, have access to information (e.g. rights and entitlements), can be protected against abuse, and can challenge discrimination. Advocates fulfil the dual role of being not just a representative or spokesperson, but also enabling and supporting the older individual to act for themselves, building confidence and independence.

An extreme example of how advocacy can aid an older person is supported by this case study: *A woman in the early stages of dementia had her son and daughter in law come to live with her. Her son began to take advantage of her financially and her daughter-in-law began to abuse her physically. The client was referred to a local advocacy scheme by a social worker. The advocate was able to support the client in removing her son and daughter in law and continued to offer support after they left.*

Contact: Jackie Robinson, Development Officer, OPAAL,
Beth Johnson Foundation, 01736 740991, jacky@opaal.org.uk

Increasing the capacity of services

- 3.46 We will be increasing the capacity of services in a number of areas including upgraded technology offering personalised electronic care records, improved care pathways, better management of long term conditions, a fully developed falls service and more efficient, joined-up health, housing, social care and transport.

- 3.47 In many cases quality of life for older people can be significantly improved by the use of aids and adaptations such as hearing aids. In some cases older people can wait so long for aids and adaptations that their independence and ability to remain in their own homes is compromised. The British Society of Hearing Aid Audiologists 2005 survey shows that the average wait for assessment and fitting of a hearing aid is 47 weeks.

Preventative services – that bit of help

- 3.48 We define preventative services as those that:
- prevent or delay the need for more costly intensive services; or
 - promote the quality of life of older people and engagement with the community.
- 3.49 We have already discussed active ageing as a preventative approach for the individual, however, there are health and care services that can prevent crises and improve people's lives. This is discussed in more detail in the Sure Start chapter.
- 3.50 The Department of Health is investing £60 million ring-fenced funding to establish innovative pilot projects in partnership with PCTs, the voluntary, community and independent sector and with older people themselves.
- 3.51 Pilots, set up under the Partnerships for Older People Projects initiative, are aimed at large-scale system reform across health, care and wider support services to support older people in healthy and active living and to enable older people to remain independent and in control of their own lives for as long as possible. Each pilot site will develop, test and evaluate a range of different ways of providing more preventative care for local older people and will ensure that the specific needs of those older people to whom services do not traditionally reach out, are met.
- 3.52 This work sits alongside the support provided for older people and other vulnerable groups through the Supporting People programme. Introduced from April 2003, Supporting People enables provision of local support services to prevent crisis and decline and to sustain independent living.
- 3.53 For older people, this often includes low level support and reassurance through community alarms and/or warden services, and assistance in claiming benefits and accessing other services. It also includes a mixture of help within supported accommodation and assistance – through models of floating assistance – within owner-occupied/private sector accommodation. Through the current work to develop a Supporting People strategy, as set out in *Creating Sustainable Communities: Supporting Independence*, Government is considering how best to take forward provision of the support provided through this programme, including what are the most appropriate models of future support and how best to ensure that provision of support is integrated with care and other local services where those are also needed to sustain independence.

Case study: Knowsley Community Older Persons Team

This approach integrates social services and NHS professionals – including physiotherapists, a pharmacist, a podiatrist, district nurses, a social worker and an accident prevention team. There is a single point of access to services for older people including for intermediate care. This is a borough wide service with the team located on one site except for the district nurses who are located alongside area social work teams for older people. This approach has delivered joined-up preventative, low level and intermediate services and substantial reductions in falls.

Contact: Mr Dave Doyle, Co-ordinator (Community Older People's Team).
Telephone 0151-443-5151.

Agreed government action

10) The Department of Health (DH) will shortly publish a 'Next Steps' document based around three themes: Dignity, Responsive Services and Active Ageing. Initiatives from each of these themes will include:

- The reactivation of the Older People's Champions National Network (Dignity);
- The extension of the self-assessment process of the Mental Health National Service Framework implementation to older people's mental health services by 2007; and
- A project to promote exercise and physical activity amongst older people (Active Ageing). This will be delivered through the Choosing Health Delivery Board on Active Ageing.

CHAPTER 4

Social relations and participation

Flora Peters

Flora Peters is aged 60 and lives in a small bungalow in Liverpool. Mrs. Peters has had a very difficult life history. Abused as a child and young adult, she has found it particularly difficult to develop close relationships with members of her family and with her own children: “I don’t bother with my family. I keep to myself.” Her marriage was also turbulent: “[M]y husband’s been dead 11 years and I used to have a terrible life with him.” Mrs. Peters also has health problems and finds it difficult to manage on her limited income. These daily challenges are a significant source of stress and unhappiness: “I’ve sat here, cried my eyes out ... Sometimes it makes you wonder whether it’s worth living.”¹

Summary

A Sure Start to later life through participation in families, work and communities

Ending poverty and improving the responsiveness of health services is not enough on its own to end exclusion. Isolation, loneliness and poor social relations are also major factors leading to the exclusion of older people.

Social isolation affects about one million older people, and has a severe impact on people's quality of life in older age. Tackling social isolation and loneliness is not currently a priority for service providers, but is vital if we are to end social exclusion.

Social relationships are critical to ensuring active, vibrant communities locally and nationally. Older people are as diverse a group as the general population and everyone has a right to be able to contribute and have a role. Too often this does not happen, and older people are seen as dependent. Moving towards independence is an important first step, but our aim should be to promote 'interdependence' where old and young contribute equally.

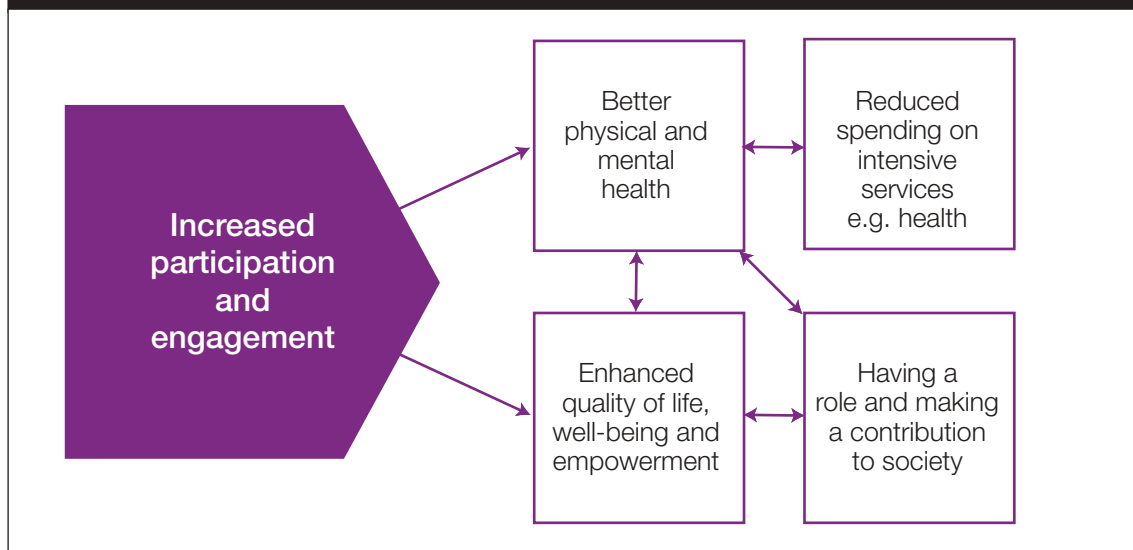
Our vision is to encourage, at local level, informal structures that enable older people to participate and take on roles where they are valued. Social care services need to be more individualised and locally tailored, working in partnership with families and informal carers, building on existing local networks to enable all older people in receipt of care to participate in their local communities.

This needs to be supported by a strong vision nationally. For Government this is about promoting universal services and opportunities such as leisure and learning for all – including the most excluded.

“Social networks suffer as people get older and it becomes harder to make new friends. Social isolation leads to depression, loneliness, anxiety, which in turn stop people from interacting with their local community and accessing services they need.”

Service provider

- 4.1 The way we feel about ourselves is affected by our changing roles over the life course. The loss of meaningful roles, reduced social participation and isolation can be the devastating consequences of key life course events, such as bereavement. As discussed in the last chapter, isolation can also result from ongoing personal circumstances like persistent poverty and poor health. This can also be costly to the state because of increased need for support services such as health and social care. Further work on the economic impact of social isolation is considered in a companion document to this report (see www.socialexclusionunit.gov.uk).

Figure 16: The economic benefits of increasing participation

- 4.2 In addition, active participation, social roles and empowerment can have a positive impact on the individual, improving well-being² and reducing exclusion. This can come from personal relationships with family and friends, and participation in wider social and civic activities, employment and services. The importance of family and friends does not change as you get older and is a key factor in quality of life.³

The impact and patterns of social isolation and loneliness

*"I wouldn't say friends. We laugh and talk and you know...[but] I don't really go to them with my problems...we talk about the weather and talk about our arthritis and so on"*⁴

Key facts: social isolation and loneliness

- Almost one in ten of those aged 65 and over report feeling often or always lonely, this also increases with age.⁵
- Social isolation and loneliness is connected to inadequacy of social relationships.⁶
- Loneliness amongst older people may be an under-representation of actual levels due to stigma associated with it.⁷
- Living alone might increase the risk of isolation.^{8,9}
- Loneliness resulting from the death of a spouse, poor social support and physical illness or disability can lead to self-harm¹⁰ and suicide in old age – particularly amongst older men.¹¹

- 4.3 Social isolation and loneliness has also been found to vary across geographical area, age and ethnicity. Scharf et al (2002) found that 27% of older people living in nine deprived electoral wards reported high rates of isolation and loneliness and 17% were severely or very severely lonely. Those with high social isolation are more likely to be older (aged over 75) and belong to White, Black Caribbean, or Somali groups. Those who are severely lonely are more likely to be older, single (never married), separated or divorced, and Pakistani in origin. Those reporting social isolation and loneliness are also more likely to report very poor quality of life.
- 4.4 Analysis using data from ELSA revealed that areas of urban deprivation and high population density such as inner London, Tyneside, Merseyside and the West Midlands show pockets of social isolation, all of which rank highly on the Index of Multiple Deprivation (ODPM's analysis of ELSA. Note on maps: bands are set to represent diversity – not set to indicate statistical significance). However, the maps (Figure 17a and b) also show many rural areas with high levels of both loneliness and depression.¹² This has implications for the delivery of services for older people in rural as well as urban areas.

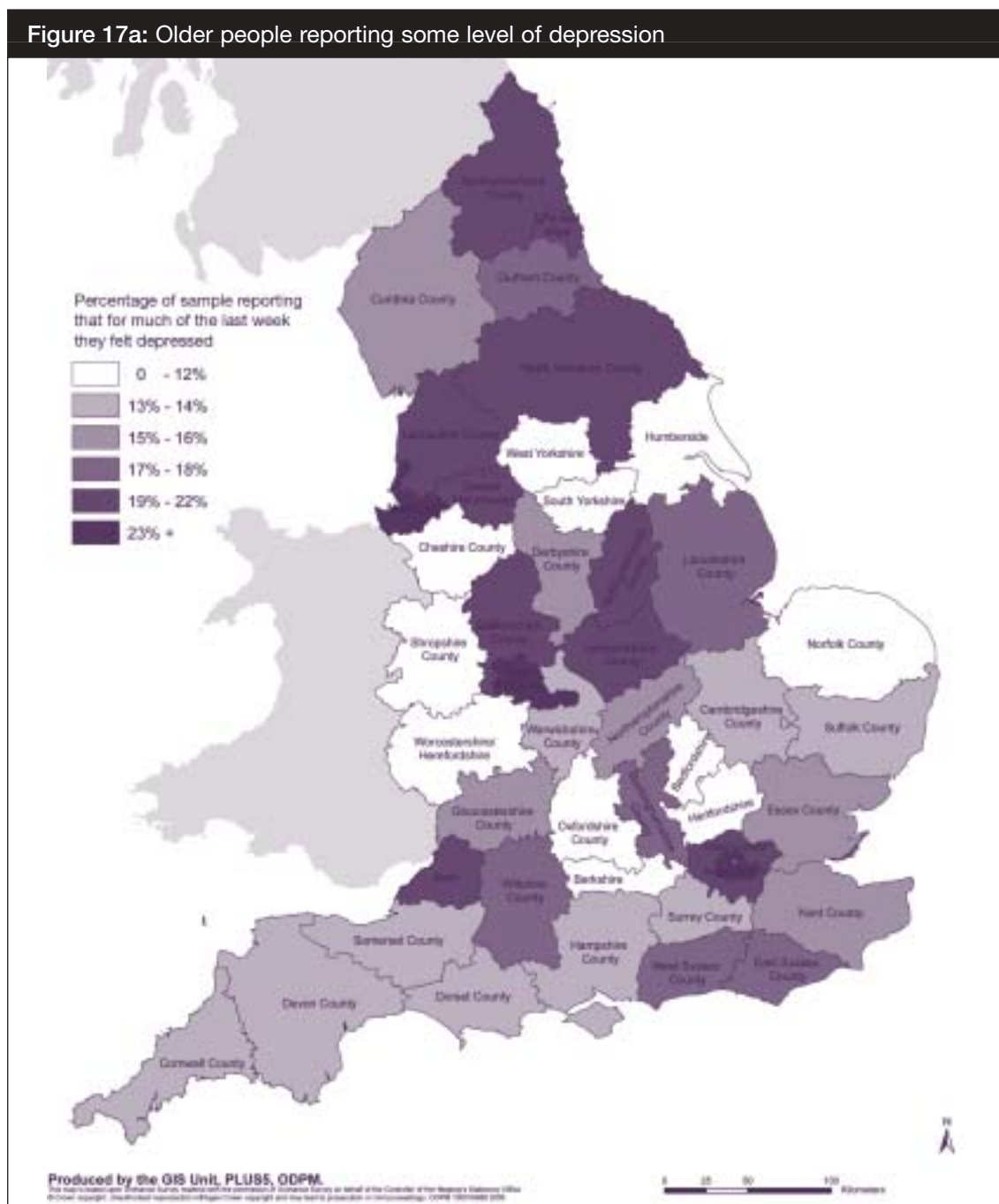
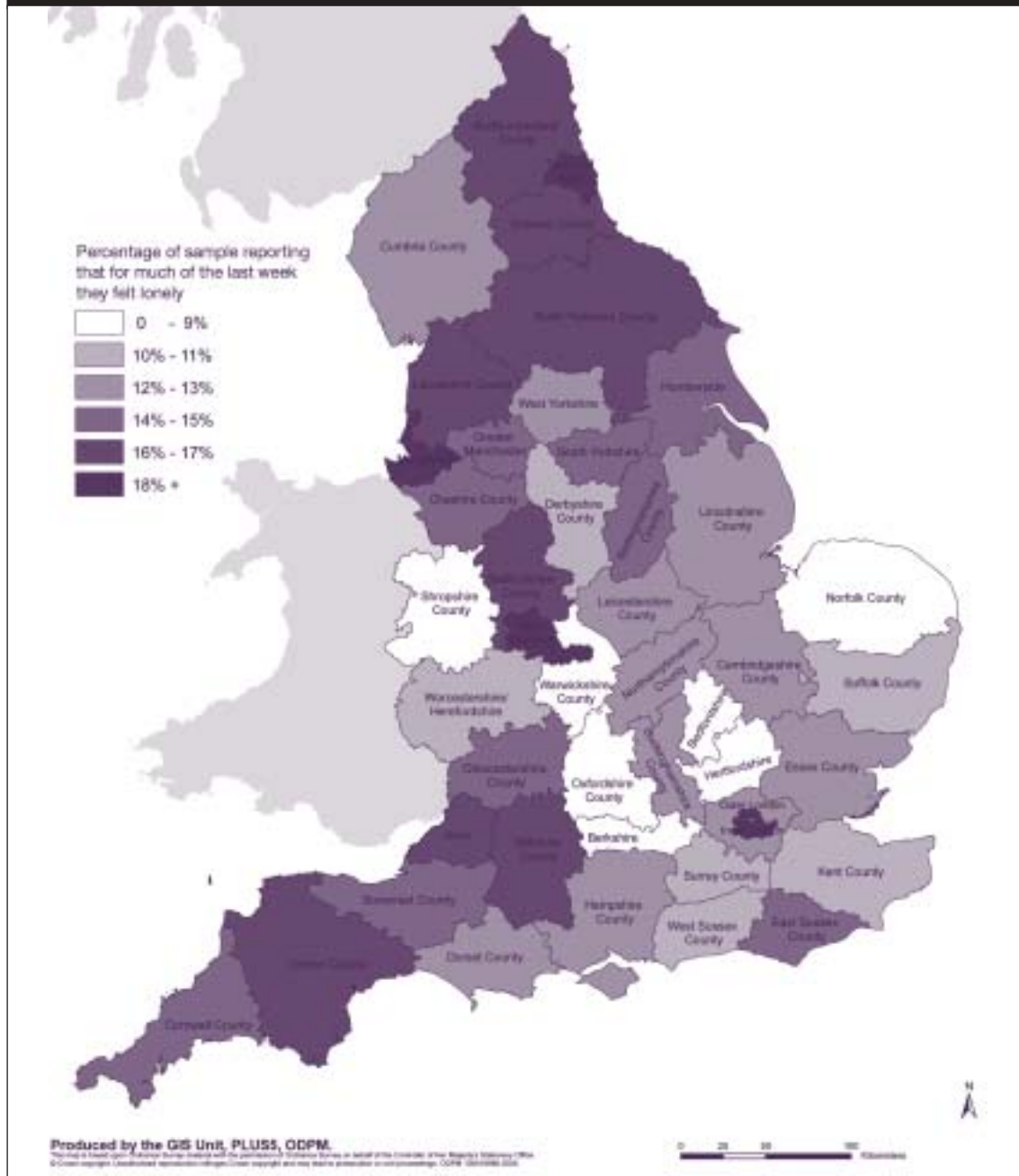


Figure 17b: Regional analysis of self-reported social isolation



- 4.5 Examination of four geographical areas (see Figure 18) shows that those in urban areas, such as London and metropolitan districts have higher rates of depression and loneliness.

