

Age UK is the new force combining Age Concern and Help the Aged. We are working for a better later life today and tomorrow. We celebrate ageing and work to create opportunity in later life. And we fight and challenge disadvantage and unfairness wherever we find it.

Every day Age UK is in touch with thousands of people who we support to speak up for themselves. We understand the change that is needed to transform people's lives for the better. We have a positive, forward-looking vision for our ageing society.

The new force combining



Our partners

Age UK will work with partners in the UK and across the globe. We will be working with Age Cymru, Age Scotland and Age NI and with local Age UK partners in communities across England. Internationally we work through HelpAge International to support a network in 100 countries around the world. The challenges spelt out here are for the UK government and parliament.

Agenda for Later Life 2010

Our five-year ambition
for public policy



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Foreword



I'm delighted to introduce the first edition of *Agenda for Later Life*, a new report from a new organisation. The publication marks the unveiling of Age UK to the professionals and policy-makers we work with to

improve later life, week in, week out.

Age UK is here for 14 million people, working for a better later life today and tomorrow. We celebrate ageing and work to create opportunity in later life. And we fight and challenge disadvantage and unfairness. This report sets out the change needed to transform people's lives for the better. It reflects a positive, forward-looking vision for our ageing society. It sets the agenda for later life.

The report shows that, in many ways, public policy over the years has achieved positive changes to later life: more people are working for longer; healthcare and life expectancy have improved; attitudes are slowly beginning to change. But we also highlight some striking long-term challenges which still need to be addressed, not least growing periods of disability and levels of poverty and isolation which are unacceptable in a rich society.

Reading the report, I am particularly struck by those issues which have taken a significant turn for the worse over the last two turbulent

years. The recession has obviously hit the labour market hard. We have seen 100,000 people forced to retire in a single year and almost a quarter of a million more people over 50 who want work. The case for scrapping forced retirement could not be clearer. However, the long-term consequences of the financial crisis could be even worse. We fear that public spending on vital services could fall just as the numbers in later life are rising. In particular, it is vital that spending on social care is safeguarded over the next few years, as we forge a radical new approach to care entitlements and funding.

With an election around the corner Age UK will be a powerful voice campaigning for change. But we are not just here to challenge others: we act for ourselves. With our partners we deliver trusted information, help people access new technologies, provide practical support and social opportunities, respond to market failures, commission research and work globally to help the poorest around the world.

With this report we challenge public policy-makers to join with us to transform later life.

Michelle Mitchell
Charity Director

Indicator results

Trend
✓ Positive ✗ Negative – No change

Indicator	Result	Trend
Overview (UK)		
1 Late old age: population aged 85+	1.3 million	✓
2 Loneliness: people aged 65+ who are often or always lonely	7%	✓
3 Income inequality: average disposable incomes for the top quintile as a multiple of the average for the bottom quintile	x 3.8	✗
4 Health inequality: gap in life expectancy at 65 between the worst and best local authorities in England	Men: 7.6 years Women: 8.5 years	✗ ✗
5 Recession and public spending: one-off jump in share of GDP spent on health, care and pensions from economy shrinking	1.5% of GDP	✗
Equal respect (UK)		
6 Recognition of age discrimination: people aged 65+ who believe age discrimination exists in older people's everyday lives	54%	✓
7 Infantilisation in late old age: people aged 65+ who believe people in late old age are treated like children	42%	✓
8 Experiences of age discrimination: people aged 50+ reporting age discrimination in the last year	35%	✗
9 Forced to retire in the last year: people aged 65–70 who were forced to retire aged 65+ within the last year	4%	✗
Support to be independent (England)		
10 Support for carers: number of carers aged 65+ receiving a service	98,000	✓
11 Early intervention: number of households receiving two hours a week or less support at home	59,000	✗
12 Support to stay at home: number of people receiving care or support at home	341,000 ¹	✗
13 Direct payments: number of clients aged 65+ receiving direct payments	27,000	✓
Enough money (UK)		
14 Poverty: people over state pension age with less than 60% of median income (after housing costs)	18%	✓
15 Benefit take-up: percentage of people eligible for Pension Credit who receive the benefit	61–70%	–
16 Saving for retirement: full-time workers who are members of a pension scheme	Men: 64% Women: 63%	✗ ✗
17 Wanting work: people aged 50+ who want work	1.15 million	✗
Feeling well (England)		
18 Hospital readmission: people aged 75+ readmitted to hospital in an emergency within one month of discharge	159,000	✗
19 Years with disability: average years of future disability people aged 65 can expect	Men: 7.1 years Women: 9.4 years	– ✗

Indicator	Result	Trend
20 Exercise: people meeting national guidelines for physical activity (30 minutes, five times a week, moderate or vigorous activity)	65–74: 19% 75+: 7%	✓ ✓
21 Attitudes of health professionals: people aged 65+ who agree that health professionals consider older patients a nuisance	29%	✓
Lifetime neighbourhoods (England)		
22 Volunteering: people aged 75+ participating in formal volunteering at least once a month	23%	–
23 Trapped at home: people aged 65+ who leave their home once a week or less	6%	✓
24 Fear of crime: people aged 75+ whose fear of crime had a high or moderate impact on their quality of life	Men: 23% Women: 36%	✓ –
25 Access to services: people aged 75+ who find it very difficult to access key services	Doctor: 9% Post office: 10% Supermarket: 10%	✗ ✗ ✗
Homes for life (England)		
26 At home and disabled: people aged 75+ living in their own homes who have a disability (limiting longstanding illness)	46%	–
27 Unheated rooms: people aged 65+ who avoid heating rooms (bedroom, bathroom, living room) because of cost worries	30%	✗
28 Excess winter deaths: additional winter deaths of people aged 65+ in the winter months (December to February) compared to the rest of the year	31,000	✗
The grey pound (UK)		
29 Grey market: total annual spending by households with someone aged 65+	£97 billion	✓
30 Business interest: % of people aged 65+ who think businesses have little interest in the consumer needs of older people	46%	✓
31 Internet use: people aged 65+ who have never used the internet	64%	✓
32 Without a bank account: households including someone aged 85+ without a bank account	5%	✓
Global ageing		
33 Global ageing: proportion of the world population aged 60+	11%	✓
34 Longevity gap: difference in life expectancy at birth between developed and least developed countries ²	21.2 years	✓
35 Diseases of ageing: proportion of people living with dementia who live in developing countries ³	58%	✗
36 State pensions: countries with a non-contributory pension (either means-tested or universal)	72	✓

¹ All figures rounded to nearest 1,000

² The UN definitions of the terms more and least developed, and the names of countries included can be found in the World Population Prospects Database, 2008 revision <http://esa.un.org/unpp/index.asp?panel=5>

³ The term 'developing countries' has been used throughout for the name LAMIC (low- and middle-income) countries used in the World Alzheimer Report



1 Overview

Indicator (UK)	Result	Trend
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3 Income inequality: average disposable incomes for the top quintile as a multiple of the average for the bottom quintile	x 3.8	✗
4 Health inequality: gap in life expectancy at 65 between the worst and best local authorities in England	Men: 7.6 years	✗
	Women: 8.5 years	✗
5 Recession and public spending: one-off rise in the share of GDP spent on health, care and pensions (caused by the shrinking of the economy)	1.5% of GDP	✗

Note See Appendix for details.

Devolution watch

This report covers issues reserved to the Westminster government and the geographic coverage of each chapter is specified, to take account of the complexities of devolution across the four nations of the UK. We work with our national partners Age Scotland, Age Cymru and Age NI to influence administrations across the UK.

Agenda for Later Life 2010 sets out Age UK's public policy priorities at the moment of our launch. Age UK is the new force combining Age Concern and Help the Aged. We are here for 14 million people aged over 60, working for a better later life today and tomorrow. We celebrate ageing and work to create opportunity in later life. And we fight and challenge disadvantage and unfairness wherever we find it. Every day Age UK is in touch with thousands of people who we support to speak up for themselves. We understand the change that is needed to transform people's lives for the better. We have a positive, forward-looking vision for our ageing society. Our aim is to set the agenda for later life.

This report maps our five-year ambition for public policy. In the early months of an election year we intentionally take a long view, looking over the whole span of the next parliament, and picking out the key medium-term trends and policy priorities. The report sits alongside *Our Power is Our Number*, a pre-election manifesto, which sets out the key issues we want addressed right now, during the General Election campaign.

Age UK's agenda for later life is shaped by the huge opportunities and great challenges that we associate with ageing: respect, support, money, health, participation and global ageing. The report looks forward over the next five years and sets out the key trends, policy priorities and solutions. Each chapter begins with a series of key indicators, setting out the medium-term trend, and a summary of our agenda for the next five years.

Opportunity and challenge

The ageing of our society is a triumph of modern life. Only a few decades ago most people could look forward to just a handful of years in retirement, usually scarred by poverty and illness. **Indicator 1** shows that the number of people aged over 85 now stands at 1.3 million, a remarkable achievement which can only accelerate in future years. Today, for millions of us, later life is a time of activity and engagement when we are able to carry on socialising, working, caring and contributing in our communities. Over the last 15 years, longer

working lives have been the driving force behind growing labour supply, and will be again as the economy recovers from recession; the annual value of the 65+ 'grey pound' stands just shy of £100 billion,¹ people in later life provide the lion's share of care for partners, parents and grandchildren; and retirement is the ideal time to take part in community life and volunteering.

As the UK moves out of recession, we can play a big part in economic recovery, as workers, consumers and users of services. Supporting people in their 50s and 60s looking for work will boost labour supply. Action to improve the thermal comfort of our homes will reduce carbon emissions and create green jobs. And as businesses recover and seek new opportunities, many more should be encouraged to innovate in response to the growing spending power and diversity of older consumers.

But our ageing society, and particularly the rising numbers of people in late old age, poses some real challenges too. They require a planned response. Unless we confront today's attitudes to age we all risk marginalisation and disrespect as we grow old. Without action on incomes, we will permanently consign a fifth of people in the UK to poverty in later life. Following years of political neglect, our care system is crumbling and families are coming under ever greater pressure. We are suffering ill-health for longer and the NHS must re-prioritise in response. And hundreds of thousands of us are lonely, isolated and cut off from the mainstream, with no one taking responsibility for putting this right (see **indicator 2**).

The challenges are even greater in poorer countries around the world, where populations are ageing rapidly before development has taken hold. Age UK works internationally as well as in the UK, and we are calling on governments and international agencies to wake up to the realities of later life in the developing world. The oldest

and frailest are often least able to cope in devastating humanitarian disasters, which have been in the news all too often over the last year. Meanwhile, poorer nations are only slowly realising that pension systems and healthcare for the diseases of ageing are essential elements of national development. We want the UK government to lead the way in setting a global agenda on ageing, just as it has with climate change.

Looking back

Over recent years there has been a good story to tell in some areas, and here the challenge now is to maintain momentum in an environment of public spending cuts: 50+ employment has been growing strongly for a decade, and has held up remarkably well through the recession; for all its problems, the health service is meeting our needs better now than ever before; and there are signs that the private sector is waking up to the commercial opportunities of later life.

