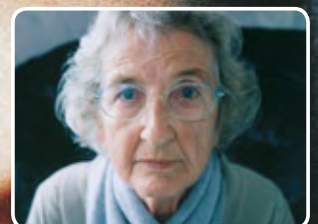
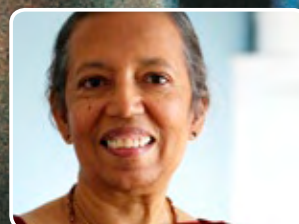
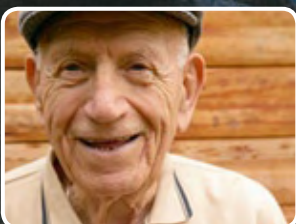


OneVoice

Shaping our ageing society



One Voice

Shaping our ageing society

The four national Age Concerns in the UK have joined together with Help the Aged to form new national charities dedicated to improving the lives of older people.

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OPRSI (Older People Researching Social Issues)

ICM Research

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Foreword



Dear Friend,

I am delighted to introduce the first-ever public policy report from Age Concern and Help the Aged. As a new charity, we are dedicated to improving the lives of older people and *One Voice* is our opening manifesto for achieving that aim.

Last year, between the two charities, we reached over 5 million people with our services. In future, as our society ages and as we face these difficult times, Age Concern and Help the Aged want to reach even more. While we cannot build overnight the flagship services that will enable us to do that, we can speak with one voice from day one, and we are.

One voice means leading the debate on the issues that affect older people. This report sets out the policy agenda and our priorities for change, drawing on the best traditions of the *Age Agenda* and *Spotlight* reports published in previous years. In 2009 we have a unique opportunity to shape our ageing society, with plans for a new government strategy on ageing, a Green Paper on radical reform of the care system, and the coming General Election, in which the UK's 21 million over-50s will have a powerful voice.

That is why the focus of this report is on government-led action. But we know that the private sector and wider society must change too, if we are to effectively prepare for our ageing population. With the recession placing new pressures on the public finances, long-term strategic challenges will need to be solved through partnership, not by public spending alone. As we go forward, Age Concern and

Help the Aged will look beyond influencing government to engage with businesses, civil society and people of every age.

This report is based on evidence and analysis drawn together by the Age Concern and Help the Aged policy team. Fundamental to that is our engagement with older people themselves: not just listening to what they say but acting on it too. So, this report does not just set out what Age Concern and Help the Aged think matters, but what older people themselves have told us.

Our priorities are clear. We want a commitment to ending pensioner poverty; legislation to outlaw all forms of age discrimination; and reform of care and support that guarantees better quality, improved access and fair, affordable funding arrangements.

Over time we will shape a world in which all older people flourish. That is a hard task but it is an aspiration that I hope you share. We do not claim to have all the answers but we know that, working with you, we will have the best chance of finding them. Let the debate begin!

Best wishes,

A handwritten signature in dark ink, which appears to read 'Tom Wright'.

Tom Wright, CBE

Chief Executive
Age Concern and Help the Aged

Indicators at a glance

1	People aged 65+ who believe that politicians see older people as a low priority	68%	No change
2	People aged 65+ who believe age discrimination exists in the everyday lives of older people	60%	Worsened
3	People aged 65+ who believe age discrimination still exists in the workplace	60%	No time series
4	People aged 65+ who believe that once you reach very old age people tend to treat you as a child	53%	Worsened
5	People aged 65+ who believe that those planning services do not pay enough attention to older people	52%	Worsened
6	Pensioner poverty: proportion of pensioners with less than 60% of median income after housing costs	19%	Worsened
7	Take-up of Pension Credit by older people who are eligible	59–67%	No change
8	Employees who are currently covered by a non-state pension scheme	56%	Improved
9	People aged 60+ who avoid heating rooms in their homes to save money	36%	Worsened
10	Households with someone aged 85+ who has no bank account	7%	No change
11	People aged 65+ with unmet need for help with everyday household tasks	410,000	Improved
12	Households receiving low-level home care	67,000	Worsened
13	People receiving home care	347,000	Worsened
14	Difference between average weekly fees for residential care and the standard council payment	£60	No change
15	People aged 65+ receiving Direct Payments	27,000	Improved
16	People aged 65+ who say their quality of life has deteriorated over the last year	24%	Worsened
17	Years of future disability people aged 65 today can expect	6.9 years Men 9.2 years Women	Men No change Women Worsened
18	People doing recommended levels of exercise	19% 65–74 6% 75+	65–74 Improved 75+ No change

19	People aged 75+ readmitted to hospital as an emergency within one month of discharge	149,000	Worsened
20	People aged 65+ who think health and care staff do not always treat older people with dignity	64%	No time series
21	People aged 65+ who say they are lonely	11%	No change
22	Households including someone aged 60+ living in a home in poor condition	35%	No time series
23	Excess winter deaths among people aged 65+	21,000	No change
24	People aged 75+ who find it very difficult to access doctor; post office; supermarket	<div>9% Doctor</div> <div>10% Post office</div> <div>10% Supermarket</div>	D: No change PO: Improved S: No change
25	People aged 65+ who leave their home once a week or less	6%	No change
26	People aged 65+ who believe the country fails to make good use of the skills and talents of older people	76%	No time series
27	People aged 50+ who are unemployed	312,000	Worsened
28	People aged 60+ who are participating in state-funded learning	168,000	Worsened
29	People aged 65+ who have never used the internet	70%	No change
30	Older people who are participating in formal volunteering at least once a month	<div>28% 65-74</div> <div>21% 75+</div>	65-74 Worsened 75+ Worsened
31	Proportion of the world's population aged 60+	11%	Increasing
32	Proportion of people aged 60+ who live in developing countries	64%	Increasing
33	People aged 60+ who are living on less than a dollar a day	100 million	No time series
34	Proportion of all world deaths due to non-communicable diseases in older people	44%	Increasing
35	Proportion of all those with dementia, worldwide, who live in developing countries	60%	Increasing



'The politicians are trying. They do their best but there are so many of us now. They haven't much time for us. There are other things going on in the world that they have to look after. I am only a little blip.'

1 Overview

Seven priorities for action

Equal citizens, equal rights: outlaw mandatory retirement ages

Enough money: roll out automatic payment of benefits

My life, my care: spend an extra £1–2 billion on older people's care as part of any fiscal stimulus

Staying well, feeling good: re-direct the NHS to prevent and manage common conditions of ageing

Places to age in: a national 'offer' and brand for local older people's services

Opportunities and contributions: 'age-proof' employment and skills support to help older workers cope with recession

Acting globally: work towards a UN convention on the rights of older people

Age Concern and Help the Aged, the UK's two leading charities for older people, have come together to speak with one voice. Influencing public policy is at the heart of our mission. In the UK, it is clear that nothing short of radical government-led change will ensure that all older people are able to live life to the full in the decades ahead. This report sets out our agenda for action.

Overseas, the challenges are in some ways even greater. Age Concern and Help the Aged have a mission to think and act globally. While this report focuses mainly on domestic policy in England, and in the UK, our campaigning will cover international issues too. Chapter 8 sets out our priorities in this area.

Both charities have proud campaigning legacies. Working together, we have forced politicians to address pensioner poverty and reform the pension system, radically changed the public services older people experience, and witnessed the first steps towards outlawing age discrimination. Over the last two decades the experience of ageing has improved for many. In the UK, life expectancy at 65 has risen, the proportion of pensioners living in poverty has

dropped, waiting times for healthcare have fallen, greater numbers of older people have a say in the decisions that affect them, and many have had the chance to work for longer.

But the work is far from over. Loneliness, depression, poverty and neglect still blight the lives of millions of older people. Long-term poverty in the UK remains twice as common once people reach state pension age.¹ Public attitudes to older people are stuck in the past. The care and support system for older people is on the brink of collapse. And older people's experiences of exclusion, isolation and neglect have been largely ignored. Inequalities remain stark between rich and poor, healthy and ailing, in-touch and isolated, and distinctions of gender, race and disability continue to define life chances. Individual human tragedies lie beneath the statistics, often hidden from view. So we will work together with passion and determination to shape our ageing society, representing older people's interests at the heart of power.

As our two organisations come together, societies are ageing ever more rapidly. By 2025 the number of people worldwide aged over 60

will exceed 1 billion, and by the 2050s there will be more people over 60 than children under 14.² In the UK, in 2009 the number of people in the UK aged over 65 will exceed 10 million for the first time. In 20 years' time that figure will have risen by half again, and the number of over-85s will have doubled.³ Our societies will need to adjust to having more older people, which has implications ranging from pensions provision to the design and funding of essential services such as care and health. But personal adjustments will be just as important: individuals need to prepare for longer working lives and longer retirement.

These are exciting but precarious times. The foundations for how our nation will age in the decades ahead are being laid today. The decisions we make now will determine whether or not we can face our ageing future with a sense of optimism and opportunity. We must not underestimate the scale of the challenge, given the depths of poverty, isolation and disadvantage that so many older people face. These are defining moments not just of the ageing agenda, but of our age. Together we will seize the opportunities before us.

2009: a time of uncertainty

In the past year the world has changed, and as Age Concern and Help the Aged come together the state of the economy is the defining issue of our time. We are living through a period of economic, political and personal insecurity which will not leave older people untouched. The speed and intensity of the downturn have sent shockwaves through our political system, forcing a reassessment of our previous certainties. When older people cast their votes they will be thinking first and foremost about the economy, just like everyone else.

In 2008 the oldest and poorest pensioners were hit hardest by rising cost of living, especially the price of food and fuel.⁴ The financial crisis is causing acute concern for people with savings and pensions. With the recession now hitting the real economy, people in their 50s and 60s are fearful of a premature end to their working life, at a time when they can least afford it.

Responding to recession We will urge the Government to act now to limit the

Age Concern and Help the Aged

One Voice is the successor to the annual policy reports previously published by Age Concern England and Help the Aged. It sets out our new agenda for public policy, based on a comprehensive analysis of recent developments. Key issues are brought to light by 35 statistical indicators drawn from government data as well as new polling commissioned for the report. We have also commissioned original qualitative research, carried out by a group of older researchers, to provide first-hand evidence of older people's experiences. Other first-hand testimonies have been gathered by the two charities over the past year.

Influencing public policy is just one way in which Age Concern and Help the Aged will work to improve older people's lives. The private sector has a critical role to play and we will work to shape markets by influencing companies and developing our own innovative products. We are also the largest provider of services to older people after the NHS. We will continuously improve our services both to help individuals directly and to identify and spread effective practice to all agencies working with older people.

As a combined charity, Age Concern and Help the Aged conducts UK-wide and international policy work on behalf of the three new national charities in Scotland, Wales and Northern Ireland. This report focuses mainly on issues affecting England or the whole of the UK. The geographic scope of the first seven chapters of the report is Great Britain or the UK for policy issues reserved to Westminster, and England in the case of devolved matters. Chapter 8 addresses international issues.

impact of the recession for people of over 50. In particular, action is needed to prevent unplanned early retirements, since long-term economic sustainability is dependent on average working lives continuing to lengthen. People who are close to retirement must not be permanently disadvantaged by the timing of this recession. Older people with modest incomes of which a large proportion comes from savings or investments have also been badly hit. The Government should explore options for providing targeted help to these groups.

Public spending In response to the slowdown the Government has chosen to pump money into the economy now, including making cash payments to older people. This is clearly welcome, but it will be followed by painful cutbacks tomorrow. Some £5 billion has been slashed from 2010 budgets and by 2013–14 public spending is projected to have fallen as a share of GDP by 2.5 per cent – the equivalent of £37 billion.⁵ This is just at the time when the effects of ageing will begin to hit the public finances, with the Treasury estimating that over the next decade the share of GDP spent on age-related expenditure must rise by 1.6 percentage points simply to maintain current services.⁶ A £50 billion hole in the public finances is opening up, with the risk of deep cuts in frontline services.⁷

The implications for older people – who, of all groups in society, are most dependent on public services and social security payments – cannot be ignored. All the political parties must pledge to prioritise their needs and ensure they do not suffer disproportionate hardship. Public money will need to be used more effectively, across organisational boundaries. For example, there is now clear evidence that prioritising prevention over acute NHS services in the allocation of new resources will deliver better outcomes.

The public finances are not a bottomless pit and tough choices will have to be made. Adapting to an ageing society requires changes by businesses, civil society and individuals, not just more public money. But politicians must not shrink from tackling long-term strategic challenges, even where that means opening up new debates about the future scale of spending. With an increasing older population

'I have not been able to pay about six instalments on my mortgage and my lender has taken me to court [to] repossess my home. I have borrowed from friends and owe on my cards and other loans as well. I didn't know I could get help from the state. I have now applied for Pension Credit and Disability Living Allowance, hoping they will be able to help me with my day-to-day expenses. I don't see any light at the end of my tunnel.'

and rising aspirations for provision, over the medium term choices will need to be made about whether the share of GDP spent on key public services should grow.


Whatever the economic conditions, the need for a new ageing strategy, for age equality, for care reform and for action on poverty remains no less pressing. The current context will make these debates more challenging, but avoiding the issues is no longer an option.

Long-term challenges for an ageing UK

We make no apology for focusing on long-term challenges, even at a time of crisis. Without concerted effort now there will be no improvement for future generations of older people.

Our population is ageing more rapidly than anyone expected. The rising proportion of older people has been long predicted, with the gradual progression of the post-war baby boom towards retirement. But demographers have been startled by the persistent and rapid rise in average life expectancies, with each generation outliving the last by years, not months.

The resulting growth in the proportion of people aged over 65 has already forced new thinking in the fields of pensions and employment policy. Now we are turning another demographic corner, with the long-term decline in the number of deaths in



'I do not think the government is the slightest bit interested in us ... They just put up with us ... They just hope we will go away.'

England and Wales reversing.⁸ This is a critical moment for our health and care services because the main driver of use in these areas is the number of people in the last year or two of their lives. With morbidity on the rise, the implications for the taxpayer are unavoidable. Alongside changing demographics, three other key trends will shape our ageing society.

Income Under the Government's current plans for pension reform the proportion of older people in poverty is set to remain stubbornly fixed at about 20 per cent.⁹ None of the political parties has a clear strategy for helping the poorest fifth of older people to enjoy the living standards most people take for granted. This contrasts with the positive record of the last decade, during which pensioner

poverty fell by one-third and also with current all-party support for reducing child poverty. Our polling shows that almost 9 out of 10 people think that the Government should match its pledge to end child poverty with a similar pledge to end pensioner poverty.¹⁰ Without new ideas and leadership pensioner poverty will continue to scar society.

Poor health Even though life expectancies have been improving rapidly, older people can today expect to live for longer with poor health than in previous generations.¹¹ Men are catching up with women in the risk they face of living with chronic illness. And rising life expectancy is doing nothing to reduce health inequalities. People from manual occupational backgrounds in their 50s experience the

'I am 64, an invalid and getting very worried about the way fuel prices are going up even more ... I think you are going to see a lot of older people dying this winter as the older people I talk to are just giving up ... Some are saying they would be better off dead.'

same health as people from professional backgrounds in their 70s, while black and Asian older people are more likely to have long-term health conditions than their white counterparts.¹² The quality of older people's lives will deteriorate if these trends continue. A new approach to health promotion across the life course and a radical overhaul of health and care services will be needed to reverse the trend.

Social and technological change The pace of social and technological change is faster than ever. With each new wave of technology there is a fresh challenge to ensure that older people are able to stay in touch with the mainstream. And many older people are left feeling detached and alone by bereavement, distant families, or the failings of the local community. The homes they are trapped in are often cold and unsuitable, and the quality of housing is improving too slowly. It is the poorest and most disadvantaged older people who suffer from the most persistent and overlapping barriers to social participation.

2009: a time of opportunity

Despite the economic problems, 2009 presents several major opportunities for radical responses to these long-term challenges. Each is a chance to set a new course for our society so that growing older can be a time of dignity, independence and opportunity. But with the stakes so high the opportunities cannot be wasted.

Social care reform The year 2009 is 'make or break' for social care. The current system is in crisis and the Government's ambitious 'transformation' agenda will fail without extra resources. A keenly awaited Green Paper promises to set out options for the reform and

funding of care and support. As the numbers of people with disabilities or long-term health conditions rise and expectations increase, the current funding arrangements are at breaking point. Failure to act will mean unmet need, misery and preventable deaths. We will use the consultation to urge all political parties to commit to decent services with improved quality and access. And we will call for a new funding settlement which means that everyone is entitled to help with the costs of care, through a combination of general taxation and new revenue-raising mechanisms. Radical reform will require bravery and resolve. We will argue that tough choices cannot be dodged.

A new strategy for ageing In June 2009 the Government is launching its new strategy for an ageing society. A renewed sense of purpose and a more joined-up, strategic approach to ageing is urgently needed. We have campaigned for a bold and ambitious programme. There should be a powerful central function with responsibility for delivery as well as for championing older people's interests across government and exerting pressure on local agencies responsible for delivery.

A bold new strategy will ruffle feathers, challenge old habits and make tough new promises which are hard to keep. But without it our public services will continue to fail the growing army of older people they are there for. We will fight for a strategy that is truly fit for the 21st century.

Age equality The Government has committed to outlawing age discrimination in goods and services and to requiring public bodies to 'age-proof' all their work. But action is needed to hold politicians to this pledge and also to ensure that the detail and timing of the new provisions reflect the urgency of the issue. In 2009 we will be pushing for the Equality Bill to include binding commitments on the timing for the implementation of the new law, and also to outlaw indiscriminate forced retirement. We will also push for early secondary legislation that is free from loopholes and sets out a rapid timetable for implementation. An end to ageism is an ambitious target; challenging long-standing prejudices and overturning lazy practice will not be without cost, but the alternative is

Our vision for a new ageing strategy

Hearts and minds The Government's new strategy must set out achievable proposals for influencing companies to adjust and prepare for our ageing society in all their activities, from design to employment practice. For example, with spending by over-65s worth £91 billion in 2007, the power of the 'grey pound' should be promoted to business, particularly during difficult economic times.¹³ The strategy must include plans to ensure that individuals are supported to prepare for their later life, with timely and practical information, communications and advice. And it must set in train a sustained programme to change public attitudes to ageing and older people.

Public services The strategy is an opportunity for bold and ambitious efforts to join up and improve services for older people, by pooling budgets and sharing objectives between different providers, nationally and locally. Integrated service models and a clear 'offer' for older people should be available nationwide. Public services should be designed on the basis of what people say they value and need, with the diversity of the population in mind and with 'age-proofing' embedded within them. This should be backed up by national and local performance targets and by duties to protect human rights, promote age equality and plan for an ageing society. The quality of services and the way they treat people should be as important as their quantifiable outputs.

Reaching the most excluded

The Government's current agenda for social exclusion does little to tackle the issues faced by older people. It is simply unacceptable that local and national government do not take the exclusion suffered by older people – such as isolation and loneliness – as seriously as other forms of social breakdown. The ageing strategy will have failed if it is simply a charter for the majority. Instead, it should have a particular focus on the most disadvantaged older


people, recognising the need for targeted interventions that reach out to the most excluded. Services should be local, non-stigmatising, tailored to individual need and seamlessly integrated. Interventions at transition points such as bereavement are particularly important.

Information, advice and advocacy

Proper information, advice and advocacy services will be the foundations upon which the Government's new strategy will stand or fall. With the Government placing increasing emphasis on individual choice and control, and expecting ordinary people to take greater responsibility for their interactions with public services, these services can no longer be seen as optional extras but must be regarded as a basic right. Despite positive noises from various quarters of government, a clear strategy and sustained funding for information, advice and advocacy have not followed. Failure to provide these services is no longer an oversight but a dereliction of duty.

'Nothing about us without us' Older people should be involved in decisions relevant to their lives at individual, local, regional and national level. Building on the recent Independent Review of Older People's Engagement with Government, the strategy must ensure that it becomes second nature for services to involve older people in decisions. Engagement must be properly structured and resourced to avoid tokenism, ensure the full diversity of the older population is involved, and support people to make informed recommendations.

Incentives and monitoring If the Government's new strategy is to be effective we will need a more robust framework of national and local measures and performance targets including more measures of relevance to older people in the Comprehensive Area Assessment and Public Service Agreement framework.



'I am eligible for Attendance Allowance, but with all the hassle it would be to get it, it is all beyond me at the moment and I shall carry on as I am with chronic disabilities and constant pain.'

© Bananastock

rejection and exclusion. We will challenge prejudice wherever we find it.

Poverty in later life There must be an end to the cosy consensus that the war on pensioner poverty is over. Planned legislation to enshrine the government's child poverty targets in law will beg the question 'why not older people too?'. We will seize this opportunity to advocate for those older people whose lives are blighted by low income. In 2009 the government must test new ways of paying people benefits automatically, so that the very poorest older people no longer miss out on the help to which they are entitled. The government must also ensure that energy companies pass on anticipated reductions in energy costs, end unfair pricing policies that penalise the poorest and do more to ensure people can reduce fuel bills with modern insulation and heating. Ending poverty will not be easy, but not to do so condemns thousands of individuals to a life of daily grind and misery. We will ensure that politicians face the human reality of pensioner poverty.

The General Election Though the date of the next UK General Election has yet to be confirmed, its proximity is already shaping our politics. All politicians need to court the 'grey vote'; the proportion of people aged over 55 who are 'absolutely certain' to vote is 69 per cent, compared to 53 per cent of the general population.¹⁴ In European and local elections, too, older people will hold significant power. We will help politicians understand the concerns of older people in advance of these elections by providing members of all parties with the chance to hear what older people think. We will also press all parties to commit to a clear agenda for older people in their manifestos, including radical commitments on reducing pensioner poverty and legislating to deliver social care reform which improves access, raises the quality of services and secures long-term financial sustainability. We will ensure that politicians cannot ignore the priorities of older voters.