Figure 18: Percentage of those depression and loneliness by geographical area				
Type of Local Authority	City of London and London Boroughs	English Metropolitan Districts	English non-Metropolitan Districts	English Unitary Authorities
Feelings of depression in past week	14.2%	15.5%	11.8%	13.8%
Feelings of loneliness in past week	21.6%	20.8%	14.7%	17.7%

Source: ODPM's analysis ELSA data wave 1 (2002)

What is the problem?

4.6 The reasons for loss of roles, poor social participation and isolation are two fold:

Life course events that can lead to a loss of role and participation^(13,14,15,16):

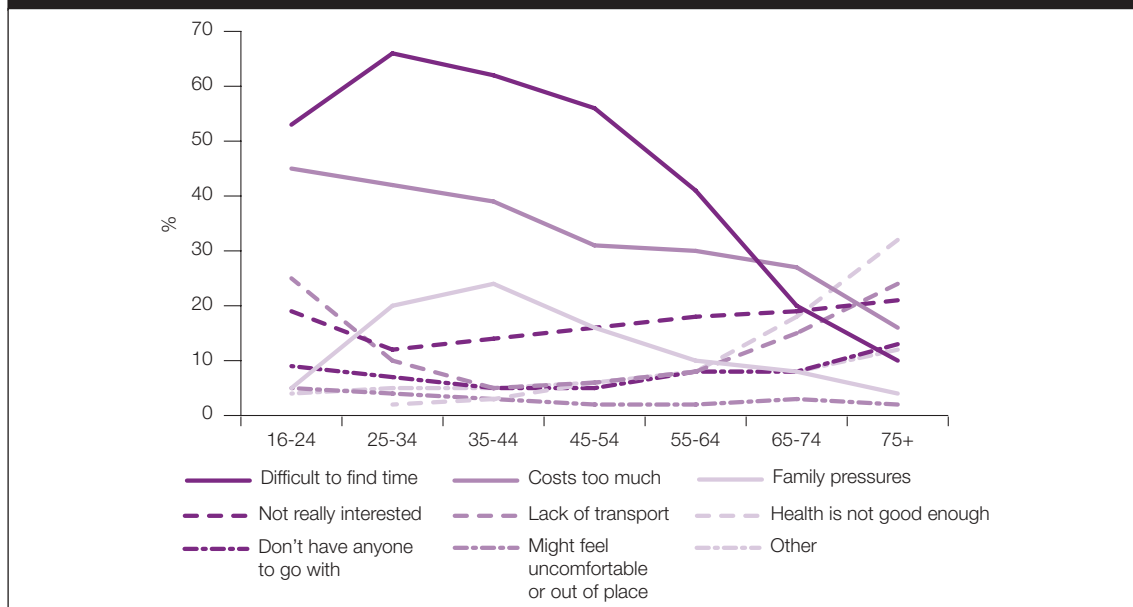
- Decline in mental or physical health
- Retirement or loss of work
- Death of partner, friends and family
- Experience of crime
- Becoming a carer
- Relationship breakdown
- Children leaving home
- Family moving away

Personal circumstances:

- Poor transport
- Lack of financial resources
- Non-English speaking
- Fear of crime
- Living alone
- No local services
- Geographical isolation (e.g. rural, deprived area)
- Ongoing poor health
- Gender/marital status – men are more likely to be isolated, but marriage reduces the incidence of isolation among men

- 4.7 The reasons for doing or not doing different activities change across your life course. The graph below (Figure 19) shows the factors preventing attendance at arts events. Amongst older people, personal circumstances such as poor health and lack of transport are more important, but affordability is less material.

Figure 19: Reasons for not attending (more) arts events

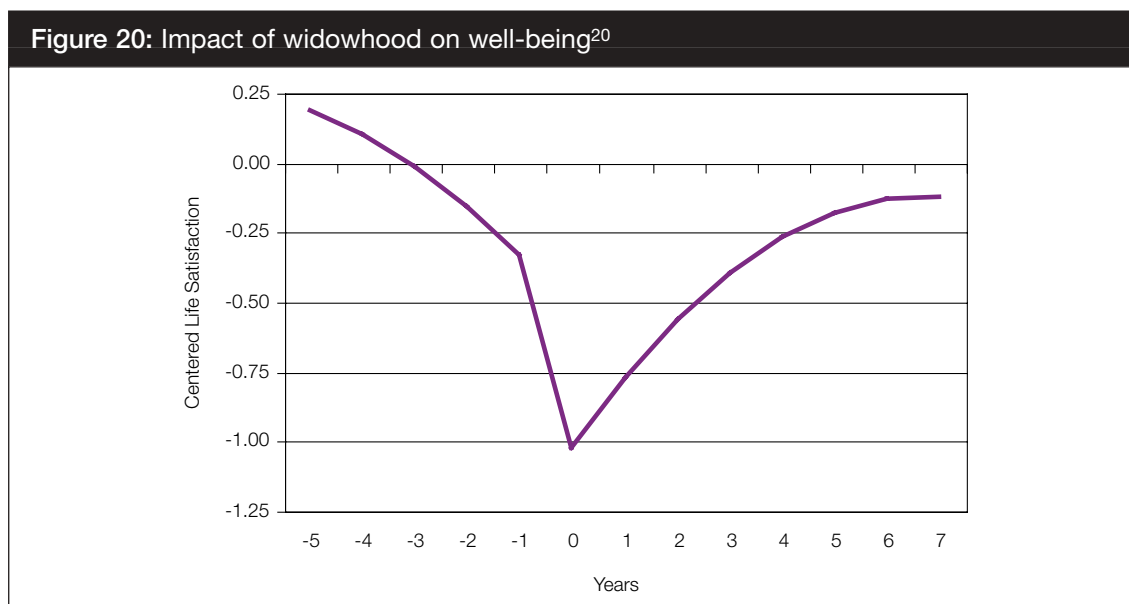


Source: Fenn, Bridgewood, Dust, Hatton, Jobson (2005) Arts in England 2003: attendance, participation and attitudes

- 4.8 **Bereavement** can lead to isolation. The loss of a spouse, parent or child is a life changing event. For an older person it may well mean a significant change in income, as benefits entitlements or occupational pensions are adjusted. Bereavement will almost certainly result in a change in the nature and focus of other relationships. Bereavement also increases the risk of death by heart disease and suicide as well as causing or contributing to a variety of psychosomatic and psychiatric disorders.^{17,18} The changes to a bereaved person's social, financial and physical environment can add additional stress – such as expressed in this quote:

“Well my mother died three years ago and I'm not interested in this house at all now... come to think about it, I'm not really that interested about living. If I die, I die.”¹⁹

- 4.9 The impact of bereavement can also have a profound affect on an individual's overall well-being. In many cases satisfaction with life does not return to previous levels as the diagram below (Figure 20) shows.



Source: Lucas, R.E., Clark, A.E., Georgellis, Y., Diener, E. (2003) Re-examining adaptation and the set point model of happiness

- 4.10 Even though certain public services are informed when someone dies this is rarely a trigger for support services that might be needed even at the most basic financial and administrative level.
- 4.11 **Retirement** may also leave an older person with no clear social networks and no perceived purpose in life. This is particularly the case where work was a fundamental part of the individual's identity and where activities outside of the labour force were not developed²¹ or where expectations of retirement are not realised.
- 4.12 **Caring responsibilities** may take their toll in creating isolation and loneliness. The amount of care provided by older people is considerable but this contribution is often hidden, which leads some carers to feel isolated. In consultation with older carers they spoke about the physical and psychological difficulties of caring, particularly for those caring for a family member. Many expressed feeling a general sense of isolation and loneliness:

"I am stuck all the time with looking after my mother-in-law who only speaks Gujarati. I never get a break."

Female Carer, Mid 60s

"Sometimes it's difficult to get any privacy as my husband seems to want me with him 24hrs a day."

Female Carer, Early 70s

"I have to keep her out of the kitchen but keep checking on her every few minutes to see that she is ok and so that she doesn't panic when we can't see me. I go round my house singing so that my wife always knows where I am."

Male Carer, Mid 70s

4.13 Carers have also spoken of the isolation and loneliness that has resulted from the lack of understanding and the stigma of their loved one's condition, particularly in relation to dementia. Particular concerns of older carers include:

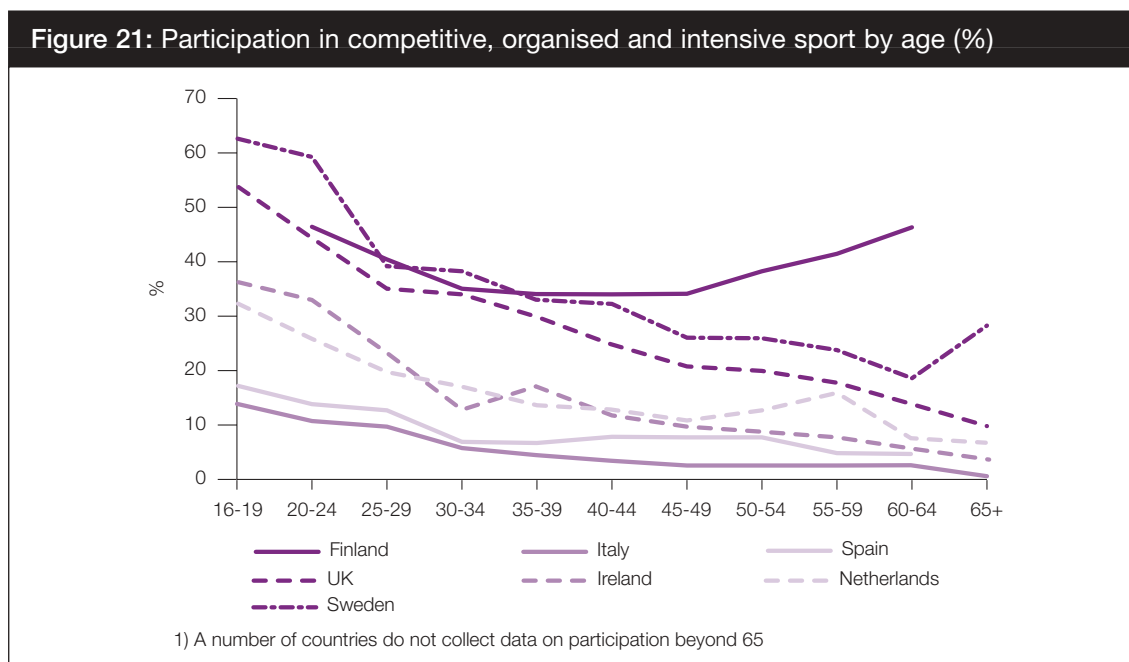
- **Transport** – a lack of flexibility and a lack of recognition of the practicalities of travel with a person with any form of disability, particularly 'unseen' conditions such as dementia.
- **Lack of access to leisure activities** – carers have spoken of the lack of help for carers to assist with tasks such as changing, and the lack of financial support to offset the costs faced by people with disabilities accessing private gyms.
- **Attitudes of some professionals, family and friends** – some older people have told us of the fear that friends and family may have of long term illness such as dementia, and the isolation that can result.
- **There is a need for pro-active information provision and training for carers** on areas such as dealing with difficult behaviour.

Key facts: older carers

- Almost 2.8 million people aged 50 and over provide unpaid care for family members, friends or neighbours.²²
- People in their fifties are mostly likely to provide care, approximately one in five do so.²³
- Women are more likely overall to provide care, however, amongst those aged 65 and over, men are more likely to be carers.²⁴
- Carers are estimated to save the economy £57 billion per year.²⁵
- A quarter of those 50 and over spent 50 hours or more a week caring.²⁶

Is poor participation for older people inevitable?

4.14 No. There is considerable variation in older people's participation in social activities between different countries. Even in an area such as sport, where it is often assumed that older people are not physically capable of participating, there appear to be differences. Although there may be variation in the definitions of sport or other factors that need to be considered, the graph²⁷ (Figure 21) below shows that in Finland, the Netherlands and Sweden there are increases in participation in competitive sport later in life. In the UK and other sampled countries it declines.



Source: Compass 1999 in DCMS/Strategy Unit 2002 Game Plan

What works in tackling isolation?

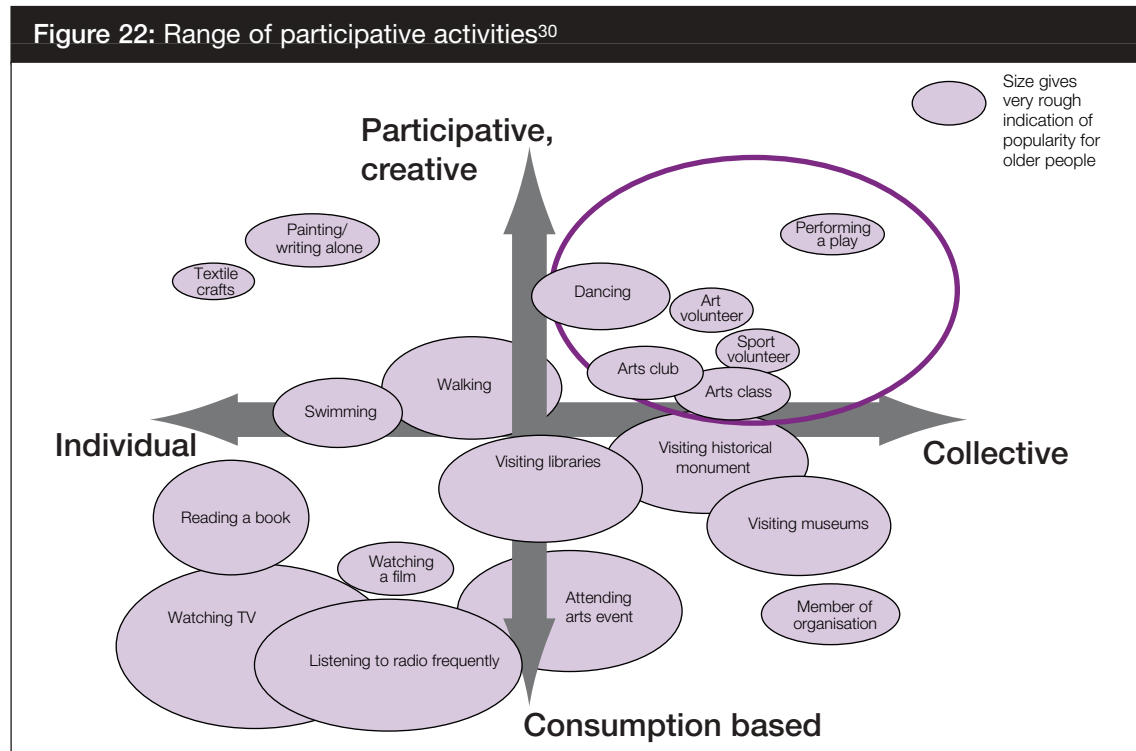
- 4.15 As highlighted there are potentially a number of barriers connected to social relationships and participation. Although the majority of older people lead socially engaged lives, our concern is with those older people excluded through barriers to participation. While there are limitations to what the Government can do to improve social relations, we can take the lead in other areas that have a direct influence, such as supporting communities and providing strong leadership. From research and our own consultation we know that poor health, lack of transport and low income influence social relationships with family and friends, and participation in the wider community.
- 4.16 Having a role and active participation are significant protective factors against loneliness and social isolation, and are important for quality of life. People's sense of self worth and identity is, in part, determined by the roles they fulfil such as grandparents, carers, employees or voluntary workers.

"... I came here [the local community centre] and my confidence has grown and I'm doing nearly every class here, absolutely everything and this is the happiest I've been in 20 years. But I'm only 52 but I'm here and I'm really enjoying those things, like my confidence has really, before I was shy, I didn't go out, I wouldn't talk to anybody it has just changed me in the 14 months that I've started here, I'm just so grateful, it's wonderful."