In two other areas progress is positive, but painfully slow. First, we are beginning to see outdated ageist attitudes challenged and changed. There has also been a slight decline in the number of older people who are acutely lonely and cut-off from the mainstream – an invisible example of social breakdown. But despite the positive direction of travel, these two problems still scar experiences of later life; public bodies can do more at local level, often without spending anything extra, simply by 'thinking age' in all they do. These two issues none the less require profound behavioural change across society, and for the state to make a real impact here we need new, more subtle tools, applying the lessons of social psychology and modern marketing, for example.

On other critical issues there is stagnation or even decline. The numbers with occupational

Our agenda for later life: six challenges for a new government

1 Equal respect *'Forget about age, see us as people'*

In later life, we are still seen as second-class citizens. A fundamental change in attitudes is needed. We want opportunities to live better lives and make a contribution; we want equal rights as workers, as consumers and as users of public services; we want to be treated with dignity and respect, especially when times are tough; and we want decisions that affect us to take account of our needs and our views.

2 Support to be independent *'Support and care to live the lives we choose'*

Publicly funded care is in crisis and families supporting loved ones are facing unbearable pressures. We should all be able to expect decent care to stay independent and there should be support for caring families and communities. We want radical reform of care which is affordable for individuals and taxpayers and which enshrine dignity, fairness, autonomy and simplicity. Meanwhile, we need immediate protection for public spending on care to cope with the rising numbers of over-80s. Addressing the crisis in England's care system must be a top priority for an incoming government.

3 Enough money *'Financial security for us all'*

Two million of us live in poverty and progress to reduce this number has stalled. In a rich nation no one should end their lives in this way. We want politicians to commit to ending pensioner poverty and to halve poverty this decade. As a first step, we need rapid progress in paying benefits automatically and an investigation into cost-effective ways of ending poverty. We also need help to cope with increasing costs of living, not least rising home energy bills.

4 Feeling well *'Staying well and feeling good'*

People are ill for longer in later life and the NHS is not responding to our needs. We want to stay healthy, recover from illness, and make the most of life whatever our health. We are the largest users of healthcare, so the NHS must gear up to offer what we need; overcoming disease matters, but so do prevention and recuperation, being treated with dignity, and promoting well-being. To reduce ill health in later life we need re-designed services, new priorities for medical research and help for people to live healthy lifestyles.

5 Taking part locally *'No one alone or left out'*

Hundreds of thousands of us are lonely, isolated and cut-off from the mainstream. We need local communities designed with our needs in mind, where our voices are heard. There must be opportunities for everyone to have fun and make a contribution, with a special emphasis on helping people who are marginalised to take part and have a say. The next government must ensure that our needs, concerns and voices shape local communities.

6 Thinking global *'Better later lives around the world'*

Our numbers are growing across the world, with the fastest increases in many developing countries. But ageing remains an afterthought in the plans of development agencies and governments. The next UK government must prioritise later life as it negotiates multi-national programmes at the EU and UN, and as part of its own international development strategy. It should press for the development of basic pension systems as an essential part of alleviating poverty. A new UN Convention on the Rights of Older Persons is needed to provide a framework for national governments to address age discrimination and deliver entitlements and programmes for their ageing societies.

pensions and the amount invested in them have both been falling; progress in reducing poverty has stalled and current policies will not lead to any further improvement; the duration of ill health at the end of life has been slowly increasing, with depressing implications for both quality of life and public spending. Finally, our mixed economy of care and support is facing massive pressures as state services withdraw and the market fails to meet growing needs.

Just Ageing? Fairness, equality and the life course

In 2009 Age UK worked with the Equality and Human Rights Commission on a joint programme of research and debate which considered inequality between people of the same age, intergenerational equity, and the unequal opportunities each of us faces over our life course. The programme identified determinants of inequalities in later life ranging from before birth to the end of working life.

Early life course factors include gender, ethnicity, education, marriage and age of parenthood. Education is one of the strongest and most consistent influences on outcomes in later life (and it is the principal mechanism by which inequality transfers between generations). Gender differences persist throughout life. There is little research on ethnicity and later life outcomes in the UK.

Mid-life course factors include occupation, work history, divorce, lifestyle and perceptions of ageing. Strikingly, the Just Ageing? research found that being in paid work for the bulk of pre-retirement adult life is not in itself enough to protect against poverty in later life. This suggests that the Government's emphasis on moving people into work is insufficient to

Inequality and later life

Underpinning our challenges to an incoming government is our growing concern that experiences of later life appear to be becoming more unequal along lines of income, wealth and class. After rising sharply in the 1980s, income inequality in later life stabilised in the 1990s and then began to fall in about 2000. However, **indicator 3** shows that since the middle of the decade inequality has been rising again.

prevent poverty across the life course. Just Ageing? seminar participants also raised misconceptions of our health and longevity as a key issue.

Later-life course factors include later working life and retirement, onset of disability, widowhood and use of public services. Just Ageing? found evidence that forced early retirement is linked to poor health for the rest of life. Seminar participants made the link to the ongoing injustice of forced retirement at 65. The programme found limited evidence on the impact of public services on inequalities in later life, but there are indications that experiences of health services can widen inequalities.

The **key insights** from the programme are that we must improve understanding of longevity; accept that there are tough choices to make; fill gaps in knowledge; avoid simplistic arguments that set generations against each other; enhance the voices of older and younger people; improve public trust and confidence in long-term policy-making; pay more attention to carers; and beware of unintended consequences.



Research by the Institute of Fiscal Studies suggests that current pension policies will do nothing to close this gap.² **Indicator 4** suggests that health inequalities also appear to be rising. This leads to huge variations in average life spans across the country; and also to profoundly different experiences of the final years of life. People live with disability for four fewer years in affluent areas, compared to the poorest.

Our understanding of wealth inequalities has moved forward considerably in the last year, with new evidence showing that the richest tenth of households approaching retirement have almost 50 times as much as the poorest tenth.³ In cash terms this gap is wider than for any other age group. And we also now know that variations in wealth are a strong predictor of life expectancy, establishing a key link between inequalities in wealth and health.⁴

These worrying facts are sometimes overshadowed when commentators suggest that there are significant inequalities between age groups. However, their concerns pale into insignificance compared to the huge differences within each generation. Poverty and ill health remain very high even among the so-called 'lucky' generation of baby boomers, meaning there is little scope for easy cuts to age-related public spending. Even the supposedly 'painless' step of raising the state pension age will leave hundreds of thousands more on sickness and unemployment benefits. And while the rich among today's sixty-somethings often have substantial assets, it is worth remembering that the standards of living they enjoyed in their early adulthoods were far worse than their children know today.

We are optimistic about intergenerational fairness; after all, many of the reforms we seek will deliver the greatest benefit to people who are young today. Looking forward, society can maintain generational equity as long as we all

recognise that each generation will earn more than the last, and that everyone must take on the burden of paying for the long retirements of their parents, in the knowledge that those to come will pay for their own even longer later lives.

All this is affordable as long as we gradually increase the number of working years, so that the portion of our lives spent in employment remains roughly the same, generation after generation. It is misplaced to heap opprobrium on one age group at the expense of another, or to suggest we cannot afford decent, humane public services in later life. Anyone concerned about intergenerational fairness should instead focus on pushing up the average age at which people can retire, not least by challenging ageism in the workplace and outlawing forced retirement. And if there are concerns about wage-earners paying more than they can afford towards essential age-related public spending, politicians should consider whether there is a case for slightly shifting the balance between the taxation of incomes and assets, as this would simultaneously tackle inequalities both between and within generations.

Public spending

For all our long-term ambitions, we know that this General Election year will be overshadowed by the urgent need to secure economic recovery and cut the budget deficit. While cuts in expenditure are inevitable, the axe must not fall on the entitlements and services we rely on most.

The depth of this recession and challenges to the public finances are illustrated by **indicator 5** and figure 1 (see page 14). This shows that in a single year the contraction of the economy meant that public spending on later life increased by a full 1½ per cent of GDP. That is a rate of growth that was expected from 15 years of demographic change. It demonstrates the

scale of the recession we have been through and it puts ageing into perspective, showing how rising longevity is a manageable, affordable transition when compared to the recent crisis. Indeed, the Treasury's projection that, over the next 20 years, public spending will need to rise by 2.2 per cent of GDP to pay for our ageing society now feels less like a step into uncharted territory.

The short-term prospectus for spending on public services is very worrying, with all political parties aiming to close a £73 billion (5.2 per cent of GDP) hole in the public finances through a combination of spending restraint and tax rises.⁷ However, the quarter of public spending which is devoted to social security, health and care in later life should be less vulnerable to cuts than many other areas. Social security is protected by statute – although we still need to see politicians follow through on their promises to re-link the state pension to earnings. We will also resist any moves to scale back current entitlements: for example, efforts to restrict increases in pensions and benefits; means-test payments such as Attendance Allowance and the Winter Fuel Payment; or rapidly accelerate increases to

the state pension age – a move which would do nothing to cut the deficit right now.

Meanwhile, it is welcome that Labour and the Conservatives have promised to protect spending on the NHS. However, even the relatively benign prospect of frozen health budgets equates to a cut per patient, once the ageing of the population is taken into account. The King's Fund calculates that an extra £6 billion over five years would be needed to accommodate population ageing in England (with £5 billion of this for people aged over 65).⁸ On the other hand, social care and other local government services, such as supported housing, look vulnerable to deep cuts. While there is undoubtedly room for efficiency savings, politicians must act responsibly to ensure that savage spending reductions do not harm those of us who are sick, poor or most in need of support.

For care and support, figure 2 shows that spending should actually be rising sharply to maintain 'standstill'; major cuts will undoubtedly cost lives. But if projected cross-government cuts are applied to older people's care spending will fall by £900 million over two years.⁹ With no new

money likely, our proposed solution is to transfer some modest resources from the NHS budget to social care, while leaving overall plans for total Department of Health spending untouched. For example, instead of cutting £1 billion from older people's care, the NHS budget could be reduced by just 0.2 per cent annually for five years. Even a real-terms increase for older people's care to meet rising demand could be paid for by an annual cut in NHS spending of 0.6 per cent. In our view the NHS is better placed than social care to absorb these cuts through efficiency savings. Transferring resources from the NHS to older people's care would be a tough decision, but it could ultimately save money in terms of fewer emergency hospital admissions.