¹ Households Below Average Income – 1994/5–2006/7, Department for Work and Pensions, 2008. The quoted figure is before housing costs.

² World Population Ageing 2007, United Nations, 2007

³ Principal population projections, 2006 base, Government Actuary's Department

⁴ Leicester, A et al, *The Inflation Experience of Older Households*, Institute for Fiscal Studies, 2008

⁵ Green Budget 2009, Institute for Fiscal Studies, 2009

⁶ Long-term Public Finance Report, HM Treasury, 2008

⁷ Age Concern/Help the Aged estimate based on Green Budget 2009 and Long-term Public Finance Report, 2008

⁸ Gomes, B and Higginson, I, 'Where people die (1974–2030): past trends, future projections and implications for care', *Palliative Medicine*, Vol. 22, No. 1, 2008

⁹ Brewer, M et al, *Pensioner Poverty over the Next Decade: what role for tax and benefit reform?* Institute for Fiscal Studies, 2007


¹⁰ Age Concern/ICM Polling, January 2009

¹¹ Health Expectancies in the United Kingdom 2004–6, *Health Statistics Quarterly* 40, ONS, 2008

¹² Marmot, M et al (ed), *Health, Wealth and Lifestyles of the Older Population in England: the 2002 English Longitudinal Study on Ageing*, Institute for Fiscal Studies, 2002; Katbamna, S and Matthews, R, *Ageing & Ethnicity in England*, Age Concern England, 2007

¹³ Estimate based on *Family Spending 2008*, Office for National Statistics, 2008

¹⁴ Ipsos MORI polling, 2008

A portrait of a woman with dark, curly hair, wearing a bright blue top and a necklace with a large, circular, gold and green pendant. She is looking directly at the camera with a neutral expression. In the top right corner, there is a blue speech bubble containing a quote.

*'Public facilities are
not orientated towards
older people.'*

2 Equal citizens, equal rights

1	People aged 65+ who believe that politicians see older people as a low priority	68%	No change
2	People aged 65+ who believe age discrimination exists in the everyday lives of older people	60%	Worsened
3	People aged 65+ who believe age discrimination still exists in the workplace	60%	No time series
4	People aged 65+ who believe that once you reach very old age people tend to treat you as a child	53%	Worsened
5	People aged 65+ who believe that those planning services do not pay enough attention to older people	52%	Worsened

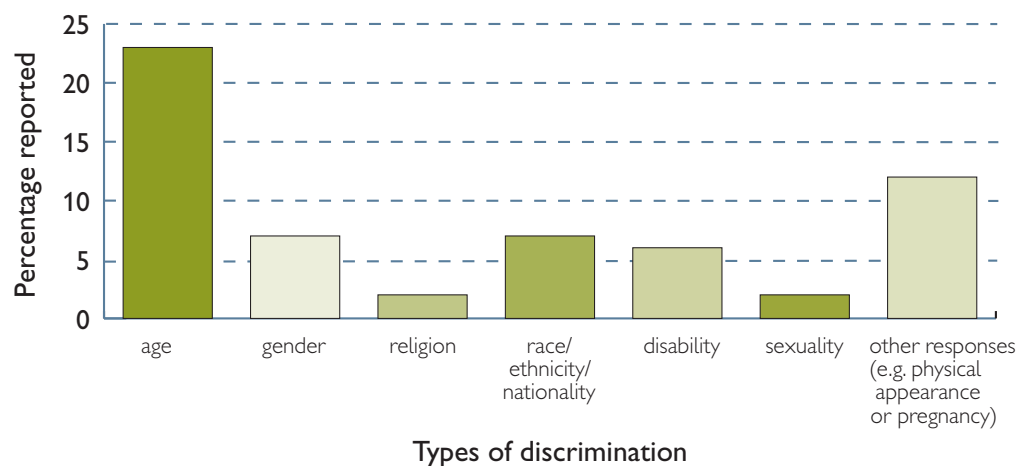
Devolution watch Equality legislation applies to Great Britain and human rights to the UK. Mental capacity legislation applies to England and Wales only.

Our vision is of a world in which older people can play a full and active part in the workplace and in their communities without fear of discrimination. Today, negative attitudes about ageing and older people scar our society, leaving many feeling like second-class citizens. Older people feel their voices are ignored and, despite their numbers, they are not a priority for the political elite (**indicator 1**). As separate charities we had a proud history of campaigning on age discrimination. Together we will be even more forthright in challenging outdated prejudice. We have a long way to go before ageism becomes as unacceptable in our society as racism or sexism.

We are delighted that the Government is currently legislating to outlaw age discrimination in goods and services and to place a duty on public bodies to 'age-

proof' their work. This year we will support parliamentarians in scrutinising the legislation to ensure it is robust and free from loopholes. We will also press the Government to pass secondary legislation with detailed provisions in advance of the General Election as well as arguing for early implementation of the law. We will act to raise awareness of workplace age discrimination law, which has been in force since 2006. As the economy moves deeper into recession, the legislation is facing its first real test: older workers deserve a level playing-field if they face redundancy or are seeking work. We will push for 2009 to be the year when the government legislates to outlaw indiscriminate forced retirement, not least by continuing our judicial review of the existing provisions on retirement.

Figure 2.1 Types of discrimination reported



Source: *Ageism in Britain 2006*, Age Concern, 2008

Ageism

Ageism is more commonly experienced than any other form of prejudice. **Figure 2.1** shows that in 2006 nearly a quarter of all adults (23 per cent) reported having experienced ageism at least once during the previous year.¹ Increasing numbers of older people recognise age discrimination as part of their daily lives. **Indicators 2** and **3** show that 60 per cent of people aged over 65 believe that age discrimination affects older people's everyday lives, with just as many identifying it in the workplace. Older people feel infantilised (**indicator 4**) and perceive that their views and interests do not count (**indicator 5**).

The unequal outcomes that older people experience – in the workplace and in accessing goods and services – are often underpinned by ageist attitudes. And there is evidence that older people absorb these prejudices as negative self-stereotypes. This can lead to reduced expectations in later life and unwillingness to challenge or even recognise unfair treatment. Our society should not be content to leave ageism unchallenged. The UK Government should follow the example of the Scottish Government by funding and evaluating activity to promote awareness of ageism and challenge attitudes.

Many older people also experience multiple disadvantage – for example, as older people from minority ethnic groups,² as older mental health service users,³ and as older lesbians

and gay men.⁴ The launch of the Equality and Human Rights Commission (EHRC) – which opened for business in October 2007, but is only now implementing its first full strategy – presents an opportunity to look at the issues faced by older people in the round, picking up on intersectional discrimination. The EHRC must develop expertise on older people and establish itself with the Government and the wider public as a true champion of age equality. Urgent work should include programmes to challenge age prejudice and change attitudes to older people; rigorous enforcement of legislation on age discrimination in employment; and work with public bodies to promote 'age-proofing' and age equality schemes as a good practice approach.

New equality law

The Labour Party's 2005 manifesto pledged to introduce an integrated Equality Bill, covering all dimensions of discrimination, during the lifetime of the current Parliament. Following years of campaigning by Age Concern and Help the Aged, in June 2008 the Government confirmed that the Bill would include new protection against age discrimination.

The Bill will introduce a duty requiring public bodies to promote equality with respect to gender, race, sexual orientation, religion and belief, disability and age. Where an age equality duty already exists (for example, in Northern Ireland), it has led to improved consultation

with older people and the 'age-proofing' of public services. Clearly, more needs to be done in this area, given the growing numbers of older people who feel that they are not listened to (**indicator 5**). Over the coming year, the detail of the new integrated duty will be developed. We will press for the legislation and guidance to be robust and clear, with a focus on action to tackle age issues. We will also press for a greater focus on older people in public authorities' promotion of equality with respect to disability, race, gender, sexual orientation and belief.

The Government has also announced its intention to prohibit age discrimination in the provision of goods, facilities and services (GFS). Age discrimination in goods and services can be a matter of life and death – for example, when ageist attitudes among clinicians prevent older people from accessing potentially life-saving treatments. Even when it is not as obvious as this, it stops older people enjoying their lives to the full and participating in society.⁵ The new protection must be implemented without delay.

Government exhortations to end age discrimination in health and care date back to 2001, but it remains a daily reality. In some cases discrimination is blatant and formalised, such as restrictions on access to mental health services and some screening programmes. At other times it arises in frontline practice, such as patronising and disrespectful behaviour in the delivery of basic care or discriminatory decision-making in diagnosis and treatment. In social care, older people often receive smaller packages of care than those for younger people with similar needs, and far less emphasis is placed on helping them to remain socially engaged.⁶

The Government's reference to age discrimination in the new NHS Constitution is welcome. But for this to mean anything, the legislation banning age discrimination in health and social care must be free from loopholes so that resources can be allocated on the basis of need, not assumptions relating to age – and it must be brought in quickly. The Equality Bill will create a framework for the law; however, the timing and detail will be set out in secondary legislation. It is essential that tough regulations are in place by the next General Election.


'The insurance ended up being more expensive than the holiday itself. For me, being without insurance would mean not seeing my son.'

The Bill should also state a cut-off date for implementation, so that this is not pushed into the distant future.

Discrimination in the provision of insurance and other financial services threatens older people's independence and increases isolation. About 95 per cent of annual travel policies impose upper age limits, and older people often face huge hikes in their insurance premiums when they reach a certain age.⁷ This can prevent older people from travelling to see family overseas and taking holidays abroad, and penalises older people who rely on their cars for essential journeys. Legislation must ban age discrimination in financial services, including the practice of refusing older people a quote, but the law should allow different treatment on grounds of age where it is a proportionate response to evidence of risk.

Sometimes age-based rules exist for a good reason: for instance, when they are beneficial in terms of social policy. For example, free bus travel for older people promotes independence and participation, while young adults also benefit from many tailored services. The law should allow a wide range of positive measures based on age, and should allow age-based differences when these are objectively justified by evidence.

Equality law is also being debated at EU level. In July 2008, the European Commission published a draft directive to tackle discrimination outside the labour market on grounds of age, disability, sexual orientation, religion and belief. The Directive is now under consideration by relevant committees of the European Parliament, and will ultimately need unanimous support across the EU at the Council of Ministers. It is likely to be some time before it is approved and implemented. Therefore, while the Directive is very welcome, its development must not be used as an excuse to delay UK legislation to advance protections against age discrimination.



'There is an ageist attitude throughout a lot of industry, where they would rather pay someone who is younger less, and expect a lower level of capability.'

Age discrimination in employment and training

People aged over 50 continue to experience widespread discrimination in employment and work-related training, with 60 per cent of older people believing that age discrimination in the workplace persists (**indicator 3**). However, surprisingly few claims have been made since the introduction of laws outlawing age discrimination at work.⁸ The Government and the Equality and Human Rights Commission need to promote the law more vigorously, particularly with regard to fair redundancy and recruitment at a time when jobs are disappearing and more people are seeking work.

The implementation of the Employment Equality (Age) Regulations 2006 was also blighted by the inclusion of controversial exceptions allowing employers to use mandatory retirement ages of 65 and over

and to refuse to recruit people above this age. Since that time thousands of people have been forced to retire and 18 per cent of employers expect to use mandatory retirement more often now the country is in recession.⁹ We have taken the Government to court to test the compatibility of these exceptions under European law.¹⁰ The High Court will rule on the issue at some time in 2009 and until then cases of forced retirement are being put on hold by employment tribunals.

When the employment regulations were introduced, the Government promised a review of the law on forced retirement in 2011. However, we believe the law should be changed now, as part of the new Equality Bill. In the current economic climate, in which older workers are even more vulnerable to discrimination, it is vitally important that a clear message is sent that age cannot be assumed to be linked to ability.

Human rights

The Human Rights Act (HRA) was enacted in 1998 and has been in force for over eight years, but weaknesses in leadership have prevented the Act's potential from being realised. Public bodies still view the HRA defensively, rather than using human rights as a positive tool to improve services. The Joint Committee on Human Rights found in 2007 that this was particularly true for health and social care used by older people, and there has been little progress since then.¹¹ We believe the Government should take a lead in promoting human rights, while the proposed British Bill of Rights should extend rather than reduce existing human rights protection.

In 2008 the Government amended its Health and Social Care Bill to extend the protection of the Human Rights Act to residents of independent care homes who are funded by the state. This followed sustained pressure from a coalition of organisations including Help the Aged and Age Concern. However, people arranging their own care were excluded: they should be brought within the scope of the HRA as a matter of urgency.

The Department of Health has taken some welcome steps. For example, the Human Rights in Healthcare pilots in five NHS trusts, which build on best practice from the voluntary sector, aim to introduce human rights-based approaches to service delivery.¹² The Department of Health should build on the foundations laid in the NHS Constitution by further improving NHS practice in relation to human rights.

Mental capacity

The year 2008 was the first full one after the Mental Capacity Act 2005 came into force. The law promises to offer protection to

hundreds of thousands of older people who lack capacity to make some or all decisions for themselves. Over the last 18 months significant implementation problems have emerged, in relation to the process of obtaining Lasting Powers of Attorney, the exercising of the duty to appoint Independent Mental Capacity Advocates (IMCAs) and other aspects of professional practice. It is therefore welcome that the Ministry of Justice has announced a review of the implementation of the Act, starting with improving the Lasting Power of Attorney forms, and changing the way deputies are supervised. The review must be widened to include health and social care issues. It should lead to action to ensure that older people's experiences are in line with the core principles of the Act, with better training, tougher sanctions for non-compliance and wider availability of advocates.

In April 2008 new Deprivation of Liberty safeguards were introduced to address the concern that some older people may have been unlawfully deprived of their liberty. Under these measures, care homes and hospitals must request authorisation if they need to deprive a person of their liberty in order to provide care and no other, less restrictive, alternative exists. We are concerned that the new system is too complex and we will be monitoring implementation carefully. In particular, we want to ensure that the least restrictive alternative is always chosen and that the recommendations of Best Interests Assessors and supervisory bodies are followed. Where older people are deprived of their liberty their care and accommodation should be provided free of charge, as for other groups whose liberty is curtailed on the authorisation of the state.

¹ *Ageism in Britain 2006: an Age Concern research briefing*, Age Concern England, 2008

² *Growing Older in a Black and Minority Ethnic Group*, Age Concern England, 2006

³ UK Inquiry into Mental Health and Well-Being in Later Life, *Improving Services and Support for Older People with Mental Health Problems: the second report from the UK Inquiry into mental health and well-being in later life*, Age Concern England, 2007

⁴ *Too Old: older people's accounts of discrimination, exclusion and rejection*, Help the Aged, 2007 and *Issues facing Older Lesbians, Gay Men and Bisexuals*, Age Concern, 2002

⁵ UK Inquiry into Mental Health and Well-Being in Later Life, *Promoting Mental Health and Well-being in Later Life: a first report from the UK Inquiry into mental health and well-being in later life*, Age Concern England/Mental Health Foundation, 2006; *Insurance and Age: exploring behaviour, attitudes and discrimination*, Age Concern and Help the Aged, 2007; *Age Discrimination in Public Policy*, Help the Aged, 2002; *Everyday Age Discrimination*, Help the Aged, 2004; *Age of Equality? Outlawing age discrimination beyond the workplace*, Age Concern England, 2007

⁶ *Age of Equality? Outlawing age discrimination beyond the workplace*, Age Concern England, 2007

⁷ *Insurance and Age: exploring behaviour, attitudes and discrimination*, Age Concern England and Help the Aged, 2007

⁸ *Annual Report and Accounts 2007/8*, ACAS (2008); in 2007/8, the first full year of operation of the Regulations, the Advisory Conciliation and Arbitration Service (ACAS) reported receiving 2,652 employment tribunal cases for conciliation where age discrimination was a primary or secondary cause of complaint – compared to 9,407 for sex discrimination

⁹ *Labour Market Outlook, Quarterly Survey Report, Autumn 2008*, CIPD/KPMG, 2008

¹⁰ *HM The Queen (on the application of the Incorporated Trustees of the National Council on Ageing) v Secretary of State for Business, Enterprise and Regulatory Reform*

¹¹ *The Human Rights of Older People in Healthcare*, Joint Committee on Human Rights, 2007; *On the Right Track? A progress review of the human rights of older people in health and social care*, Age Concern England, 2008

¹² *Human Rights in Healthcare: a framework for local action*, Department of Health, 2008



*'Every Monday I get £125...
by the time you've saved
up, bought food and paid
bills you've nothing left for
yourself.'*

3 Enough money

6 Pensioner poverty: proportion of pensioners with less than 60% of median income after housing costs

19%

Worsened

7 Take-up of Pension Credit by older people who are eligible

59–67%

No change

8 Employees who are currently covered by a non-state pension scheme

56%

Improved

9 People aged 60+ who avoid heating rooms in their homes to save money

36%

Worsened

10 Households with someone aged 85+ who has no bank account

7%

No change

Devolution watch This chapter covers the whole of the UK. However, local taxation is a devolved issue and the Scottish government has proposed replacing Council Tax with a local income tax. National administrations also take independent action to tackle fuel poverty.

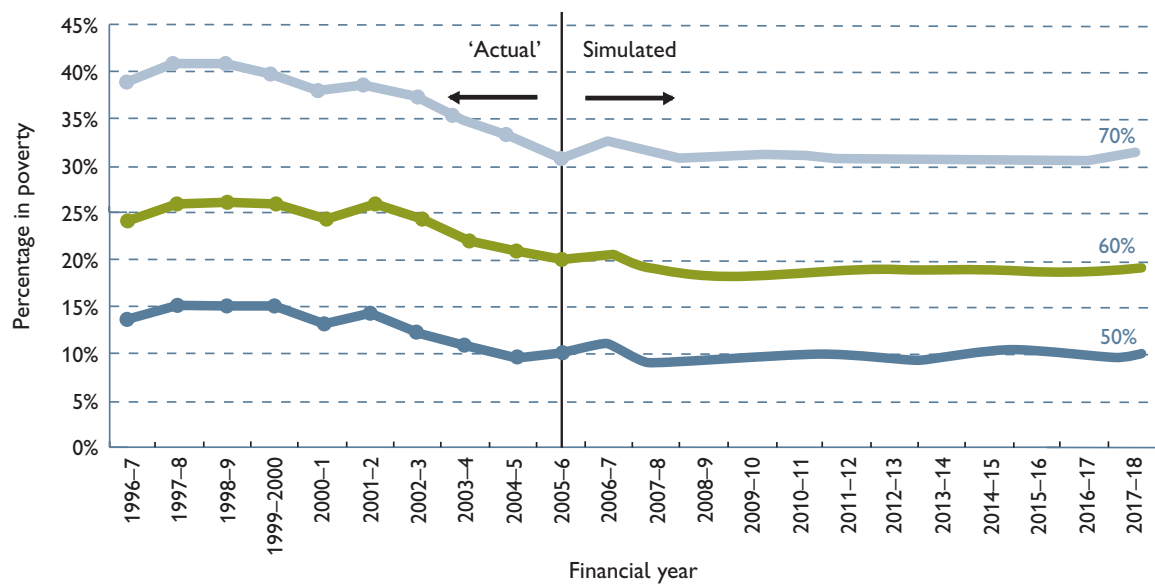
Age Concern and Help the Aged will fight to see that older people in the UK have enough money for a decent retirement. We will prioritise the eradication of pensioner poverty, which still scars the lives of 2 million people, and which, despite good progress over the last decade, has been rising in the most recent year (**indicator 6**). The Government must commit to a goal and timeline for ending pensioner poverty, and introduce reforms to achieve these targets, beginning with a major effort to increase take-up of benefits and working towards the automatic payment of means-tested benefits.

No one should have to endure a calamitous reduction in their standard of living when they retire. People should have the opportunity to achieve a decent retirement income through lifetime savings and taxes, particularly those with moderate and middle earnings. The

pension reform package is a welcome move in this direction, especially the introduction of auto-enrolment into a workplace pension. But, as the foundation of the reforms, the basic state pension must be indexed to earnings immediately, while rule changes benefiting women and carers should apply to people who have already retired. The current economic turmoil is presenting particular challenges for people nearing retirement. The Government should consider specific action to support this group.

We will campaign to ensure that essentials such as food, fuel and other basic services remain affordable to people with fixed incomes. In particular, we will call on the Government to urgently renew its fuel poverty strategy to deliver fairer fuel bills and ensure that older people receive all the help they need to make their homes energy-efficient.

Figure 3.1 Simulations of poverty rate among those aged 65+ (under White Paper reforms) for 50%, 60% and 70% median poverty thresholds



Notes Simulations are based on 'White Paper policies'. The 60 per cent poverty threshold has been calibrated in 2005-6 so that the proportion of the simulated sample of individuals in ELSA aged 65 or over in England in poverty is equal to the proportion of a comparable sample drawn from the official HBAI data-set who have incomes below 60 per cent of the population median. The 50 and 70 per cent thresholds have been calculated by scaling this 60 per cent poverty threshold. All thresholds are then increased by 1.8 per cent in real terms in successive years.

Source: Institute for Fiscal Studies, 2007. Calculations based on simulated ELSA data.

We will also press for reforms to Council Tax, to create a fairer system that is more closely related to ability to pay.