Focus group participant

Which areas are potentially more beneficial?

- 4.17 The diagram below (Figure 22), shows how activities can vary in terms of how much they involve other people and how much active participation they demand. Activities that are both collective and active as shown in the top right hand corner of the diagram may have stronger benefits for social capital. There is clear evidence that people who do participate experience considerable benefits not only in terms of increased social relationships, but also improvements in physical function and mental well-being. For example, research has found that exercise improves physical health and independence amongst those 65 and over.²⁸ It has also been found to reduce anxiety, and protect against the development of depression.²⁹



Source: Adapted from Jamie Cowling (2005) Mapping Culture and Civil Renewal

- 4.18 **Role within families:** The role that older people play within their families can also be critically important. Two out of three (60%) grandparents in the UK see their grandchild or grandchildren every week,³¹ often providing childcare.³² They also play a key role in the event of family breakdown, providing practical, emotional and sometimes financial support to families experiencing crisis and change.³³ It is also significant that people aged 65 and over contribute around 850 million hours of informal care and many have a valued roles as a carer within the family, even if not recognised outside of the family.
- 4.19 **Friendship:** Older people that we have consulted have highlighted the importance of good quality social relations with family and friends in maintaining a good quality of life. One older person told us “... *friendship to me is very, very important*”. For many people with strong social networks this might be something that is taken for granted, but often for the most excluded, poor social relationships become part of daily life. For some older people the situation is better summed up as: “*when you are elderly no-one comes to see if you are alright*”.³⁴

- 4.20 **Role in work:** Research shows that the effects of unemployment on happiness are as significant as the effect of marriage break-up.³⁵ Our consultation has shown that often older people want to be able to continue in employment, as it can be a key part of how they view themselves, but they are prevented from doing so. This is discussed further in the wider society chapter.
- 4.21 **Role within the wider community:** For many older people participation in community and civic life are part and parcel of everyday life.

Case study: Tin Hat Centre – Selston, Nottinghamshire

This is a purpose built centre, developed and driven by local demand, in an area of Nottinghamshire which has suffered decline since the closure of nearby coalfields. It is an example of a neighbourhood centre which runs a range of activities from leisure and educational courses (including arts, languages, numeracy and literacy) to IT classes for beginners or experts. It is open to everyone, and offers older people new opportunities for learning or maintaining their social contacts. There is a community café on site and a creche facility for the children of those attending courses, which ensures a mixing of age groups. The centre is run by local people for local people.

The centre has been found to have positive outcomes of older person's participation and feelings of self-worth. One IT course participant said: "I can't believe how far my personal learning has come and how brilliant the Tin Hat Centre is, and good tutors make the world of difference. It has a warm and accepting atmosphere where everyone feels relaxed and when a problem occurs [the centre workers] are always there to offer a helping hand. They give me the confidence to develop and extend my learning by branching out and doing other courses, like presentation graphics, which I passed."

Contact: The Tin Hat Centre, Matthew Holland Complex, Chapel Road, Selston, Nottinghamshire, NG16 6BW, 01773 864510, staff@tinhat.org.uk, www.tinhat.org.uk

"...you want to feel that you are of some use to society. That you're not just shoved on the scrap heap and that nobody you know, that nobody cares about you or that the thing with, the things that you've done in your life the experiences that could be useful to other people are not being passed on in some way or another or helpful to other people."

Consultation respondent

- 4.22 Older people may be involved in their communities in a variety of ways – participating in leisure, learning and volunteering activities. All of these provide opportunities for social relationships to develop and for personal fulfilment.

Key facts: older people's participation

- The percentage of older learners has increased to 51% of those aged 60-69 in 2002, compared with 47% in 1997.³⁶
- In general, participation of older people in leisure and learning opportunities tends to decline with age.³⁷
- 80% of older learners reported that learning improved their enjoyment of life, their self confidence, how they felt about themselves, their satisfaction with other areas of life and their ability to cope.³⁸
- In 2005, 31% of 65–74 year olds and 21% of over 75s reported being involved in regular, formal volunteering. This has remained relatively constant since 2001.³⁹
- Walking two miles or more is the most popular physical activity for those aged 60 and over.⁴⁰

- 4.23 The experience of the Home Office Older Volunteers Initiative (HOOVI), which took place between 1999/00 and 2003/04, demonstrated that older people from a variety of backgrounds could be attracted into volunteering if efforts were made to recruit them. Specifically it showed how older people from black and minority ethnic communities with little or no tradition of formal volunteering are more likely to volunteer within their own communities than in “mainstream” organisations, and that the contribution of older people is likely to be especially valuable in working with frail and isolated older people, intergenerational activities with school-age children and in helping other people with long-term health problems to manage their condition.

Case study: Knitting the Community Together

Throughout the UK Community Service Volunteers (CSV) Retired and Senior Volunteer Programme has over 1500 knitting volunteers who knit for a variety of causes such as hospital special care baby units, accident and emergency departments emergency service vehicles and international aid agencies such as Smile and the International Aid Trust. The knitters produce items such as teddy bears for children admitted to hospital.

The majority of volunteers who knit are aged over 65, and are either isolated housebound older people or are living in sheltered or residential homes. The importance of volunteer knitting is that it allows older people who are often recipients of help and services to be active citizens engaged in helping others in their communities and therefore be part of the wider society.

Contact: Shahina Bibi, CSV/RSVP 237 Pentonville Rd, London N1 9NJ,
020 7643 1385, sbibi@csv.org.uk

What needs to happen in the future?

Progress so far

In 2004/5 the Home Office, working jointly with the volunteer-involving sector agreed a two-year research programme on older volunteers called Volunteering in the Third Age (VITA), in part to succeed HOOVI and also to implement learning from it. VITA will run until December 2006. It is led by the Women's Royal Voluntary Service (WRVS) and includes an alliance of volunteer-involving bodies including Age Concern, Help the Aged, Community Service Volunteers, Retired and Senior Volunteer Programme and others. The intention of the programme is to improve the volunteering experience and increase the satisfaction levels of older volunteers, for example by running targeted campaigns aimed at increasing numbers of older volunteers, disseminating information about volunteering in the third age and to help combat ageism faced by older volunteers (as well as older workers) and to generally promote research into issues affecting older volunteers.

4.24 Our ambition is that no older person should experience enforced isolation, loneliness or lack of social relationships. Action is required in three particular areas:

- by older people – who need to have the appropriate opportunities to participate in their community;
- by service providers – around life course events such as bereavement or care giving responsibilities that can lead to isolation; and
- by local communities who need to focus on tackling the isolation and loneliness among older people in their area.

Life course events

4.25 **Carers:** Despite the Carers Recognition Act and the publication of the 1999 Strategy for Carers, carers in our consultation still felt that there was a lack of understanding and support regarding their needs.

Agreed government action

11) The Social Exclusion Unit (SEU) and Department of Health (DH), working with other departments, will lead analytical and policy work on carers to be published in 2006.

4.26 **Bereavement:** There could be better joining-up of services for widows and widowers when their partner dies. The 'Link-Age Plus' Pilots which are testing out the Sure Start approach for older people will explore ways of joining-up and improving the services available for surviving spouses. This will include how to streamline changes in benefit entitlements.

Tackling isolation and loneliness

- 4.27 Government has an important role to play in tackling social isolation among older people. Efforts to improve take up of pensions and benefits and free travel for older people will remove some of the barriers to participation. However the only people able to identify the local incidence of isolation and need for services are those in the local community. There is a good evidence base for what works in tackling isolation, some of which is outlined below.

How local communities can tackle social isolation among older people

- Communities need support to establish their own projects.
- Older people need to be engaged in planning and allowed some control over the implementation of interventions.
- Services that are inflexible, bureaucratic and impatient with older people are generally ineffective.
- Many older people will not pick up the phone to ask for help or respond to information posted to them.
- Interventions can be more effective if they target specific interest groups, such as women or the widowed.
- Location, transport, safety, personal confidence issues and timing of services, all need to be considered.
- Isolated people need to be provided with a single point of entry to all services and help.

Adapted from Findlay and Cartwright (2002). The report can be accessed at <http://www.communities.qld.gov.au/seniors/isolation/consultation/documents/pdf/LiteratureReview.pdf>

Case study: It's good to talk – social telephony tackling social isolation

Some older people may be too frail to leave their home and a telephone conference call can be the only link to the outside world. The national charity Community Network aims to help organisations tackle social isolation through the provision of 'social telephony'.

Local authorities and voluntary organisations have worked with the Community Network to facilitate regular sessions linking up older people in the own homes who are unable to get out and about as they wish due to their own frailty, mobility, location or transport issues. These Friendshiplink groups have provided a 'lifeline' for a group of people who might otherwise be unable to have any other social interaction in the course of the week.

Contact: www.community-network.org

Opportunities to participate

- 4.28 Repeatedly throughout our consultation, older people have told us that they want to contribute, to be a part of society, and to have a role. As a Government we need create an enabling society which provides the tools to permit older people to determine the role they wish to play, allows appropriate opportunities to participate and no significant barriers to participation; and respects people who in the end, for what ever reason, are unable to participate.

Agreed government action

12) The Department of Culture, Media and Sport (DCMS) will publish analysis by Spring 2006 on the participation patterns of older people in cultural, sporting and leisure activities and how to promote increasing participation.

Agreed government action

13) Department for Work and Pensions (DWP), Home Office (HO), Department for Education and Skills (DfES) (through the Learning and Skills Council) and Department for Culture Media and Sport (DCMS) will ensure that opportunities for volunteering, life-long learning and leisure activities are included in the piloting of the Sure Start for Older People approach which will take place through the 'Link-Age Plus' programme.

CHAPTER 5

The home

Brian's story

Brian Turner told us how he was made unemployed in his 60s while he was living abroad and then returned to south east England. He said how he had been in very poor health, he had used up his remaining savings and had no income and nowhere to live.

The multiple nature of his needs meant that no single agency was responsible for dealing with his problems or advising him on his entitlements, which were complicated by the fact that he had been living abroad. Brian also told us that benefits staff said there was nothing they could do and the Council's Homelessness Unit initially refused to help, arguing he was not local to the area.

Brian suffers from high blood pressure and a chronic health condition. He said that he struggled without a telephone and a permanent address to access the benefits and health care he desperately needed and was entitled to. As a result, his mental and physical health problems initially went unidentified and unaddressed.

However, with the help of a local advocacy service, who took his case to the relevant agencies, he was given emergency accommodation, benefits and was eventually re-housed by the council in more settled accommodation. With an address in the UK he was able to access a GP who helped him to manage his health condition.

(consultation respondent)

Summary

A Sure Start to later life through independence in the home

Appropriate housing and housing related support can allow older people to remain independent and live their life to the full. A Sure Start approach to housing would encourage this through better integration between housing and other services, a preventative focus and giving people the information to make good decisions.

Despite government efforts, too many older people live in non-decent or inappropriate housing, and a few older people struggle to find any housing at all. Our vision is for services to join-up better for older people, for there to be low level services which allow people to remain in their homes, and for there to be better access to information about housing choices.

In particular, health, social care and housing need to work together to better support older people. As part of this, existing schemes which provide aids, adaptations and assistive technology need to 'join-up' to ensure maximum take-up and effectiveness of home improvement and adaptation services.

"I have difficulties finding money for the upkeep of the house. There is always work to be done and not enough money to cover it all."

Consultation respondent

- 5.1 The home is not just a physical building; it is an important part of any person's identity and is an important factor in determining quality of life. For an older person it may be the place where they raised their family, and where they have spent a considerable proportion of their life, and as a result may be full of memories.
- 5.2 Appropriate housing and services which allow an older person to remain independent and live life to the full are critical. Inappropriate housing provision and support can hasten dependency, loss of independence and reduce self esteem. Perhaps the most extreme manifestation of housing problems can be seen in the small number of older people who are homeless in England.¹
- 5.3 This section considers the needs of older people as they remain in their own home and the importance of low level services, such as home safety and security, which prevent older people reaching crisis point.

Key facts: housing

- 90% of older people live in the general housing stock – five per cent in residential/institutional provision and five per cent in sheltered/supported housing.²
- Six in ten people aged 65 and over own their home outright.³
- One in ten older people have problems with their accommodation, such as damp, infestation (e.g. insects/mice/rats) or being too dark.⁴
- Older people spend between 70-90% of their time in their home.⁵
- Research into the costs and benefits of adaptations concluded that they represent good value for money. One study found that it cost an average of £4.74 per week to reduce the burden of care on a family member or to provide an alternative to residential care.⁶
- Older people can become at risk of homelessness for a variety of reasons, including: bereavement, relationship breakdowns, financial problems, mental health problems, poor health, and disputes with landlord, co-tenants and neighbours.⁷

What is the problem?

5.4 There are a number of issues that prevent many older people enjoying the standard of housing they deserve. We have grouped these issues under the following headings:

- access to information;
- maintenance and repair of existing housing;
- housing options;
- joining-up; and
- prevention.

Access to information

5.5 Having a home that is warm, safe and in good repair – particularly if someone has disabilities or mobility problems – is of basic importance. One of the main problems facing older people, as they decide whether to move on or to stay where they are living, is the lack of information about housing support services and accommodation in their area.

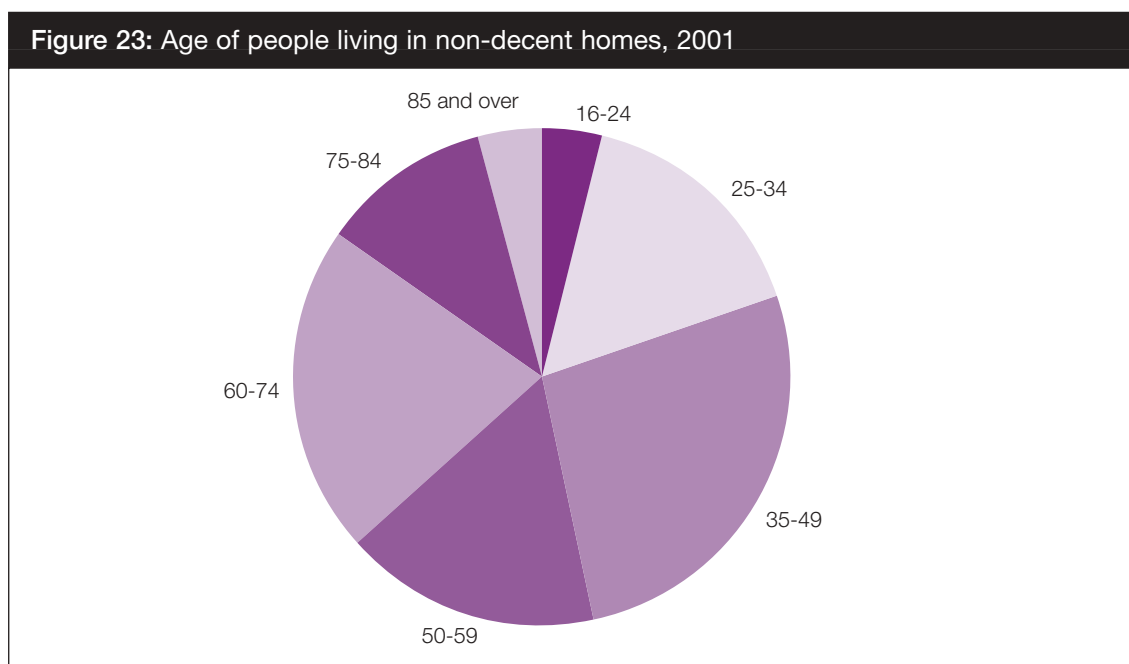
5.6 Older people have identified, through our consultation, two areas of concern regarding lack of information:

- how to ensure that older people have the information they need to enable them to maintain their homes and have repairs carried out; and
- having a decent supply of information on housing options to enable them to move if they wish.

Maintenance and repair of existing housing

5.7 Appropriate housing and housing support can enable an older person to remain independent in their home and to enjoy a good quality of life. However we know that there are a significant number of older people who live in homes which are in need of adaptation and repairs to make them safe and secure. There are also a large number of older people who live in housing which is inappropriate for their needs, for example many are only able to live in downstairs rooms due to mobility problems.

5.8 The diagram below (Figure 23) shows that older people (aged 50+) make up the largest proportion of those living in non-decent homes.



Source: English Household Conditions Survey, 2001

5.9 Older people have described to us what it is like to live in a non-decent home – suffering damp, draughts, and lack of basic amenities. One person explained: *“I have no water in the house. I have to go to the third floor to get drinking water”*. Older people have also said that: *“Landlords help but things take time to sort out. We’ve been waiting now for months and months for a handrail to get down into the backyard. That’s obviously not very important to those in the office but it is for me”*.