Looking forward

In every local community, the challenges of the spending squeeze must be used as an opportunity for fundamental change. Reforming local public services becomes more important, but the rhetoric of personalisation needs to shift away from simply creating consumer choices and towards tailoring support around the individual. There need to be co-ordinated services and early interventions whenever there is robust evidence that these are good value for the public sector at large. Public services also need to make a virtue of necessity by finding new ways to 'pump-prime' community initiative and self-reliance. There are numerous examples

Figure 1: Age-related public spending, as a share of GDP, today and in 20 years' time, as reported and projected by the Treasury

	Today		In 20 years	
	2008	2009	2028	2029
Health	7.4%	8%	8.6%	9%
Care	1.2%	1.2%	1.4%	1.7%
State pensions	4.9%	5.5%	5.6%	6%
Public sector pensions	1.5%	1.8%	2%	2%
Total	15%	16.5%	17.6%	18.7%

Note The Treasury's 2009 long-term public spending report⁵ controversially excluded the usual table setting out this data; however, projections for each area of spending were published individually in graphs, which we have collated.⁶ The change in today's spending is due to the shrinking of GDP; changes in likely future spending are due to a range of factors, including changing projections and assumptions. Source: HM Treasury

Figure 2: In normal times, population ageing between now and 2015 would require a £20 billion increase in public spending to maintain 'standstill'

	2010/11 £ billion	2015/16 £ billion	Change £ billion	Change annual %
NHS – over-65s only (England) (1)	48	53	5	2%
*Social care – over-65s only (England) (2)	7	9	2	5%
Devolved spending on 65+ health and social care (estimated) (3)	9	10	1	2%
Basic State Pension (4)	55	64	9	3%
SERPS/S2P (4)	13	17	3	4%
*Pension Credit (4)	8	8	-0.4	-1%
Other pension benefits (4)	3	3	-0.3	-2%
Housing and local taxation benefits (4)	8	8	-0.3	-0.7%
Attendance Allowance and Disability Living Allowance (4)	10	11	0.9	2%
Total	161	182	20	2%

Note (1) Estimates for total NHS spending and impacts of ageing from *How Cold Will It Be? prospects for NHS funding: 2011–2017*, King's Fund/ Institute for Fiscal Studies, 2009. Author's calculations for spending on over-65s only; we assume 45 per cent of NHS budget is spent on over-65s in 2010 and this then rises in line with the King's Fund/IFS projection for rising demand from over-65s. For all age groups the increase is £6 billion (equivalent to an annualised increase of 1.1 per cent in spending). (2) Forder, J. et al, *Analysing the Costs and Benefits of Social Care Funding Arrangements in England: technical report*. PSSRU discussion paper 2644, 2009. (3) Assumes spending in England is 83 per cent of UK total in both years, reflecting past trends reported in *How Cold Will It Be?* (4) Pensioner benefit expenditure projections, United Kingdom, DWP, 2008. *For social care and Pension Credit the 2015/16 figure assumes a real increase in spending per person (to reflect earnings increases), not just demographic shifts.

Our power is our number: Age UK's priorities for the General Election

1 Equal respect 'Forget about age, see us as people'

- Forced retirement must be ended by scrapping the Default Retirement Age (UK)
- Laws to outlaw age discrimination in Great Britain and across the EU should be approved, and must stop unwarranted age limits on insurance (Great Britain and EU)
- A new package of support must be provided to get people aged 50+ who are out of work back into jobs (UK)

2 Support to be independent 'Support and care to live the lives we choose'

- Radical reform of the care and support system must be taken forward as an urgent priority (England)
- To prevent the current system collapsing, social care must be included within safeguards for health-related spending (England)
- Attendance Allowance supports independence and control. Any reform of care and support must retain its essential features (UK)

3 Enough money 'Financial security for us all'

- The benefits system should be reformed so that older people are paid their entitlements automatically (UK)
- Commitments to link the Basic State Pension with earnings must be honoured by 2012 and pension payments must be increased over time, as this becomes affordable (UK)
- Energy efficiency programmes should be scaled up and mandatory social tariffs should be introduced to tackle fuel poverty (UK)

4 Feeling well 'Staying well and feeling good'

- Treating older patients with dignity must be at the top of the NHS reform agenda, including tackling malnutrition and other infringements to human rights (England)
- A quarter of us have symptoms of depression. GPs should be trained and incentivised to diagnose depression in later life (England)
- NHS resources must be re-directed towards community health services that sustain good quality life by preventing and treating common health conditions (England)

5 Taking part locally 'No one alone or left out'

- Everyone over 60 should be entitled to free local travel, including people who cannot use conventional public transport (England)
- Local authorities should do more to create age-friendly services and public spaces, safeguard local amenities and give older people a voice in local decisions (England)
- All new homes must be built to Lifetime Home standards (UK)

6 Thinking global 'Better later lives around the world'

- The UK must champion ageing and health in later life in all global development and humanitarian initiatives (UK)
- The government should support a new United Nations convention on the rights of older people (UK)
- The UK should offer all developing nations help to introduce basic pension systems (UK)

of small amounts of public money unlocking the enthusiasm of volunteers and community groups working with the most vulnerable and isolated. The growing emphasis on local decision-making creates huge opportunities for cutting through outdated institutional dividing lines. But localism also needs safeguards, in terms of a clear set of national entitlements, and requirements that every public service considers the needs of disadvantaged sections of the community, so that the loudest voices do not always call the shots.

On the national stage, we cannot allow the short-term crisis the country faces to distract from long-term challenges. Ageing requires steadfast, planned reform over decades. Even though we know there will be short-term spending restraint, politicians must set out plans for the long term, not least radical reform of our care system and the progressive eradication of pensioner poverty. The scale of the challenge calls for urgent short-term measures, wherever these are affordable, and early agreement over the direction of long-term reforms.

In an election year, action is not just a moral imperative, but a political one. There are 14 million of us aged over 60 – and we vote. The political parties cannot afford to ignore us. In 2010 we will cast more than four out of every ten votes. Our votes cannot be taken for granted.

For us, the challenges of ageing are close to home and front of mind – respect, support, money, health, participation. We will judge politicians on the basis of what they will do in response. But ageing is not just an issue for those of us already in later life. In coming decades we face enormous opportunities and challenges as the nation and the world grow old. Alongside climate change, population ageing is the greatest global transition we will face this century. This must be the lens through which politicians view their ideas for the future.

To achieve all this, there needs to be much better co-ordination of policy and delivery on later life across Whitehall and in every local community, actively engaging with our interests, views and needs. Whichever political party (or parties) takes office this election year, an urgent shake-up is needed to bring together the assortment of initiatives on ageing into a coherent whole. Nationally, we need to plan strategically and allocate scarce resources where it makes most sense; and locally we need joined-up, age-friendly decision-making so that no one falls through the net. Above all, this will take leadership, at the highest level. Perhaps the time has come for a Secretary of State for Later Life?

¹ Calculated from *Family Spending: a report on the 2008 Living Costs and Food Survey*, ONS 2010 Table A11

² *Pensioner Poverty over the Next Decade*, Institute for Fiscal Studies, 2007

³ *An Anatomy of Economic Inequality in the UK: report of the National Equality Panel*, Hills, J. et al, Government Equalities Office, 2010

⁴ From various sources, for instance: 2005;59;115–20 *J. Epidemiol. Community Health*, Laura M Woods, Bernard Rachet, Michael Riga, Noell Stone, Anjali Shah and Michel P. Coleman, and *Fair Society, Healthy Lives*, The Marmot Review, 2010

⁵ *Long-term Public Finance Report: an analysis of fiscal sustainability*, HM Treasury 2009

⁶ *ibid.*

⁷ *The IFS Green Budget*, eds Chote, R., Emmerson, C and Shaw, J., Institute for Fiscal Studies, 2010

⁸ *How Cold Will It Be? Prospects for NHS funding: 2011–17*, King's Fund/IFS, 2009

⁹ Estimate based on *Personal Social Services Expenditure and Unit Costs England, 2007–2008*, February 2009 and *The IFS Green Budget*, February 2010, Institute for Fiscal Studies, 2010



2 Equal respect

Indicator (UK)	Result	Trend
6 Recognition of age discrimination: people aged 65+ who believe age discrimination exists in older people's everyday lives	54%	✓
7 Infantilisation in late old age: people aged 65+ who believe people in late old age are treated as children	42%	✓
8 Experiences of age discrimination: people aged 50+ reporting age discrimination in the last year	35%	✗
9 Forced to retire in the last year: people aged 65–70 who were forced to retire aged 65 or over within the last year	4%	✗

Note See Appendix for details.

Devolution watch

Legislation on age discrimination and mental capacity covers Great Britain and the Human Rights Act is UK-wide. Initiatives to promote age-friendly public services and prevent elder abuse apply to England only.

Our five-year agenda

We need a decisive change in attitudes to ageing, which can only be achieved by cross-government co-ordination and leadership. There should be comprehensive age equality law – at GB and EU level – including prohibitions on arbitrary upper age limits that close access to employment and financial products. New legislation is also needed to prevent elder abuse, by requiring public bodies to work together and tackle the problem in the round.

All public bodies must take steps to adapt to their ageing populations by ensuring services and job opportunities are accessible to all ages. They must also ensure that all relevant professionals comply with recent laws regulating decision-making and deprivation of liberty in situations where people have limited capacity to make choices. The rights enshrined in the Human Rights Act must not be diminished, and public bodies should consider human rights in all that they do.

Challenging attitudes

We live in a society in which negative attitudes to ageing and later life are endemic. The effects are damaging both to individuals and society at large. The monotonous stereotyping of us as passive and dependent erodes individuals' sense of self-worth – Age UK-funded research shows that people aged over 70 are persistently seen as incapable and pitiable when compared to other groups.¹ The unthinking disregard for our preferences in the design and delivery of public services means that those of us who need support most often do not receive the right help. And the assumption that we do not have the same aspirations as younger people too often translates into the rationing of opportunities to participate in economic and community life.

Social attitudes are not fixed for all time, and it is important to acknowledge there has been progress in recent years (**indicators 6** and **7**). This has undoubtedly been aided by the introduction of age discrimination legislation and increasing media interest in ageism, including a string of high-profile stories in the past year. However, the number of us who

report being a victim of age discrimination is still rising (**indicator 8**). With our ageing population, the country is at risk of sleepwalking into a future in which society and the economy fail a huge proportion of us.

While the concept of attitude change may appear intangible, achieving a positive shift demands real action over the next five years. Academic studies show that the first step is to develop a detailed picture of what motivates the behaviour of target groups and identify policy interventions to modify that behavioural path.² As the ageing population impacts on most groups in society in some form, this demands an ambitious programme. Components should include:

- **training the public sector workforce to be positive about ageing** Evidence shows that building the capacity and capability of the public service workforce to transmit high aspirations to the public with which they interact has a strong impact on outcomes.³ As older people are among the highest users of many public services, this could be a powerful lever for improving older people's expectations and sense of self-worth.
- **systematically promoting best practice on age-friendly business models, products and services** With new profits in mind, businesses should be encouraged to consider the older market through programmes such as our Age OK accreditation and 'engage' business network. Government could act as a powerful facilitator in promoting such programmes to industry.
- **a robust social marketing campaign to influence attitudes and behaviour at large** Techniques used successfully by the World Health Organization among others to influence behaviour change could be deployed to promote positive messages to targeted audiences about ageing.

None of this can be achieved without visible leadership and co-ordination. Until now the Government has taken a piecemeal approach, with work spread across four Whitehall departments and the Equality and Human Rights Commission but little to show for it thus far. We are not calling for 'nannying' from the state, but social change on this scale does require government to play an enabling role. In the new parliament, we need better integration, with shared commitments, milestones and a clear allocation of responsibilities. Overall leadership could come from a Secretary of State for Later Life.