Finally, older people need support to manage their money in this fast-changing world. The causes of financial exclusion and abuse are complex and varied, as are the solutions. Industry, regulators, the Post Office and government must all work to offer appropriate financial services and assistance to people in retirement. Services should be fully accessible to older people, based on principles of inclusive design, and special support must also be available where the circumstances demand it, especially with regard to disability or potential abuse.

Pensioner poverty

Over 2 million pensioners live in poverty in the UK today, yet if poor older people were to claim all the benefits to which they are entitled many would be lifted out of poverty.¹

Indicator 7 shows that between one-third and two-fifths of people who are eligible for Pension Credit are not claiming – up to 1.8 million households. Take-up of Council Tax Benefit by pensioners is even worse.²

Improving pensioner incomes not only reduces poverty but also promotes health and well-being and supports local economies. In the 2007 Comprehensive Spending Review the Treasury replaced previous targets to improve benefit take-up with a neutral indicator that simply tracks the rate of pension poverty, and has no associated local targets. **Figure 3.1** shows that under current government plans improvements made over the last ten years have given way to a decade in which poverty will remain at unacceptably high levels. This contrasts with the Government's commitment to progressively eradicate child poverty, which will be enshrined in law in 2009. Tackling pensioner poverty should be a similar priority, with local and national government targets for its reduction and ultimate abolition.

To address the problem of unclaimed benefits, we want the Government to work towards the automatic payment of benefits, removing the onus on older people to apply for help. To do this the Government should make better use of existing official data, and should explore options such as automatically awarding Guarantee Credit to all pensioners for a month upon bereavement.

Additionally, we want to see:

- **properly resourced and maintained local advice services** to assist older people to access their entitlements
- **improved multi-agency promotion of benefits** with public and voluntary organisations working together. NHS services have an important, neglected role in promoting take-up
- **a single telephone line** for claiming Pension Credit (PC), Housing Benefit (HB) and/or Council Tax Benefit (CTB)
- **better sharing of information** so that people who claim HB and CTB directly from their local authority are also asked if they wish to claim PC
- **simplified administration** – for example, the process for claiming PC and Carer's Allowance (CA) should be integrated into a single transaction.
- **recognition of the diversity of older people** – government must take action to address specific barriers to take-up among older people from black and minority ethnic communities, which include low awareness, language barriers and anxiety about claiming benefits.³

Pension reform and saving for retirement

The economic crisis has been very worrying for people saving into occupational and private pensions, with the stock market losing one-third of its value in 2008. This is

likely to accelerate the closure of defined-benefit schemes and leave people in defined-contribution plans – particularly those approaching retirement – concerned that they might get a much lower pension than they had hoped for. The lack of confidence this has created and pressures on household finances could, without action, lead to a reduction in the number of people saving through a pension.

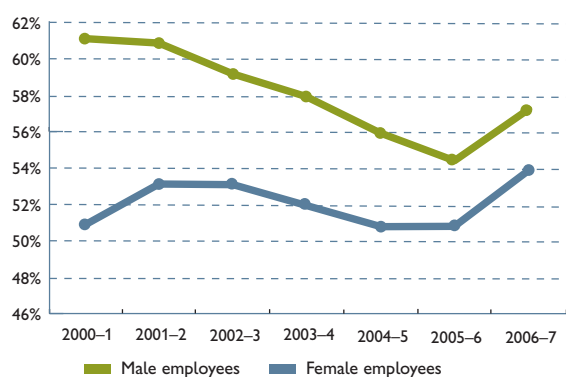
Figure 3.2 shows that the proportion of employees who are actively saving in a pension has fallen over the last decade, although there was an improvement in 2006–7 just before the financial crisis began (**indicator 8**).

This makes it even more important to get pension reform right. Two key pieces of legislation – on state pensions in 2007 and private pensions in 2008 – mean that from 2012 eligible employees will be automatically enrolled into their employer's occupational pension or the new personal accounts scheme – a national investment-based occupational scheme. People will be able to choose to opt out, but if they remain in the scheme they will benefit from a compulsory contribution from their employer.

If the reform is to succeed it is vital that the benefits of long-term saving can be clearly communicated. This has brought into focus the interaction of means-tested benefits with savings and whether it will be worthwhile for everyone to save into personal accounts. The Government undertook a review of incentives to save with input from stakeholders including Age Concern and Help the Aged which reported in early 2009. It is essential that the Government acts on the results of this review to bolster support for, and confidence in, auto-enrolment.

The reform package also brings change to state pensions, the general direction of which we support. However, we are concerned that the reforms do little for those who have already retired. Changes to eligibility for state pensions will help many women and those who have been carers, but will apply only to those reaching state pension age on or after 6 April 2010. This introduces a cliff edge and people whose birthday falls just before that date will get a poorer deal. We believe the changes to pension rules should also apply retrospectively.

Figure 3.2 Employees with non-state pensions



Source: Family Resources Survey United Kingdom 2006–7, Department for Work and Pensions, 2008 (adapted)

The level of the basic state pension at £95.25 remains too low and it is still indexed to prices, not earnings. Under current plans the link with earnings will not be introduced until 2012 at the earliest. In order to maintain living standards annual increases should be immediately linked to increases in average earnings – or inflation if higher. In the longer term we believe the basic state pension should be increased over time to the level of the current pension guarantee credit.

Costs of living

Older people on low incomes are highly sensitive to changes in the prices of essential items, such as food and fuel. **Indicator 9** shows that one-third of older people have avoided heating their bedroom, living room or bathroom to save money. This is vivid evidence of the problem of ‘fuel poverty’, a term used to describe people who need to spend more than 10 per cent of their available income to keep adequately warm. With the cost of fuel increasing by nearly 40 per cent in 2008,⁴ the numbers of older households in fuel poverty increased rapidly, and now stand at about 2.7m in the UK – roughly 1 in 3 older households.⁵

The Government should urgently renew its fuel poverty strategy to ensure it is fit for purpose as prices fluctuate. High fuel costs should be tackled by preventing people who pay with cash, by cheque or pre-payment meter from being overcharged, and by requiring all companies to offer adequate social tariffs. In the long term all homes need to meet modern energy-efficiency standards so that heating the home is always affordable. As a first step, operational difficulties with the Warm Front scheme must be tackled and the scheme must cover the full costs of insulation and central heating for all low-income pensioners.

In 2008 inflation hit older people hard. While the overall inflation rate for the year to September 2008 was 5 per cent, pensioner couples experienced 7.7 per cent, single female pensioners 9.1 per cent, and for pensioners aged 80+ it was 9.8 per cent.⁶ In future we recommend that up-rating linked to prices should be linked to pensioner inflation instead.

Council Tax also tends to rise by more than older people's incomes. For example, the basic state pension has risen by about 45 per

cent since 1997⁷ but Council Tax in England over that time has on average doubled.⁸ Over time we want to move to a system that is better related to ability to pay. The Scottish Government has consulted on moving in this direction with proposals for a local income tax; however, the political parties are divided on how to reform the current system and the matter has been shelved until after the next Scottish elections. While Council Tax remains there need to be short-term reforms to make the system fairer: for example, improvements to benefit take-up and the removal of the current £16,000 savings limit.

Older people who rely on savings to tide them over periods of difficulty or to draw down a regular income have been worried by declining interest rates in recent months. But those affected are relatively small in number; only 2.8 million pensioners have more than £20,000 in savings or investments.⁹ Most of this group are affluent, but we want to see better protection for those with savings who are eligible for means-tested benefits. This can be achieved by changing social security rules to make more realistic assumptions about the income people can expect from savings. In addition the new Savings Gateway scheme should be accessible to people receiving Pension Credit, not just those under state pension age on means-tested benefits.

Managing money

The way we handle money is changing rapidly, leaving some older people behind. Financial exclusion robs many people of their independence and increases the risk of financial abuse. **Indicator 10** shows that 7 per cent of households containing someone aged over 85 do not have access to banking facilities. Even those with accounts may find it hard to draw cash, and the financial crisis has renewed concerns about bank branch closures. Financial service providers need to make accessibility a priority. They should consider sharing bank branches to maintain networks, and making all current accounts accessible at the post office.

The post office network is an important point of access for many older people and we were delighted by the Government's announcement in November 2008 that the contract for the Post Office Card Account (POCA) would



'Being on fixed income, I am beginning to feel the pinch with all these price increases in utilities and services.'

© Photodisc

remain with the Post Office until 2015. However, POCA should also be upgraded to offer a better range of services, such as cash deposits. Meanwhile, a broader vision for the future role of the Post Office is needed.

Although credit use still falls with age, some people approach retirement owing substantial amounts of money. The average amounts owed by unsecured credit users in their late 50s and early 60s are higher than for any other age group.¹⁰ It is therefore vital that money advice services are available to older people.

A number of new initiatives to improve financial capability and access to advice have been established following the Thoresen Review, including the new Money Guidance pathfinder. Money Guidance should be rolled out as soon as possible and these initiatives must be for people of all ages, not just for young people

and those who are still working. Further action is needed to improve information and advice on equity release products, which are still treated with mistrust by many older people, but in some circumstances are a sensible option for untying capital.

Advice, information and education are central to preventing financial abuse. Between 0.5 and 2.5 per cent of all older people living at home admit to experiencing some form of financial abuse.¹¹ In November 2008, the Department of Health consulted on steps that should be taken to reduce financial abuse. We have called for a Financial Abuse Taskforce to develop a framework for tackling financial abuse, with responsibilities imposed on all relevant agencies. The FSA should engage with the Taskforce under its statutory objective of reducing financial crime.

¹ Households Below Average Income – 1994/5–2006/7, Department for Work and Pensions, 2008. People over State Pension Age living in households with incomes below 60 per cent of the contemporary median (adjusted for household size): 2.1 million after housing costs; 2.5 million before housing costs

² Income-related Benefits: estimates of take-up in 2006–7, tables 2.1 and 4.1, Department for Work and Pensions, 2008

³ Barnard, H and Pettigrew N, *Delivering Benefits and Services for Black and Minority Ethnic Older People*, Department for Work and Pensions, 2003

⁴ Consumer Price Index time series table mm23: annual percentage change 1989 to 2009, Office for National Statistics <http://www.statistics.gov.uk/statbase/TSDdownload2.asp>

⁵ Age Concern and Help the Aged estimates for 2009 updating figures in *The UK Fuel Poverty Strategy, 6th Annual Progress Report*, Department for Business, Enterprise and Regulatory Reform, 2008

⁶ Press release 14 October 2008, Institute of Fiscal Studies http://www.ifs.org.uk/pr/households_inflation.pdf

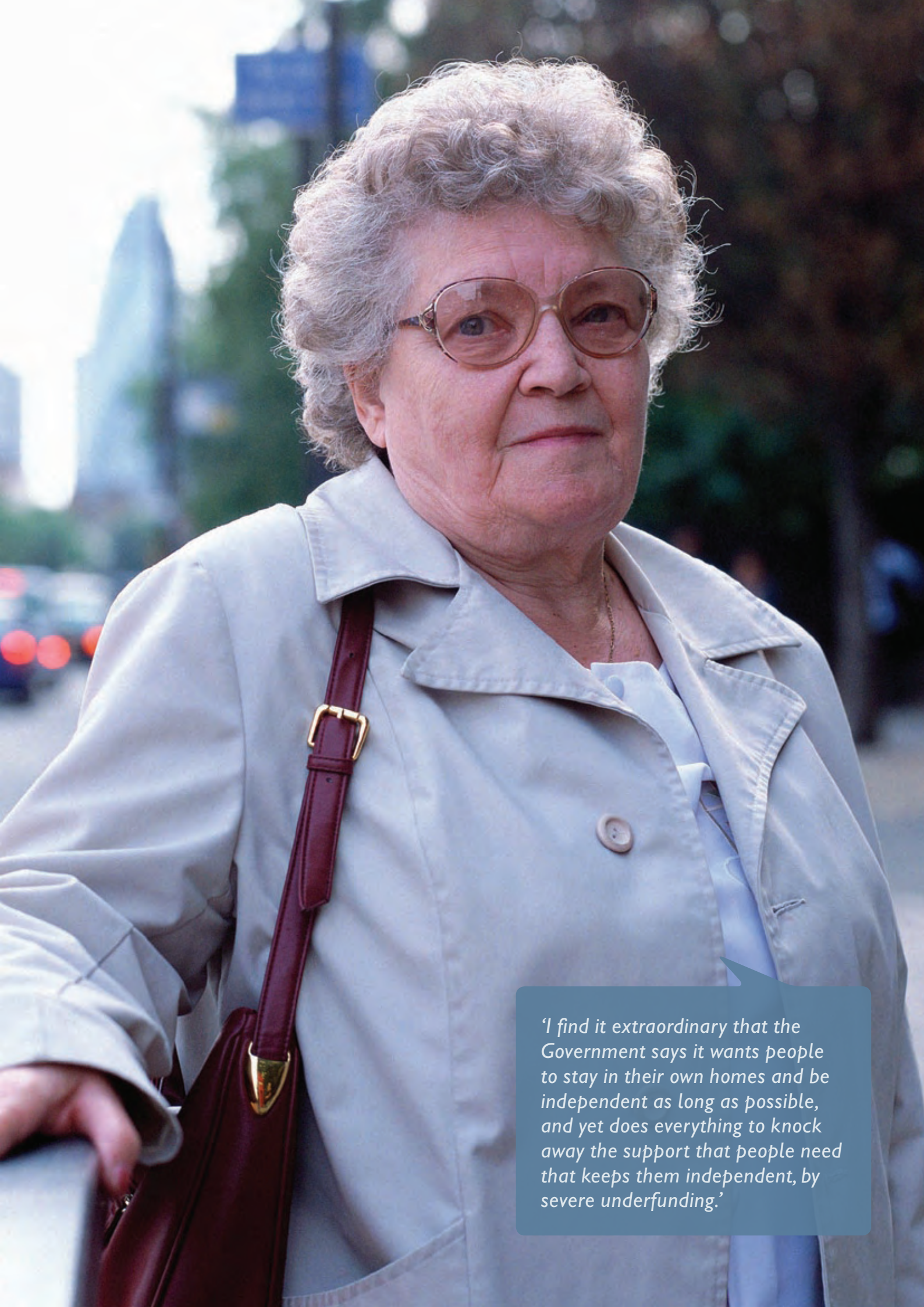
⁷ Written answer by Mike O'Brien, 10 January 2008 <http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080110/text/80110w0008.htm#08011072002354>

⁸ Levels of Council Tax by Local Authorities in England, Statistical Release, Office of the Deputy Prime Minister, 2006, and *Updated Council Tax Levels set by Local Authorities in England*, Department of Communities and Local Government, 2008

⁹ Households Below Average Income – 1994/5–2006/7, Department for Work and Pensions, 2008

¹⁰ Debt and Older People, Help the Aged, 2008

¹¹ *The Financial Abuse of Older People: a review from the literature*, Help the Aged, 2008



'I find it extraordinary that the Government says it wants people to stay in their own homes and be independent as long as possible, and yet does everything to knock away the support that people need that keeps them independent, by severe underfunding.'

4 My life, my care

11 People aged 65+ with unmet need for help with everyday household tasks



12 Households receiving low-level home care



13 People receiving home care



14 Difference between average weekly fees for residential care and the standard council payment



15 People aged 65+ receiving Direct Payments



Devolution watch This chapter relates to England only.

In his 2008 speech to the Labour Party Conference Gordon Brown made a firm commitment to renew England's ailing social care system. He promised '*dignity and hope for everyone in their later years*'. Age Concern and Help the Aged will make sure he delivers on that promise – and that all political parties enter the next General Election with radical plans for improving care.

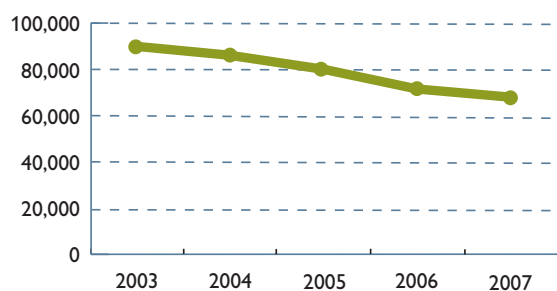
Older people's care and support is facing meltdown. We will press the Government to make an urgent cash injection now as well as planning long-term reforms. We support the Government's programme for the transformation of social care, but will argue for a more balanced approach that emphasises preventative interventions and improved access to information, advice and advocacy. We will also call for a fair, national system for assessing need and allocating resources, rooted in entitlement to clearly defined outcomes.

The Government has promised radical proposals for the long term. In 2009 it must deliver. Age Concern and Help the Aged will fight tirelessly for a new settlement that secures dignity and quality of life for all older people. We will not accept 'sticking-plaster' solutions that leave vulnerable groups without the quality services they deserve. We will champion the case for new investment in care services, and encourage debate about new ways to raise the revenue that will be needed.

Social care in crisis

Social care is today in crisis and will get worse without extra resources. Many older people's experience of care falls far short of acceptable standards. There is insufficient care available, with almost half a million older people saying they need but do not receive help with everyday tasks (**indicator 11**). In recent years eligibility for services has been tightened in many parts of the country, with the result that

Figure 4.1 Number of households receiving low-level home care



Source: *Community Care Statistics 2007: home care services for adults, England, NHS, 2008*

the number of people receiving a low level of support has fallen significantly (**indicator 12** and **figure 4.1**).¹ Moreover, those who do receive services are often dissatisfied with the volume and quality of care.²

The Government has promised reform in the longer term, but if there is to be a system to reform, more money is needed now. For years now the number of people aged 65+ receiving home care has been falling as councils have transferred resources to helping the most disabled people stay out of care homes (**indicator 13**).³ Funding for care homes continues to deteriorate as well. Councils pay well below the true market rate in many parts of the country, although there are wide regional variations (**indicator 14** and

figure 4.2), with the difference made up either through 'top-up' payments by family members or by requiring self-funding residents to cross-subsidise local authority fees. Costs have also been contained by restricting the amount of income that local authority-funded residents are allowed to keep for personal expenses to an unrealistically low figure of £21.90 per week.

Local government finances are under severe pressure and councils' net expenditure on older people's care has fallen in real terms from its level two years ago, even as the number of people aged over 85 has continued its rapid rise.⁴ To reverse this situation there must be immediate investment of £1 billion to £2 billion in older people's care as part of any fiscal stimulus to revive the economy and support employment.⁵ This will start to improve the quality and scope of services and enable local authorities to meet their current statutory obligations. The first priority for extra spending must be to ensure that there is fair and consistent eligibility for services across the country and that everyone who may need care and support can access the advice and support they require to arrange services – whether this is home care or help to find a care home. Although this is a large spending increase for a service with a net budget of only £6 billion, it is a small fraction of NHS spending – and equivalent to the amount under-spent by the health service in England in 2008–9.

Figure 4.2 Difference between average weekly fees for residential care and the standard council payment (regional averages)



Source: Laing and Buisson, 2008

The Government's transformation agenda

In late 2007 the Government launched Putting People First, a new concordat on care and support promising a transformation in the way social care is delivered. The new framework defines care and support broadly to encompass services which contribute to quality of life and well-being – including, for example, social opportunities, leisure and learning, not just those focused on securing 'life and limb'. It also placed welcome, and long overdue, emphasis on the importance of early intervention and prevention. But while these aims are laudable they stand no chance of being achieved from within current resources, with the continuing trend for fewer people to receive low-level packages of care (**indicator 12**).