5.10 Older people have described a range of problems which they face in trying to ensure that their home is adequately adapted and refurbished to meet basic standards and to allow them to maintain a decent quality of life. Problems include:

- knowing what you are entitled to;
- the length of time to get adaptation work done;
- financing home adaptations; and
- lack of access to suitable contractors.

5.11 There is already much going on to tackle the issue of older people living in non-decent homes. The Office of the Deputy Prime Minister (ODPM) is committed to bringing all social homes up to a decent standard, and to increasing the proportion of vulnerable households that live in a decent home to 70%. A decent home is warm and weatherproof, and therefore of particular benefit to vulnerable older people. Since 1997, the Government has reduced the number of non-decent social homes by more than one million, and is ahead of target for vulnerable private sector households.

5.12 ODPM is also currently undertaking research into vulnerable households whose homes are in need of ‘renewal’ work (i.e. those homes failing decent homes on grounds of unfitness, disrepair or the need for modernisation) or where the housing is selected for demolition. Another aim of this research study will be to explore how far existing packages provide a useful, realistic, and economic product for vulnerable homeowners and how far they can act as suitable alternatives to grants as forms of support for necessary repairs and improvements to their homes.

Housing options

5.13 Some older people will benefit from moving to a home which is better suited to their needs. A survey of older residents at one private sector company’s sheltered housing scheme found 41% reporting that their health had improved since moving into the accommodation, with 78% believing that the move to sheltered housing had helped to alleviate their worries and anxiety.⁸

5.14 While not every older person will want to move to specialist retirement housing, those who do want a good range of local choices – both in the social rented and private sectors. Lack of choice in housing can lead to people having to move away from their existing community and family support networks. This may lead to someone becoming more isolated and potentially vulnerable, as one older person told us: *“I had lovely neighbours and everything but I had no say in the matter, when they released me they put me in there and I am not happy. I don’t even know the area where I am.”*

5.15 The type of housing that is available is also important. There has been a large increase in the amount of sheltered housing provision and more recently of extra care housing with the provision of on-site care. The Elderly Accommodation Council has identified 711 Extra Care housing schemes in England, providing 26,300 dwellings. There is, however, a large variation in coverage ranging from 0 units per 1,000 population in one area for over 65 year olds to 30 per 1,000 in another. Older people in rural areas have spoken about the difficulty of finding suitable sheltered accommodation in the areas in which they have lived for many years.

- 5.16 Most sheltered housing provision (82%) is in the social rented sector. This is despite the increase in low income households becoming owner occupiers. In many areas there is a clear demand for increased private sector provision to enable lower income owner-occupiers to make the choice to move to housing which provides them with more support.
- 5.17 Housing supply can also be particularly important for minority groups of older people (such as ethnic minority groups), who may find that a lack of housing in one area means that they are forced to move into accommodation which is not as well placed to meet their needs. Information about specialist housing is therefore vitally important to ensure that older people are presented with choices.
- 5.18 Access to appropriate accommodation is particularly important for older homeless people. Many older homeless people face severe challenges in accessing accommodation in which they feel safe and supported. Older people have told us that they can be threatened and intimidated and exploited by younger people in temporary hostels. The view of homelessness service providers is that there is a need for a range of suitable long-term accommodation to meet the diverse needs of the population. This should include accommodation that meets the specific needs of the older homeless population.

Joining-up

- 5.19 Older people have consistently told us of the problems that they face in getting the range of services which provide support for them to remain in their homes to join-up. There are a vast range of initiatives and organisations (Figure 24) who all have a role in enabling older people to remain independent in their own homes. However, these frequently do not join-up on the ground.

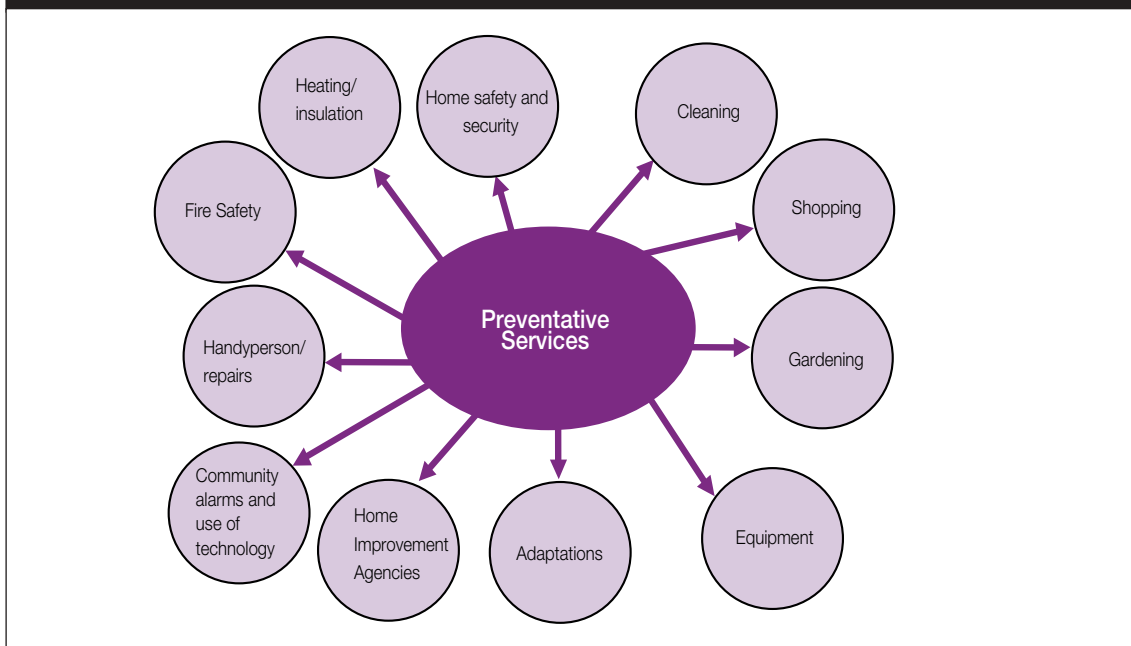


- 5.20 The experience of service providers operating in local areas is that older people welcome Home Improvement Agency (HIA) services, reliable handyman services (operated through Help the Aged, Age Concern or other local voluntary organisations), services provided by Warm Front and registered trader schemes (such as First Checkpoint in Leeds). Frequently though older people have reported being confused by what each agency is responsible for.

Prevention

- 5.21 Many older people do not require major adaptation work to enable them to remain in their homes. For many, there is a range of low level support that will be critical to ensuring independence.

Figure 25: Vision of preventative services



- 5.22 There are a number of specific ways in which a preventative approach may enable an older person to remain independent at home for longer.

- Good access to home safety devices:** For older people living in housing of all tenure types, home safety is of critical importance. Although older people are less likely to experience domestic fires than young people, when they do they are more likely to be injured or killed. Fire statistics in the UK show that people aged over 60 are at a greater risk of being killed in a fire than anyone else. Approximately half of all accidental dwelling fire deaths in England and Wales occur amongst those aged over 60.⁹ The installation of a smoke alarm is the main fire precaution taken by older people. Maintenance of smoke alarms once installed is however haphazard. Most rely on the bleeper to let them know that the battery is running low and on their children or friends to change the battery. Some older people disable alarms because the positioning is such that the alarm is frequently set off when the older person is cooking; and some remove batteries because they find that they are difficult to change.

- **Access to a warm, energy efficient home:** Older people living in cold, damp housing are faced with greater health risks, including exacerbated respiratory and heart disease as well as psychological illness, than those in adequately heated housing.¹⁰ Warm Front can allow older people to have access to an energy efficient heating system in a well insulated home, thus removing the fear of heating the home due to prohibitive cost and increasing their sense of control over their personal health in the home.
- **New technologies:** There is increasing evidence to suggest that technologies such as telecare can make a positive difference to the lives of individuals and their carers – allowing them to remain independent and maintain their dignity. Modern telecare systems can perform a range of tasks that can help people to maintain their independence and quality of life, avoid hospital admissions and facilitate early discharge. Telecare systems can alert a carer or call centre to an event, such as a fall where an older person may need advice or a response to ensure that they are safe.
- **Access to ‘low level’ housing support services:** Older people report needing access to services such as assistance with gardening, with changing light bulbs and hanging curtains, and to community alarms which provide them and relatives with peace of mind.
- **Prevention of homelessness:** Homelessness is one of the most extreme manifestations of social exclusion and leads to vulnerability and isolation. For these older people, who find themselves without a permanent address, it is also extremely difficult to access the range of services which they require from other agencies. They may have multiple needs and require joined-up preventative services to avoid homelessness and extreme exclusion. The Civil Justice Council recently consulted on a protocol that landlords must follow in dealing with a tenant who is in rent arrears, which will help in the prevention of older homelessness. ODPM also released a Good Practice Guide *Improving the Effectiveness of Rent Arrears Management*, in June 2005.
- **Disabled Facilities Grant (DFG):** The DFG is a mandatory entitlement administered by local housing authorities to help fund the provision of adaptations to enable disabled people to live as comfortably and independently as possible in their homes. The eligible work is wide ranging, providing for access to the basic facilities within a home, including facilitating access to and within the property, such as provision of ramps, door widening, stairlifts and level access showers. The grant is subject to a maximum limit of £25,000 in England and a means test to ensure that funding goes to those most in need.
- **Housing Renewal Assistance:** Local housing authorities also have discretionary powers to provide assistance with adaptations. These powers were set out in the Regulatory Reform (Housing Assistance) Order 2002. Under this power local authorities can provide a wide range of assistance either by way of grants or loans. Before using these powers local authorities must have a policy setting out how they intend to proceed.

Progress so far

Homelessness

Government action to strengthen the statutory safety net for people who are threatened with homelessness and to implement a more strategic approach by local authorities to prevent and tackle homelessness, means that very few people are literally without a roof. According to the latest ODPM statistics rough sleeping is at its lowest recorded level of 459 on a single night, and older people will constitute only a very small sub-set of this group.

The number of households in temporary accommodation is around 100,000, in part reflecting the fact that more vulnerable people are receiving help from local authorities. The Government has set a target of halving the numbers in temporary accommodation by 2010. *Sustainable Communities: Settled homes; changing lives* sets out the Government's strategy for reducing homelessness and halving the use of temporary accommodation over the next five years through a range of measures including increasing the supply of new social rented homes, making better use of existing social and private sector housing, converting temporary accommodation into settled homes where suitable, investing in more front-line homelessness prevention activities, and taking forward a programme of work across government to tackle the disadvantage that can cause homelessness.

Disabled Facilities Grant (DFG)

The DFG assists 30,000 people a year (of which 21,000 are older people) with housing adaptations, helping to improve their quality of life and enabling them to live independently. The Government provided £104 million in 2005/06 which is supplemented by local authorities own resources (approximately £200 million).

The Government is undertaking a review of the DFG programme, jointly with the Department of Health (DH), the Department for Education and Skills (DfES) and the Department for Work and Pensions (DWP). As part of the Review an independent Bristol University report into the operation of the programme was commissioned which sets out any additional proposals for change. Alongside the review, the DFG is one of six funding streams participating in the Individual Budgets pilots. DH, with ODPM and DWP are trialling individual budgets for older people. They aim to give people a more streamlined service and more choice and control over the support they receive. The first of the thirteen pilots started in December 2005.

Supporting People

Introduced from April 2003, Supporting People has brought together a range of earlier funding streams and now provides and ensures a more strategic and structured approach to the commissioning and provision of housing-related support services (services which help people move into or stay in their own home). Government is investing over £5 billion for England in the programme across the current three year spending period, with decision-making and service commissioning at the local level.

What next on housing for older people?

- 5.23 Our vision is to ensure that older people are enabled to remain independent for as long as possible, and that when housing support services are needed they are available. This will require access to information about home adaptations and housing options to be improved, for services to join-up; and for service providers to work in a preventative way.
- 5.24 In order to ensure that housing for older people is improved at a local level, the housing needs of older people need to be addressed in a cross-cutting way within central government, to ensure that existing services join-up effectively and that initiatives do not duplicate each other.

Agreed government action

14) The Office of the Deputy Prime Minister (ODPM), working with the Department of Health (DH), Department for Environment, Food and Rural Affairs (DEFRA) and external partners, will develop a strategy for housing and older people by 2006/7.

Agreed government action

15) The Office of the Deputy Prime Minister (ODPM) will ensure that the housing needs of older people are built into the Housing Diversity Action Plan to be published in late 2006.

Access to information

- 5.25 The majority of older people have very simple information needs – to have the right information at the right time. Information needs to be presented in a way that is clear to the older person – they do not need to understand the complex ‘back-office’ functions which exist, but they do need to be able to understand the entitlements and options that they have.
- 5.26 Schemes such as the Bristol Care and Repair ‘Move on Advisory Service’ provide a good model for how older people have told us that they want to be supported with information and advice.

Case study: Bristol Care and Repair – ‘Move on Advisory Service’

The advisory service has acquired considerable experience in supporting older people through the complex process of thinking through their housing options. The service works with homeowners and tenants of private landlords. They put clients in touch with agencies that can supply practical support and advise on more suitable places. If they choose to move, the project also provides practical support to help them do this.

Feedback shows that clients truly value the face-to-face contact, help and support the project gives them. And there is evidence that the project's influence is already being felt elsewhere. A series of interviews in the pilot areas has revealed that older people's needs are having a greater impact on local policy and plans for housing, health and social care, and service delivery.

Contact: Bristol Care and Repair, 0117 954 222, briscar@briscar.demon.co.uk

Maintenance and repair of existing housing

- 5.27 There is already much going on to tackle the issue of older people living in non-decent homes. ODPM has already committed to a PSA target aimed at improving the lives of vulnerable residents in poor quality homes: “by 2010, bring all social housing into decent condition, with most of the improvement taking place in deprived areas, and increase the proportion of private housing in decent condition occupied by vulnerable groups.” This target will improve the homes of a large number of people, including older people and ensure that they are adapted to decent standards.
- 5.28 For those older people who live in homes which meet the decent homes standards but which require adaptation to enable them to live independently, service providers need to ensure that clear, simple information is presented to older people, despite the complexity of the systems that may exist behind it. Housing practitioners should take into account that older people spend 70-90% of their time in their home. It is therefore important that appropriate steps are taken to ensure that repairs, maintenance and adaptations are carried out as quickly as possible for this group.
- 5.29 In order for information to be simplified there is a need to address:
- **the variety of funding streams** that support adaptations. For an older person the distinction between initiatives funded by Disabled Facilities Grant (DFG), Warm Front, Social Services Integrated Community Equipment Services is irrelevant, as long as the work that is needed is completed.
 - **the length of time that older people have to wait for applications** to be processed. 47% of local authorities reported that they had more valid DFG applications awaiting approval in 2003 than they had capital to meet these costs. The size of this shortfall on average was approximately £376,000 per local authority, and the average waiting time for an assessment was 97 working days.

Agreed government action

16) As part of the Disabled Facilities Grant review and work on individual budgets, Ministers from the Office of the Deputy Prime Minister (ODPM), Department for Environment, Food and Rural Affairs (DEFRA) and Department of Health (DH) will lead a working group to consider how a more integrated delivery system for aids, adaptations and assistive technology policy can be developed.

Housing options

- 5.30 If information is to be provided which better meets the needs of older people, then it is vital that the 'supply' side of housing is addressed to ensure that once older people have the information about options, they also have a real choice of housing.
- 5.31 Housing supply also needs to be addressed in a more strategic way at a local level. The best models of specialist housing are able to address not only care and safety issues, but provide a range of services which promote activity and well-being. Such schemes can also provide a focal point within a neighbourhood, improving the well-being of a whole area.
- 5.32 What is clear however, is that at present there is a shortage of specialist housing outside the social rented sector. Older people have consistently reported the need for a wider choice of housing of different tenures (shared ownership, private housing). Housing strategies produced by local authorities need to assess the needs of their communities and to examine alternative tenure housing options for older people. A good example is demonstrated in the development of the Westbury Fields complex by St Monica's Trust in Bristol.

Case study: Westbury Fields, Bristol – 'Last time buying': own your own supported housing

Westbury Fields is an innovative complex built specifically for older people and adults with disabilities by the St Monica Trust in 2004. The development is designed to a very high standard including as much light and space as possible and is built around a cricket pitch which is used by a very active local club.

The site consists of mixed tenure housing to suit everyone. There are popular long lease apartments for sale allowing people to own supported housing, very sheltered/extra care housing at social housing rates and some shared equity properties. There are several options for meeting greater care needs either in an individuals' own home or from full nursing care provision, short term nursing care, or residential dementia care.

All residents are able to make use of the facilities onsite including restaurants, a pub, a hairdresser, shops, gymnasium, two IT suites with computer classes including desktop publishing, an activities co-ordinator who arranges activities including trips to the theatre, opera, film nights, art and language classes, Chinese exercise, reflexology and complimentary therapies. Older people in the community are able to join these classes at a small fee and there is also a luncheon club.