Beating discrimination

Tens of thousands of us are disadvantaged on a daily basis by unequal access to products, services, employment and volunteering opportunities for no other reason than our age. Prominent examples span across the labour market, health and care services, and financial products.

Age discrimination is rife in the public sector. Sometimes it takes the forms of rules and policies – such as the upper age limit on the Independent Living Fund, which creates a financial underpinning for discrimination in social care. It may appear in frontline practice: for example, the under-prescribing of cholesterol-lowering treatments to older patients, which is recommended for the secondary prevention of stroke and shown to be effective across all age groups.⁴ Or it may only be detectable in the outcomes services achieve – for example, in cancer care – where success rates for people over 75 have not improved over the last decade and are much lower than in comparable countries.⁵

In the private sector, the issues play out in similar ways. Formal age limits are the most visible and outrageous example of discrimination; they remain the norm in two

While the concept of attitude change may appear intangible, achieving a positive shift demands real action over the next five years.

key areas. First, many companies still turn people down for financial products simply on grounds of age. In a recent mystery shopping exercise, 50 per cent of people aged over 80 were turned down for motor and travel insurance by major insurers.⁶ Even more shockingly, huge numbers of employers continue to use the Default Retirement Age to force people from their jobs at 65. **Indicator 9** is based on new Age UK research which shows that 4 per cent of people aged 65–70 – some 120,000 people – were forced to retire during 2009.⁷ However, beneath the surface there is more endemic, unthinking discrimination which produces whole workforces that contain barely a single employee over 40, as well as product development and marketing professions that have an institutionalised view of us as incapable, peripheral and unappealing.

The 2005 parliament made real progress in legislating to tackle age discrimination. The 2006 Age Regulations finally implemented an EU directive on age discrimination at work, which dated back to 2000. The Equality Act 2010 will go further by banning discrimination in goods, facilities and services and by introducing a duty for all public bodies to promote equality in relation to age. The latter may sound like politically correct tinkering, but in truth this duty should be the catalyst for services to reappraise everything they do from the perspective of population ageing. This should enable them to take a strategic, organisation-wide approach to becoming age-friendly service providers and employers.

Effective implementation, strong leadership and clear guidance will be key to making the new legislation a success. In order to secure real change over the next five years, public authorities must be supported in delivering age equality. The government is taking tentative steps. It has launched a new cross-agency 'Better Place to Grow Older' initiative which encourages local public services to work together strategically to respond to their ageing populations. Meanwhile the Department of Health is pressing forward with its own guidance and awareness-raising programme in advance of the legislation.

There now needs to be a co-ordinated effort to support all public bodies in delivering age equality, with a particular focus on workforce practice. For example, in health and care all pre-registration training and continuing professional development programmes must ensure education is aligned with the needs of ageing service users. And there must be local partnership and accountability. We know what is right for us and we are in a good position to scrutinise local services to see they meet our needs. Where there are gaps, those of us in later life should be involved in designing the solutions.

There is still unfinished legislative business which politicians must not be allowed to ignore. The Default Retirement Age remains a glaring loophole in the law which should be closed immediately through amending regulations. And the timing and detail of the Equality Act needs to be fleshed out in secondary legislation. There has been widespread support for

implementation of the equality duty in 2011 and the prohibition on age discrimination in goods and services in 2012. But this timetable still needs to be rubber-stamped by ministers. We need a firm commitment that the age provisions will be implemented in 2012 so that they are well embedded by the end of this parliament.

There is still controversy about the nature and extent of exemptions to the prohibition of age discrimination. In 2009 the Department of Health commissioned a review of all discriminatory practice in its sphere which concluded that widespread exemptions and long delays to implementation were unnecessary. But in the financial services sector there has been stalling and resistance. Insurers are trying to win an exemption that would mean they would not need to offer quotations to people of all ages, even though outrage over this practice is our main motivation for pushing for age discrimination law in the private sector. Our recent research shows the insurance market is uncompetitive for people aged over 80, with a very wide spread of prices; and there is every chance that allowing insurers to refuse to quote will lead to many mainstream providers abandoning this market.⁸ The issue has got bogged down in technical arguments and disputes about evidence. Ministers need to cut through this by recognising there is a fundamental injustice which needs to be addressed.

The abuse and neglect of people in later life is a hidden crisis. While cases of extreme abuse sometimes make the headlines, the relentlessly demeaning treatment that too many people experience goes unnoticed.

Finally, there is unfinished business in Brussels, with proposals stalled for a new directive on discrimination in services. The new law covers much of the same ground as the Equality Act, so the UK should champion it, working with other member states to push it through.

Mental capacity

We are all entitled to respect and we all have rights. But we are not all able to make and express clear decisions for ourselves all of the time. With an estimated 820,000 people suffering from dementia in the UK, a number expected to rise to a million by 2021, supporting people who find it difficult to make decisions for themselves is becoming ever more important.⁹

The Mental Capacity Act 2005 which came into force during 2007 has for the first time created a clear legal framework governing situations when a person's capacity to make decisions is in question. The challenge now is to ensure its principles are adhered to. The implementation of the Act is currently being reviewed by the Ministry of Justice and the Department of Health. This should uncover whether professionals are correctly establishing if people lack the capacity to make a decision and whether they are supporting people to make as many decisions as possible for themselves. At present there is sketchy evidence of how far the principles of the Mental Capacity Act have even been implemented by specialist dementia services, let alone more widely across health

and care. There has now been a reasonable period in which to bed in the new requirements; we have reached the time for tough regulatory action to achieve full compliance.

The Act has recently been amended to include safeguards concerning situations where people without capacity to make a decision may be being deprived of their right to liberty, as a result of being confined to a hospital or care home. Care homes and hospitals now have to seek authorisation if they consider they are, or may have to, deprive a person of liberty. The provisions came into effect in April 2009 and so far there have been fewer applications and successful authorisations than expected. This may be because determining the difference between 'restraint' and 'deprivation of liberty' is very difficult and legally unclear. The Care Quality Commission is responsible for monitoring implementation and the Department of Health is also carrying out research. It is likely that there are still many people who are being deprived of liberty without their consent. All care providers need to take action to ensure they are in compliance with the law and their employees understand the new requirements.

Elder abuse

The abuse and neglect of people in later life is a hidden crisis. While cases of extreme abuse sometimes make the headlines, the relentlessly demeaning treatment that too many people experience goes unnoticed. Late old age is seen as a time of 'infantilisation' (**indicator 7**), whereby even well-meaning behaviour results in the undermining of dignity and self-respect. Official police statistics consistently report very low levels of abuse and domestic violence against older people. But focused prevalence surveys suggest that about 340,000 (1 in 25) older people living in the community are affected by abuse every year.¹⁰

Abuse can include physical, emotional, sexual and financial harm. There are many possible reasons why we may not report abuse including stigma, shame or believing it is our own fault; limited mental capacity; dependency upon the abuser; and isolation, including lack of contact with care providers or criminal justice agencies.¹¹ Additionally, the different types of abuse, which often occur simultaneously, can be hard to tackle holistically, with many different agencies needing to work together.

The current national response to elder abuse is totally inadequate. Over the next five years we want to see the picture completely changed. Agencies should work with people, not only to prevent and to stop abuse but to help people to recover from its effects. The emphasis should shift from assessing whether people are 'vulnerable' to identifying whether the situation they are in is placing them at risk. Services must integrate their work to prevent and tackle abuse, despite the broad nature of the underlying criminal and civil law.

We welcome the Department of Health's commitment to develop guidance setting out the roles and responsibilities of all agencies that are likely to be involved in combating abuse. We also support recent proposals for a statutory requirement for Adult Safeguarding Partnerships in all localities. However, this is not enough. By the end of the next parliament we ought to have legislation that makes clear public bodies have a duty to respond to abuse, including obligations on all public bodies to co-operate with local authorities. There should be emergency powers to stop abuse – for example, by excluding a suspected abuser from a victim's residence or putting emergency support in place.

The case for human rights

The issues addressed in this chapter all involve fundamental human rights: preventing abuse and degrading treatment; tightly controlling when people can be deprived of their liberty and autonomy; and securing non-discrimination. Sitting behind and underpinning specific laws on these matters is general human rights legislation, in the shape of the Human Rights Act 1998 and the European Convention on Human Rights. Public authorities are legally obliged to act in a way which is compatible with the basic rights these enshrine. The Human Rights Act is a powerful instrument for change and has been used many times to guarantee a better and fairer service from public services such as local authorities and the police.

Polling suggests public support for the principle of human rights – over 80 per cent of people agreed that human rights are important for creating a fairer society.¹² Older and disabled people who use care and support services are among the many groups that have benefited from the legislation. For example, on several occasions residents have challenged local authority home closures on the basis that the local authority has not taken into account how their right to life or right to respect for private and home life would be affected. While courts have not told local authorities that they could not close homes they have on occasions told them to reconsider their decision-making process, with the result that some homes have remained open.

But the legislation suffers from low awareness and misrepresentation. Only 11 per cent of people ever remember receiving or seeing any information from government explaining the Human Rights Act.¹³ And in recent years the Act has become a political football, with claims that it gives some people too many rights and prevents the state from taking reasonable action.

The political parties have rival proposals to replace the Act with a Bill of Rights. Although talk of a reduction in current entitlements has not been fleshed out, none the less the genuine benefits of the Human Rights Act for very vulnerable people are under threat. This threat cannot be allowed to materialise.

Indeed, in some respects the current Act does not go far enough, because it does not offer protection to people in regulated care services, unless their care is being paid for by the state. People receiving the same service in the same care home therefore have different levels of protection; this must be remedied immediately. This is particularly worrying because public bodies are not always well informed about their obligations to actively secure people's rights, which should include supervising regulated independent organisations to ensure that human rights are realised. Indeed, the Audit Commission found that many local authorities had a low awareness of the implications of the Human Rights Act or were simply adopting a 'wait and see' approach.¹⁴ Rather than debating repeal of the Human Rights Act, in the next parliament we want to see politicians and regulators focus their attention on pressing all public bodies to embed the principles of human rights into their work, so the law becomes a positive tool for change rather than a burdensome compliance obligation.

¹ *Attitudes to Age in Britain 2008–9* (2009) Abrams, Eilola and Swift, Department for Work and Pensions

² Knott, D., Muers, S., Aldridge, S. (2008) *Achieving Culture Change: a policy framework*, Strategy Unit

³ *ibid.*

⁴ R. Raine et al, *Sociodemographic variations in the contribution of secondary drug prevention to stroke survival at middle and older ages: cohort study*, *BMJ* (2009);338:b1279

⁵ Report of the All Party Parliamentary Group on Cancer's Inquiry into inequalities in cancer, *APPG on Cancer*, 2009

⁶ *Turned Away: older people and insurance*, Research Briefing, January 2010, Age Concern and Help the Aged

⁷ DRA polling survey by BMRB, 2010 (unpublished)

⁸ *Turned Away*, op. cit.