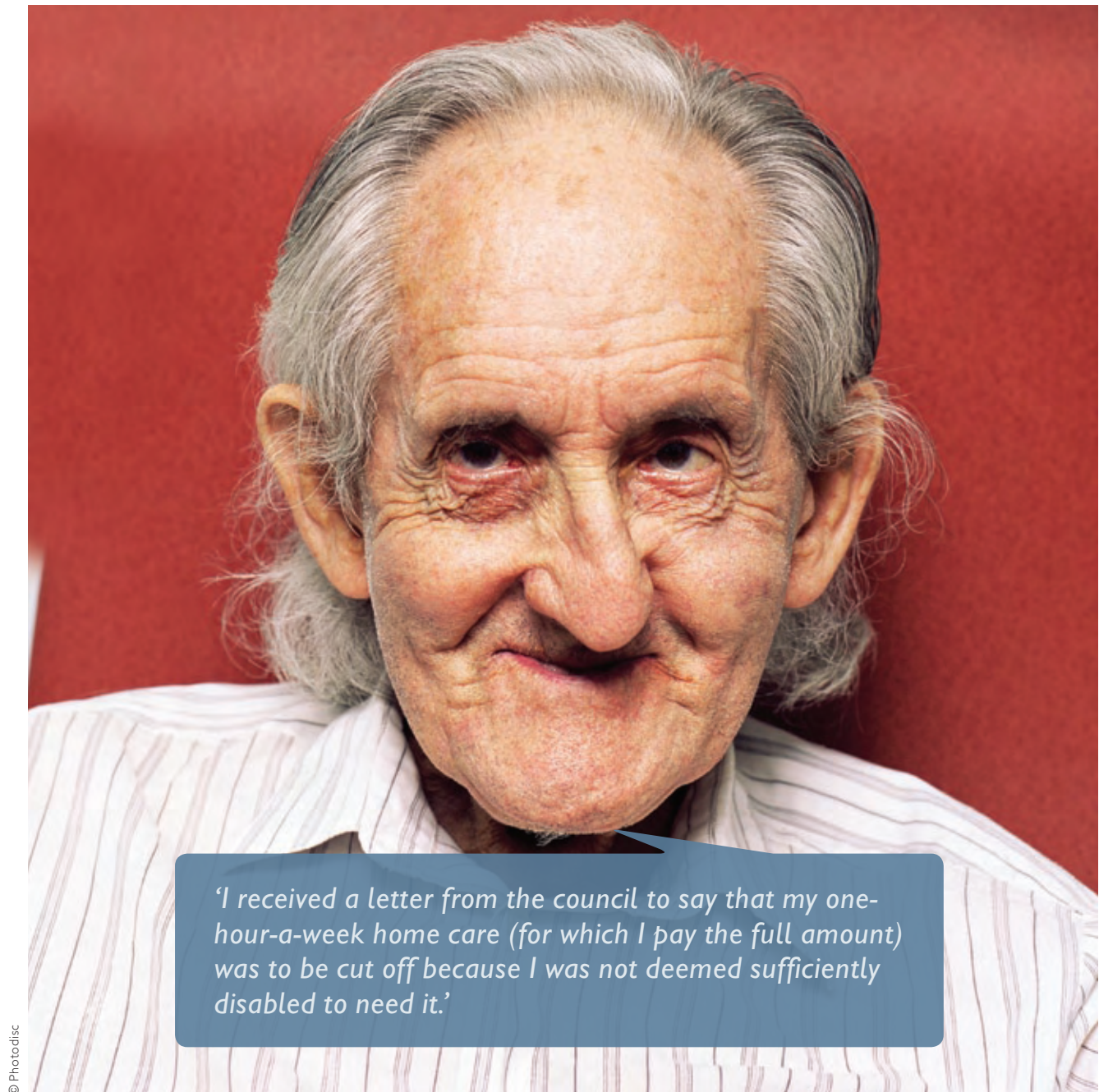
In 2008, evaluation of the Partnerships for Older People Projects showed that a range of early intervention services come close to paying for themselves simply in terms of the savings they realise in terms of acute hospital admissions.⁶ This has added to the case for primary care trusts and councils to jointly commission preventative services by transferring resources from acute care. However, there is no sign of widespread change and Putting People First does not appear to be acting as a catalyst. If local commissioning does not prioritise early intervention we will press for a stronger lead from the Government – for example, with respect to allocation of future Department of Health spending.

The aspect of the transformation agenda which has received most attention is 'personalisation' – the idea that care and support services should be shaped by the person who receives them, rather than by the commissioner or provider. The flagship policy of the personalisation agenda is 'personal budgets' – whereby service users are given budgets to spend in order to meet outcomes agreed with social services. Budgets can be taken as a cash payment or as a 'notional budget' with the local authority spending the allocation at the individual's behest. **Indicator 15** shows that the number of older people receiving cash payments is now rising rapidly, albeit from a low base.

'I feel somewhat cheated in that I have to pay for all the welfare and the care that I get, whereas if I had spent the money rather than saving it I would get it for free. It seems all wrong to me.'

As part of the 2007 concordat local authorities agreed to move all their service users on to personal budgets between 2008 and 2011. This agreement was made before an evaluation of the programme of individual budget pilots had been published. When the evidence was eventually released in autumn 2008 it showed that older people fared less well with individual budgets than with traditionally commissioned services.⁷ This could be the result of poor implementation – with older people being pressurised to accept cash payments instead of a notional budget – or simply because most older people's budgets are too small to give much scope for flexible use. These teething problems must not be used as an excuse to exclude older people from personalisation. But nor should older people be forced into a one-size-fits-all model of personalisation designed to meet the needs of other groups. Older people should have a range of options for using personal budgets, including using a broker, or delegating responsibility for spending budgets to a third party. For personal budgets to work for older people, appropriately tailored information, advice, advocacy and brokerage is essential.

Community care legislation gives people the right to an assessment of need, and to the services they need to meet any qualifying needs. However, there are worrying signals that these rights and entitlements are being disregarded, as local authorities begin to develop new Resource Allocation Systems (RASs) for distributing personal budgets between care users. This is unacceptable. Allocation of resources must continue to be on the basis of an individualised assessment and must be underpinned by a framework of rights and entitlements. The shift from commissioning services to allocating personal budgets is also bringing age discrimination in care into the



'I received a letter from the council to say that my one-hour-a-week home care (for which I pay the full amount) was to be cut off because I was not deemed sufficiently disabled to need it.'

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open. Some local authorities have developed Resource Allocation Systems which allocate different amounts of money to people with the same needs on the basis of their age. The new law on age discrimination will make this practice illegal and in the meantime the Government has said it will issue guidance to crack down on the practice.

Problems with resource allocation, as well as continuing concerns about the postcode lotteries between local authorities, demonstrate the case for a national system for determining eligibility and allocating resources. This option was recommended by the Commission for Social Care Inspection in a review published in autumn 2008. We

are pressing for a system whereby everyone who needs support is allocated the resources required to meet nationally defined outcomes.

A Green Paper on long-term reform

In 2007 the Government announced its intention to review the future of social care. It then spent much of 2008 organising events to hear the views of stakeholders and the public. A Green Paper setting out a range of options is scheduled for spring 2009.

Forging a new future for care will mean difficult decisions: the fact that the Government has begun to grapple with these issues is a positive

sign. As a first step it must acknowledge the need to increase investment in care over the long term. Resources are needed just to provide a decent quality and range of services for people who are currently eligible for means-tested support. But even more money is required if we are to ensure that people with middle incomes or assets do not have to fend for themselves and face the potentially catastrophic financial risk associated with long-term care needs.

We want to see a radical solution that delivers excellent services for the poorest and also offers everyone a degree of collective funding for care and support. We support a model along the lines proposed by the Wanless Review, which suggested that about two-thirds of care costs should be available free from means-testing, with people able to pay extra from their own resources. These new resources could come from general taxation or from alternative revenue-raising that is specifically earmarked for care and support.

Any reform must safeguard the support for people with low-level needs, which currently comes in the shape of disability benefits, and also enable carers to make a contribution on their own terms, not out of desperation. A new system must not build in a 'Berlin Wall' between services for younger and older adults, but should be based on the principles of age equality. It must be clear, transparent, sustainable and fair, providing high-quality care and promoting independence, choice and control.

Support for carers

Unpaid carers provide the equivalent of £87 billion a year in care and support.⁸ It is therefore incumbent on any new system of care and support to ensure that carers get the help they need to carry on their lives, and that no carer is expected to provide more support than they are willing in order to plug gaps in the system.

The position of carers has gained increased attention in the past 18 months with the launch of the New Deal for Carers in 2007 and the refreshed Carers Strategy, *Carers at the Heart of 21st-century Families and Communities*, in summer 2008, which sets out a range of targets and aspirations for the next ten years. However, in spite of these positive developments

pressures on carers are increasing, mainly as a result of the continued tightening of eligibility for social care services.⁹ This can be solved only by adequate funding for social care.

The well-being of carers also needs to be given a higher priority. Carers currently have a right to be assessed but no right to receive the help they are found to need. Even where carers do receive support the aim is usually to help them to continue in their caring role, rather than to ensure they have an acceptable quality of life. Caring often results in physical, mental and emotional stress, and 20 per cent of older carers say they are not in good health.¹⁰ Carers should receive support sufficient to prevent them from having to sacrifice their health, quality of life and financial future. Support for carers, like support for the people they care for, should be based on national entitlements, based on the outcomes services must achieve. Services for carers should be free of charge.

At present many carers suffer financially as a result of their decision to care for someone they love. Carers UK found that 77 per cent of carers who responded to their survey were worse off financially as a result of becoming carers, mostly attributable to the extra costs of disability within the family.¹¹ The position of older carers is particularly difficult because carers who are in receipt of the state pension are not entitled to Carer's Allowance. The Government should urgently review the benefits available to carers and carers over state pension age should receive some financial recognition for the work they do.

Changing patterns of family life, combined with increasing pressures to work longer, mean that our supply of informal care from adult offspring may well reduce in future. And many older people have no children at all, including most gay men and lesbians. One way to address this carer gap would be better support to enable people to combine caring and employment. Measures that might contribute to this aim include work-related support, engaging with employers to promote understanding of the needs of carers and simplification of the benefits system to remove disincentives to working. Caring responsibilities often result in giving up work, so welfare-to-work programmes should prioritise carers wishing to find a job.

Quality, standards and the Care Quality Commission

Older people and their families often worry about the quality of care services and providers frequently fail to meet national minimum standards. For example, less than 70 per cent of care homes meet standards for staff supervision, administering medication, record-keeping or having a care plan for each resident.¹²

Effective regulation is needed to underpin the provision of high-quality care for older people. In April the Care Quality Commission (CQC) took over responsibilities from the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission. It will inspect and regulate care homes, home care and most health services. New registration requirements will follow by April 2010 and will be common to all health and social care services. Different criteria will be used to decide whether or not each type of service complies. However, this still raises questions about whether a single set of regulations can be specific enough to ensure that very different services meet the essential needs of their users. Inspections and assessments must pay close attention to key dimensions of service delivery which we have identified¹³ as important to maintain the dignity of older people and secure their human rights.

The new system is intended to be less prescriptive, to allow providers to be more flexible in responding to the needs of service users, and will see inspection and regulation applied in proportion to risk. Within health services this is often taken to mean just risks to physical safety. However, people depend on health and care services to retain basic aspects of 'personhood' such as dignity, independence and social contacts. For regulation to be effective for older people, it must be proportionate to risks to independence, human rights and dignity.

It is also vital that the CQC uses regulation to drive sector-wide improvement, not just to exclude 'bad apples'. Regulation is an important market-shaper and the new regulator must provide service users, carers and prospective service users with up-to-date information. Funding for regulation must therefore be

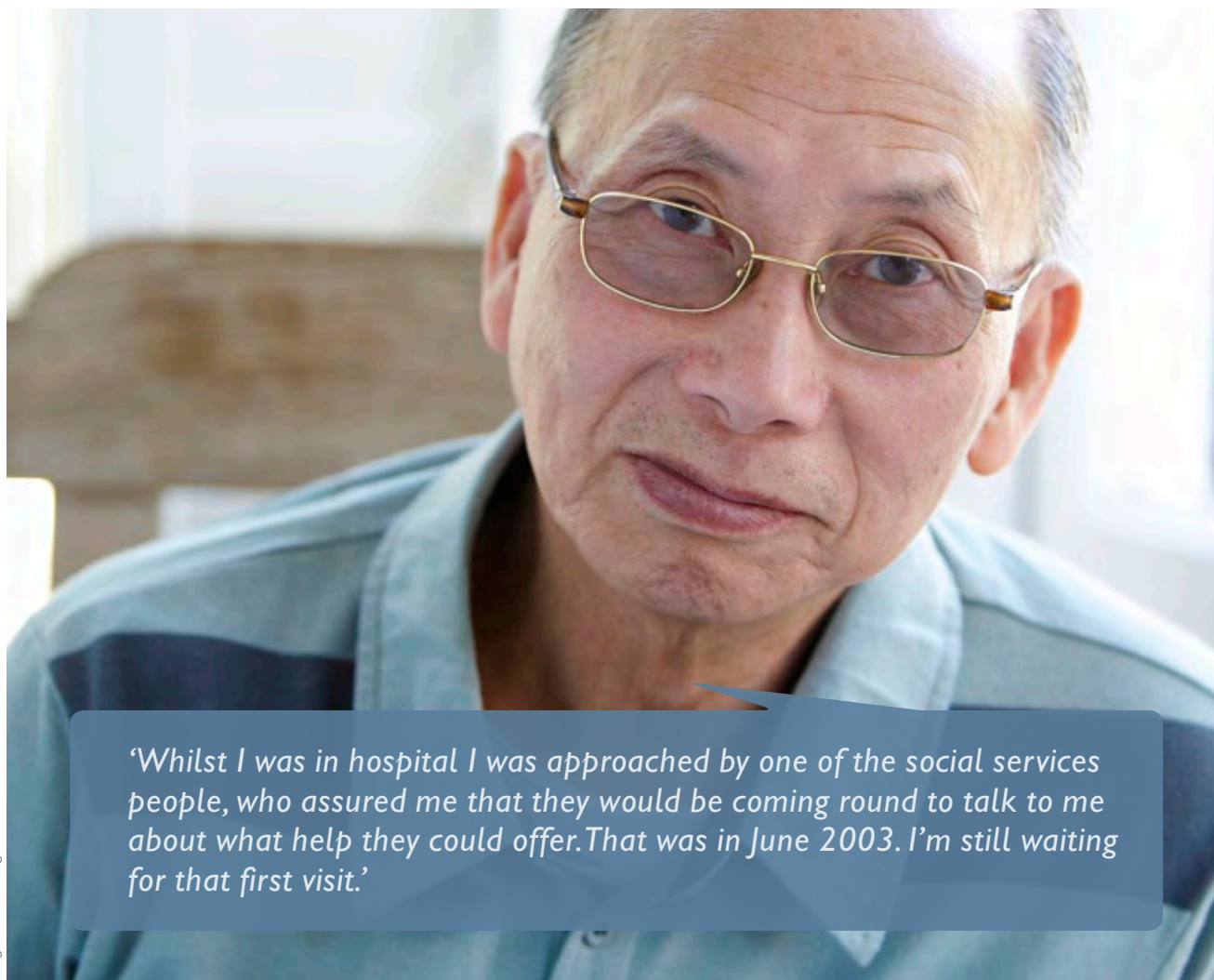
adequate to allow for the regular inspection of both health and social care providers. The move to more targeted inspection should not result in gaps of up to three years between inspections.

CQC must also listen carefully to the views of older service users concerning the health and care services and feed them into its overall assessments. The development of a programme of involvement for users and lay inspectors has been particularly important for the Commission for Social Care Inspection. We believe this represents an important way of ensuring good-quality judgements. CQC should increase the use of lay inspectors and Experts by Experience so that every inspection has an element of lay intervention. Complaints processes need to be accessible to older people and all health and care providers should commit to using complaints to improve services. Given the uneven standard of local complaints resolution processes, the decision to remove the function of independent complaints resolution from the CQC should be kept under review.

Elder abuse

Research on the incidence of elder abuse released during 2007 brought new attention to this shocking issue. The figures suggest that every year an estimated 340,000 older people living in the community are affected by abuse – including violence, systematic undermining of a person's dignity, negligence, and sexual and financial abuse.¹⁴ Further research launched in 2008 and reporting in 2011 will help quantify the scale of abuse in institutional settings.

Elder abuse is a scar on our society. It demands a robust response. Where elder abuse constitutes a criminal act it must be pursued as such and should never be dismissed as a domestic matter, or simply poor practice. Public awareness of elder abuse remains worryingly low, with over a third of people (35 per cent) saying they have not heard of 'elder abuse' and almost a quarter (24 per cent) admitting that they would not be able to recognise whether an older person they knew was being abused.¹⁵ Older people often do not report abuse, either because they are concerned about reprisals or victimisation, or because they are afraid of irrevocably damaging family relationships. In



'Whilst I was in hospital I was approached by one of the social services people, who assured me that they would be coming round to talk to me about what help they could offer. That was in June 2003. I'm still waiting for that first visit.'

some respects the plight of victims of elder abuse resembles that of victims of domestic violence. Similar efforts are needed to bring the issue out of the shadows and to protect the rights of victims in a way that is sensitive to their needs and wishes.

The Government is reviewing *No Secrets*, the guidance that currently exists to protect older people from abuse – and is considering whether there is a case for new legislation in this area, following Scotland's lead.¹⁶ At present the guidance places responsibilities on local authorities to protect vulnerable adults, but

does not require action from other agencies such as the police. Many Adult Protection Co-ordinators have told us they lack the authority to ask other agencies, such as the police or the housing department, to be part of a Safeguarding Adults Committee. This hinders effective investigation and preventative work. We believe that legislation is necessary to ensure all agencies play an active part in tackling and preventing abuse. New legislation would also bring welcome focus to the issue, raising public and professional awareness.

¹ *The State of Social Care*, Commission for Social Care Inspection, 2008

² *Q is for Quality: the voices of older people on the need for better-quality care and support*, Age Concern England, 2008

³ *Community Care Statistics 2007: home care services for adults, England*, NHS, 2008: table 6 shows that the majority of expenditure is on people aged 65+

⁴ *Personal Social Services Expenditure and Unit Costs: England 2007/8*, Department of Health, 2009, and *Personal Social Services Expenditure and Unit Costs: England 2006/7*, Department of Health, 2008

⁵ Age Concern estimate from *The Case for Change: why England needs a new care and support system*, Age Concern, November 2008

⁶ *National Evaluation of Partnerships for Older People Projects: Interim Report of Progress*, Personal Social Services Research Unit, 2008

⁷ *Evaluation of the Individual Budgets Pilot Programme: final report*, Department of Health, 2008. The term 'individual' rather than 'personal' budgets was originally used. The first of these terms was intended to refer to a single budget that would bring together social care, housing

support and welfare benefits funding. The term 'personal budgets' is now widely used to refer just to funding from social services

⁸ *Valuing Carers: calculating the value of unpaid care*, Carers UK, 2007

⁹ *We Care – Do You?*, Sheffield Hallam University, 2001; *Annual Report 2005–6*, Commission for Social Care Inspection, 2006

¹⁰ *In Poor Health*, Carers UK, 2004

¹¹ *Caring on the Breadline: the financial implications of caring*, Carers National Association, 2000

¹² *The State of Social Care in England 2007–8*, Commission for Social Care Inspection, 2009

¹³ Levenson, R, *The Challenge of Dignity in Care*, Help the Aged, 2007

¹⁴ UK estimate adapted from O'Keefe, M et al, *UK Study of Neglect and Abuse of Older People: prevalence survey report*, Department of Health/Comic Relief, 2007, and Ogg, J and Bennett, G, *Elder abuse in Britain*, *British Medical Journal*, Vol. 305, October 1992

¹⁵ A survey was conducted by TNS Global among 2,018 adults aged 18+, 6–10 December 2006, throughout the UK

¹⁶ *Adult Support & Protection (Scotland) Act 2007*



'There is a terrible shortage of NHS dentists and the aged cannot get the treatment they need. A friend of mine pulled two of her own teeth out because she could not find a NHS dentist in the district.'

5 Staying well and feeling good

16 People aged 65+ who say their quality of life has deteriorated over the last year

24% Worsened

17 Years of future disability people aged 65 today can expect

6.9 years Men
9.2 years Women
Men No change
Women Worsened

18 People doing recommended levels of exercise

19% 65–74
6% 75+
65–74 Improved
75+ No change

19 People aged 75+ readmitted to hospital as an emergency within one month of discharge

149,000 Worsened

20 People aged 65+ who think health and care staff do not always treat older people with dignity

64% No time series

Devolution watch This chapter relates to England only.

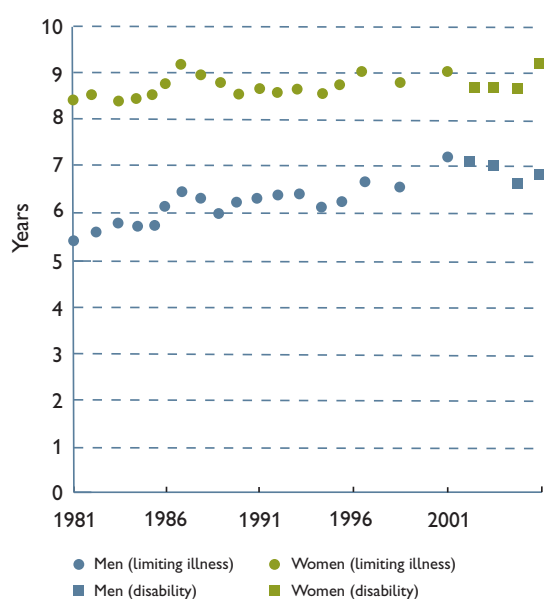
Age Concern and Help the Aged want older people to stay well and feel good, so that they are able to pursue their interests, play an active role in their families and local communities, and live as independently as possible. But a quarter of older people report that their quality of life has worsened over the last year (**indicator 16**). There is significant scope to improve health and narrow health inequalities at all stages of life. We will campaign for all public services, not just the NHS, to carry out their work with lifelong health in mind, as well as the needs of people with health problems.

In 2008 the Government committed the NHS to reforms which put quality at the heart of the service. The reforms are to be led locally, centred on patients' needs and driven by clinicians. The Government also took the historic step of promising an end to age discrimination in health and care services. The challenge now is to see these principles translated into practice, and to this end we

will scrutinise and challenge the NHS at every stage, locally, regionally and nationally.

In 2009 we want to see the new Ageing Strategy commit the government to investment in services to prevent illness and loss of independence and to treat the common health complaints older people face. We will campaign for services and professional training that are organised to reflect population needs and for a 'choice and voice' agenda that responds to what older people say they want, especially those whose views are routinely sidelined. We will also push for more action to place respect for dignity at the heart of care, using practical measures that reflect older people's views and experiences. And we want to see particularly urgent action on older people's mental health, to achieve age equality in the diagnosis and treatment of common mental health problems and a new focus on dementia in health and care services and in research.