Contact: Geoff Thomas, St. Monica's Trust, geoff.thomas@stmonicastrust.org.uk

Agreed government action

17) The Office of the Deputy Prime Minister (ODPM) will build the lifetime homes standard into the Code for Sustainable Homes to ensure quick progress on increasing take-up of the lifetime homes standard.

- 5.33 There are already good examples of provision of housing specifically for older people who have experienced homelessness. Some examples are included in the annex to be published alongside this report. As part of the Government's strategy to halve the numbers in temporary accommodation, it is investing £90 million improve hostels and the services they provide. Community activities, training and education are at the heart of the improvement programme. The aim is to help people move out of hostels more quickly by equipping them with the skills and confidence to live independently, thereby freeing up hostel spaces for people with higher support needs.

Joining-up services

- 5.34 The majority of older people do not have strong views on which agency or service provider supports them to remain in their home – what they want is for someone to take responsibility.
- 5.35 Our vision is to ensure that services work to enable older people to remain independent in their own homes and are effectively joined-up to ensure that older people have one point of access to a simple and efficient service. At present an older person may be supported to remain in their home by housing officers, social services staff, health professionals and local voluntary organisations – all of whom focus on one particular aspect of the older person's independence. It is clear that while the joining-up of health, social care and housing is desirable for all older people it is particularly critical for those with the most complex needs.
- 5.36 Many people have suggested that a future vision for the delivery of home adaptations and housing support should build on the existing work of Home Improvement Agencies (HIAs), social services and local voluntary organisations to join-up the range of services currently on offer. Such provision – a 'Super HIA' as some have termed it – could encourage partnership working between agencies and ensure that the needs of older people are addressed in a holistic way. Many HIAs are already working in this way, and we have seen a range of good examples of existing schemes which are working with partner organisations to ensure that the housing needs of older people are addressed in the round – rather than in a piecemeal fashion. If this 'joining-up' is to be achieved on the ground, government will also need to work together more effectively. This will be addressed by the cross-government group looking at aids and adaptations.
- 5.37 In *Creating Sustainable Communities: Supporting Independence* the Government's consultation paper on the future of Supporting People, ODPM flagged-up the possibility of integrating assessments for housing-related support with needs assessment processes for health and social care. Discussions about taking this forward are ongoing between DH and the ODPM.

Prevention

- 5.38 Individuals report that their quality of life is significantly improved by the provision of services which assist them to remain active in their own homes. To many people, the tasks that older people welcome assistance with may seem mundane, however to the older person they are a lifeline which enables them to maintain control of their lives.
- 5.39 This means that older people need access to a range of services – from support with maintaining a garden, to changing light bulbs, to provision of fire alarm systems. These are services that are frequently provided only by the voluntary sector, and it is therefore important to ensure that their provision is adequately resourced. The work of home improvement agencies has been highlighted as particularly critical in this area.

Case study: Home Improvement Agencies – that little bit of extra help around the home

Home Improvement Agencies (HIAs) are small, locally based not-for-profit organisations. They help homeowners and private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their homes. They provide people-centred, cost effective assistance, and help to tackle poor or unsuitable housing, enabling clients to remain safe, secure, warm and independent in their own home.

HIAs' role is to advise people on improvements and adaptations which they may need in their homes and to assist them to apply for local authority grants or loans in order to carry out the required work. They also help to identify reputable local contractors to undertake the work, thereby helping vulnerable people to avoid "cowboy" builders. They then oversee the work being carried out to ensure that their clients are completely satisfied.

Many agencies also run low-cost handyperson services to carry out small jobs around the home, or operate specific schemes to improve home safety and security, prevent falls in the home, improve energy efficiency or make homes suitable for people to return to after a stay in hospital. 'Foundations', the national co-ordinating body for HIAs estimates that across the country, HIAs deal with around 98,000 enquiries from vulnerable householders each year, resulting in 38,000 jobs with a total value of over £85 million.

Contact: Foundations, 01457 891909, www.foundations.uk.com

- 5.40 Shifting the focus to greater use of universal, low level preventative services requires the partnership between local authority social services, other areas of local government, local NHS services and the voluntary and community sector. In this respect the Sure Start for later life approach offers a way forward.

Agreed government action

18) The Office of the Deputy Prime Minister (ODPM) will ensure that fire services have capital and guidance in 2006 to provide all people over 60 with a free 10 year smoke alarm and sprinkler systems for people who are not adequately protected by other methods such as those with dementia or mobility problems.

Agreed government action

19) The Office of the Deputy Prime Minister (ODPM) will support local fire services in developing a range of prevention initiatives, including the installation of smoke alarms for older people, with a prevention revenue grant from 2006.

CHAPTER 6

The local area

Betty Wilson

Betty Wilson is 64 and lives with her partner and mother of 91 in a semi-detached council house in Manchester. Mrs. Wilson plays a very active role within her local community. She belongs to a number of local community organisations, including a tenants' association, a regeneration forum, and a committee set up to assist with the rejuvenation of local parks: "I love doing it because I like being involved. I love my fellow human beings and so all these things are to do with being with people."¹

Summary

A Sure Start to later life through community empowerment

Older people are likely to have spent much of their lives within the same community. For many this means they have invested a great deal in the area and have strong social networks. Our vision is about promoting and supporting the interdependency between older people and their local neighbourhood. A Sure Start approach would ensure that older people feel they belong and are empowered to participate in their communities.

At best, communities give opportunities for participation and easy access to basic services. At worst, people can be trapped in their home because of crime, fear of crime, dirty streets, lack of services and the inability to get to the places they need to.

Our ambition is that all older people feel safe, able to participate and valued in their community, for example, to be able to participate in local community groups and in the regeneration and development of their local area. Older people should be able to get about and access basic amenities and services. Services, such as health, leisure facilities and shops should be located locally where possible, with good information, transport and older people fully involved.

Neighbourhood exclusion

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

*"When I first moved into the area it was quite nice... it was all nice and clean. Decent shops, but they gradually moved out."*²

- 6.1 Many older people have spent a substantial part of their lives in a particular neighbourhood, with substantial emotional investment both in their home and in their surrounding community.³ After retirement people move less and often the neighbourhood takes on greater significance within their daily life.
- 6.2 The neighbourhood often has an important impact on an older person's quality of life. Experience of crime, fear of crime, access to transport and access to local services and community facilities can have a limiting effect on the extent to which many older people feel that they can enjoy the benefits of their community. There is also increasing evidence of the impact of a local area on the health and well-being of residents,⁴ which has been found to be particularly important for older people. One older person in a disadvantaged urban area told us: *"It really was a nice quiet street. [But now] the streets are untidy ... filthy, all the bits and pieces in the road ... It has really gone downhill."*⁵
- 6.3 It is not simply living in a disadvantaged urban areas which can have an impact on quality of life – for some older people the rural environment can impact negatively. While loneliness and isolation can affect anyone, those most likely to be disadvantaged are those without adequate income or the means to get it, for whom the problems of sparsity and limited opportunities can make the rural environment anything but idyllic.⁶

Key facts: the neighbourhood

- 1.5 million older people between 60-74, and a further 0.8 million older people over 75 years old, live in rural areas.⁷
- 46% of older people know most or many of their neighbours.⁸
- 73% of older people believe neighbours in their area look out for each other.⁹
- 58% of older people feel they can trust people in their neighbourhood.¹⁰
- Even in deprived neighbourhoods older people report a strong attachment to place. In one study 75% identified features they liked (e.g. neighbours) versus 58% who identified features they disliked (e.g. crime) about their neighbourhood.¹¹

Crime

“You hear they push down people and they take all their bags...well I go out and have them in my mind...with darkness coming down now, I don’t walk anywhere.”¹²

- 6.4 Some older people have told us that the **experience of crime** and disorder can have a major impact on the way in which they feel about their neighbourhood and community. However, for older people who have not experienced crime, the impact of **fear of crime** is frequently also very significant – acting as a **constraint to full participation** in community life. One older person in our consultation reported: *“it is the implied threat from the younger generation. They don’t inspire friendliness. They look about, they go about with hoods up all the time.....it’s sort of an impediment to going out”*.

Key facts: crime

- Risk of crime across all crime types is lower among people aged 60 and over compared with national average for all adults.¹³
- Distraction burglary disproportionately affects older people.¹⁴
- One-quarter of older respondents felt that street crime is a big or very big problem in their area.¹⁵
- 72% of older people agreed with a statement that suggested that you are more likely to become a victim of street crime as you get older.¹⁶
- 20% of women aged 60 and over worried about being mugged or robbed compared to 10% of men.¹⁷
- Six per cent of people aged 60 and over said that their life was significantly affected by fear of crime.¹⁸

Experience of crime

- 6.5 Whilst the risk of experiencing crime is lower for an older person than a younger person, the impact of experiencing crime can be profound for many older people – those that are most vulnerable can suffer the most severe consequences. A small scale Home Office study examined a group of older people living in small units of sheltered accommodation and suggested that older victims of burglary decline in health faster than non-victims of a similar age and the impact of burglary is typically great. Two years after the burglary, they were 2.4 times more likely to have died or to be in residential care than their non-burgled neighbours.¹⁹

Fear of crime

“Crime is a worry – going out at night, I seldom go out at night. Someone I know was attacked twice, we are afraid to open our front doors...”

Focus group participant

- 6.6 Data from the British Crime Survey shows that the proportions of people reporting high levels of worry about crime decreases with age. While worry about being a victim of crime is lower among older people they are more likely to report feeling very unsafe walking alone in their area after dark (10% of men aged 60 and over and 33% of women aged 60 and over said this, compared with 5% of all men and 21% of all women in the 2002/03 British Crime Survey). Our consultation highlighted that crimes which are known to particularly impact upon older people also often create the greatest fear – distraction burglary is one example of this.

Transport

“Transport, transport, transport – without that nothing else works.”

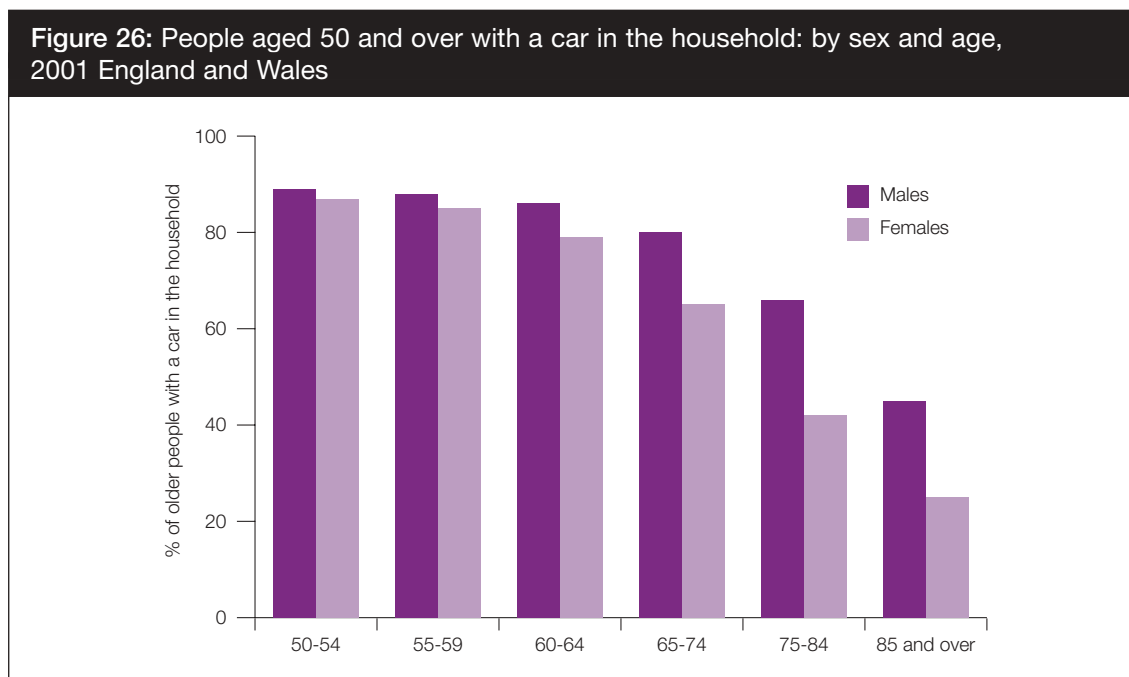
“If you can’t get out and about you are trapped and without transport you’re just unable to socialise.”

Focus group participant

Key facts: older people and transport

- Car ownership declines with increasing age.²⁰
- Older women are less likely to have access to a car. 42% of women aged 75 to 84 and 25% aged 85 and over had access to a car in the household, compared to 66% and 45% of men in these two age groups.²¹
- Shopping and other personal business are the most common reasons for travel by older people.²²
- Older people, specifically those over state pension age, are more reliant than younger people on public transport.²³

- 6.7 Transport provides a vital link to friends, family and the wider community and is a vital lifeline to maintaining independence. Research has shown that lack of mobility can prevent older people from participating in social activities and lead to low morale, depression and loneliness.²⁴
- 6.8 Access to a car is a particular issue for older people. Despite the car being the most important form of transport for people of all ages in Great Britain, older people are more likely to have limited access to this form of transportation. Older women appear to be particularly affected by this. The graph below (Figure 26) shows how the proportions of men and women with access to a car are broadly similar at age 50-54, but vary considerably after the age of 75.



Source: Census (2001) Office of National Statistics

- 6.9 ELSA research analysis shows that on all dimensions of exclusion older people with no use of a car or van are more excluded than older people as a whole. In particular people are more likely to be excluded from basic services (23% compared with 7%) and social relationships (24% compared to 10%). This demonstrates the strong relationship between transport and quality of life.

Barriers to accessing transport

- 6.10 **Cost:** older people have frequently cited cost as a determining factor in their ability to travel as often as they would like. In some areas, such as Metropolitan London, this has been largely eliminated due to the introduction of the Freedom Pass providing free transport on bus, tube and DLR services. In other areas, where concessionary fares only operate within one geographic area older people who wish to travel outside the area report that cost often prevents them. However, local authorities have the discretion to offer enhancements to the statutory scheme based on their judgement of need and overall financial priorities. Concessionary fares, which from April 2006 will provide all people aged over 60 with a free fare on local bus services after 9:30am, make a significant difference to the lives of many older people who would otherwise struggle to afford the costs of travel.

- 6.11 **Accessibility and availability** of public transport is also critically important as many older people are more reliant than working-age people on public transport. For example, one older person told us: *“within our sparsely populated area, the main barrier to achieving a good quality of life is lack of access to reliable transport”*. Local authorities are required by the Transport Act 2000 to produce a Local Transport Plan considering how the transport needs of various groups will be addressed. It will be important that the current round of Local Transport Plans specifically address the needs of older people, and in particular the most excluded, if they are to have a significant impact.
- 6.12 **Mobility constraints:** poor physical mobility also creates difficulties once on the transport system. As one older person described: *“well it seems as if you take your life into your own hands...they jolt and you could fall over and there are steps that you can't see and it is a bit dodgy”*.²⁵ Poor physical mobility is not the only constraint – carers of older people with dementia have spoken of the huge barriers faced. For these people, more flexibility is needed to ensure that they are able to use the transport services on offer.
- 6.13 **Crime and safety:** older people have also reported concerns about crime and safety preventing them from using public transport that is available. This ranges from feelings of intimidation on buses, to unlit bus stops and stations.

Exclusion from basic services and amenities

“Older people are often not aware of services, do not see them as relevant or are not physically able to attend.”

Comments from a service provider

Key facts: access to local services

- Older people are considerably more likely to report difficulties accessing local amenities such as shops, banks or hospitals than the rest of the population.²⁶
- 40% of older people in rural areas say that access to services is difficult.²⁷
- Similarly those living in deprived areas report more difficulty accessing services.²⁸
- Those aged 75 and over report more difficulty accessing services compared to the general population (even when controlling for access to a car).²⁹

- 6.14 One of the most obvious ways in which older people are involved in their communities and neighbourhoods is through the use of local services and amenities. In both urban and rural areas many older people find it difficult to access key services such as local shops, the doctor or the dentist. Research by the Commission for Rural Communities showed that one in five people living in England have to travel more than six kilometres to reach a GP. For an older person this may make accessing services extremely difficult, especially when geographical distance from a service is combined with poor transport.

- 6.15 The demise of local shops and the growth of out of town shopping centres means it is often too far to walk back and forth to the shops – particularly with heavy bags of shopping. The closure of local post offices has been reported as creating problems with collecting pension entitlements, but often more importantly results in a decline in social contact, as older people feel that the hub of their local area has been lost.
- 6.16 However, during our consultation we were shown a number of examples of where local communities are working together to revitalise their community through the development of local services, as the case studies below illustrate.

Case study: The Community Co-operative Action Plan, Nottinghamshire

When a community loses their local shop they lose a major asset and often the “heart” goes out of the village. Combined with inadequate transport provision, the lack of a shop can lead to very real problems of social exclusion to rural people, particularly disadvantaged young and old people.