⁹ *Dementia 2010*, Alzheimer's Research Trust, 2010 and *Dementia UK*, Alzheimer's Society, 2007

¹⁰ Biggs, McCreddie, Manthorpe, Tinker, Hills, Doyle and Erens, *Mistreatment of Older People in the United Kingdom: findings from the first national prevalence study; or UK Study of Abuse and Neglect of Older People*, NatCen/King's College, 2007

¹¹ Brogden and Nijhar, *Crime, Abuse and the Elderly*, 2000, pp49–50

¹² Kaur-Ballagan, K., Castell, S., Brough, Kate, Friemert, H. (2008) *Public Perceptions of Human Rights*, Ipsos/MORI Social Research Institute

¹³ June 2009 polling by ComRes on behalf of Liberty

¹⁴ *Human Rights: improving public service delivery* (2003), Audit Commission

3 Support to be independent

Indicator (England)	Result	Trend
10 Support for carers: number of carers aged 65+ receiving a service	98,000	✓
11 Early intervention: number of households receiving two hours a week or less support at home	59,000	✗
12 Support to stay at home: number of people receiving care or support at home	341,000 ¹	✗
13 Direct payments: number of clients aged 65+ receiving direct payments	27,000	✓

Note See Appendix for details.

Devolution watch

Public policy on social care covers England only. However, Attendance Allowance applies UK-wide and any major reforms to care and support will have implications for Wales, Scotland and Northern Ireland.

Our five-year agenda

The reform of care and support is our number one priority for the next five years. In recent years the rhetoric of reform has been commendable, with initiatives to support carers, improve early intervention, personalise services and end age discrimination. But the system is massively under-resourced and unable to deliver on this promise. Politicians now recognise that the system is broken. This year they must agree some solutions and commit to deliver them. We want a reform that improves funding per person, extends the availability of service, preserves the key features of Attendance Allowance and offers at least part-funding to everyone in need, regardless of means.

In the short term, while reform is debated, we welcome the offer of free personal care for the most disabled. However, we also want to see improved support for carers, joint commissioning of preventative services where this is good value, and a more holistic view of personalisation which looks beyond just market choice. To achieve all this, the care sector needs more money over the next five years to reflect rising demand and costs.

We propose that this should be found by transferring a small proportion of the NHS budget to social care.

Caring families

The 2009 Green Paper *Shaping the Future of Care Together* focused most of its attention on paid-for care and support. However, most care comes from within the family, and there has been little explicit debate regarding the sustainability or desirability of the current balance of responsibility between the individual, family and state.

At present individuals and the state split the costs of paid care roughly 50:50.² Paid-for care is however dwarfed in scale by support provided by unpaid carers – usually family members. Carers UK estimates that carers provide £87 billion worth of care a year compared to £19.3 billion expenditure by local authority social services.³ It is debatable whether this can be sustained, with more dispersed families, more single households and increasing female employment, all of which means that the supply of family carers may not keep pace with the increasing numbers of those needing care.



Huge numbers of us make a contribution to caring in later life. Over 1.5 million carers are themselves aged over 65 and an estimated 8,000 are over 90.

It can be seen from the figures above that if the care provided by family members reduced only slightly and the state had to step in it would require a disproportionately large increase in public spending.

Huge numbers of us make a contribution to caring in later life. Over 1.5 million carers are themselves aged over 65 and an estimated 8,000 are over 90.⁴ We provide strong mutual support to each other, both within families and in the wider community. Increasingly, care takes place within very frail couples, where the traditional boundary between carer and cared-for becomes blurred.

In recent years carers have had a higher profile within public policy, but there is still little to show for this in terms of practical help for most families. Only a tiny fraction of carers receive any specific support from local authorities, although there has been welcome growth in recent years (**indicator 10**). Over the next five years we want to see a new statutory entitlement for carers to receive the support they need to be able to achieve an acceptable quality of life, defined in terms of their own mental and physical health and opportunities for social and economic activity. They should not be expected to totally sacrifice their own lives in order to carry out their caring role. Assessments should also take account of the needs of people who are mutual carers in later life. This means recognising in assessments that people with support needs may have important social and family roles which should make them eligible for additional support. Finally, the benefits system for carers

is a mess, with many people in later life receiving no additional support for being a carer because they are already drawing the state pension. Social security should be augmented to ensure that all carers have an adequate income and that older carers receive at least some form of financial recognition for the contribution they make.

We also care for younger generations, with increasing numbers of older parents continuing to support adult children with learning disabilities and grandparents sometimes having to become the main caregiver for troubled families. Grandparents applying for contact or custody orders often feel that they have little in the way of legal rights. Decisions are, at present, made on the basis (as established by the 1989 Children Act) that the rights of the child are paramount. This should continue to be the case, and it is difficult to see how it would be possible to grant automatic rights to grandparents within this framework. However, there is scope for greater use of the Human Rights Act to ensure that decision-making properly considers the rights of both grandparents and grandchildren to respect for private and family life.

Support for All, the families and relationships Green Paper, makes several proposals in relation to support for grandparents. These include information and advice, making children's centres more family-friendly and removing the current requirement for grandparents to obtain leave of the court before applying for a contact order. There are also plans for statutory guidance for local authorities on their responsibilities when

children are being supported by 'family and friends' carers, and revised standards for fostering agencies on how to support 'family and friends' foster carers. The Green Paper also proposed research on 'family and friends' care and a support pack for relatives who care for children because of a parent's drug or alcohol misuse. All of these measures will particularly affect grandparents, who provide the majority of 'family and friends' care. The proposed research will need to look closely at financial hardship – for example, resulting from unexpected childcare costs or early retirement – and should consider whether new forms of financial support are needed.

Stepping in early

Support that helps people to avoid or delay having to use care services is often referred to as being 'preventative'. During the past decade policy-makers and care professionals has devoted considerable efforts towards trying to target more resources on this kind of help.

There are two ends of the prevention spectrum. On the one hand prevention and reablement services may be primarily aimed at people who are already very frail in order to reduce hospital or care home admission. Or they may be targeted at people with lower levels of need in order to reduce future calls on social services and provide that 'little bit of help' around the home. This sort of targeted help merges into broader community-wide support such as information and advice services, exercise and social opportunities (discussed in chapter 6). It is not enough to measure the success of these initiatives just in terms of whether they save money for the public sector. They must also help people to continue living their lives in the way they want to; so success might be about improving quality of life, or enabling people to stay involved with family

and community, or being to continue living with dignity.

We now have all the evidence we need to show that many forms of prevention are good value for money. For example, the recent evaluation of the Partnerships for Older People Projects concluded that the initiatives not only improved people's quality of life but more than paid for themselves (see chapter 5). However, POPPs was just a pilot. The wider reality is that, despite the rhetoric, investment is being drawn away from lower-level preventative services, as resources are targeted ever more tightly towards people with very high support needs. **Indicator 11** shows that councils help just 59,000 people receive low-intensity support, such as traditional home help services. Even the overall number of older people receiving care in their own home is falling (**indicator 12**), despite rising levels of need and successful efforts to help people remain in their homes rather than move into residential care. With forthcoming local government spending cuts there is now a very high risk that councils will draw back even more from providing services they view as discretionary.

Today preventative health and care interventions can come in the shape of NHS healthcare, as a community care package following a statutory assessment, or from local authorities on a discretionary basis outside the boundaries of community care legislation. People also use Attendance Allowance to help with the costs of disability, such as help around the home. We want to see, as part of a reformed care and support system, much greater clarity over joint responsibilities for prevention and earlier availability of entitlement-based support, which is not subject to local discretion. The answer is stronger joint assessment and joint commissioning by the NHS and local government, so that resources are allocated to services that will save money for the public sector as a whole and provide value in terms of health

and quality-of-life outcomes. Any new offer must also eradicate age discrimination, particularly with regard to rehabilitation and reablement. This would mean focusing reablement services on helping people to rebuild confidence and social networks, not just on restoring physical capacity.

Personalising support

The term 'personalisation' brings together a range of policies that are intended to give people more choice and control over the support that they receive and over how they live their lives. Direct cash payments, which people can use to buy care and support instead of receiving services, are just one aspect of personalisation. Reform also needs to include improved provision of information, access to advocacy and brokerage services, increased involvement of service users in decision-making, opportunities for self-help and peer support, and local authorities taking an active role in developing thriving local care and support markets. It is therefore important that personalisation is not seen as being solely about trying to empower care and support service users through consumer choice. Indeed, the principles of personalisation also need to be applied to care homes. Residents often have little choice or variation in how they lead their lives; for them personalisation may be about creating a sense of community and having valued roles. On top of that, the current spending allowance that state-supported residents are permitted to retain from their own money is derisory, and certainly contradicts the spirit of personalisation.

It is good news that more of us are using Direct Payments (**indicator 13**). However, this policy has its limits. Older people who need social care are often extremely frail, have limited capacity and come into contact with services at times of crisis. Frequently they are in no position to act as

empowered consumers and market-shapers; and frankly, during times of transition, well-validated care pathways combining support, rehabilitation and ongoing community healthcare usually meet needs better than complete flexibility and personal choice. Even when people are ready for more personalised support, it will usually make sense to offer a notional budget rather than cash, with the financial management resting with a social worker or independent broker. To ensure choice and control is real, service users also need access to advice and advocacy; and since needs change frequently, this should be an ongoing entitlement, rather than a one-off intervention. As the care and support system changes, information, advice, advocacy and a framework of statutory rights will remain vital to enable older people and their families to challenge poor care and to influence the care system.

Regulation and inspection also have a key contribution to make to improving quality and to safeguarding service users. Up-to-date inspection reports are a vital source of information for people choosing a care service. Health and social care regulations have recently been reformed, and the new 'super regulator', the Care Quality Commission, is pursuing a range of promising new approaches. However, there has also been a dramatic cut in funding for regulatory activity, which raises questions about whether the CQC will be able to deliver on its ambitious plans.

But the key player in transforming care and support is local government. It is essential that councils do not neglect their strategic responsibilities, in terms of commissioning, monitoring and inspecting services; overseeing local care markets; and taking action when there is risk of neglect or abuse. Local government also has a crucial role to play in the assessment of need and allocation of resources. This requires skilled evaluation that uncovers true risks, needs and aspirations rather than automated

points-based allocation formulae. Some of the systems that local authorities have used for allocating personal budgets have ignored people's statutory entitlements. Recent government proposals for revised guidance on eligibility criteria remind local authorities that they must continue to assess needs on an individual basis and that where people qualify for care and support that they are entitled to receive it. As part of long-term reform we have warmly welcomed the Government's suggestion of a move to a national system of eligibility and assessment, under the new banner of a National Care Service. We also think there needs to be far greater clarity with respect to statutory entitlements, an issue currently being investigated by the Law Commission.