Figure 5.1 Average years of disability a 65-year-old can expect before death



Source: Health expectancies in the United Kingdom 2004–6, *Health Statistics Quarterly*, 40, Winter 2008, Office for National Statistics, 2008 (adapted)

Healthy ageing

Life expectancy at the age of 65 continues to rise rapidly. In the 1980s and 1990s it increased by three years for men and by more than two years for women.¹ But **indicator 17** and **figure 5.1** show that there has been no reduction in the years of disability older people can expect.² This trend is linked to the increasing prevalence of chronic health problems in later life. Older people with lower incomes and those from some minority ethnic groups experience significantly poorer health than other older people.³

Older people's ill health is associated with lifestyle across the life course as well as influences beyond immediate individual control, including genes and social conditions. However, there is much that can be done in mid-life and beyond to promote both physical and mental health in older age. A healthy lifestyle, along with screening, assessment and treatment for acute and chronic diseases, all affect the experience of ageing. But public health strategies have not fully embraced the message 'never too early, never too late'. National, regional and local health strategies to promote mental and physical health should address the needs of people through the

whole life course, taking into account health inequalities, gender and culture.

Regular physical activity helps to maintain a healthy mind and body. For frailer people it also reduces the risk of falling, which affects 32–42 per cent of over-75s each year.⁴ Most people in England do not achieve recommended levels of physical exercise, and while an increasing number of people aged 65–74 are taking sufficient exercise (**indicator 18**) levels of activity still decline with age. The Government recently published *Be Active, Be Healthy: a plan for getting the nation moving*.⁵ It is encouraging that the strategy recognises the benefits of physical activity in later life and increases opportunities for older people, including free swimming and organised walks.

Many common conditions experienced in later life are not life-threatening, but if they are not addressed they result in disability and cumulatively they impact on quality of life. Examples include sight loss, hearing loss, incontinence, poor mobility, foot pain, poor oral health and common mental health problems such as depression. Local public agencies should design communities and public services with these common health problems in mind, as part of an age-inclusive approach. Too often older people find that in their locality they cannot access NHS services essential to maintaining good health and well-being, such as dentistry and chiropody. As a result, many older people are forced to choose between paying privately for services or going without. The Government is planning to launch an NHS prevention package for older people as part of its Ageing Strategy: this must include these services.

The NHS response to older people

Older people are the main adult users of most health services. Therefore health service reforms will have a disproportionate effect on them. Yet, in areas ranging from professional education and training to the organisation of care, the NHS often overlooks older people's needs.

Frail older people often need complex support involving a range of public services and a mix of acute and primary healthcare. Co-ordination of services to create seamless pathways remains patchy. **Indicator 19** and **figure 5.2** show a worrying recent trend for rising rates of emergency readmissions to hospital, which

is associated with inadequate support on discharge.

In 2008 Lord Darzi's *NHS Next Stage Review* set the strategic direction for health services over the next decade.⁶ It emphasised local decision-making, responsiveness to patients' needs and an increase in clinical leadership. The report anticipates that older people will expect to have services tailored to meet their needs and to be able to access services at a time and place that is convenient to them. However, the NHS has a poor track record on involving older people in designing services. For example, the 'voice and choice' agenda has focused most clearly on elective treatment, but for many older people the highest priorities are emergency and end-of-life care. As the next wave of NHS reform is rolled out it is essential that responsiveness to patients' needs and co-ordination of services take priority over clinical and organisational interests.

Primary care trusts (PCTs) have the lead role in identifying and meeting the health needs of the populations they serve. The Government has promised 'world-class commissioning' of services to increase healthy life expectancy. It has said that it will tackle health inequalities, linking up health and local authorities so they can plan together. In developing Joint Strategic Needs Assessments, PCTs and local authorities must engage with older people in

their communities, especially those who have the greatest need for support. Older people should be able to contribute information, not only about what their needs are but also about how they would like them to be met.

Older people make greater use of primary care services, especially GP services, than younger adults. As part of the *NHS Next Stage Review*, the Government set out a vision for primary and community services to make them more responsive to people's needs. It is important that this improves access to services for people who currently have problems, including carers and people living in care homes. Steps taken to improve access for workers, such as increasing GP opening hours in the evenings and at weekends, must not disadvantage older people by reducing availability at other times.

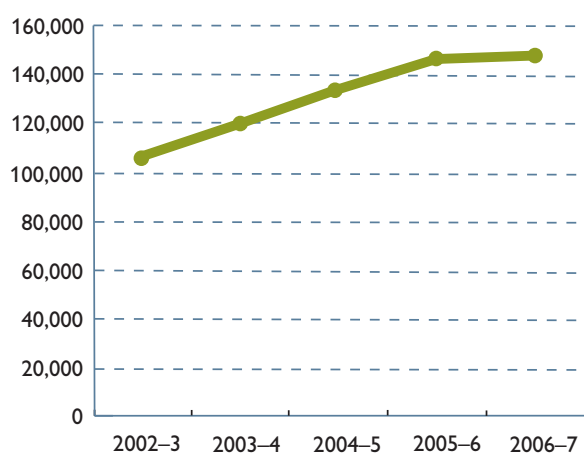
Older people's mental health has remained an area of neglect. Entrenched age discrimination in both policy and practice has been reinforced by the National Service Framework for Mental Health, which has focused on so-called 'adults of working age'.⁷ When the current NSF for mental health expires in 2009 the new approach must be inclusive of people of all ages.

Depression is the biggest single mental health problem in later life, affecting up to a quarter of all older people.⁸ In most cases depression goes unrecognised and people do not get the support or treatment they could benefit from. GPs must improve their diagnosis of depression and other common mental illnesses in older people. A full range of treatments should be available regardless of age, including psychological therapies.

The launch of the first national dementia strategy is a welcome step in tackling the stigma faced by people with dementia and could help to improve the support that they and their families receive. It should also lead to a new focus on dementia and cognitive impairment in the funding of health research.

The majority of older people die in hospital but most would prefer to die at home, or in a care home if that is their place of residence. The Department of Health's End-of-life Care Strategy⁹ and a report from the National Audit Office¹⁰ have both highlighted the gap between people's wishes for a good death and the reality of many experiences. It is welcome that

Figure 5.2 Emergency readmissions to hospital within 28 days (people aged 75+)



Source: *Emergency readmissions to hospital within 28 days of discharge from hospital: adults of ages 75+, National Centre for Health Outcomes Development, 2008*

'When I had the stroke I was diagnosed with diabetes and if there had been a better screening system in place in this country for early diabetes in people it would have been picked up in time, I would have been diagnosed, given the right prescriptive medicine for it, and never had a stroke.'

the focus of end-of-life care is moving beyond cancer, which is not the main cause of death for most older people. Services which meet the needs of people with multiple conditions at the end of their lives, and which respect the diversity of their wishes and beliefs, now need to be developed. This demands a focus on the person rather than the diagnosis, excellent co-ordination of care, and an assurance that people will have access to emotional and practical, as well as clinical, support.

The quality of NHS services

Over the last decade clinical outcomes and the volume of provision have improved across most parts of the health service, with older people benefiting from increasingly sophisticated interventions and shorter waiting times for treatment. However, older people have a wider understanding of quality, which includes issues of compassion and dignity in care, and some of the essentials of this care – such as privacy, communication and personal hygiene – have suffered. Such lapses in care equate to an infringement of fundamental dignity and human rights. The NHS Constitution presents an opportunity to restore quality care to the heart of the NHS. The service now needs to make a reality of its guarantees with respect to dignity, human rights and age equality.

Older people are not assured quality care when they use NHS services. **Indicator 20** shows that 64 per cent of people aged over 65 believe that older people are not always treated with dignity by health and care professionals; meanwhile in 2007 less than half (46 per cent) of NHS staff believed that patients were their trust's top priority.¹¹ The statistics on specific aspects of care linked to

people's health – for example, nutrition – are equally worrying. One in 5 older patients in hospitals report that they do not get sufficient help to eat their meals and 6 out of 10 are at risk of becoming malnourished, or their situation getting worse, while they are in hospital.¹² The Department of Health has established a Nutrition Action Plan Delivery Board to help to tackle the problem, but older people's experiences of help with eating in hospital remain very variable.

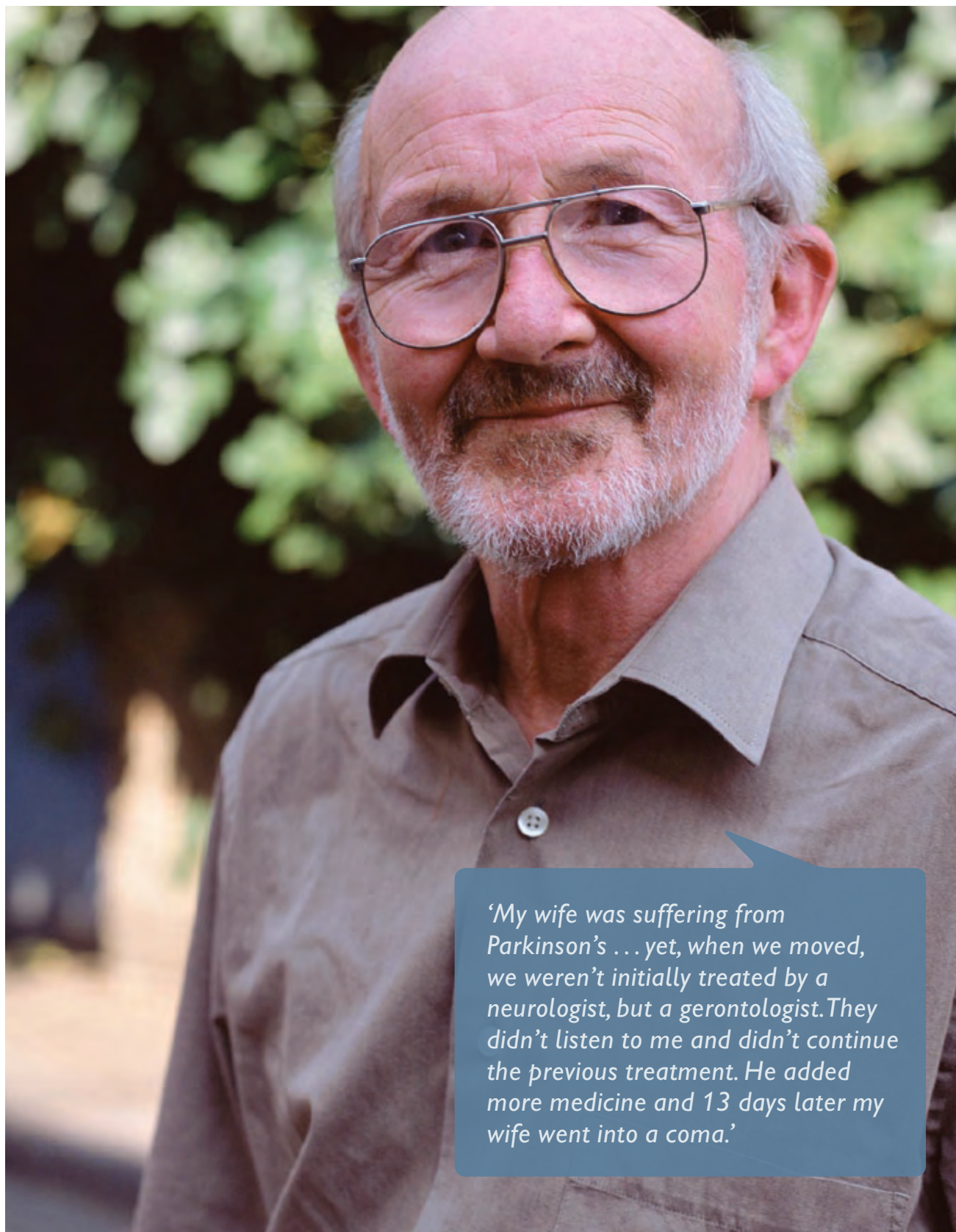
It can be difficult to capture representative feedback on older people's experience of health services. Current methodologies such as surveys usually exclude people who are very frail, have poor literacy or a cognitive impairment, and cannot capture the experiences of those who have died. Definitions of dignity are hard to pin down; however, it is quickly apparent when dignity is compromised.

Following an extensive review of the literature and consultation with older people, we have developed a framework for understanding dignity across nine domains:¹³

- autonomy and choice
- communication
- eating and nutrition
- end-of-life care
- pain
- personal hygiene
- practical assistance
- privacy
- social inclusion.

We want all health providers to adopt person-centred measures of dignity based on this framework. There also needs to be a new approach to the education and training of staff working with older people, with greater emphasis placed on the skills and competencies required to deliver person-centred care to a diverse population.

And finally, there should be greater respect and recognition for those providing care for older people. Currently, relatively few medical and nursing students wish to specialise in the care of older people, but increasingly their patients will be very old. It is essential that the workforce is developed in line with population health needs rather than professional aspirations.



'My wife was suffering from Parkinson's . . . yet, when we moved, we weren't initially treated by a neurologist, but a gerontologist. They didn't listen to me and didn't continue the previous treatment. He added more medicine and 13 days later my wife went into a coma.'

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¹ *Healthy Life Expectancy at Birth and at 65 in Great Britain and England 1981–2001*, Office for National Statistics

² Health expectancies in the United Kingdom 2004–6, *Health Statistics Quarterly* 40, Winter 2008

³ *Health Survey for England 2005: health of older people report*, Department of Health, 2007; *Health Survey for England 2004: the health of minority ethnic groups*, NHS Health and Social Care Information Centre, 2006

⁴ Masud, T and Morris R, Epidemiology of falls, *Age and Ageing*, 2001

⁵ *Be Active, Be Healthy: a plan for getting the nation moving*, Department of Health, 2009

⁶ *High-quality Care for All: NHS Next Stage Review final report*, Lord Darzi, 2008

⁷ *A National Service Framework for Mental Health*, NHS, 1999

⁸ *UK Inquiry into Mental Health and Well-Being in Later Life*, Age Concern, 2007

⁹ *End-of-life Care Strategy: promoting high-quality care for all adults at the end of life*, Department of Health, 2008

¹⁰ *End-of-life Care*, National Audit Office, 2008

¹¹ *National NHS Staff Survey 2007*, Healthcare Commission, 2008

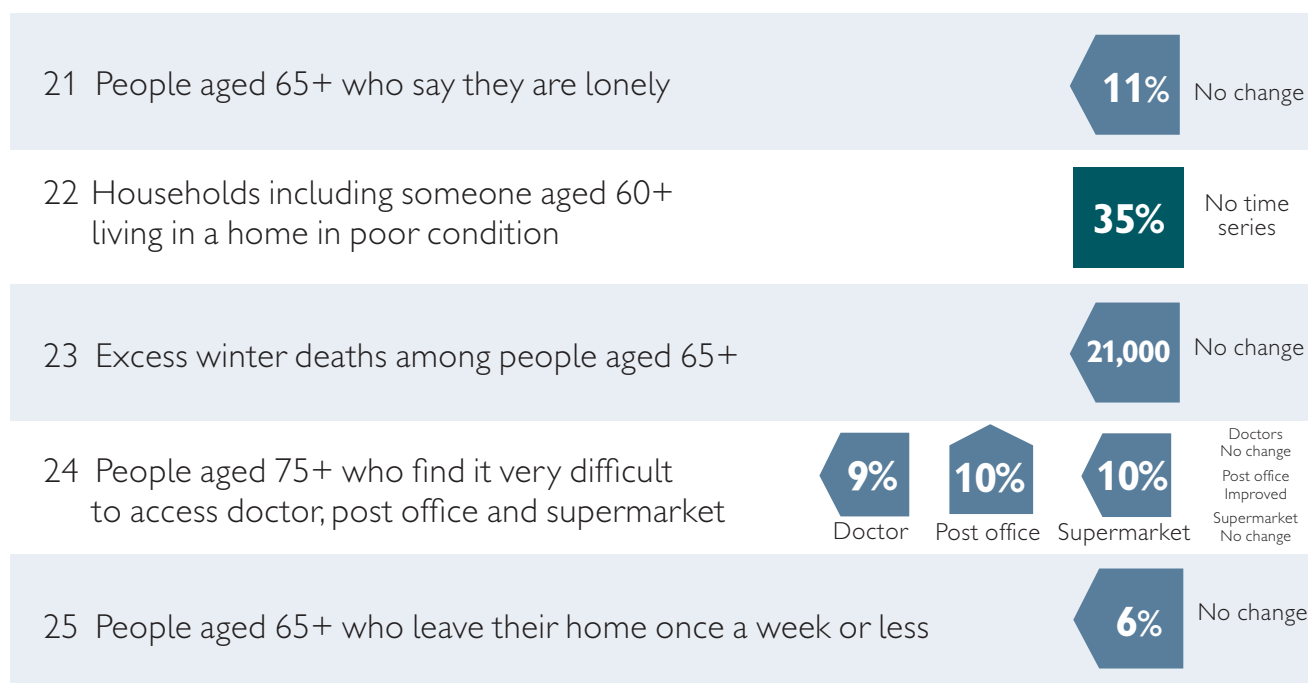
¹² *Hungry to be Heard*, Age Concern England, 2006

¹³ *On Our Own Terms: the challenge of assessing dignity in care*, Help the Aged, 2008



*'Older people are often
frightened of going out late
at night and a good evening is
spoilt by young and old drunks.'*

6 Places to age in



Devolution watch This chapter relates to England only.

Our homes and neighbourhoods are products of the past, ill prepared for our ageing future. Age Concern and Help the Aged will sound the alarm and challenge everyone with responsibility for planning and building our communities to 'age-proof' what they do. We will call for the early adoption of Lifetime Homes standards, make the case for spending on repairs and adaptations, and campaign for warm homes for all. We will promote 'lifetime neighbourhoods' in accordance with our ten-point 'Common Ground' manifesto, which refers to local transport, public spaces and accessible local services.

Neighbourhoods that exclude and disable older people can exacerbate isolation and feelings of loneliness. The number of older people who regularly feel lonely remains stubbornly at about 1 million (**indicator 21**), but in its efforts to tackle social exclusion the Government has ignored this blatant form of social breakdown. Tackling this shameful

situation requires a multifaceted response, with voluntary and public services sharing information and working together to support the most disadvantaged people.

We will campaign for the Government and local authorities to launch a new national brand to bring together local community services for older people. This new 'virtual service' should seamlessly integrate existing preventative support, including both services for all older people and targeted provision for people facing isolation and disadvantage.

Community leadership

In recent years the Government has placed great emphasis on the role of local authorities in shaping the future of communities, as well as simply providing services. Councils are now required to form Local Strategic Partnerships (LSP) and develop Sustainable Community Strategies, working with other local public services and representatives from businesses

'Loneliness is like a cancer. It eats away at you until you feel destroyed and empty inside.'

and community groups. In 2008 each top-tier LSP was required to agree a Local Area Agreement setting out local priorities for the community and to sign up to improve performance against 35 targets from a list of about 200 national indicators.

The national indicator list included three drawn from the Government's Public Service Agreement on improving well-being in later life – healthy life expectancy at 65; older people's satisfaction with home and neighbourhood; and older people's support to live independently. However, only a handful of LSPs selected these three targets, while the two other priorities in the PSA – 50+ employment and pensioner poverty – were not even included in the national list. With most LSPs prioritising measures relating to specific services rather than the well-being of the population, the aspiration that they should work to holistically shape the community seems distant. As the process evolves we will work at local and regional level to push for LAAs to become more ambitious for older people. At national level we will call for improved measures that accurately reflect the issues that matter most to older people.

The year 2009 sees the launch of the Comprehensive Area Assessment (CAA), which will audit the effectiveness of local public bodies in improving the well-being of their communities. They will draw on the national indicators as well as a range of other evidence, including the views and experiences of local people. Government guidance on the CAA talks of putting clear and comprehensive information about local services '*in the hands of citizens, service users and tax-payers*'¹ so they can hold public bodies to account. We will work to make sure the rhetoric becomes reality and that information is easily available and fully accessible to all who wish to monitor progress. We will support older people to engage with the CAA process, and work alongside them to ensure that local priorities

and targets set out in Sustainable Community Strategies and Local Area Agreements are fully met, and to influence future priorities and plans.

Enabling neighbourhoods

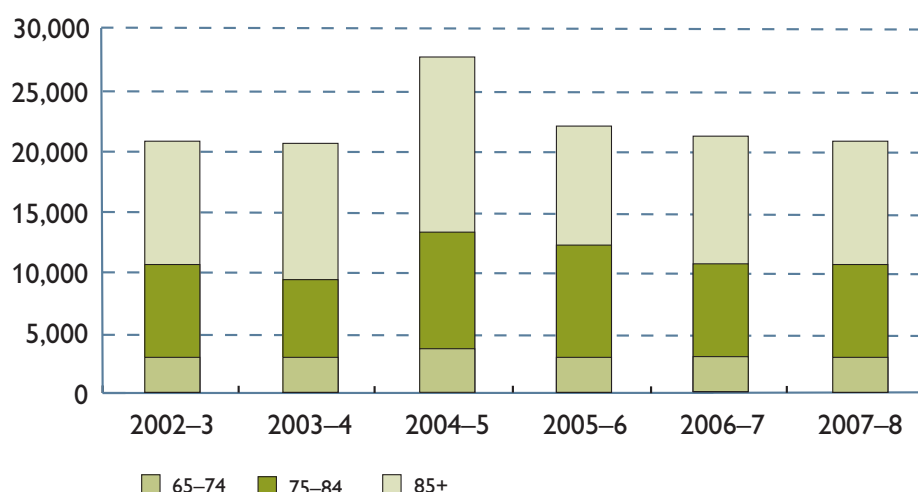
The Government has made a long-term commitment to what it calls 'sustainable communities'. We believe a community is not genuinely sustainable if it cannot respond to the needs of an ageing population. Unfortunately few planning strategies at regional and local level even mention ageing issues, and only 7 out of 150 Local Area Agreements list '*satisfaction of people over 65 with home and neighbourhood*' as a priority.