The Nottinghamshire Rural Community Council (RCC) has developed a plan to restore retail provision for villages when the shop closes. The “Shop in a Box” repackages the traditional village shop into a modern form housed in a portable building which can simply be delivered to the heart of the village and thus overcome the major problem of finding suitable premises.

The new concept will provide essential grocery/household provisions and locally produced farm and craft products. But by operating as a community shop it can also provide a service to the community, in the form of a meeting point and resource/IT facility in the heart of the village open throughout the day and into the early evening.

Contact: Elston Village Shop Ltd, Village Hall, Top St, Elston, Nr Newark NG23 5NP or Flintham Community Shop Ltd, Inholms Rd, Flintham, Nr Newark, Nottinghamshire NG23 5JH

Case study: Village Care Schemes, Bedfordshire

Bedfordshire Rural Communities Charity (BRCC) have been encouraging and supporting rural communities to develop Village Care Schemes (VCS) for eleven years. Village Care Schemes provide easy access to help and support for every resident living in a community, should they need it. Each VCS is run entirely by volunteers from the village, operates independently from the network of VCS and is overseen by its own organising committee.

Whilst services vary all VCS share common aims:

- to provide every resident with access to a service that provides support, help, information and companionship;
- to help lessen the impact on a community caused by the decline in services and facilities such as a reduction in public transport, closure of rural Post Offices and a lack of conveniently located GP surgeries;

- to help reduce feelings of isolation and social exclusion experienced by some people when families move away or people find themselves widowed, divorced or separated; and
- to help people, especially older people, remain living an independent life in their own home (for example by providing domestic support, cooking, dog walking, occasional cleaning and befriending).

In 2004 there were 19 VCS in Bedfordshire with a total population figure supported by the VCS of 41,330. The total number of volunteers involved was 433. An average of 85% of clients for each scheme were older people (over 65).

Contact: David Maxwell, 01767 626466, davidm@bedsrcc.org.uk.

The Government has been making efforts to tackle issues of crime and transport as they affect older people.

Progress so far

Crime

Official crime statistics from the British Crime Survey show that the risk of becoming a victim of crime has fallen from 40% of the population in 1995 to 24% in 2004/05, meaning almost six million fewer victims. Fear of crime has also been decreasing over time; in 1996 26% of women aged 60 and over and 13% of men aged 60 and over reported being very worried about being a victim of mugging, by 2002/03 this had fallen to 20% and 10% respectively.

The Office of the Deputy Prime Minister (ODPM) 'Special Grants Programme' has allocated funding to Help the Aged to undertake a three year pilot to provide specific neighbourhood warden support to older people and to raise awareness of their needs within their local communities. The funding has resulted in dedicated wardens being appointed within established warden schemes to support older people. The projects are being run in three areas, Hull, Walsall and Boscombe. The main aim of the pilots is to reduce isolation and enable older people to take an active part in their communities. The project has been running since April 2005.

Transport

A wide range of measures have been introduced in recent years to tackle exclusion of older people from transport. Department for Transport have been working with other government departments to implement the policies contained in the Social Exclusion Unit report *Making the Connections: final report on transport and social exclusion*. Department for Transport is also carrying out research to investigate the extent to which community and voluntary transport contributes to social exclusion, and is looking to commission two new projects aimed at reviewing travel training schemes and low travel horizons.

What next for the local area?

- 6.17 Our ambition is to promote and support the interdependency that exists between older people and their local environment. This means that older people need to be seen as an integral part of the changes taking place in the local area, rather than separate from them.
- 6.18 This will require joining-up of services to ensure that lives are not blighted by fear of crime and poor transport, and that neighbourhoods are designed and regenerated with the needs of the oldest and most excluded members of the population in mind.

Building inclusive communities

- 6.19 Older people have told us that they are particularly concerned about the physical appearance of their neighbourhoods, crime, the social problems that accompany profound socio-economic change and the absence of amenities and services that can meet their needs. Compared with younger age groups, older people are more likely to report that the area has deteriorated within the past two years.³⁰
- 6.20 The design of towns, streets and homes can therefore make a huge difference to the ability of an older person to spend time safely and confidently in their local community. There is a need to plan and design urban areas in ways that are conducive to the development of social networks. Housing schemes with pleasant and secure public spaces, shopping areas that provide places to sit and community centres are all important in this context. Policy, planning and local strategies on regeneration and crime need to take older people and their needs into account.
- 6.21 Older people also report a feeling of ‘invisibility’ in regeneration policies – highlighted in the extent to which – despite lessons from the research – older people are often treated as one homogeneous group within regeneration policies. The Neighbourhood Renewal Unit has recently issued guidance on diversity issues which highlights the importance of addressing issues of under representation of older people in community initiatives, and of developing the capacity of older people to participate in community planning.
- 6.22 Local Area Agreements (LAAs) are key to building inclusive communities. LAAs set out the priorities for a local area agreed between government and the area. They can be integral to addressing the impact of an ageing community and delivering outcomes which will improve the quality of life of older people, by promoting active engagement in local communities, participation, independence and choice.

Tackling crime

- 6.23 It is well documented that issues of crime, safety, and security have a major impact on health and well-being and quality of life of older people. It has also been identified that a major cause of concern is the rise in anti-social behaviour. This disproportionately impacts upon older people, who may be fearful to leave their homes and engage in the local community, causing isolation and increasing fear of crime. Research, and our consultation, has shown that Neighbourhood Warden schemes have a great impact in reducing older people’s fear of crime and fear of anti-social behaviour. The Wardens’ role varies significantly but they often play a key role in linking older people with local services and help co-ordinate/champion older people’s needs within the area generally.

They also aim to reduce the fear of crime amongst older people and to support those who may have been a victim of crime, through high visibility patrols. Wardens can provide a practical response to specific types of crime causing the most anxiety for older people, such as bogus caller crime and anti-social behaviour. They will also endeavour to raise the profile of older people in the local community, to increase their social contact and to reduce any feelings of isolation.

Agreed government action

20) The Office of the Deputy Prime Minister will consider whether the lessons learnt from the Help the Aged Older People's Warden pilot should lead to a revised guidance note on wardens working with older people.

- 6.24 Neighbourhood Watch has also been significant for some older people, and many Neighbourhood Watch schemes fulfil a similar function in seeking to encourage older people's participation in the community, and ensuring that isolated and vulnerable older people are regularly visited. Some schemes have also sought to reduce the fear of crime in their local area.

Case study – Neighbourhood Watch and older people

A Neighbourhood Watch in Durham was instrumental in establishing the Durham Intergenerational Programme, also known as 'Fishburn in Bloom'. The programme challenges isolation and promotes social inclusion by engaging younger and older people through a positive exchange of skills and experiences in projects and activities.

For 'Fishburn in Bloom' young people and older people were taught to plant flowers and shrubs, and thousands of daffodils and crocus bulbs were planted. The town was entered into the Northumbria in Bloom competition and were runners up last year. Other activities in the programme included art sessions, where the older people attended schools to help with art classes; visits to residential homes by young people; and the painting of a mural by both young and old. As a result, the residents have felt much better about their local environment and there has been an improvement in the understanding between young and old, which has also helped reduce the fear of crime.

Contact: Home Office, Neighbourhood Watch Team, Crime Strategy Unit, Mail Point D5, 4th Floor SEQ, Peel Building, 2 Marsham Street, London SW1P 4DF

Meeting the transport needs of older people

- 6.25 Older people have told us clearly that they value flexible, individualised transport services which can allow them to retain their independence within their local community. We believe that for the most excluded flexibility is needed within the concessionary fare schemes to enable the entitlement to be used on alternative forms of transport. One suggestion from a focus group participant is that: *"a flexible voucher system would support people in using other modes of transport"*. The inclusion of a transport element to the Individual Budgets Pilots will also enable the piloting of new ways of enabling flexibility in the current system.

Agreed government action

21) The Department for Transport (DfT) will provide local authorities with continuing freedoms and flexibilities in what they can offer in concessionary fares as long as they offer the statutory minimum entitlement. DfT will evaluate the impact of the introduction from April 2006 of free off-peak local bus travel for those 60 and over, to monitor how it is working for excluded older people.

Agreed government action

22) The Department of Health (DH) will explore the potential to pilot a transport component within individual budgets pilots.

- 6.26 Flexibility is also needed in the way in which specific mobility constraints are defined. Carers of older people have told us of the need to consider a condition such as dementia as a disability in the allocation of Blue Badges (which provide parking concessions for people with disabilities) and taxi vouchers at a local level. This will ensure that sufferers of dementia are able to get out and about within their local neighbourhood as much as possible.

Agreed government action

23) The Department for Transport's Blue Badge scheme will be extended to other categories of severely disabled people whose disability is cognitive/behavioural rather than physical.

- 6.27 In other areas – particularly very sparsely populated rural areas – more specialist transport provision (such as Community Transport or volunteer care schemes) may need to be encouraged to address the fact that a mainstream service will never be viable. The Department for Transport has recently published guidance aimed at funders of community transport to help promote the work of the sector.

Case study: Cornwall Transport Access People (TAP) scheme

Transport Access People (TAP) provides transport for people who are unable to get to their health appointments either in their own car or on public transport. The TAP project is a collaboration of many voluntary support organisations such as County Primary Care Trusts, Cornwall County Council, Cornwall Health Action Zone, and the East Cornwall Rural Transport Partnership. In the three years since its introduction TAP drivers have transported over 22,000 patients to their appointments.

TAP volunteer drivers live all over Cornwall and get paid expenses by the mile. They can choose how much of their time they wish to give to the service and what type of journeys they undertake. The majority of journeys are local hospital visits, however, there are also those that will take patients out of the County for treatment.

TAP receives calls from patients and surgeries via a central booking number at its call centre, operated by Age Concern Cornwall. Call centre staff log the request and then source a volunteer driver for the journey.

The benefits of the service are greater than just providing a service for patients: TAP also takes people home after being discharged from hospital to combat bed-blocking, thereby freeing-up more beds for other patients.

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CHAPTER 7

Wider society

Ali Hassan

Ali Hassan is in his mid 60s and lives with his wife in Liverpool. Born in Somalia, he came to Britain in the 1950s to find work. He worked in the merchant navy and the steel industry, until an accident at work left him with a disability. After the accident he found it impossible to find another job: “I used to go to the port every day looking for a job, any kind of job. I never got a job – five years, six years, seven years.” After several years he completed a training scheme, but still could not find work afterwards and now feels very bitter and frustrated with ‘the system’. Long-term unemployment badly affected his income and social relationships, and now faced by a deterioration in his health, Mr. Hassan feels that he is unable to improve his situation: “I am sick now. I got a stroke, I’ve got diabetes. I am just hopeless now.”¹

Summary

A Sure Start to later life leading cultural change for older people

Inequality in later life can affect people in many different ways, from leading an individual to believe at 60 that their meaningful life is over, to organisations denying older people access to work or services. A Sure Start approach would encourage strong leadership and strong citizenship to drive cultural change.

The cultural attitudes of individuals and organisations towards ageing need to change to get to the root of exclusion and inequality. We should aim not just to address the consequences of exclusion and ageism, but must create a culture where all older people continue in later life participating as equal citizens in families, the workplace and their communities.

We have also seen that negative cultural attitudes towards age can be further compounded by discrimination on grounds of race, disability, sexual identity, gender, and religion.

Changes to existing attitudes and assumptions can only be achieved through strong and clear leadership at local and national level. We have also seen excellent examples of community and local authority leadership where significant change has been achieved, even with very limited resources. Nationally, the aim is to go beyond leading legislative change on tackling discrimination to creating communities which value and sustain participation of older people as equal citizens.

Cultural attitudes to ageing – from discrimination to equality

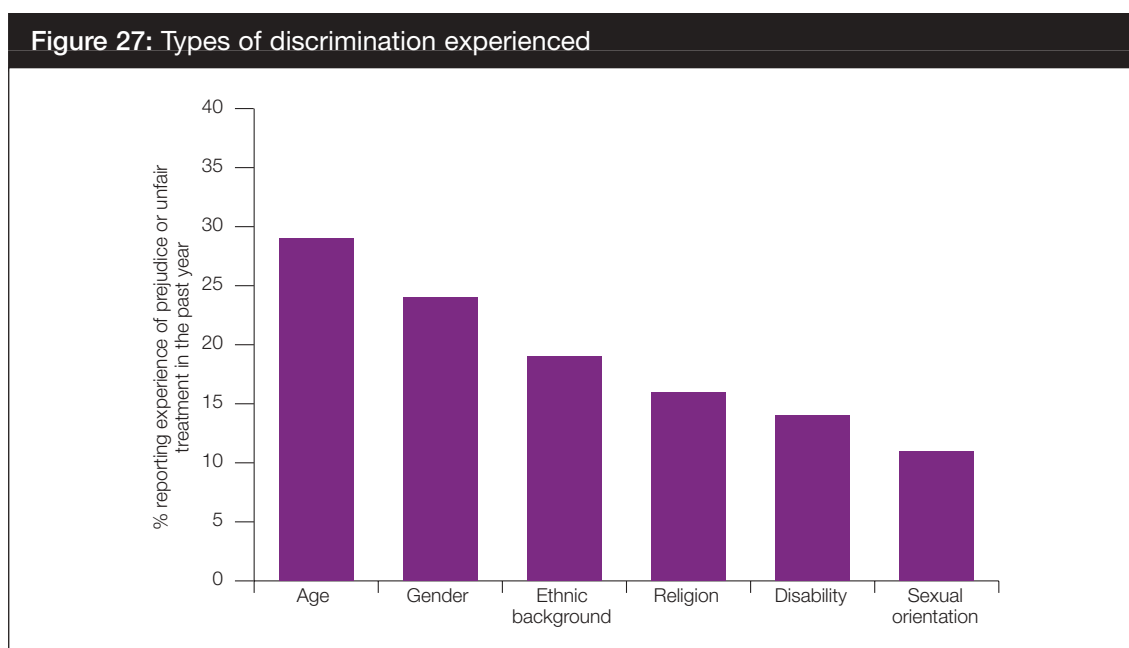
“...you want to feel that you are of some use to society ... that you’re not just shoved on the scrapheap ...that nobody cares about you or the things that you’ve done in your life, the experiences that could be useful to other people.”

Focus group participant

“I would like to know if there is any chance that age discrimination might become illegal before too long. I have recently reached the age of 65, and already I am having to cope with being refused admission to activities, even though my crime is simply that I have had another birthday. I have been disabled for twenty years and have learned to cope with that situation, but now I am facing another brick wall and it is all too much.”

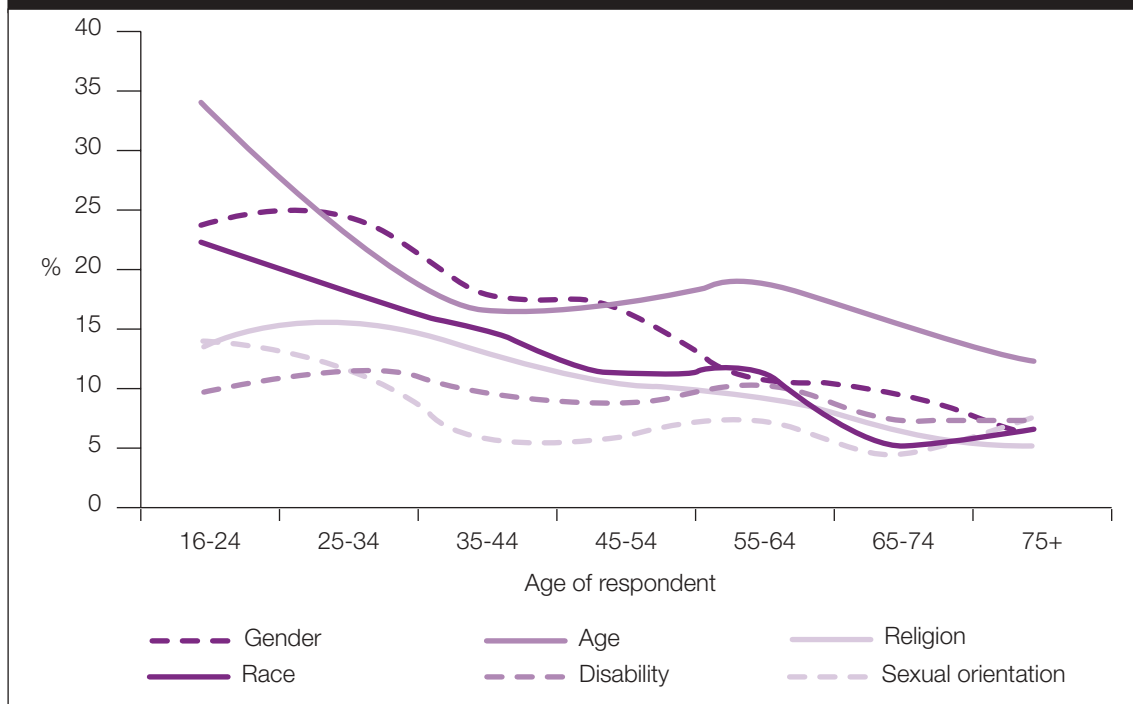
Consultation response

- 7.1 A striking feature of our consultation has been how many people have said that after retirement they were viewed differently, that they suddenly didn't belong or felt like they no longer had a respected role. The things that defined their identity and self-esteem, for example work and family roles, disappeared and left a hole that was not filled.
- 7.2 Older people, like the rest of the population, are not just defined by their age, and may suffer from discrimination on the grounds of gender, religious belief, race, sexuality or disability. However, in contrast to other forms of discrimination everyone has the potential to be affected by age-related prejudice. A recent survey² found that more people of all ages (29%) reported being the target of ageism more than any other form of prejudice – be it based on gender, disability, sexuality, ethnicity or religion.