Meanwhile, in order to meet the requirements of the Equality Act, local authorities will need to shake up their assessment and allocation procedures to ensure that people with the same needs and aspirations receive the same level of support whatever their age. In the long run this implies finding more resources for care and support, since there is clear evidence that the care packages that older people receive in the community are too small to meet their needs. Within care homes, local authorities will also need to 'level up' the weekly fees they pay for care, since older people's care homes are currently underfunded by an average of £60 per week.⁵

In the current financial climate, these problems will obviously not be solved quickly. However, to rid the system of age discrimination and achieve

good quality of care, a new long-term reform of care cannot avoid increasing average spending per person for older service users.

Paying for care

Despite the radical nature of the 'personalisation' reforms which are currently in train, they are now overshadowed by an even more important debate on the long-term direction and funding of care and support.

To respond to the challenge of funding care and support, politicians need to ask two questions. How much will care cost? And who should pay for it? Following the publication of the Green Paper *Shaping the Future of Care Together*, we have seen a great deal of debate on the second of these questions. There has been discussion on shifting from means-testing to more universal support; the future role of different funding streams, not least Attendance Allowance; and the scope for voluntary or compulsory insurance. This has come to a head in the pre-election period with party spokesmen exchanging insults and launching 'attack' advertising. To the surprise of most observers, in the midst of this debate the Government announced in autumn 2009 that for a small proportion of service users personal care will be made free from late 2010. This will bring relief to tens of thousands of families but does not address the broader issues; it is none the less welcome as an interim measure while we seek long-term solutions.

By contrast, the first of our questions – how much will care cost? – has received hardly any

To respond to the challenge of funding care and support, politicians need to ask two questions. How much will care cost? And who should pay for it?

attention. This is back to front: until you know the size of the pie, why debate how to slice it up? Government-commissioned modelling shows that public spending on social care will almost double over the next 15 years even if the system is not improved.⁶ And this under-estimates the need, since today's system is grossly underfunded. In our view any viable reform will have to be based on people receiving support earlier than they do now, and on increasing the level of spending per person. It requires a significant increase in the total amount spent on care; the 2006 Wanless Report implies that an extra £2 billion is needed today for older people alone. This is before rising numbers are taken into account, let alone the costs of a more generous funding system that also supports richer people. This dimension of the debate really matters; after all, what would be the point of extending failing services to a wider group of people by simply removing the means-test? A decent 'offer' for poorer groups must be the first building block for any reform.

There are also significant uncertainties. Looking ahead over the next few decades, we all know that demand for social care services will rise steadily. However, the extent of this increase, and the costs this implies, will depend on a number of factors: the degree to which families are willing or able to provide unpaid care; progress in treating or delaying the onset of dementia; and the success of preventative strategies in reducing the duration of ill health at the end of life. Any serious attempt at long-term reform needs to plan for a wide 'funnel of doubt' with respect to future care needs.

The 2009 Green Paper began by accepting that the current social care system is unsustainable and set out radical proposals for reforming social care. There were many welcome ideas, including the proposal for a clear set of national entitlements, brought together under the ambitious-sounding name of the National

Care Service. The paper also restated commitment to personalisation and early intervention, and succeeded in raising the profile of care to an unprecedented level, as evidenced by the political party leaders vying with each other to make party conference announcements on reform.

However, the detail of the funding proposals was very disappointing. This was not because the ideas for balancing responsibility between the individual and the collective were bad in principle, but they were predicated on far less money being available than is actually needed. If the ideas were implemented, people would be expected to pay more and some of those who need services in future would lose entitlements enjoyed today, without any expectation that better support would be available in exchange. In particular, the proposal to merge Attendance Allowance into the care and support system would appear to leave most care users in middle-income groups worse off than their equivalents are now. If the Government proceeds along the lines set out in the modelling it has commissioned, the benefit would be unavailable to richer groups or to anyone also receiving care, resulting in a fall of 70 per cent in AA payments by 2026.⁷ The benefit provides help with the cost of living for huge numbers of disabled people, and we will fight to see its essential features retained. We are particularly worried by suggestions that older disabled people should receive less financial support than people with the same needs under the age of 65. That does not mean we are totally opposed to reform; we would support a combined assessment process for AA and care and the potential for pooled payment through personal budgets. But the underlying entitlement must not be diminished.

So what is the answer to paying for care? Many of us would love to entirely avoid the risk of ever having to pay for our own care

(including the costs of board and lodging in care homes, which were excluded from the government's proposals). But the costs of even free personal care would be very high. The party political squabbling in the first few months of 2010 suggests it will be hard to reach a consensus on a new tax or compulsory insurance scheme to pay for it. If that is the case, the minimum reform we will accept is a financial deal which provides more money per service user, earlier access to services and at least a one-third contribution to the care costs of wealthier groups. A co-payment for everyone would give recognition of the burden of disability on individuals and their families, and solve the problem of tens of thousands not asking for help or being turned away when they do.

In the current financial climate we appreciate that this money cannot be found from existing resources. We therefore propose that there should be one or more earmarked increases in taxation to fund this new national offer of decent support for all. To ensure intergenerational fairness it is important that the tax or charge in question should fall on retired people as well as on the workforce, so we would not want to see an increase in National Insurance alone.

Even if political consensus for reform along these lines can be reached, these long-term proposals will not be introduced until 2014 at the earliest. In the meantime, in order to prevent care services from getting any worse, we want to see spending from the NHS budget reprioritised to provide an additional £370 million a year for the care system for the next five years. This is the minimum needed for 'standstill' given demographic change and assumed earnings increases.⁸ This represents just 0.4 per cent of the health budget per year, which we believe could be absorbed in efficiency gains.

¹ All figures rounded to nearest 1,000

² This includes hotel costs: Julien Forder for *The State of Social Care 2006-7*, CSCI

³ *Valuing Carers: calculating the value of unpaid care*, Carers UK, 2007

⁴ *Older Carers in the UK*, Carers UK/Sheffield Hallam University, 2005

⁵ *Calculating the Costs of Efficient Care Homes*, William Laing, Joseph Rowntree Foundation, September 2008

⁶ *Analysing the Costs and Benefits of Social Care Funding Arrangements in England: technical report*, PSSRU, 2009

⁷ *ibid.*

⁸ *ibid.*





4 Enough money

Indicator	Result	Trend
14 Poverty: people over state pension age with less than 60% of median income (after housing costs)	18%	✓
15 Benefit take-up: percentage of people eligible for Pension Credit who receive the benefit	61–70%	—
16 Saving for retirement: full-time workers who are members of a pension scheme	Men: 64% Women: 63%	✗ ✗
17 Wanting work: people aged 50+ who want work	1.15 million	✗

Note See Appendix for details.

Devolution watch

Public policy on benefits, pensions and employment is all UK-wide.

Our five-year agenda

Over the next five to ten years we want to see a million fewer people living in poverty in later life. To achieve this, we need improvements to state and private incomes, ‘tell us once’ administrative simplification, reforms so that people likely to be eligible are automatically paid means-tested entitlements on a trial basis, and continued investment in independent information and advice.

This year’s reforms to the state pension, which improve incomes for women and carers, should apply retrospectively to people who are retired. We also want to see immediate re-indexation of the state pension to earnings. Over the long term this measure is essential to maintain retirement incomes, relative to the prosperity of society at large; but implementing this long-heralded policy now, rather than in four or five years’ time, would be powerfully symbolic and could be surprisingly inexpensive. Auto-enrolment into workplace pensions should begin in 2012 as planned. And by 2015 we want to see a review of the success of the pension reforms to assess whether more private or state pension provision is required over the long term.

Longer working lives are in our personal interests and the national interest. To push back retirement, more action is needed to challenge and support employers to create opportunities for older workers. And Jobcentre Plus needs to serve the needs of people over 50 at risk of never working again. Moves to increase the state pension age above 65 should not begin before 2020. The abolition of the Default Retirement Age and improved support for people out of work in their 60s are essential prerequisites.

Ending poverty

In a rich nation it is a scandal that 2 million of us still live in poverty, surviving on tiny incomes as the cost of many essentials rise. In the early 2000s there was a welcome drop in the number of people over state pension age living in relative poverty. But over recent years progress has stalled. Eighteen per cent of people over state pension age live below the Government’s poverty line, which in 2007–8 was equal to £115 a week for a single person after housing costs (**indicator 14**). Worse still, this figure underestimates the true picture because it does not take account of the extra living costs those of

us with long-term health problems face. And many more people live just above the official poverty threshold, with 42 per cent of pensioners saying they are struggling to afford essential items.¹ More worrying still, projections from the Institute of Fiscal Studies suggest that levels of poverty will not change in coming years unless new measures are introduced.²

It is time to renew the battle against pensioner poverty, which blights so many lives. In the new parliament we want politicians to sign up to a long-term commitment to progressively reduce poverty year on year. Over five to ten years we want to see a million fewer people in poverty past pension age. To set this process in motion the Government should urgently investigate the most effective ways of reducing poverty, working with organisations nationally and locally. We need a clear programme for the whole decade to reduce and eradicate poverty, with a timeline and action plan against which progress can be tracked.

The best way to avoid poverty in retirement is to have access to decent state pensions and opportunities to build up private resources across working life. However, this is a long-term process and benefits such as Pension Credit remain critical for preventing poverty for those of us who are already retired. The statutory indexation of Pension Credit to earnings is the key policy instrument that prevents the numbers in poverty rising further. However, poverty levels

among people in later life could be reduced by a third if there was full take-up of income-related benefits.³ As **indicator 15** shows, about one-third of people eligible for Pension Credit do not claim it, while over two-fifths entitled to Council Tax Benefit continue to miss out. Work by the Pension, Disability and Carers Service to encourage take-up, including joint initiatives with Age UK, should continue to explore new ways to reach people.

More dramatic progress is only likely if people are paid benefits more automatically. A pilot will shortly test paying people Pension Credit for a limited period and then inviting them to apply to receive ongoing payments. This re-frames the choice about applying for extra income, applying the ‘nudge’ lessons of behavioural economics. It is hoped that take-up will significantly increase, both because people often assume they will not be eligible and because they tend to worry more about losing money they are already receiving than about gaining more. Payments will be made to people who have been identified as likely to be eligible, after matching tax and benefits data. We want to see the lessons learned from this pilot used to improve delivery on a national basis by the end of this parliament.

In the meantime, better administration could also improve take-up. In particular, the complicated system of claiming income-related benefits for carers over state pension age should

be simplified so all relevant information is collected in one go. Secondly, improvements in sharing information between the DWP and local authorities should be used to produce a more streamlined system so that information provided to either organisation is used to assess entitlement for all income-related benefits. In addition to improving the system it is essential that independent information and advice on benefits are made easily accessible.

Pension reform

Much of the news about pensions over recent times has been bad. **Indicator 16** demonstrates that over one-third of people in full-time employment are not saving into a non-state pension. There is also a continuing fall in the numbers of defined-benefit pension schemes open to workers in the private sector. The defined contribution pensions which are replacing them are much more uncertain, as recent economic turmoil has shown; and typically employer contributions are much lower too. Also, for the many who do not have access to a pension with an employer contribution it can be very difficult to save adequately. Public sector workers continue to fare better but with public sector cuts in the pipeline their pensions could be under threat.