In 2008 the Government published *Lifetime Homes, Lifetime Neighbourhoods*,² a new strategy which explicitly recognises that truly sustainable places must work for everyone and that the built environment can act as a barrier to independence for older people. Designing-in ageism can sometimes be inadvertent but the impact is deeply felt: for example, in the absence of public toilets and of resting places, such as benches, in public spaces.

The concept of lifetime neighbourhoods³ is now gaining currency, but support for this principle is little compensation in communities where local shops and services are already disappearing. Our 'Common Ground' manifesto proposes ten essential steps for creating lifetime neighbourhoods:⁴ housing built to Lifetime Homes standards; transport for all; pavements in good repair; basic amenities within reasonable reach; public toilets; public seating; safe, secure, clean streets; places to meet in and spend time; information and advice; and allowing the voices of older people to be heard on issues that concern them.

We are calling for everyone involved with local government, health services, local businesses and local communities to make a commitment to work towards lifetime neighbourhoods. We also want to see the Government develop new national indicators on inclusive neighbourhoods for the next Comprehensive Spending Review. At a regional level government offices should monitor the impact planning, transport and health strategies have on older people.

Figure 6.1 Excess winter deaths in England



Source: *Health Statistics Quarterly*, 40, Winter 2008, Office for National Statistics, 2008

Housing

Lifetime Homes, Lifetime Neighbourhoods signalled a welcome recognition of the importance of housing in securing the dignity, independence and inclusion of older people. The strategy highlighted the importance of adaptations to older people's homes and announced £33 million in funding for more handyman schemes to tackle minor repairs and adaptations. However, wider efforts to improve the condition of existing housing stock risk being de-prioritised as the Government focuses its attention on the housing market. While great strides have been taken with respect to social housing, low-income home-owners and private tenants have been neglected and 2.7 million older households still live in non-decent or hazardous housing (**indicator 22**). We need a robust strategy for the delivery of essential repairs and adaptations through further investment in home improvement agencies and handyman schemes, combined with better co-ordination and promotion of local services to reach the most vulnerable groups. There should also

'I am planning to go and have my hair done but I am panicking about going... I am frightened to go out.'

be increased investment in Disabled Facilities Grants, which are a key means of paying for adaptations.

Non-decent housing exacerbates the problem of fuel poverty and makes a significant contribution to the high number of extra deaths which occur each winter among older people (**indicator 23**). The Government needs a radical overhaul of its fuel poverty strategy, with a particular focus on low-income home-owners and private sector tenants. The Government must ensure that every local authority sets up low-carbon zones and brings homes up to modern energy-efficiency standards, house by house and street by street, starting with the homes of the 'fuel-poor'. Over time all homes need to meet these standards so that everyone is able to live in a warm home. As a first step the Warm Front scheme should pay for 100 per cent of the costs of insulation and central heating for all low-income pensioners.

In addition to tackling problems in the existing stock the design of new housing needs to improve. *Lifetime Homes* standards, which deliver more accessible and user-friendly housing, will be implemented in new social housing by 2011, but similar steps in private sector housing are not guaranteed. The *Lifetime Homes, Lifetime Neighbourhoods* strategy said that the private sector would be expected to comply by 2013, through either voluntary action or regulation, but we want to see this

'I haven't been outside in 14 years and I can't go into the garden now without someone with me; but I refuse to give up my home.'

timetable accelerated. This can be achieved by incorporating the Lifetime Homes standards into Building Regulations as well as making compliance a condition of government funding for the development of new communities.

The Government strategy also acknowledged the importance of proper support and a range of options to enable older people to choose the best housing for their old age. Local and national agencies should stimulate the development of innovative forms of retirement housing. This should include appropriate provision for older people from black and minority ethnic communities and older gay men and lesbians. Housing information and advice is needed to ensure that older people can make informed choices about whether to move to suitable alternative accommodation or stay put.

In recent years there has been a significant shift in the way housing support services are delivered to older residents. Many sheltered schemes are withdrawing residential or on-site wardens and replacing them with 'floating support'. While floating support models ought to offer a more flexible and responsive service across housing tenures, many sheltered residents are unhappy with changes. In some cases residents had a reasonable expectation that their original support would continue. Others feel that their views and opinions are not being taken into account before changes take place.⁵ We believe the Government must review its policy on sheltered housing, including how it is paid for and whether to take a more integrated approach to funding retirement housing in the social rented sector.

While the majority of older people are able to enjoy a home in later life, the numbers of older homeless people remain a scandal – thousands are forced to live in unsuitable hostels or other temporary housing. Many older homeless people living in temporary accommodation have multiple problems, including drug and alcohol addiction and mental or physical health

issues. However, supported housing that can meet these needs is unavailable, which means older homeless people become stuck in poor accommodation and find it difficult to access social care. Urgent measures are needed to develop appropriate models of supported housing.

Transport

In 2008 the national bus pass concession was introduced for all those over the age of 60. This was a hugely welcome move, particularly for people in rural areas where journeys across local authority boundaries are routine. However, it still gives no help to those who need to use taxis or community transport, either because there are no bus services where they live or because they are unable to access buses. Alternatives are needed for those who cannot use public transport or who live in areas where bus services are limited or non-existent. These should include tokens for community transport or taxis.

Long-delayed proposals for medical criteria for drivers are expected from the Driver and Vehicle Licensing Authority in 2009. We agree with the principle of restrictions that prevent people from driving if they are unsafe. But new rules should not penalise older drivers on the basis of age, as there is no evidence that older drivers pose a particular risk to other road users. Any new assessments or tests must be supported by robust evidence that they predict ability to drive.

Local services

Access to local services continues to be a real concern for many older people with a significant minority facing major barriers to accessing everyday services (**indicator 24**). Decisions about the location of services rarely take into account older people's needs. Spatial planning and decisions about the sites of services should take into account the needs of older people who can walk only short distances.

In recent years there has also been a dramatic decline in local services, including bank branches, pubs and convenience stores. This has particularly affected rural communities and deprived urban areas. The closure of thousands of post offices has also had a great impact. While older people reported a slight



'The hospital is quite far from my home, and because I am not so steady on my feet using buses is out of the question. I need to get to see him [husband] every day, but it is so expensive getting taxis and I do not know how much longer I can manage it.'

© John Cobb/Help the Aged

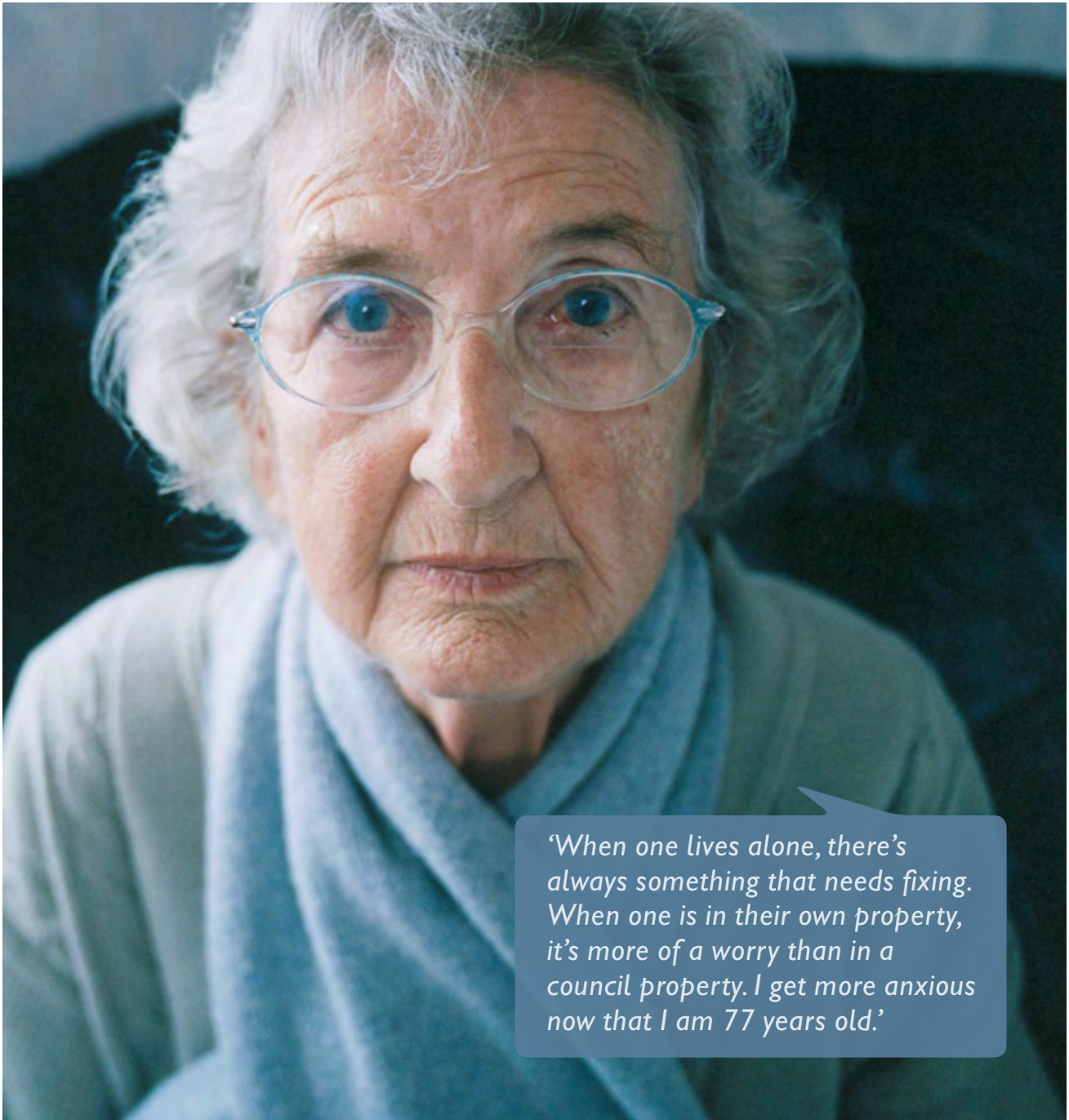
improvement in their access to post offices in 2006–7, the latest round of closures has brought further cutbacks. With only a few cases still to be resolved, 2,471 post offices have been slated for closure.⁶ In villages the loss of a post office, combined with low rates of car-ownership among older people, can have a debilitating effect. The Government must develop a new vision for the future of the Post Office and for local services in general, making clear the minimum levels of service all communities should have a right to expect.

We also want the Government and local authorities to come together to launch a new national brand to package community services for older people. A clear national 'offer' is needed that will integrate both the wide

range of services already available and those we would like to see funded in the future as a result of investment in prevention. The 'virtual service' should follow the model of the Sure Start programme for early years by offering services and opportunities for all older people, and also targeting specific intensive help toward people facing isolation or exclusion.

Isolation and exclusion

Isolation is a reality for millions of older people. **Indicator 25** portrays the most serious end of the spectrum, showing that 6 per cent of older people leave their home once a week or less (excluding people living in care homes or with severe cognitive impairment). Lack of contact often leads to loneliness, with



'When one lives alone, there's always something that needs fixing. When one is in their own property, it's more of a worry than in a council property. I get more anxious now that I am 77 years old.'

© Age Concern England

11 per cent of people aged over 65 often or always feeling lonely (**indicator 21**). Moreover, 48 per cent say that the television is their main form of company and 12 per cent feel trapped in their own home.⁷ This serious form of social breakdown has not received the same government attention as forms of social exclusion affecting younger age groups.

Although older people who live in rural areas tend to be more cut off from local services, stronger rural support networks can lead to lower levels of loneliness than in urban areas. Some 16 per cent of older people in deprived inner cities experience severe loneliness, with

certain ethnic minority groups, such as Pakistanis and Somalis, being particularly affected.⁸

There are diverse reasons, including bereavement, ill-health and poor physical environment, why people may become increasingly isolated in later life. People aged over 80 who live alone are at much greater risk of being lonely than those who live with a partner – particularly in the case of men.⁹ Given changing demographics and family patterns, we estimate that the number of people aged 75+ living alone will increase by over 40 per cent over the next 20 years.¹⁰ Many widows and widowers need support

once help from family and friends begins to wane after the funeral. More services to cover the months immediately after the death of a partner are needed.

Low income, poor health, paucity of local services, inaccessible transport and fear of crime, disorder or hostility all play a part in leaving older people cut off from society. There is no single solution to overcoming these barriers. Central and local government must work together, along with the voluntary sector, to address the multiple causes of isolation and to prevent older people becoming isolated in the first place. For older people who do feel lonely, voluntary sector initiatives can be a lifeline. Local government must invest in programmes such as befriending schemes and peer-to-peer telephone clubs to provide support for isolated older people and prevent the need for care in the future.

Crime

Fear of crime can be a major impediment to older people's quality of life, often confining them to their homes, particularly after dark, and preventing them from taking a full and active part in their neighbourhoods.¹¹ While in many areas older people's fears are misplaced, those living in inner city areas are justifiably anxious, with 2 in 5 reporting having been a victim of crime in the past two years.¹²

The Government has acknowledged that the recession may lead to increased crime. It recently announced a package of crime prevention support for vulnerable groups including older people. Police and local crime and disorder reduction partnerships' resources should now be targeted on improving safety and providing reassurance for older people living in high-crime inner city areas. For example, 'signal crimes'¹³ should be tackled in order to remove evidence of disorder. These include graffiti, litter, public drinking, inconsiderate parking, dog mess, signs of drug abuse and abandoned vehicles.

The role of older people in crime prevention and victim support should be more widely recognised, and celebrated. The leadership of many local Neighbourhood Watch and victim support schemes is based on the voluntary contribution of older people. There should be no upper age limit on becoming a special constable or volunteering for schemes linked to the criminal justice system.

Many older people are fearful of groups of younger people, whom they associate with anti-social behaviour. There should be more support for intergenerational schemes which bring older and younger people together to reduce mutual ignorance and mistrust.

Climate change

Climate change has the potential to fundamentally transform our communities. Indications of its possible effects have been seen in the floods which have plagued many parts of Britain in recent years, as well as in the record-breaking heatwaves that occurred earlier in the decade.

If the UK is to rise to the challenge of tackling climate change, this will dramatically alter the way we live. Many measures to tackle climate change could also bring about positive outcomes for older people. For example, improved energy efficiency in homes, better local transport infrastructure and the promotion of local food production would support older people to live comfortable lives in their communities. Additionally, many older people instinctively believe in conserving resources and could be effective champions of the climate change cause.

We will press government, at both national and local level, to ensure that older people are involved in strategies to tackle climate change and to reduce the risks of extreme weather.

¹ *Sustainable communities: building for the future*, Office of the Deputy Prime Minister, 2003

² *Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing in an ageing society*, Department of Communities and Local Government, 2008

³ The strategy, first developed by the government with the International Longevity Centre UK, builds on the concept of Age-friendly Cities promoted by the World Health Organization

⁴ *Towards Common Ground*, Help the Aged, 2008

⁵ *Nobody's Listening: re-shaping our society for older people*, Help the Aged, 2009

⁶ *Post Office Closure Programme*. Postwatch progress report to the Business, Enterprise and Regulatory Reform Committee, September 2008

⁷ Help Unite Generations survey, GfK/NOP for Help the Aged, 2006

⁸ *Growing Older in Socially Deprived Areas*, Scharf, T et al, Help the Aged, 2002

⁹ *Out of Sight, Out of Mind: social exclusion behind closed doors*, Age Concern England, 2008

¹⁰ *Communities and Local Government 2004 based household projections, table B: Household Projections by Age*, DCLG website 2008. The figures are for single households contained people of 75+ in 2004–26. The increase during 2004–26 is 42.44%

¹¹ *Growing Older in Socially Deprived Areas*, Scharf, T et al, Help the Aged 2002

¹² *ibid.*

¹³ A concept developed by Martin Innes at the University of Surrey



'Last year I gained two certificates for the lowest level of the internet and for word-processing. The courses cost £10 for each course. Similar courses for this year have risen to £46 per course. So I will have to abandon my hope of further learning as my pension will not stretch this far.'

7 Opportunities and contributions

26 People aged 65+ who believe the country fails to make good use of the skills and talents of older people

76%

No time series

27 People aged 50+ who are unemployed

312,000

Worsened

28 People aged 60+ who are participating in state-funded learning

168,000

Worsened

29 People aged 65+ who have never used the internet

70%

No change

30 Older people who are participating in formal volunteering at least once a month

28%

65–74

21%

75+

65–74
Worsened
75+
Worsened

Devolution watch Policy on employment and technology covers Great Britain, although some statistics are for the whole of the UK; policy on learning and community participation covers England.

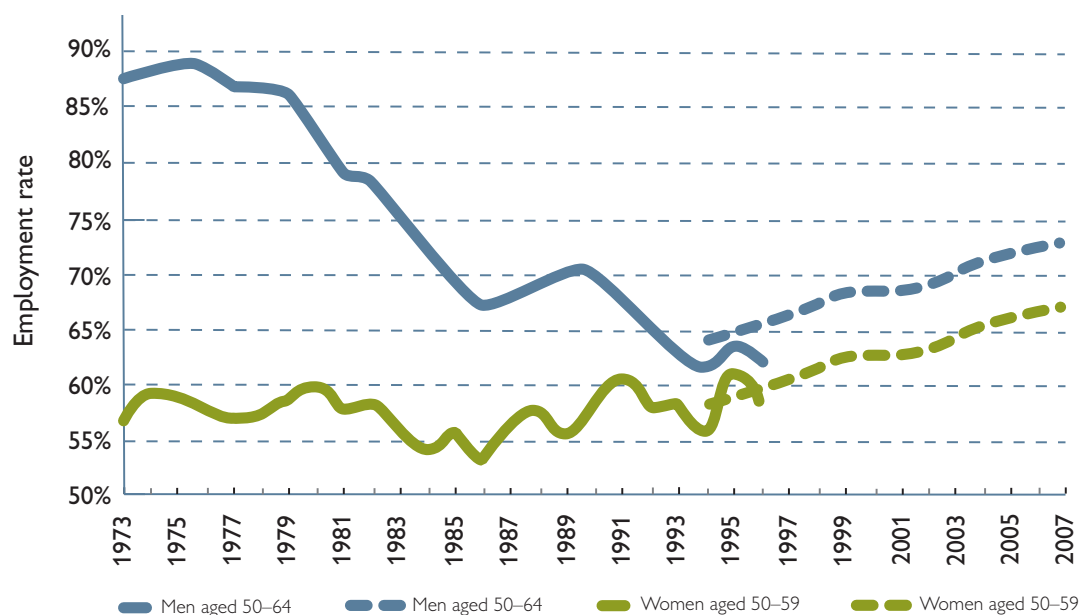
Age Concern and Help the Aged want to see a world where older people have opportunities and chances to contribute that other age groups take for granted. Today three-quarters of older people believe the country does not make good use of their skills and talents (**indicator 26**). Action is needed to enhance older people's opportunities for employment, learning, using technology and participating in the community.

In the current recession the Government should prioritise help for people to carry on working in good-quality jobs for as long as they want or need to. Age discrimination law must be robustly promoted and enforced to ensure older workers are not discriminated against when redundancies are made. People who lose their job need immediate support to find work and long-term claimants should not have onerous new conditions placed on them unless it is clear that these will deliver results.

We will campaign for a new age-inclusive approach to adult learning. Skills policies need to adapt to the reality of longer working lives, with regular training top-ups and provision geared to workers of all ages. There also needs to be sustained commitment to learning that is unrelated to work, with a long-term commitment to funding and support in kind from all public agencies. This approach to learning is one way of introducing older people to new technologies.

Other action is required to reduce digital exclusion: this must include promoting interactive services during the switchover to digital television and requiring the communications industry to improve the accessibility and usability of products. The Department of Health also needs to pump-prime the take-up of assistive technologies.

Figure 7.1 Employment rate for people aged 50+ since 1973



Source: General Household Survey (1973–96) and Labour Force Survey (1994–2007) (adapted)

Staying in work

With rising life expectancy and an ageing population, the need for extended working lives is no longer in question. In 2006 there were more than 7.6 million workers aged over 50 and we estimate that they collectively contributed £290 billion to UK economic output (27 per cent of the total).¹ The financial crisis has increased the incentives for delaying retirement. People with savings or with pensions dependent on the stock market have seen their investments plummet; interest rates are at a historic low; and a growing minority are reaching the end of their working lives with debts outstanding. Little wonder that 61 per cent of people aged 50–65 plan to continue working beyond state pension age.²

Sadly, the recession is likely to mean that many older workers lose their jobs just when they may want or need to postpone retirement.

Figure 7.1 shows that during the last two recessions, in the early 1980s and early 1990s, the employment rate for men over 50 fell sharply.³ This time the effect may not be so bad, but redundancy programmes are still likely to have a disproportionate effect on older workers. **Indicator 27** shows that 50+ unemployment has been rising; over the last year it has increased by one-third – a faster rate of increase than for any other age group.⁴

Losing a job is a particular problem for older workers because the evidence shows that once someone over 50 has been out of work for more than six months the chances of them working again are low and grow worse over time.⁵ The current recession will be the first real test of the 2006 age equality regulations. It is essential that where jobs are being shed employers avoid age discrimination, either in redundancy processes or in the use of forced retirement as an alternative.