Source: Age Concern (2005) 'How ageist is Britain?'

- 7.3 This work also found that it is clear that ageism is targeted unevenly across the age spectrum (Figure 28). Reported experiences of all forms of discrimination decline gradually as people become older. However this pattern does not apply to ageism, where in comparison to other forms of prejudice ageism remains high throughout the life course and from the age of 55 onwards, people were nearly twice as likely to have experienced age-related prejudice as any other form of discrimination.

Figure 28: Age related experiences of discrimination

Source: Age Concern (2005) 'How ageist is Britain?'

- 7.4 Individuals' own poor expectations and aspirations of later life are often re-enforced by negative media representation of all older people as frail and less capable and other assumptions that your ability to make a meaningful contribution will decline when you hit retirement age. This attitude can often lead to exclusion.

"I retired and there was nothing. I didn't belong to anywhere, I wasn't a commuter, I wasn't a shopper or anything like that."

Focus group participant

- 7.5 Consultation has revealed more overt discrimination, with some older people denied access to services the rest of the population take for granted, or receiving a different standard of treatment.

Inequality in service delivery

- 7.6 Our research has shown that many older people experience considerable disadvantage as a result of being unable to access basic services in their local area. Twenty nine per cent of those aged 80+ were judged to be excluded from basic services, compared with only five per cent of those aged 50-59. This is not necessarily as a result of direct discrimination, however in many cases inequalities in service delivery result as services are not designed to meet the needs of older people.

- 7.7 One of the key drivers behind the publication of the National Service Framework (NSF) for Older People was the need to root-out direct age-related discrimination. Prior to its publication one in six people over 65 said they had been discriminated against in healthcare or health insurance because of their age,³ and one in 20 people over 65 believed they had been refused treatment, while one in ten believed they had been treated differently since the age of 50.⁴ The publication of the NSF in 2001, along with the appointment of a National Director to lead its implementation, has had a real impact in this area. For example, the proportion of cardiac surgery patients aged 75 and over rose from 2.2% in 1993 to 10% in 2003. However, there is more to do as there are still some instances where older people experience direct age-related discrimination when accessing services.

Inequality in employment

Key facts: employment

- 9 out of 10 older people believe that employers discriminate against them; a quarter speak from experience.⁵
- 10% of companies do not employ persons aged over 50.⁶
- 1 million people over the state pension age are in paid employment.⁷
- A majority of people say they would consider working after formal retirement, but would do so on a part-time or flexible basis.⁸
- Feeling valued, in control and having job flexibility are important factors in staying in work up to and beyond state retirement age.⁹

- 7.8 Older people have told us that they see employment past retirement age as an opportunity. For some it can provide a much needed supplement to pension income. For others the main motivation is a sense of worth and of contributing and of identity.
- 7.9 It is estimated that the relatively lower level of employment among older workers costs the economy £19-£31 billion a year in lost output and taxes and increased welfare payments.¹⁰ As well as the cost to the economy, employers are potentially missing out on skilled workers. There are a range of initiatives in place to tackle the lack of employment of older workers. Berkshire Learning and Skills Council, for example, has a £1.3million programme to increase the number of older people who participate in lifelong learning in the workplace and in the community.
- 7.10 With the approval of Parliament, new regulations are due to come into force on 1 October 2006. The draft regulations (which will not affect the age at which people can claim their state pension) will:
- ban age discrimination in terms of recruitment, promotion and training;
 - ban all compulsory retirement ages below 65 – except where objectively justified; and
 - remove the current upper age limit for unfair dismissal and redundancy rights.

They will also introduce:

- a duty for employers to consider an employee's request to continue working beyond retirement; and
- a requirement for employers to give written notification to employees at least six months in advance of their intended retirement date. This will allow people to plan for their retirement.

7.11 This is a significant step forward in tackling age discrimination in employment. Although compulsory retirement at a specified age will still be lawful, it is important that if an older person does wish to continue working past retirement age employers seriously consider their request. Government will monitor the Default Retirement Age (DRA) of 65 and in 2011 review the decision to have a DRA to decide whether it is still necessary. If it is not it will be abolished.

Minorities facing inequalities

7.12 For some minority groups of older people the impact of negative cultural attitudes can be particularly acute. They can face double discrimination – discrimination on the basis of age, combined with discrimination on the grounds of race, religion, gender, disability or sexuality.

7.13 The needs of these groups should be built into the way that mainstream services operate and cultural attitudes need to be challenged at every level. Nationally and locally we need to plan better for diverse populations, providing more community driven and personalised services and also recognise the contribution that these groups can make. In particular, we need to ensure that cultural needs are included as part of assessments for services, such as the single assessment process for health and social care needs for older people. The Government intends to continue to give strong leadership to ensure that the inequalities that result from discrimination in all its forms are removed.

Inequalities faced by ethnic minority older people

“Black and minority ethnic elders do not enjoy the same quality of life as their peers, continue to have many unmet needs, from care to quality of life issues, which reduce their potential for participation, have witnessed changing family structures and are growing old in a country that many of them thought they would not remain in after their ‘working period’. These experiences are in addition to a lifetime where discrimination and disadvantage have often been an everyday part of their experience”

Policy Research Institute on Ageing and Ethnicity consultation response

7.14 Older people from ethnic minorities consulted as part of our project have reported the additional discrimination which they frequently face on the grounds of their ethnicity.

Key facts: ethnic minority older people

- By 2026 the older ethnic minority population in the UK will have risen tenfold from 175,000 to over 1.8 million.¹¹
- Older ethnic minority people face much greater poverty in retirement, particularly those from Pakistani and Bangladeshi communities.¹²
- Ethnic minorities (across all ages) are more likely to be in poor general health, particularly South Asian communities.¹³
- Ethnic minority families are more likely to be in poor housing and poor living conditions.¹⁴

- 7.15 For some individuals from ethnic minority groups English is not their first language. This is particularly the case for first generation immigrants. This causes some elders to be dependant on other family members for accessing the most basic services, which can place a strain on the family and create a sense of loss of independence in the older person. For example, a number of studies highlight the difficulty these groups have accessing healthcare services¹⁵. Focus groups have also highlighted these issues:

“I am stuck all the time with looking after my mother-in-law who only speaks Gujarati. I never get a break.”

Focus group participant

“You know all the Somali elderly people would like to have more classes so you know we can learn English more quickly...to get by, just to know your address, how to write your name, how to go when you are going to your GP, how to say a few words to him or her, you know something basic.”¹⁶

- 7.16 Some groups of ethnic minority older people will have different religious or cultural needs which services need to recognise.

Catering for the cultural needs of older people

Living in West London, Geeddi, an older Somali man required halal meals on wheels. The local authority provided halal Indian food. However, Geeddi found this too hot and complained. The local authority said that they were unable to take any action until the catering contract was renegotiated in a year's time.

Consultation response

- 7.17 The report *Improving Services, Improving Lives: Evidence and Key Themes*, published by the Social Exclusion Unit in 2005 outlines how services can respond better to the needs of ethnic minorities.

Experiences of lesbian, gay, bisexual and transgender (LGBT) older people

“Older lesbians, gay men and bisexuals may face other issues and injustices because of their sexuality, many caused by a lack of legal recognition of their relationships, as well as the double discrimination of ageism and homophobia.”

Age Concern England

- 7.18 Older LGBT people have told us about fearing negative responses on the grounds of their sexuality from institutions when life changing events occur, for example, loss of independence through hospitalisation, going into a residential home, or having home-carers.
- 7.19 Lack of recognition of same sex relationships has also been raised as a problem. Many pension schemes have failed to recognise same sex partners as beneficiaries and same sex couples have no status as next of kin causing financial difficulties at a time of bereavement. The advent of the Civil Partnership Act is aimed at addressing this.

Services for older people with learning disabilities

- 7.20 In the past, few older people with moderate to severe learning difficulties survived into old age, but due to improvements in healthcare and other services for people with learning disabilities there are a growing number of older people with learning disabilities who are at particular risk of social exclusion. Service planners need to consult with and reflect the needs of this group and their carers, who may also be older people at risk of social exclusion.
- 7.21 The increased personalisation of services offered by the individual budget approach may offer a model to meet the needs of older people with learning disabilities, and other low prevalence conditions, in a person-centred way.

Strong leadership to change cultures

“I moved to St Martin’s Estate, Lambeth in 1981, four years later finding myself chair of the Tenants Association. It took 20 years but the Estate has now transformed. Leadership is a precious commodity. Most spear-carriers like myself chip away at society’s coalface and try to wear down systemic inertia. We all owe a special debt to a rarer group whose example has been inspirational.”

David Gardiner, Better Government for Older People

- 7.22 Change will not be effective without a clear vision and strong leadership. Individuals and locally based services can bring about big changes with the right critical mass, but with good leadership more opportunities open up and change is more widely accepted. The leadership and support of key partners such as voluntary organisations, local authorities and government creates the environment where local people can emerge as leaders and make a real difference.

Progress so far

We have created the post of Director of Adult Social Services (DASS) with statutory responsibility for local authority social services functions in respect of adults. The Director of Adult Social Services will have an essential leadership role in taking forward our vision for adult social care and in ensuring that older people at risk of social exclusion have secure futures. The DASS will have a role in championing the needs of adults with social care needs that goes beyond the immediate boundaries of social services to ensure that the needs of adults are reflected in the full range of statutory services provided to communities.

National leadership – an office for older people and ageing

- 7.23 Leadership and direction for the older people's agenda is a priority for government. Much has already been done, including the publication of the National Service Framework for Older People, the appointment of a National Director for Older People and the publication of Better Health in Old Age, which reported on the progress made since the publication of the NSF and provided a vision for older people's health. Since 1998 the Government has provided strong leadership on pensioner poverty and fuel poverty. In the area of Adult Services, the Department of Health has also set an ambitious vision in *Independence, Well being and Choice* to be followed by a White paper later this year.
- 7.24 However, joining-up our programmes and policies nationally can be improved and we need to continue to work on this. We need to raise the profile of ageing policy and give a clearer voice to older people in central government.
- 7.25 For this reason we will consider an Office for Older People and Ageing to provide a public face to take forward the Opportunity Age agenda and wider ageing policy. This will build on the structures already in place, led by DWP and DH including plans to develop an observatory on ageing to provide sound evidence for ageing policy. Older people themselves will have strong roles within the new Office.

Agreed government action

24) Government ministers who lead work on older people and ageing will undertake a review of whether to create an Office for Ageing and Older People to include the planned Observatory on Ageing. They will consider how the Office might best provide effective leadership and co-ordinate policies, programmes and research on ageing and older people.

Agreed government action

25) Government ministers from key departments will lead the process to join-up proposals from all departments on older people, ageing and exclusion as part of the 2007 Comprehensive Spending Review.

National leadership – legislation on equality

- 7.26 The Government is carefully considering the case for extending public sector duties to cover age as part of the Discrimination Law Review.

Agreed government action

26) The Government will publish the Discrimination Law Review Green Paper in Summer 2006. This will address whether the current anti-discrimination framework should be extended to make age discrimination in the provision of goods and services unlawful and consider extending public sector duties that promote equality to include age. The results of the Green Paper consultation will inform recommendations for legislative change in a Single Equality Bill, to be introduced this Parliament, in line with manifesto commitments.

National leadership – veterans' issues

- 7.27 A significant proportion of older people in this country have served in the Armed Forces at some time in their lives, many during the Second World War or during National Service. The Veterans Programme is a government-wide initiative launched in 2001 that addresses the needs arising from service in the Armed Forces, for example health and welfare issues. The programme, which is led by the Veterans Minister, within the Ministry of Defence (MoD), aims to ensure that veterans' issues are properly understood, prioritised and addressed through co-operation across all levels of government, as well as with the ex-service organisations and the voluntary and corporate sector. The MoD will continue to ensure that the nation recognises and understands the commitment of our veterans and cares for those who require it, including those older veterans who may face hardship and social exclusion. This work will be co-ordinated with the initiatives set out in this report.

Local leadership

- 7.28 Our vision of thriving sustainable communities depends on local leadership. We have met many people in consultations that are the driving force behind radical change in counties, cities, neighbourhoods and villages. These people make things happen often with limited resources and inspire others to make things happen.
- 7.29 As many of the services crucial for the well-being of excluded older people are controlled and delivered locally it is vital that there is good leadership locally that is:
- strong enough to make older people a priority;

- good at developing relationships with organisations such as the Police, Primary Care Trusts, voluntary and community sector, to facilitate joining-up; and
- takes a broad view of the well-being of older people.

7.30 The Adult Social Care Green Paper included a proposal for the establishment of a post of the Director for Adult Social Care. This post could function as the key leadership position for older people services at a local level going beyond social services. Such a post would be well placed for encouraging local services to work better together and could encourage more of a focus on personalised services.

Agreed government action

27) The Department of Health (DH) will ensure that tackling social exclusion, including isolation amongst older people, is included in revised guidance on the role of the Director of Adult Social Services, as part of the wider approach to promoting well-being.

Agreed government action

28) The Department of Health (DH), in taking forward revised guidance on the role of the Director of Adult Social Services, will promote better integration of a range of services for older people that support and link with social care objectives.

7.31 There is potential for Government Offices to take a strong leadership role in taking forward this agenda.

Agreed government action

29) The Office of the Deputy Prime Minister (ODPM) will expand the regional leadership role of Government Offices (GOs) to improve services for older people and support the implementation of Opportunity Age, the White Paper on Primary and Community Care and this report.

7.32 Establishment of a clear vision locally and strong leadership to achieve it is a key to improving the lives of excluded older people and the DASS will have a key role to play in contributing to this vision and ensuring that it is fully implemented. In addition, the reactivated network of Older People's Champions will provide local leadership for the work around dignity. Local Area Agreements (LAAs) also represent a potentially important vehicle for supporting efforts of partners in local areas to work together, and to direct resources where they are needed most to improve lives of citizens. A LAA is an agreement between local partners and central government, setting outcomes and targets that are to be achieved over a three year period. It essentially moves away from a centralised ethos to one where priorities and targets are defined locally and resources can be targeted to achieving these outcomes (the LAA priorities).

Agreed government action

30) The Office of the Deputy Prime Minister (ODPM), working with other government departments, will explore how Sustainable Community Strategies guidance and Local Area Agreements can ensure that the exclusion and isolation of older people are effectively tackled.

Case study: Suffolk LAA improving quality of life for older people

Suffolk is an area piloting a Local Area Agreement (LAA). Local Area Agreements bring together all the relevant agencies and authorities at a local level including the relevant local authority, the local PCT and local police authority. The objective of LAAs is to bring together all the relevant funding and reporting arrangements between the local agencies and central government. As well as streamlining administration, the LAAs should encourage better joint working at a local level.

‘Healthier Communities and Older People’ is one of the key themes of the Suffolk LAA. Existing health and social care services will be integrated to create more focussed and effective services. Partners in the LAA have also accepted the need for investment in preventive services. Partners are focusing on four areas where the County, District and Parish Councils, and voluntary and community sectors have a shared interest:

- Smoking and obesity;
- Falls prevention;
- Welfare Benefits take-up; and
- Housing adaptations and home hazards.

The aim is to increase health and well-being of adults in Suffolk and reduce the growth rate in the demand for more intensive services.