However, there is some good news on the way. Major changes to state pensions being introduced on 6 April 2010 will result in improved provision for many more people, mainly women, who reach state pension age after that date. And legislation requires that the basic state pension must be linked to increases in average earnings by 2015 (the Government has said its objective is to do this in 2012 if it can afford to). Age UK supports the direction of state pension reform; however, over the next five years we want progress to be faster and more far-reaching.

First, the current changes will do little for those of us who have already retired. There will be a cliff-edge, with many women and carers who retired just before 6 April 2010 likely to face lower incomes than slightly younger women for the rest of their lives. The level of the basic state pension at £97.65 (from April 2010) remains too low and should be raised as this becomes affordable. In the meantime, to maintain its value in relation to general living standards, annual pension increases should be linked to increases in average earnings – or inflation if higher. All political parties have promised to do this by the end of this new parliament, but if re-indexation is left too late the momentum for pension reform will be lost and more people will need to rely on means-tested top-ups. With earnings growth likely to be very low over the next few years, the costs of beginning re-indexation immediately will be limited in the short term.

Sweeping reform of our private pension system is also on the way, following the Pensions Act 2008. Starting gradually from 2012 most employees will be automatically enrolled into either their employer’s workplace pension or into NEST (the National Employment Savings Trust), a new national defined contribution pension scheme geared towards people with low and moderate earnings. People will be able to choose to opt out, but if they stay they will benefit from a compulsory contribution from their employer. However, a small minority of people with low and modest earnings or with interrupted working lives could be worse-off after making small contributions, so the new system needs to be accompanied by good independent information and guidance to help people make decisions. The introduction of auto-enrolment and NEST is an essential move towards universal workplace pension coverage and was agreed on a cross-party basis. In the new parliament, a new government of any complexion must rapidly push forward with implementation.

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By 2015 the impact of auto-enrolment on personal savings should be becoming clear. At that stage there should be an independent review of the long-term prognosis for retirement incomes. This should consider whether the reforms now being implemented go far enough in terms of both ensuring that people's total retirement income will replace a reasonable proportion of their earnings, and of preventing poverty for people who have worked or cared for most of their adult lives. If future prospects remain a cause for concern, politicians should commit to raising the minimum level of employer contributions to auto-enrolled pensions. They should also look again at the value and coverage of the state pension. For example, the basic state pension could be merged with the state additional pension to form a single state pension paid at a level sufficient to prevent most people from needing means-tested top-ups.

In the meantime, improvements to HM Revenue and Customs systems and small-scale reforms to the taxation of pensions could boost incomes. It is ironic that those of us with modest incomes often face the most difficulties with tax. A recent National Audit Office report⁴ found that 1.5 million pensioners had overpaid tax. A new computer system for people who are taxed under Pay As You Earn should help in the long term (although HMRC must act to avoid implementation problems in the short term). But the tax system as a whole is not keeping pace with changes in the make-up of people's retirement income, and in particular the shift from defined benefit to defined contribution pensions. One illustration of this is the taxation of annuities, which affects the increasing number of people who retire with one or more small defined contribution pension funds. While most attention has been focused on the need to buy an annuity at age 75, this affects very few people – fewer than 5 per cent.

The spotlight should instead focus on the taxation of modest savers with small pension funds, which is complex and unfair. Some people may end up with a 'stranded pot' – a pension fund that is too small to annuitise, that cannot be consolidated with another pension fund, and that cannot be drawn in cash – or only after suffering a high tax deduction. Technical reforms to tax rules and administration will make a real difference before the debate turns again to another substantial shake-up of our pension system.

Working longer

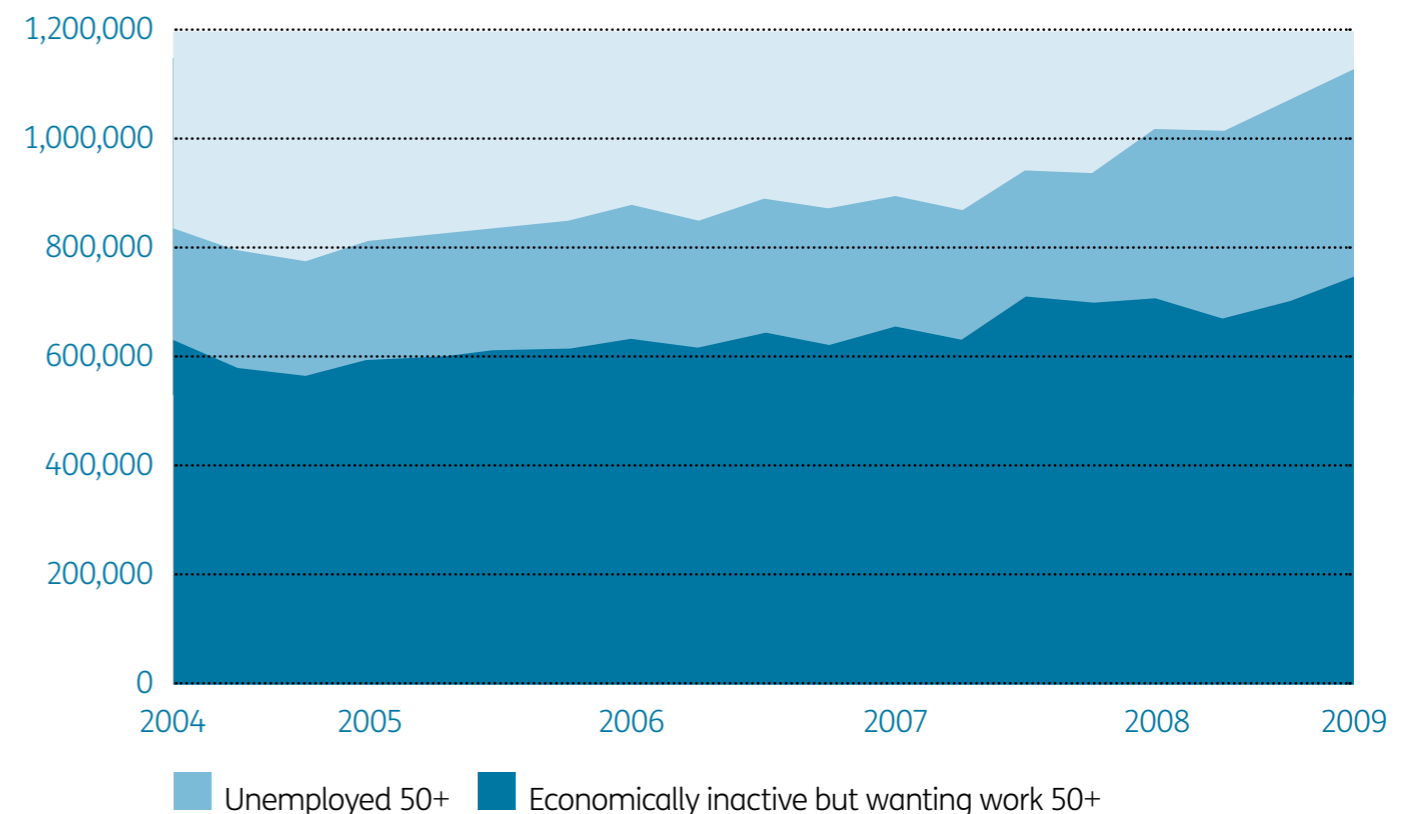
It is in the national interest and our own personal interests for more of us to work for longer. As life expectancy continues to increase rapidly, on average, we can expect longer retirements and a smaller proportion of life in work. Delaying retirement by a year or two is a very effective way of building extra savings and higher pension incomes to cope. For many of us, staying in work longer is also linked to good health, social contacts and a sense of purpose. Meanwhile, the economy needs people to work for longer because over the next decade there will not be enough young people entering the workforce to meet employers' needs; and the government needs the extra tax revenue to help pay for the increasing costs of more people in later life. There has been good progress in raising employment since the early 1990s, with the number of 50+ workers rising from 6 million to 8 million over 15 years.⁵

All this remains true in spite of the recession, although it seems perverse to be discussing skills shortages when there are not enough jobs to go round in the short term. As expected, labour market conditions worsened significantly over the last year, although the deterioration has not been as bad as many feared. In particular, there has been some welcome news for people over 50, who have fared better than other age groups.

The numbers in work between the age of 50 and state pension age have fallen only very marginally, and with 6.6 million people in work (71 per cent of the cohort) the picture is still better than a decade ago. For people over pension age, employment has continued to rise despite the downturn (to 1.4 million or 12.2 per cent of their cohort).⁶ It seems likely that this reasonably robust labour market performance can be explained by two factors. First, employers have been unable to use early retirement policies to shrink their workforces, due to a combination of age discrimination law and pension scheme deficits. Second, older workers appear to be less concentrated in shrinking sectors of the economy than in previous downturns. As a result, the recession has not set back too far the medium-term trend towards later retirements.

Despite this relatively good news, the recession has caused real hardship for hundreds of thousands of us. **Indicator 17** and figure 3 show that in the last two years there has been a rise of 25 per cent in the number of people aged over 50 who want to work. Within this extra 230,000 people, four out of ten have moved into the ranks of the economically inactive, which means they have gone unnoticed by the news headlines and will be much less likely to find work.⁷ Even among those who are classified as unemployed (i.e. actively seeking work), people aged over 50 are more likely than any other age group to have been out of work for more than six months.⁸ And once someone aged over 50 has been out of work for 6–12 months they are unlikely ever to work again.⁹ For the country this is a waste of skills, and for the individual it is often devastating in relation to personal finances, health and self-esteem.

Figure 3: People aged 50 and over who are economically inactive wanting work or unemployed 2004–9



Source: ONS commissioned table 2010 and ILO unemployment time series, UK

The attitudes of employers also remain a huge impediment to longer working. Many workplaces and industries still employ few if any people aged over 45.

Providing appropriate counselling and support to help people back to work quickly is essential but Jobcentre Plus is not delivering well for people in their 50s and 60s. It seems to have neither the right tools nor sufficient capacity to help people over 50 gain confidence, upgrade skills or seek work. Its services often feel 'one size fits all' and recent Age UK research shows that older workers believe their knowledge and experience are undervalued, and that they feel pressured to take inappropriate or low-skilled jobs.¹⁰ They do not get the practical help and support they need, such as preparing job applications and practising for recruitment interviews. Crucially, there is a dearth of retraining opportunities: the vast bulk of training packages are focused on young people (whose needs are legitimate too), with scant attention given to older workers wanting to change direction or explore a new career. A recent White Paper promised some enhancements to the current Jobcentre Plus offer, but these alone will not address deep-seated frontline problems. Indeed, New Deal 50 Plus, a similar initiative from the late 1990s and early 2000s, fizzled out for lack of committed local implementation.