Ill-health is still a major reason for early retirement. Just under half the 2.6 million people claiming incapacity benefits are aged over 50⁶ and some 2.1 million people believe they suffer from an illness caused or made worse by work.⁷ Following the recommendations⁸ made by Dame Carol Black, the National Director for Health and Work, the Government has committed to a range of actions, including delivering early-intervention 'Fit for Work' services to meet local needs, developing a National Strategy for Mental Health and Employment, and establishing a National Centre for Working-Age Health and Well-being. These welcome initiatives now need to be implemented rapidly, to help people keep their jobs during the recession. A preventative life-course approach to occupational health and job design is important for reducing the number of people who have



'I am very lucky, have no ills – a few aches and pains now and again, but don't we all? I work in a charity twice a week, go to a senior club one afternoon, and do keep-fit. Eat out with friends, belong to U3A [University of the Third Age]... This has been my lifesaver, since my husband died.'

© Age Concern England

to leave work because of illness or disability. There should be better and faster access to occupational health and rehabilitation services for all workers, particularly those who might otherwise retire prematurely.

We also want the Government to promote 'age management' measures to enable older workers remain in work, including human resources policies touching on, for example, health, training and the design of work. Small adaptations to the changing needs of older workers – for example, loss of physical agility or difficulty in adjusting to changing shift patterns – can play a significant part. The key to success for such measures will be changing the attitudes of line managers.

Many people in their 50s and 60s have caring responsibilities and need to work part-time

or flexibly. Others want to cut down gradually to prepare for retirement. We want to see employers offer more flexible working and retirement options. To achieve this, the right to request flexible working should be extended to all employees.

Finding work

People aged over 50 who are out of work face greater barriers to getting back into employment than younger people do. People who are discouraged by repeated failure often describe themselves as 'early retired' or 'sick', joining the ranks of the economically inactive who are not included in the official unemployment statistics.

Age discrimination is a key barrier encountered by older job-seekers. In a survey of job-

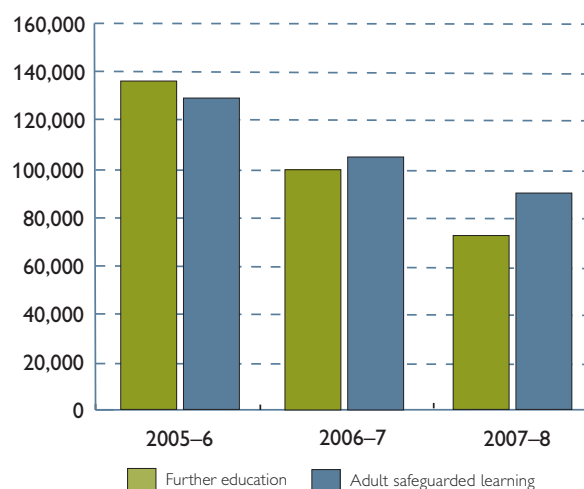
seekers aged 50+ carried out by TAEN (The Age and Employment Network) two-thirds said they were regarded by employers as too old and two-fifths felt they were seen as too experienced or over-qualified.⁹ The age equality regulations so far appear to have had little impact in the field of recruitment. Other barriers that older job-seekers face include low skills, inadequate qualifications, lack of confidence and job-seeking experience, and a lack of flexible working opportunities. In the survey more than a quarter said they did not have the specific skills for the job, while one in five said their difficulties stemmed from a need for flexible work arrangements.¹⁰

While these issues need to be addressed by a range of organisations, including employers, the Government has a crucial role to play, especially with respect to skills. The Government should move away from the 'front-loading' of education towards a model based on regular access to learning throughout working life. Skills programmes need to cater for people over 50 with outdated qualifications and/or skills, to allow for mid-career changes of occupation and long-term skills development, rather than just focusing on gaining the skills to secure an entry-level job. It is particularly important to help older workers transfer existing job skills to new contexts and plug existing gaps, such as use of new technologies. The discriminatory age barrier of 25 for access to free A-level equivalent education should be removed. And the Government should positively encourage older applicants into traineeships, apprenticeships and other job entry schemes, including public sector graduate recruitment programmes which seem largely reserved for the young.

The new Adult Advancement and Careers Service has the potential to play a key role in providing high-quality information and advice to older job-seekers, provided that it understands their needs. People whose main career has ended, who lack up-to-date skills, or who have been absent from the labour market for family or other reasons may need help to explore their options and to balance learning, work and personal commitments.

More action is needed to make employers aware of good practice in recruitment and training, including non-discrimination and flexible working. ACAS and the Department

Figure 7.2 Number of learners aged 60+ participating in state-funded learning



Source: Statistical First Release: ILR/SFR16, Learning and Skills Council, Pivot tables, 2008

for Work and Pensions' Age Positive campaign have made valuable contributions but the momentum must be maintained. To date the Equality and Human Rights Commission has not made its mark in this area, but could play a valuable role in leading efforts to improve the operation of the labour market for older and disabled workers, particularly with regard to the availability of flexible hours and working conditions at the point of recruitment.

Jobcentre Plus (JCP) services also have a crucial role to play in supporting people over 50 back into work. Older claimants have told us that they view JCP as being impersonal and remote, and that they feel that JCP workers are insufficiently trained to be able to meet their needs.¹¹ The Government's welfare reform agenda, with its focus on personalisation of services, is therefore a step in the right direction. However, more emphasis needs to be placed on ensuring services are available that focus on overcoming the full range of barriers that older clients face and on ensuring that personal advisers have the awareness, skills and confidence to provide personalised support suited to the needs of older clients. Existing restrictions on testing out self-employment while on benefits should also be removed. With the economy in recession early support is essential to help older workers back into jobs. Meanwhile, the Government should not

progress current plans for imposing more conditions on long-term benefit claimants aged over 50 until a full range of support is available and there is a realistic chance of them finding work.

Lifelong learning

Lifelong learning helps maintain mental and physical health and well-being, build social and community engagement and improve confidence.¹² In future there is likely to be increased demand for learning from people over state pension age.¹³ We believe that adult education providers need to respond to demographic change and open up more opportunities for lifelong learning, not cut back on what is already on offer.

The Government's strategic focus on up-skilling workers has left less money available for other forms of learning. Its narrow focus on skills for employment means it has failed to ensure that older people have the skills they need to remain healthy, manage money, participate in the community and use new technologies; it also fails to recognise the value of learning for enjoyment. As a result, learning providers are being required to reduce costs – for example, by limiting student places and removing concessionary fees. **Indicator 28** and **figure 7.2** show that the number of state-funded learners aged over 60 has fallen by a calamitous 36 per cent over just four years. This represents a failure of policy, since the Government's intention was that people should pay a higher share of the costs of education, not that overall participation should decline.

In response to widespread criticism in relation to declining participation in 2008, the Department for Innovation, Universities and Skills (DIUS) undertook a consultation on the future of learning unrelated to employment – what it terms 'informal adult learning'.¹⁴

The Government has allocated £210 million to learning unrelated to employment for each year until 2010–11. As a minimum, we believe that this should be increased over time in line with rising costs and that funding should be secured beyond 2010–11. The strategy must lead to a greater understanding of the importance of lifelong learning across government. All departments should be required to assess the learning implications

of new policy proposals. Education providers should set fees at levels that will encourage participation, particularly for older people. People on low incomes should only have to pay a nominal fee for attending classes. We also believe that DIUS should develop a funding system that gives providers an incentive to undertake outreach work, which is especially important for engaging people who may previously have had limited interest in or experience of learning.¹⁵

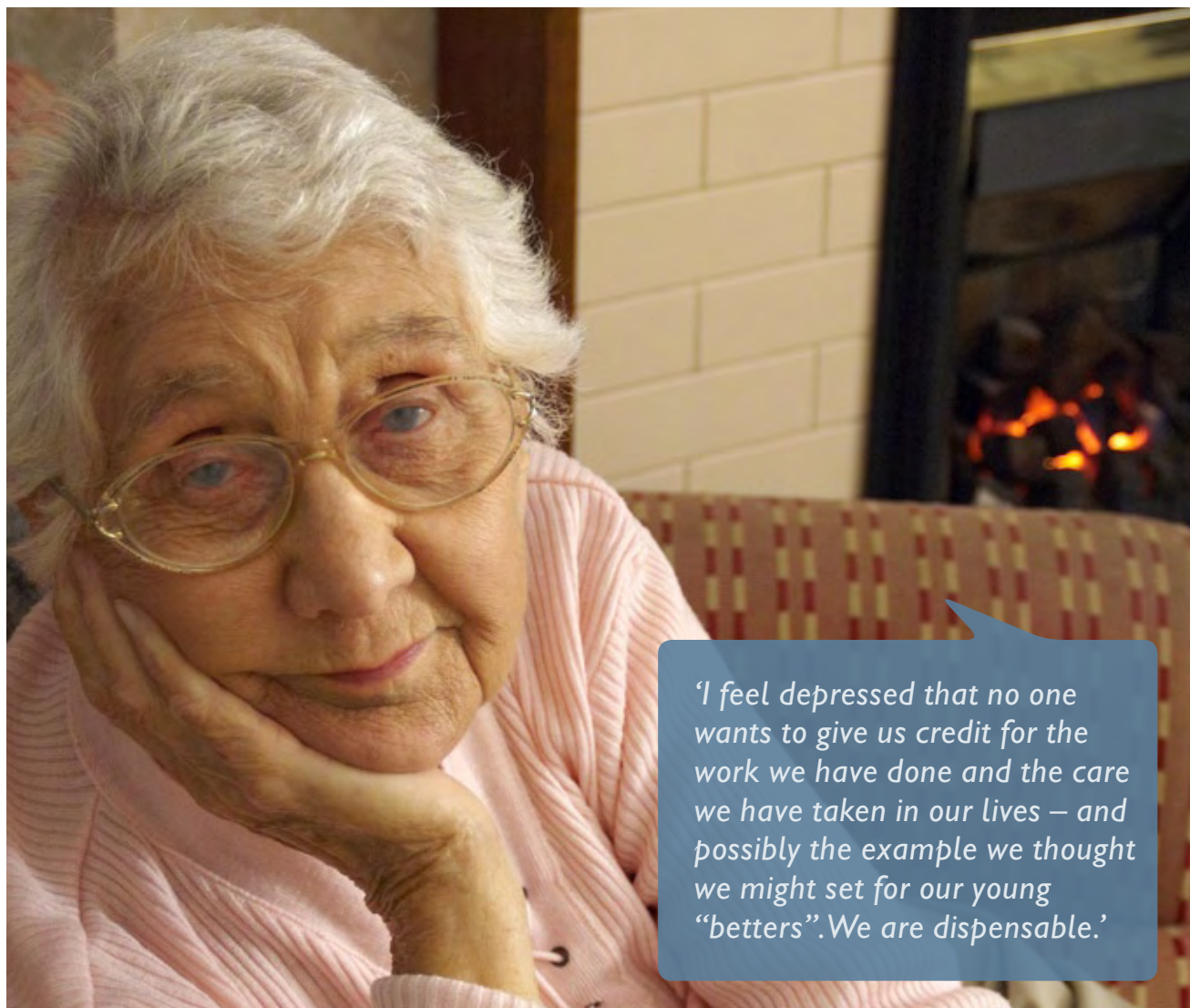
Technology

New technology is transforming the way we live. Older people have seen successive waves of technological change across their lifetimes. The pace of change today means more opportunity – but also more risk of being left behind. Opportunities range from social networks for overcoming loneliness to home delivery for housebound people, automated scheduling systems for community transport schemes and integrated access points for older people's information and services.

Technology is no longer an optional extra; there is now good evidence that digital exclusion is linked to and can exacerbate other forms of social disadvantage.¹⁶ But as things stand, older people are not making the most of the potential of new technology. Three million older people (36 per cent) feel out of touch with the fast pace of modern life¹⁷ and **indicator 29** shows that an astonishing 70 per cent of over-65s have never used the internet. The most urgent short-term issue is supporting older people to make the transition to digital television as 'switchover' rolls out around the country.

There is also positive news. Take-up of ICT is faster among older people than for any other age group and those people aged over 65 who have internet access spend more hours online than younger adults.¹⁸ Moreover, two-thirds of digitally excluded older people say they would use technology if they understood the benefits and had the right training and support.¹⁹ The assumption that older people are unwilling to engage with and incapable of using technology is outdated.

The Government has begun to recognise the scale of the challenge. In 2008 the Government set up a cross-Whitehall unit on digital exclusion, led by the Cabinet Minister Paul



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'I feel depressed that no one wants to give us credit for the work we have done and the care we have taken in our lives – and possibly the example we thought we might set for our young "betters". We are dispensable.'

Murphy MP. The new Communications Minister, Lord Carter, has also set out interim plans to prepare the country for new technologies, in *Digital Britain*.²⁰ A new digital inclusion action plan is due to be published, following consultation in autumn 2008.²¹ This should mark the start of joint government, industry and voluntary sector action to encourage older people to test out, acquire and use new technologies, with the potential to improve their quality of life. Action should include funding ICT tuition, promoting interactive digital services as part of switchover, and opening up existing ICT resources in the community. The ICT industry must embrace accessibility and inclusive design, including by listening to older people. Disability Discrimination Act litigation may well be needed to force companies to improve access. Assistive technology (often called telecare and telehealth) is likely to transform health

and social care and help people live at home independently for longer. There has been a significant fall in the costs of many technologies and those that delay the need for more expensive care interventions are being keenly pursued by some local authorities. These technologies have real potential, but there needs to be an open debate about some of their ethical and social implications, particularly those that monitor people's movements or replace human contact with technology. The Department of Health should support the implementation of assistive technologies, by providing further pump-priming funding, by working in partnership with industry to improve design and marketing of technology, and by consulting older people to determine how best to use it. Individual choice should always drive the use of assistive technology, and older people should always have the right to determine for themselves the best mix of technology and human support to meet their needs.

Community participation and involvement in decisions

Many older people are heavily engaged in the lives of their communities, through volunteering, joining civic and community groups, and engaging with local public services. Many community groups are heavily reliant on older people for their survival but it is usually only a minority who participate, and they tend to be confident, relatively young and in good health. Action is needed to enable older people in all their diversity to contribute.

Indicator 30 shows that about a quarter of older people are involved in formal volunteering and this has declined slightly in the latest year. Greater steps are needed to boost volunteering among older people, especially excluded groups; but previous time-limited initiatives such as Volunteering in the Third Age (VITA) and the Experience Corps have not been a success. The 2012 Olympics provides an excellent opportunity to boost the numbers of older volunteers and improve intergenerational contact: this should be built into plans now. Older people's family and informal community roles should also be recognised and supported, and rewarded where appropriate. Community participation approaches that encourage the offering and accepting of acts of neighbourliness should be promoted: for example, the use of time banks.

The agenda for local government reform is focusing increasingly on building cohesive, engaged communities. The Government's Public Service Agreement on active communities includes targets on the proportion of people who feel they have 'meaningful interactions with people from different backgrounds' and who 'feel they can influence decisions in their locality'. However, in 2007 our survey revealed

that 54 per cent of people aged over 60 say their local council rarely or never asks their opinion on issues affecting them.²² The 2008 Audit Commission report *Don't Stop Me Now: preparing for an ageing population* found that councils in England are not ready to meet the challenges of an ageing population. It recommended engagement with older people as an essential means of turning this situation around.

A number of new and planned initiatives aim to improve opportunities for individuals and community groups to be involved in local and national decision-making. These include the recent Sustainable Communities Act, the Local Democracy, Economic Development and Construction Bill and the Department for Work and Pensions' Independent Review of Older People's Engagement with Government. The Government has also said it will improve the availability of local information on the performance of public services, so that people can hold them to account – although there is still some way to go in this area. All these measures are helpful but in our experience meaningful engagement with older people is best achieved through commitment and leadership, not formal duties and powers. We want to see engagement initiatives that are properly structured and resourced so that they avoid tokenism, ensure that the older population in all its diversity is involved, and enable people to make informed recommendations. We will work with national and local bodies to develop such initiatives and support older people to take full advantage of the new opportunities available to engage in decision-making in their communities.

¹ Our calculations using *Labour Force Survey, 2006*; *Regional Accounts*, Office for National Statistics, 2006

² *AEGON At Retirement Report 2008: the age of the grandad-olescent*, AEGON UK plc, 2008

³ *Pensions: challenges and choices: the first report of the Pensions Commission*, Pensions Commission, 2004

⁴ *Labour Market Statistics*, first release, Office for National Statistics, March 2009

⁵ Campbell, N, *The Decline of Employment Among Older People in Britain*. Case Paper 19. London School of Economics, 1999; Banks, J et al (ed) *Retirement, Health and Relationships of the Older Population in England: the 2004 English Longitudinal Study of Ageing (Wave 2)*, Institute for Fiscal Studies, 2006

⁶ *Work and Pensions Longitudinal Study*, Department for Work and Pensions, 2008

⁷ *Health and Safety Statistics, 2007–8*, Health and Safety Executive, 2008

⁸ *Working for a Healthier Tomorrow*, Dame Carol Black's review of the health of Britain's working-age population, Department of Health, 2008

⁹ *Survey of Jobseekers Aged 50+*, TAEN – The Age and Employment Network, October 2008.

¹⁰ *ibid.*

¹¹ *'Not Ready for the Scrapheap': looking for work after 50*, Age Concern England, 2006

¹² McAulay, A and Tuckett, A, *Demography and Older Learners: approaches to a new policy*

challenge – a NIACE policy discussion paper. NIACE, 2005; *Beyond Rhetoric: adult learning policies and practices*, OECD, 2003

¹³ McNair, S, *Demography and Adult Learning: discussion paper for the NIACE commission of Inquiry*. NIACE, 2007

¹⁴ *Informal Adult Learning: shaping the way ahead*, Department for Innovation, Universities and Skills, 2008

¹⁵ *Understanding Your Learning Audience: a summary of five years' qualitative research into learning attitudes*, Campaign for Learning, 2004

¹⁶ *Digital Inclusion: an analysis of social disadvantage and the information society*, Communities and Local Government, 2008

¹⁷ *GfK NOP Help Unite Generations survey for Help the Aged*, 2005

¹⁸ *The Communications Market 2008*, Ofcom, 2008

¹⁹ *Older People and Communications Technology*, Communications Consumer Panel, 2006

²⁰ *Digital Britain: interim report*, Department for Culture, Media and Sport and Department for Business, Enterprise and Regulatory Reform, 2009

²¹ *Delivering Digital Inclusion: an action plan for consultation*, Communities and Local Government, 2008

²² *Elderly Perceptions Survey*, ICM Research for Help the Aged, 2007



'I am his granny, his own blood. I would never give him away. God will provide.'

8 Acting globally

31 Proportion of the world's population aged 60+

11%

Increasing

32 Proportion of people aged 60+ who live in developing countries

64%

Increasing

33 People aged 60+ who are living on less than a dollar a day

100 million

No time series

34 Proportion of all world deaths due to non-communicable diseases in older people

44%

Increasing

35 Proportion of all those with dementia, worldwide, who live in developing countries

60%

Increasing

Age Concern and Help the Aged are committed to changing the lives of older people across the world. We will work with partners, especially HelpAge International, to find solutions to problems of ageing wherever they happen. Developing countries as a whole are ageing more rapidly than anywhere else and we will urge governments and international institutions to recognise the need to include older people in development programmes. In particular, we will advocate the adoption of social pensions – small payments which can play a vital role in supporting older people and their wider families and communities.

We will highlight discrimination and push for improved rights abroad as well as at home, whether that means exposing abuse, challenging unjustified discrimination or advocating more age-inclusive policies. Above all, we will press for health policies in developing countries to be re-oriented towards age-related health conditions. We will

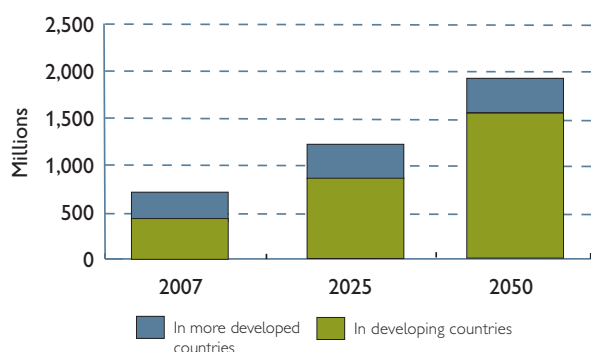
call on the United Nations to examine the case for a new convention on the rights of older people.

We will also highlight the impacts on older people of global migration flows, and call on national governments to recognise the needs of older migrants. No one should have to fall between the gaps of the support services different countries provide to their older citizens.

International development

Indicators 31 and 32 show that the global population of older people is rising and an increasing share live in developing countries. Even though more than 8 per cent of the population of developing countries are over 60,¹ older people still get relatively little acknowledgement in international development policy, partly because of patchy awareness and knowledge. The Millennium Development Goals (MDGs), which were agreed by the international community in 2000,

Figure 8.1 Global population aged 60+



Source: *World Population Ageing 2007*, United Nations, 2007

include targets on children and mothers but make no specific mention of older people. As a result, international development policy and practice miss out some of the most disadvantaged. Evidence suggests that older people are over-represented among the poor, and households comprising only older people and children show significantly higher vulnerability.² Older people and population ageing should be fully incorporated into the development outlook.

Action is needed to understand the roles, needs, status and issues of older people as a key means of achieving targets such as the MDGs. MDG 1, to reduce by half the proportion of people living on less than a dollar a day, and the proportion of people who suffer from hunger, cannot be met unless older people's poverty is addressed. Poverty reduction strategies need to be designed with the needs of particularly vulnerable groups in mind, with due regard to age, gender and ethnicity.