Contact: Jim Bullion, Head of Strategy, Suffolk Social Care, 01473 264445

ANNEX A

Agreed government actions

No.	Action	Dept.	Timing
1	The Department for Work and Pensions (DWP) will pilot the Sure Start for older people approach calling it the 'Link-Age Plus' programme, starting in Spring 2006. This model will be evaluated and the findings disseminated to allow other local partnerships to establish similar approaches in their areas.	DWP	Spring 2006
2	The Department for Work and Pensions (DWP) and the Office of the Deputy Prime Minister (ODPM) will produce a plan to increase take-up of entitlements to older people taking into consideration the Lyons Review. This will include consideration of: <ul style="list-style-type: none"> financial incentives and disincentives to local authorities to increase Council Tax Benefit (CTB) take-up; the need to remove any legislative barriers to take-up, such as the requirement for a pensioner to submit a separate CTB claim form; and the feasibility of making entitlement to CTB more automatic. 	DWP, ODPM	Ongoing
3	The Department for Work and Pensions (DWP) will continue to look at wider definitions and indicators of pensioner poverty in the wake of recently commissioned research, and will consider with the Treasury how and whether these should feed into PSA targets as part of the 2007 Comprehensive Spending Review.	DWP	Ongoing
4	The Department of Health (DH) and the Office of the Deputy Prime Minister (ODPM) will produce guidance as part of the forthcoming White Paper on Primary and Community Care on improvement of the take up of services amongst excluded older people.	DH, ODPM	
5	A group of statutory and voluntary sector service providers in London are currently researching the feasibility of establishing a pilot intermediate care service for homeless people. The Care Services Improvement Partnership will work with the Housing Improvement Network to consider how best to take forward the results of the pilot.		
6	The Department of Health (DH), as part of the forthcoming White Paper on Primary and Community Care, will build on its commitment to provide a greater focus on joint commissioning between healthcare and social care and better integration between healthcare, social care and other local government services.		
7	Work is progressing on the production of guidelines to hospitals around the admission and discharge of homeless people, which will be jointly promoted by the Department of Health (DH) and Office of the Deputy Prime Minister (ODPM).	ODPM, DH	
8	The Department for Work and Pensions (DWP) and the Department of Health (DH) will ensure that advocacy services are included in the piloting of the Sure Start to later life approach through the 'Link-Age Plus' programme and as part of the Individual Budgets pilots.	DWP DH	Spring 2006
9	The Social Exclusion Unit (SEU) will examine the role of advocacy in delivery of services to socially excluded people.	SEU	Ongoing

No.	Action	Dept.	Timing
10	<p>The Department of Health (DH) will shortly publish a 'Next Steps' document based around three themes: Dignity, Responsive Services and Active Ageing. Initiatives from each of these themes will include:</p> <ul style="list-style-type: none"> • The reactivation of the Older People's Champions National Network (Dignity); • The extension of the self-assessment process of the Mental Health National Service Framework implementation to older people's mental health services by 2007; and • A project to promote exercise and physical activity amongst older people (Active Ageing). This will be delivered through the Choosing Health Delivery Board on Active Ageing. 	DH	By 2007
11	The Social Exclusion Unit (SEU) and Department of Health (DH), working with other departments, will lead analytical and policy work on carers to be published in 2006.	DWP, SEU, DH	2006
12	The Department of Culture, Media and Sport (DCMS) will publish analysis by Spring 2006 on the participation patterns of older people in cultural, sporting and leisure activities and how to promote increasing participation.	DCMS	Spring 2006
13	Department for Work and Pensions (DWP), Home Office (HO), Department for Education and Skills (DfES) (through the Learning and Skills Council) and Department for Culture Media and Sport (DCMS) will ensure that opportunities for volunteering, life-long learning and leisure activities are included in the piloting of the Sure Start for Older People approach which will take place through the 'Link-Age Plus' programme.	DWP, HO, DfES, DCMS	Spring 2006
14	The Office of the Deputy Prime Minister (ODPM), working with the Department of Health (DH), Department for Environment, Food and Rural Affairs (DEFRA) and external partners, will develop a strategy for housing and older people by 2006/7.	ODPM, DH, DEFRA	2006/7
15	The Office of the Deputy Prime Minister (ODPM) will ensure that the housing needs of older people are built into the Housing Diversity Action Plan to be published in late 2006.	ODPM	Late 2006
16	As part of the Disabled Facilities Grant review and work on individual budgets, Ministers from the Office of the Deputy Prime Minister (ODPM), Department for Environment, Food and Rural Affairs (DEFRA) and Department of Health (DH) will lead a working group to consider how a more integrated delivery system for aids, adaptations and assistive technology policy can be developed.	ODPM, DEFRA, DH	
17	The Office of the Deputy Prime Minister (ODPM) will build the lifetime homes standard into the Code for Sustainable Homes to ensure quick progress on increasing take-up of the lifetime homes standard.	ODPM	
18	The Office of the Deputy Prime Minister (ODPM) will ensure that fire services have capital and guidance in 2006 to provide all people over 60 with a free 10 year smoke alarm, and sprinkler systems for people who are not adequately protected by other methods such as those with dementia or mobility problems.	ODPM	2006
19	The Office of the Deputy Prime Minister (ODPM) will support local fire services in developing a range of prevention initiatives, including the installation of smoke alarms for older people, with a prevention revenue grant from 2006.	ODPM	2006

No.	Action	Dept.	Timing
20	The Office of the Deputy Prime Minister (ODPM) will consider whether the lessons learnt from the Help the Aged Older People's Wardens pilot should lead to a revised guidance note on wardens working with older people.	ODPM	Ongoing
21	The Department for Transport (DfT) will provide local authorities with continuing freedoms and flexibilities in what they can offer in concessionary fares as long as they offer the statutory minimum entitlement. DfT will evaluate the impact of the introduction from April 2006 of free off-peak local bus travel for those 60 and over, to monitor how it is working for excluded older people.	DfT	Ongoing
22	The Department of Health (DH) will explore the potential to pilot a transport component within individual budgets pilots.	DH	
23	The Department for Transport's Blue Badge scheme will be extended to other categories of severely disabled people whose disability is cognitive/behavioural rather than physical.	DfT	
24	Government ministers who lead work on older people and ageing will undertake a review of whether to create an Office for Ageing and Older People to include the planned Observatory on Ageing. They will consider how the Office might best provide effective leadership and co-ordinate policies, programmes and research on ageing and older people.	Government ministers	
25	Government ministers from key departments will lead the process to join-up proposals from all departments on older people, ageing and exclusion as part of the 2007 Comprehensive Spending Review.	Government ministers	
26	The Government will publish the Discrimination Law Review Green Paper in Summer 2006. This will address whether the current anti-discrimination framework should be extended to make age discrimination in the provision of goods and services unlawful and consider extending public sector duties that promote equality to include age. The results of the Green Paper consultation will inform recommendations for legislative change in a Single Equality Bill, to be introduced this Parliament, in line with manifesto commitments.	DTI	Summer 2006
27	The Department of Health (DH) will ensure that tackling social exclusion, including isolation amongst older people, is included in revised guidance on the role of the Director of Adult Social Services, as part of the wider approach to promoting well-being.	DH	
28	The Department of Health (DH), in taking forward revised guidance on the role of the Director of Adult Social Services, will promote better integration of a range of services for older people that support and link with social care objectives.	DH	
29	The Office of the Deputy Prime Minister (ODPM) will expand the regional leadership role of Government Offices (GOs) to improve services for older people and support the implementation of Opportunity Age, the White Paper on Primary and Community Care and this report.	ODPM, GOs	
30	The Office of the Deputy Prime Minister (ODPM), working with other government departments, will explore how Sustainable Community Strategies guidance and Local Area Agreements can ensure that the exclusion and isolation of older people are effectively tackled.	ODPM	

ANNEX B

Background to the Social Exclusion Unit's work

This project is part of the Social Exclusion Unit's wider work programme – *Improving Services, Improving Lives* – which aims to make public services more effective for disadvantaged people, in order to improve their life chances.

Breaking the Cycle

In September 2004 the Social Exclusion Unit published *Breaking the Cycle* – a stocktake of the Government's progress in tackling the causes and consequences of social exclusion since 1997.* *Breaking the Cycle* concluded that significant progress had been made in a number of areas, including reduced child poverty and pensioner poverty, lower unemployment, expanded nursery education and childcare provision, improved educational attainment, and a sharp drop in the number of rough sleepers.

Another key finding of *Breaking the Cycle* was that people facing severe or multiple disadvantages are less likely to benefit from policies. In some cases they tend not to use services as much as others do, and sometimes when they do they are less likely to gain from them. *Breaking the Cycle* identified this as a crucial challenge for public service delivery – “we need to improve service design and delivery to extend the reach of what works to those who need it most”.

Improving Services, Improving Lives

Breaking the Cycle found that there are some groups within the population who are less likely to benefit from key public services than the population as a whole. These include:

- people with low literacy, language and numeracy (LLN) skills
- disabled people and people with long term health conditions
- some ethnic minority groups
- young adults with troubled lives
- excluded older people
- some groups that move frequently

* Social Exclusion Unit, *Breaking the Cycle, Taking stock of progress and priorities for the future* (London, SEU 2004)

It is no coincidence that the life chances of these groups – measured by socio-economic indicators such as income, employment rates, housing quality and qualifications achieved – are on average relatively poor.* Put simply, this means that public services are often least successful for those who need them most.

The recent report by the Unit, *Improving Services, Improving Lives: Evidence and Key Themes*, set out some of these common themes for improving services to these groups:

- Information and communication
- Interactions with frontline staff
- Building personal capacity in those who use services
- Joining-up services
- The role of the voluntary and community sector
- Levers and incentives – including target and funding regimes

The report considers these areas as part of the wider context of public service reform, thinking about how the Government's agenda to develop customer-focus, choice, contestability and user involvement can help the most disadvantaged. Other reports in the series focus on disadvantaged adults, inclusion through innovation, young adults with troubled lives and disadvantaged people who move frequently.

* Many people within these groups, of course, do not have poor life chances.

ANNEX C

Acknowledgements

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Action for Advocacy	Commission for Social Care Inspection (CSCI)
Age Concern England	Community Network
Age Concern Blackburn with Darwen	Community Service Volunteers (CSV)
Age Concern Bromley	Cornwall County Council Social Services
Age Concern Cornwall	Cornwall Library
Age Concern Hull	Contact the Elderly
Age Concern Islington	Counsel and Care
Age Concern Salford	Craven Community Transport
Age Concern Sunderland	Craven Voluntary Action
Age Concern, Tower Hamlets	Crime Concern
Alzheimers Disease Society	Demos
Association of Directors of Social Services	Derbyshire Social Services
Audit Commission	Ealing Social Services
Merseyside Fire and Rescue Service.	Egar Partnership (Warm Front)
Bedfordshire County Council	Elderly People's Integrated Care Service – North Kensington
Bedfordshire Rural Community Charity	English Community Care Association
Berkshire Learning and Skills Council	Equal Opportunity Commission
Beth Johnson Foundation/Older People's Advocacy Alliance (OPAAL)	Foundations
Better Government for Older People (BGOP)	First CheckPoint Leeds
Blackburn and Darwen Older People's Forum	Gateshead Council
Bolton Befriending Forum	Greater London Authority (GLA)
Bolton Carers group	Greater London Forum
Bramley Elderly Action – Leeds	Help the Aged
Bristol Care and Repair	High Peak and Dales Congress of Older People
Burmantofts Older Persons's group, Leeds	Homeless Link
Care and Repair	Hope Project
Centre for Policy on Ageing	Independent Shropshire Council
Chesterfield Older Peoples Forum	

Infotrain	The Plunkett Foundation
Institute of Fiscal Studies	Polari
Institute for Public Policy Research	Policy Research Institute on Ageing and Ethnicity (PRIAE)
Kings College Foundations	POPIN, Wirral Social Services
Knowsley Borough Council	Retford Centre
Knowsley PCT	Roehampton Estate – RISE
Knowsley Pensioner Advocacy service	Royal College of General Practitioners
Knowsley Voice	Shropshire Council
Learning and Skills Council	Shropshire County Council
Leeds Community Distraction Burglary Initiative	Solihull PPI Health Forum Knowsley Council
Leeds City Council Social Services	Sonali Gardens Daycare and Housing for Bangladeshi Elders
Leeds Neighbourhood Network Projects	St Hilda's East Community Centre, Tower Hamlets
Lewisham Council	St Monica's Trust
Liverpool Active Ageing Centre	Step Forward
Local Government Association	Stonewall
Luton Council	St Mungo's
Mayfair Centre Shropshire	Suffolk M.H.T.A, Eastgate Ward
McCarthy and Stone	Sunderland City Council Social Services
National Audit Office	The Balance Foundation
National Care Forum	Timebanks UK
National Institute of Adult Continuing Education (NIACE)	Tin Hat Centre
National Institute for Mental Health in England (NIMHE)	Tower Hamlets Borough Council Social Services
Neighbours in Poplar	Tower Hamlets Primary Care Trust
New Economics Foundation	Tower Hamlets Older People's Reference Group
New Philanthropy Capital	UK Coalition on Older Homelessness
North Cornwall District Council	University of Keele
Nottinghamshire Social Services	University of Sheffield
Nottinghamshire Rural Community Council	University of Southampton
Older Citizen's Advocacy York	Wakefield Social Services
Older People's Services in Knowsley	Westminster Advocacy Service for Senior Residents
Older People's Advocacy Alliance UK (OPAAL)	Women's Royal Voluntary Service (WRVS)
Open Age	
Opening Doors, Age Concern England	
Parkinson's Disease Society	
Peabody Trust – Darwin Court.	

ANNEX D

How can you identify where excluded older people live in your area?

The English Longitudinal Study of Ageing Analysis published alongside this report sets out to examine some of the very complex relationships which exist between different types of exclusion in older age at a national level. However, a basic knowledge of risk factors can go a long way to improve targeting of services at a local level on excluded older people.

There is no single data set available locally which identifies where socially excluded older people live. The table below draws on our findings to suggest appropriate data which can be used as a proxy for identifying where excluded older people live.

Type of data	What does this tell us about excluded older people and how can this be used?	Where might this data be available?
Age	The likelihood of being multiply excluded increases with age. In particular, as you age you are more likely to experience exclusion from material products, from basic services and from social relations. This suggests that in areas with a high concentration of 'older, old' people (80+) it may also be useful to target initiatives aimed at increasing income and benefits take-up, ensuring access to local services, and also specific activities aimed at improving relations.	Census www.nationalstatistics.gov.uk
Ethnicity	Non-white older people are more likely than their white counterparts to experience exclusion – particularly in relation to financial exclusion and exclusion from cultural activities. Knowledge of where there is a high proportion of older people from ethnic minorities can therefore suggest that interventions which seek to tackle financial and cultural exclusion may have the greatest impact.	Census www.nationalstatistics.gov.uk
Multiple deprivation	The more deprived an area an older person lives in the more likely he or she is to experience exclusion across all of the dimensions analysed. Multiple exclusion is particularly marked in the most deprived areas. Using the Index of Multiple Deprivation can help in identifying older people experiencing multiple exclusion, although it does not correlate well with the size of older population. You may find smaller numbers of more deprived older people.	Index of Multiple Deprivation www.odpm.gov.uk
Income	The lower the household income that an older person has, the more likely that person is to experience exclusion across social, cultural, basic services, neighbourhood, financial and material dimensions. Areas of low household income amongst older people are therefore likely to have a high proportion of socially excluded older people.	Index of Multiple Deprivation – income deprivation of older people www.odpm.gov.uk

Type of data	What does this tell us about excluded older people and how can this be used?	Where might this data be available?
Housing tenure	Older people who are renters and part renters in the private and social rental sector are most likely to be excluded on all dimensions. Private renters are even more likely to be excluded from basic services and to experience neighbourhood and financial exclusion. Targeting areas which have high proportions of older people in rented accommodation is therefore likely to result in some of the most excluded older people.	Census www.nationalstatistics.gov.uk

In practice understanding some of the characteristics of the most excluded older people, and where they live will allow much more efficient targeting of services to take place.

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Executive summary

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Where to find more information

Useful Website Links

The Office for National Statistics

- www.statistics.gov.uk

English Longitudinal Study of Ageing

- www.ifs.org.uk/elsa/

Centre for Policy on Ageing

- www.cpa.org.uk

Economic & Social Research Council Growing Older Research Programme

- www.shef.ac.uk/uni/projects/gop

Joseph Rowntree Foundation

- www.jrf.org.uk

Age Concern England

- www.ageconcern.org.uk

Help the Aged

- www.helptheaged.org.uk

The Scottish Executive

- www.scotland.gov.uk

The Welsh Assembly

- www.wales.gov.uk

The Northern Ireland Statistics and Research Agency (NISRA)

- www.nisra.gov.uk

The Government Actuary's Department

- www.gad.gov.uk

Directgov

- www.direct.gov.uk

As our society ages we will increasingly realise the interdependence between older people and their communities. Older people need to feel empowered to contribute and participate, for their benefit and that of society.

Improving Services, Improving Lives

The Social Exclusion Unit's work programme, *Improving Services Improving Lives*, consists of five integrated projects that focus on a number of key groups and issues. **Its overall objective is to make public services more effective for disadvantaged people, in order to improve their life chances.**

The starting point for the programme was *Breaking the Cycle (2004)* – ISBN: 1 85112 724 0, a report by the Social Exclusion Unit which took stock of the Government's progress in tackling social exclusion and highlighted priorities for the future. *Improving Services, Improving Lives* is part of the Government's overall strategy to tackle poverty and social exclusion.

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