In order for older people to benefit from international development policy, they must be made visible in data-gathering and strategic planning. The lack of disaggregated data regarding older people leads to poverty, social exclusion, and health inequalities in later life being ignored. International data-gathering by the UN, World Bank and other international organisations needs to take account of older people with respect to income, health and social inclusion. For example, the UN does not measure the impact and spread of infection of HIV and AIDS among people aged over 49.³

Older people also need to be seen as more

than just a vulnerable group. The positive contributions they make to communities must be recognised: for example, the role of older people as carers to grandchildren orphaned by HIV and AIDS, their economic contribution as workers, and the skills and knowledge they bring to society. Age Concern and Help the Aged, working with the HelpAge International network, will press the Department for International Development to lead moves to pursue the MDGs in a more inclusive way which acknowledges that older men and women can be effective agents of change, with a vital contribution to make.

The Madrid International Plan for Action on Ageing, signed in 2002, provides a useful framework for governments wishing to improve older people's lives. However, it lacks mechanisms for monitoring and enforcement. A renewed focus on ageing within international development is urgently needed. The *UN Principles for Older Persons* is another helpful tool outlining how older people should be treated and what their rights are. Together the UN Principles and the Madrid Plan have been instrumental in encouraging some countries ranging from Ireland to India to develop age strategies, but in other places they continue to be ignored.

Equality and rights

As a result of age discrimination, in combination with other forms of discrimination, older people are often denied opportunities available to other age groups. For example, micro-credit programmes in developing countries which are designed to provide sustainable income for people often have age limits.⁴ This is despite evidence from HelpAge International programmes that suggests that older people are, at the very least, equally reliable and successful participants in microfinance initiatives.⁵

Older people are often ignored during disasters and emergencies. When populations move they can get left behind due to mobility problems and those older people who do reach emergency relief distribution points may miss out in the jostle and clamour for life-saving essentials. The contribution to relief efforts which older people may be able to make is also ignored. Frequently, planning for disasters

does not adequately involve older people, who can contribute significant community and local knowledge and are often able to provide solutions.

At the extreme end of discrimination, ageism is thought to be a contributing factor in cases of elder abuse.⁶ In sub-Saharan Africa, accusations of witchcraft have driven many older women from their homes and families to live in poverty in urban areas. In Tanzania an estimated 500 older women accused of witchcraft are murdered every year.⁷

In order to achieve equality, older people need adequate legal protection. This means passing appropriate legislation nationally as well as using regional and international mechanisms. A new United Nations Convention to protect and uphold the rights of older people could draw on other UN conventions that have targeted specific vulnerable groups, and build on the Madrid Plan of Action on Ageing and the *UN Principles for Older Persons*. The UN should begin work to examine the case for such a convention.

New laws and treaties should be combined with efforts to raise awareness of the rights of older people among policy-makers, practitioners and communities. More research is needed so that the important role that older people play can be brought to the attention of policy-makers and practitioners.

Income

The majority of the world's population has no access to formal social security. In developing countries, this means there is little or no social protection for older people. Estimates suggest that a billion people live on less than a dollar a day – and **indicator 33** shows that 100 million, 10 per cent of the total, are aged 60 and over.

Few developing countries run pension schemes, leaving older people with little choice but to work for as long as possible in order to maintain a livelihood. This work is often manual labour – for example, subsistence farming – and usually takes place in the informal labour market, with no job security or employment benefits. Lack of income impacts on all areas of life, leaving many with little food and poor living conditions.

The development of universal non-

'I receive more respect from the community now that I can make money. They used to look down on me when I was poor.'

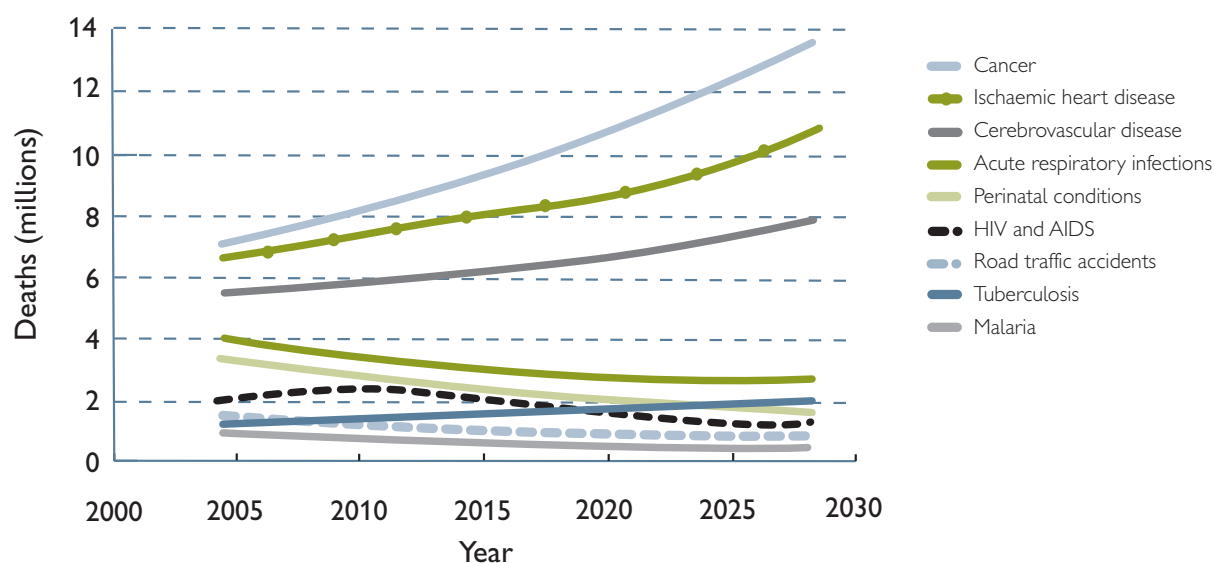
contributory social pensions should be a priority in developing countries. A small pension significantly reduces the risk of poverty for older people and their households, delivering benefits at household and wider population level, and impacting upon hunger, children's well-being, economic growth and social cohesion. Evidence shows that pension income supports whole households as it is shared within older people's families, going towards the basic cost of living, such as buying food.⁸ This is particularly important for households comprising both older people and children. Social pensions also often contribute to children's health and education and enable older people to access services such as healthcare. A pension enables older people who are dependent on their families for care to make a positive contribution to the household income. This is significant because frailty is often associated with neglect by families who, because of their own poverty, may regard older people as a burden. Studies from South Africa, which has a social pension system, show that pensioners help younger family members to find work and households that include a pensioner have lower levels of unemployment than non-pensioner households.⁹

Concerns about the cost of social protection need to be balanced against the recognition of social pensions as a potential economic development and poverty reduction mechanism. Studies by the International Labor Organization, the Economic Policy and Research Institute and HelpAge International show that universal social pensions are sustainable and can be tailored through age of eligibility and size of payment to meet affordability criteria.^{10, 11}

Health

'Advancing health and well-being into old age' is one of three priority areas of the Madrid International Plan of Action on Ageing. The

Figure 8.2 Projected global deaths from specific causes, 2004–30



Source: *Global Burden of Ageing*, 2004 update, World Health Organization, 2008

Plan recognises older people's entitlement to disease prevention and health promotion, and to equal access to health services alongside other age groups. Age Concern and Help the Aged will work with partners to persuade governments across the globe to respond to this priority.

Average life expectancies are increasing in the majority of countries across the world. This good news is often offset by widespread disease and disability, with the incidence of multiple health problems rising with age.

Indicator 34 shows that non-communicable diseases among older people are already responsible for 44 per cent of deaths worldwide. The World Health Organization (WHO) projects that the burden of disease due to non-communicable diseases will increase rapidly over the next 25 years.¹²

In developing countries there is growing recognition of chronic non-communicable diseases but they are still overshadowed by the emphasis placed on the three 'killer' diseases of HIV and AIDS, tuberculosis and malaria.

Non-communicable diseases are not included in the Millennium Development Goals or most donor and funding initiatives. The World Bank and other institutions are aware of the need

to prepare for the consequences of higher incidence of non-communicable diseases,¹³ but this awareness has not been translated into action.

Future improvements in public health, healthcare systems and the affordability of drugs which lengthen life expectancy may result in more people living with chronic conditions for longer. Healthcare systems will need to respond to the challenge of chronic non-communicable disease. Formal and informal care networks will have to cope with growing numbers of older people with complex needs and changing family and work structures. Indeed, care and support for people with non-acute conditions to live adequately in the community will become as important as healthcare in developing countries. Evidence from countries as diverse as India, Singapore and Nigeria suggests that the stereotypical view that older people are better cared for and respected in developing countries is under pressure and unlikely to be sustained, if it was ever true.¹⁴

Growing numbers of over-80s will give rise to a sharp increase in the numbers of people living with dementia, a condition which is under-recognised and often stigmatised in

developing countries. It is estimated that there are currently 24 million people with dementia worldwide, with 4.6 million new cases of dementia annually. **Indicator 35** shows that the majority of people with dementia live in the developing world – 60 per cent in 2001 rising to 71 per cent by 2040 – and the rate of growth is predicted to be three to four times higher than in OECD countries. Already, more people with dementia live in China and its neighbours (6 million) than in either Western Europe (4.8 million) or North America (3.4 million). By 2040 there will be as many people with dementia in China alone as in the whole of the developed world put together. Similarly, the number of people with dementia in India is expected to triple by 2040.¹⁵

In order to meet these future needs, there must be more and better community-based services. Planning and allocation of resources should take account of the changing shape and nature of populations. Welfare and support structures need to fully recognise the challenges that dementia brings, for both the individual and the carers. The changes will happen only if there is a greater understanding and recognition of the disease among communities, practitioners and policy-makers.

Migration

Migration within countries (usually rural to urban) as well as between countries is increasing. There are an estimated 200 million migrants worldwide, up from 176 million in 2000,¹⁶ and we expect this trend to continue. As migration grows, so too do remittances. Remittances are now a greater source of foreign exchange in developing countries than all forms of foreign aid combined.¹⁷

Migration impacts on older people as part of a host population: for example, economic migrants often take up jobs caring for older people. Older people are also affected as younger people move out of communities to search for work and there are whole villages made up of high proportions of older people. There is also evidence that when camps of refugees or internally displaced people disperse older people are often left behind. Researchers in both Lira (in northern Uganda) and Muzaffarabad (in Pakistan) found that a high proportion of those left behind following camp closures were there primarily for age-related reasons (80 per cent in Lira).¹⁸

Another issue that is often overlooked is that of older people as migrants. Increasing numbers of people are choosing to migrate in later life to a new country or to return to their country of birth. For example, over one million UK state pensions are paid into bank accounts overseas,¹⁹ with Jamaica receiving the 11th-highest number.²⁰ Increasing numbers of older migrants are at risk of falling between the gaps in the support provided by their country of residence and origin, often with no family support available. National policy-makers must act in concert with other nations. Governments need to recognise the mobility of citizens and seek joint solutions to ensure populations that have links to several countries do not fall into gaps between support systems. This is particularly true in areas of health and social care. Better information and advice needs to be available for people planning to migrate in order to ensure they can make informed decisions and are fully aware of what support will be available and what they will be entitled to.

¹ *World Population Ageing 2007*, United Nations, 2007

² Barrientos, A., *Ageing, Poverty, and Public Policy in Developing Countries: new survey evidence*, IDS 2006

³ *2008 Report on the Global AIDS Epidemic*, UNAIDS 2008. The adult category covers the ages 15–49 and there is no category for older people

⁴ *Analysis of Livelihood Cash Grant Programme Implemented for Older People after Tsunami*, HelpAge International, 2008

⁵ *Making Cash Count: lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households*, HelpAge International, 2005

⁶ *World Health Report on Violence and Health*, chapter 5, 'Abuse of the Elderly', World Health Organization, 2002

⁷ *Witchcraft: a violent threat*, Ageing and Development, HelpAge International, 2000

⁸ *Age and Security: how social pensions can deliver effective aid to poor older people and their families*, HelpAge International 2003

⁹ *Labor Supply Responses to Large Social Transfers: longitudinal evidence from South Africa*, Cally Ardington, Anne Case, Victoria Hosegood, National Bureau of Economic Research, 2007

¹⁰ *Designing and Implementing Social Transfer Programmes*, Samson, Van Niekerk, MacQuene, EPRI, 2006, *World Labour Report 2000: income security and social protection in an ever-changing world*, ILO, 2000, and *Why Social Pensions Are Needed Now*, HelpAge International, 2006

¹¹ For a summary of the research and publications on universal social pensions, see the HelpAge International website: <http://www.helpage.org/Researchandpolicy/Socialprotection>

¹² *Global Burden of Disease: update*, World Health Organization, 2004

¹³ *Public Policy and the Challenge of Noncommunicable Diseases*, World Bank, 2007

¹⁴ *Women 2000*, UNDESA, 2002

¹⁵ Ferri et al, Global prevalence of dementia: a Delphi consensus study, *The Lancet* 2005; 366:2112–17

¹⁶ <http://www.iom.int/jahia/jahia/pid/254> (International Organization for Migration)

¹⁷ *Society Today*, Economic and Social Research Council website <http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/facts/international/migration.aspx?ComponentId=15051&SourcePageId=14912>

¹⁸ *Strong and Fragile: learning from older people in emergencies*, HelpAge International, Inter-Agency Standing Committee, 2007

¹⁹ House of Commons written answer, Mike O'Brien, Hansard, Column 2606W, 5 March 2008

²⁰ DWP analysis of state pensions statistics (unpublished) and *Brits Abroad: mapping the scale and nature of the British diaspora*, Drew, C, ippr, 2006 <http://www.ccsrac.uk/seminars/2006-autumn/CDCCSR281106BritsAbroad.ppt>

Appendix Notes on the indicators

Indicator description	Most recent results and year	Previous results and year	Trend	Geography	Source
1 People aged 65+ who believe that politicians see older people as a low priority	68% 2008/9	68% 2007/8	No change	UK	ICM Research survey for <i>One Voice</i>
2 People aged 65+ who believe age discrimination exists in the everyday lives of older people	60% 2008/9	53% 2007/8	Worsened	UK	ICM Research survey for <i>One Voice</i>
3 People aged 65+ who believe age discrimination still exists in the workplace	60% 2008/9	n/a	No time series	UK	ICM Research survey for <i>One Voice</i>
4 People aged 65+ who believe that once you reach very old age, people tend to treat you as a child	53% 2008/9	45% 2007/8	Worsened	UK	ICM Research survey for <i>One Voice</i>
5 People aged 65+ who believe that those planning services do not pay enough attention to older people	52% 2008/9	44% 2007/8	Worsened	UK	ICM Research survey for <i>One Voice</i>
6 Pensioner poverty: proportion of pensioners with less than 60% of median income	After housing costs 19% 2006/7	After housing costs 17% 2005/6	Worsened	UK	<i>Households Below Average Income 2006/07</i> , DWP, 2008, table 6.1tr, page 142
7 Take-up of Pension Credit by older people who are eligible (estimated range)	59–67% 2006/7	60–69% 2005/6	No change	GB	<i>Income-related Benefits: estimates of take-up in 2006–7</i> , DWP, 2008, table 2.1
8 Employees who are currently covered by a non-state pension scheme	56% 2006/7	53% 2005/6	Improved	UK	<i>Family Resources Survey United Kingdom 2006–7</i> , DWP, 2008, table 7.12
9 People aged 60+ who avoid heating rooms in the home to save money	36% 2008	20% 2007	Worsened	GB	ICM Winter Fuel Bills Survey, October 2008
10 Households with someone aged 85+ who has no bank account	7% 2006/7	6% 2005/6	No change	UK	<i>Family Resources Survey United Kingdom 2006–7</i> , DWP, 2008, table 5.3

11 People aged 65+ with unmet need for help with everyday household tasks	410,000 2008/9	570,000 2007/8	Improved	England	ICM Research survey for <i>One Voice</i> , and mid-2006 and mid-2007 population estimates for England, Office for National Statistics, 2008
12 Households receiving low-level home care	67,000 2007	73,000 2006	Worsened	England	Estimate from <i>Community Care Statistics 2007: home care services for adults, England</i> , NHS, 2008, tables 5 and 9
13 People receiving home care	347,000 2007	359,000 2006	Worsened	England	<i>Community Care Statistics 2007: home care services for adults, England</i> , NHS, 2008, table 5
14 Difference between average weekly fees for residential care and the standard council payment	£60 2008/9	£63 2007/8	No change	England	Calculation based on Laing and Buisson, <i>Care of Elderly People: UK Market Survey 2008</i> , table 8.2, and <i>Community Care Market News, Annual Survey of UK Local Authority Baseline Fee Rates 2008/9</i> , Laing and Buisson, 2008
15 People aged 65+ receiving Direct Payments	27,000 2007/8	18,000 2006/7	Improved	England	<i>Community Care Statistics 2007–8: referrals, assessments and packages of care for adults, England</i> , NHS, 2008, table 3
16 People aged 65+ who say their quality of life has deteriorated over the last year	24% 2008/9	22% 2007/8	Worsened	England	ICM Research survey for <i>One Voice</i>
17 Years of future disability people aged 65 today can expect	Men: 6.9 Women: 9.2 2004/6	Men: 6.7 Women: 8.8 2003/5	No change Worsened	England	<i>Health Statistics Quarterly 40 Winter 2008</i> , Office for National Statistics, 2008, table 1
18 People doing recommended levels of exercise	65–74 19% 75+ 6% 2007	65–74 16% 75+ 6% 2006	Improved No change	England	<i>Health Survey for England Adult Trend Tables 2007</i> , NHS, 2008, table 14
19 People aged 75+ readmitted to hospital in an emergency within one month of discharge	149,000 2006/7	147,000 2005/6	Worsened	England	<i>Emergency readmissions to hospital within 28 days of discharge from hospital: adults of ages 75+, NCHOD</i> , 2008

20 People aged 65+ who think health and care staff do not always treat older people with dignity	64% 2008	n/a	No time series	England	ICM Pain and Dignity survey
21 People aged 65+ who say they are lonely	11% 2008/9	10% 2007/8	No change	England	ICM Research survey for <i>One Voice</i>
22 Households including someone aged 60+ living in a home in poor condition	35% ¹ 2006	28% 2005	No time series	England	<i>English House Condition Survey 2006 Annual Report</i> , Communities and Local Government, 2008, table 9.1
23 Excess winter deaths among people aged 65+	21,000 2007/8 ²	21,260 2006/7	No change	England	<i>Health Statistics Quarterly 40 Winter 2008</i> , Office for National Statistics, 2008, page 69
24 People aged 75+ who find it very difficult to access:	doctor 9% post office 10% supermarket 10% 2006/7	doctor 9% post office 11% supermarket 10% 2005/6	No change Improved No change	England	<i>Housing in England 2006/7: a report based on the 2006/7 Survey of English Housing</i> , Communities and Local Government 2008, table 7.6
25 People aged 65+ who leave their home once a week or less	6% 2008/9	5% 2007/8	No change	England	ICM Research survey for <i>One Voice</i>
26 People aged 65+ who believe the country fails to make good use of the skills and talents of older people	76% 2008/9	n/a	No time series	UK	ICM Research survey for <i>One Voice</i>
27 People aged 50+ who are unemployed	312,000 2009	231,000 2008	Worsened	UK	<i>Labour Market Statistics</i> , first release, March 2009, Nov–Jan figures, Office for National Statistics, table 9(2)
28 People aged 60+ who are participating in state-funded learning	168,000 2007/8	208,000 2006/7	Worsened	England	Statistical First Release: ILR/SFR16, Learning and Skills Council, ILR/SFR15, Further Education, Work-based Learning, Train to Gain and Adult Safeguarded Learning: learner numbers in England, October 2007, supporting (pivot) table, April 2008. LSC website http://readingroom.lsc.gov.uk/lsc/National/nat-ilrsfr15supportingdata-apr08.xls

29 People aged 65+ who have never used the internet	70% 2008	71% 2007	No change	UK	<i>Internet Access 2008: households and individuals</i> , ONS, 2008
30 Older people who are participating in formal volunteering at least once a month	65–74 28% 75+ 21% (April–September 2008)	65–74 31% 75+ 24% (2007/8)	Worsened Worsened	England	<i>Citizenship Survey: April–September 2008, England</i> , Communities and Local Government, 2009, table 4
31 Proportion of the world population aged 60+	11% 2007	10% 2000	Increasing	World	<i>World Population Ageing 2007</i> , United Nations, 2007, Executive Summary, page xxvi
32 Proportion of people aged 60+ who live in developing countries	64% 2007	62% 2000	Increasing	World	<i>World Population Ageing 2007</i> , United Nations, 2007, table A.III.1
33 People aged 60+ living on less than a dollar a day	100 million 2004 ³		No time series	World	HelpAge international www.helpage.org/Resources/Policyreports/main_content/IOMC/MDGs_must_target_poorest.pdf page 2
34 Proportion of all world deaths due to deaths from non-communicable diseases in older people	44% 2004	43% 2000	Increasing	World	<i>Global Burden of Disease 2004</i> , World Health Organization, 2008, table A5
35 Proportion of people with dementia who live in developing countries	60% 2008 ⁴	50% 1993	Increasing	World	Alzheimer's Disease International http://www.alz.co.uk/media/dementia.html

¹The 2006 figures are not directly comparable with previous years, as the definition for the indicator has changed

²The 2007/8 figures are provisional

³Date of estimate

⁴The estimate was last updated in 2008. The previous figure is a rough estimate from the same source: 'For at least the last 15 years, the majority of people with dementia worldwide have been living in developing regions of the world'