The attitudes of employers also remain a huge impediment to longer working. Many workplaces and industries still employ few if any people aged over 45. The 2006 Age Regulations are still to have their full impact, particularly with regard to fair recruitment practices. The number of employment tribunal applications is far lower than expected, given the reported incidence of age discrimination. Far more needs to be done, especially by the Equality and Human Rights

Commission, to raise awareness of the law and give people the confidence to complain. Increasingly, employers will need to go beyond the elimination of discrimination, by redesigning work to make it reflect the needs and aspirations of an older and more diverse workforce. To retain older workers and fill skills gaps they need to focus on better workplace design, more occupational health support, and greater use of flexible working practices. And to do this they need much better support and guidance from government and industry bodies. Above all, as a society, we need a far more flexible attitude to retirement. People should be able to move gradually into more flexible work or fewer hours rather than ending their careers overnight. The most powerful weapon in shifting attitudes to retirement would be to remove the Default Retirement Age of 65. This mechanism has no place in the context of today's longer working lives.

Working longer should be a positive choice for most of us; it must not be an unrealistic financial necessity. For good reasons many people stop working from their early 60s onwards, and could face real hardship if the age of eligibility for the state pension is increased too fast. Age UK accepts that there should be a gradual increase in state pension age as part of a package of sustainable pension reform that reflects increasing longevity. But the pace of change must not be so fast that it will increase the number of people below pension age without work. Nor should it undermine the reasonable expectations of people within a few years of retirement. In practice, we think this means

there should be no moves to increase the state pension age beyond 65 until after 2020, when women's pension age catches up with men's.

In any event, it is not good enough just to announce an increase to the state pension age. There needs to be a vigorous effort to improve employment opportunities and support for workers in their 60s. First, this means abolishing the Default Retirement Age well in advance of any changes. In tandem, employers will need to become much better at creating flexible opportunities for people in their 60s. There are also major implications for Jobcentre Plus, which has little experience of working with people over 60. It would be in no one's interests to create a new older cohort of people dependent on long-term benefits. There must also be concerted efforts to narrow health inequalities so that people from poorer backgrounds are not penalised disproportionately by raising the pension age. This means targeting public health initiatives at people from disadvantaged backgrounds and communities. Finally, any moves to raise the state pension age should sit alongside work to improve pensioner incomes and reduce poverty. A more generous state pension could be the *quid pro quo* for accelerating the pace at which state pension age rises.

¹ *Coping with the Crunch*, Age Concern and Help the Aged, 2009

² *The IFS Green Budget*, eds Chote, R., Emmerson, C and Shaw, J., Institute for Fiscal Studies, 2010

³ Written answer, Hansard, 20 July 2009, cols 852-3

⁴ *Dealing with the Tax Obligations of Older People*, National Audit Office, October 2009

⁵ *Labour Market Statistics Statistical Bulletins*, ONS website

⁶ Calculations based on *Labour Market Statistics Statistical Bulletins*, ONS website

⁷ *ILO Unemployment 2009*, ONS and commissioned tables for economic inactivity by age (ONS, unpublished)

⁸ *Labour Market Statistics Statistical Bulletin*, ONS, January 2010

⁹ *Living in the 21st Century: older people in England, The 2006 English Longitudinal Study of Ageing (Wave 3)*, Institute of Fiscal Studies, 2008

¹⁰ ICM Research survey for *One Voice* report, Age UK, 2009





5 Feeling well

Indicator	Result	Trend
18 Hospital readmission: people aged 75+ readmitted to hospital in an emergency within one month of discharge each year	159,000	✗
19 Years with disability: average years of future disability people aged 65 can expect	Men: 7.1 years Women: 9.4 years	— ✗
20 Exercise: percentage of people meeting national guidelines for physical activity (30 minutes, five times a week, moderate or vigorous activity)	65–74: 19% 75+: 7%	✓ ✓
21 Attitudes of health professionals: people aged 65+ who agree that health professionals consider older patients a nuisance	29%	✓

Note See Appendix for details.

Devolution watch

Public policy on health and healthcare covers England only in most instances.

Our five-year agenda

With significant public spending pressures facing the NHS, we need to see a radical redeployment of resources towards public health, prevention, community healthcare and social care. All health professionals should play a part in health promotion, early detection and prevention. The NHS reform and personalisation agenda should move on from focusing on consumer choice towards improving patients' day-to-day influence and control. And the Equality Act must be used to re-orientate all health services to reflect the needs and aspirations of people in later life.

Experiences of care matter as much as immediate clinical outcomes and the health service must embed dignity and the promotion of human rights into frontline practice, professional training and organisational ethos and planning. The Equality Act must be used to challenge prejudice and end discriminatory commissioning, especially in mental health and community healthcare.

The importance of holistic care for people near the end of their lives and with dementia is

increasingly recognised, but welcome national strategies need thorough local implementation. All health professionals need to be trained and equipped to support these groups, while research spending on dementia needs to be commensurate with the challenge it poses in coming decades.

Spending and reform

The main political parties have promised to protect the NHS from public spending cuts over the next few years. This is very welcome news for people aged over 65, who account for about 45 per cent of healthcare spending, 60 per cent of hospital consultant caseload and 65 per cent of acute hospital bed days.¹ Yet even a standstill budget will place real pressure on the health service, as demand rises as a result of ageing. The King's Fund has calculated that over the next five years spending would normally need to rise by £5 billion (about 1 per cent a year) just to cope with the rising number of people over 65.² In this context we cannot expect health outcomes to improve simply as a result of incremental efficiency savings within the current configuration of services.

For too long, people in the UK have equated health with hospitals. But good health in later life is all about staying out of hospital. In the new public spending environment we cannot ring-fence acute services while ignoring the wider health ecology. The time has come for a radical redeployment of resources away from acute healthcare towards public health, preventive interventions and community healthcare. Additionally, there is a powerful case for transferring a small slice of NHS budgets to protect local government social care budgets, which also keep people out of hospitals. Some of this needs to be done at national level: for example, the Conservative Party's proposals on earmarked public health budgets, or our own proposed transfer of resources to social care. But equally importantly, primary care trusts must make painful commissioning decisions, including decreasing spending on acute care. Their progress in transferring resources into community services should be a key performance benchmark.

Within services major innovation is required as well. But we are not convinced that this can be achieved just by current moves towards transparency and consumer choice. Older people, including those with complex needs nearing the end of their lives, want more personalised, flexible services. But today's initiatives to promote choice are rather distant from the aspirations people have spoken about to us.³ There is nothing wrong with encouraging people to shop around for GPs and elective treatment, or with trialling personal health budgets for those who want them. But our research shows that what people really want, much more than one-off market choice, is choice, control, respect and flexibility in their day-to-day interactions with services. People want control and respect every time they come into contact with health workers, continuity of care (including discharge and joint working with

social care) and personalised, more flexible approaches to unplanned treatment, where 'choose and book' is an irrelevance. In our 2009 report *Waiting for Change* we set out nine aspirations, identified by qualitative research with frail older people, which all touch on this more intimate agenda:

- 1 face-to-face, personalised, flexible appointments
- 2 retaining control in their home
- 3 respect for preferences and belongings
- 4 company and the opportunity to be listened to
- 5 proactive healthcare and support
- 6 choice and control over daily routines
- 7 a 'connected' relationship between staff and patients
- 8 maintenance of privacy in hospital
- 9 joined-up care.

The disconnect between the local improvements older people want from their health services and the politicians' reform agenda is symbolic of our collective failure to re-imagine the NHS as an institution whose core business is supporting health and well-being in later life. Nothing sums this up better than the steady rise in emergency readmissions to hospital among people over 65 (**indicator 18**), which is symptomatic of poor co-ordination of care, treating the illness not the person. With new requirements to promote age-friendly services and then remove discrimination scheduled for 2011 and 2012, the health service can break this mould. Without spending a penny more than is allocated today, older people's needs and aspirations can be placed at the heart of reform, re-configuration and the day-to-day delivery of healthcare.

Promoting good health

Although life expectancy has increased, **indicator 19** shows that the length of time a woman aged 65 can expect to live with ill health has risen to almost a decade. This has huge implications, since in later life we see health as our most valued resource, over more tangible economic, social and material assets.⁴ Health enables people to achieve all the other things they want to in life and research shows that we tend to view our health holistically, thinking about mental, physical and social issues together. But of course reducing ill health also has major financial implications for the NHS and other public services. And for those of us who have ongoing health problems, early and sustained support in the community is usually better for us and cheaper for the taxpayer.

All the political parties agree that improving health requires society-wide action. Health in later life is determined by many factors across the life course, including genetics, lifestyle, socio-economic conditions and, lastly, access to quality healthcare. Much can be done to prevent ill-health at every stage of life: we must all adopt the mantra 'never too early, never too late'. The same is true of health inequalities, which are at their starkest in later life. It is well known that people from disadvantaged backgrounds die younger, on average; it is less well known that they also live with disability for longer in their final years of life.⁵

It is essential that initiatives to promote healthy lifestyles and reduce these inequalities do not write off people who are already in later life. Today, later-life health promotion focuses mainly on early detection and intervention. A number of health screening programmes are being introduced, including the mid-life check for those aged 45–60 to encourage healthy behaviour, and the NHS Health Check which assesses vascular risks from the standpoint that early interventions can prevent serious disease. The age ranges for breast and bowel cancer screenings are also being extended. These initiatives aim to detect cancer at an early stage so treatment can be more effective. However, as more screening is introduced, take-up must be monitored so that differential access between groups is spotted and tackled, in order to prevent further deterioration in health inequalities.

We now need decisive action with respect to true prevention, in addition to early detection. The seasonal flu vaccine is important and has a high take-up. We also need more action to address the underlying causes of vulnerability to winter illness such as poor housing conditions and thermal comfort. Meanwhile, participation in physical activity declines markedly with age. **Indicator 20** shows that only 19 per cent of 65- to 74-year-olds and 7 per cent of over-75s meet the Government's recommended level of weekly physical activity. Yet physical activity in later life is one of the most effective ways to

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Dignity must be embedded within everything the NHS does. It is a word that articulates our minimum expectations of how we expect other people to treat us.

positively influence our physical and mental health and maintain mobility, while strength and balance exercises can reduce the risk of falls, the leading cause of injury and death for the over-75s.⁶

The 2009 cross-government ageing strategy recognised the importance of this agenda by proposing an 'Active at 60' programme, but the detail has turned out to be insubstantial. In order to get people active in later life we need more affordable opportunities at the local level, better social marketing, and referral and encouragement through GPs and other trusted channels. In particular, all local health professionals should be trained to see health promotion as an essential part of their role.

Nutrition is the other key component of maintaining good health, and here there are risks associated with being both overweight and underweight. Carrying too much weight increases the risk of diabetes and high blood pressure. But this should not obscure the problem of the estimated 10 per cent of people aged over 65 living in the community who are under-nourished.⁷ This means they have lower resistance to and take longer to recover from illness. Food and nutrition also play a key part in general well-being. It is a common misconception among the general public and professionals that weight loss is a normal feature of ageing. This is not the case. However, up to one-third of people over 65 who are admitted to hospital are malnourished.⁸

Unless they get the help they need to eat during their stay, they risk a worsening of their condition.⁹ This requires health and care professionals to be better equipped to recognise and deal with malnutrition. It should be standard practice to carry out screening for malnutrition in health and care settings and ensuring that older people receive adequate support to shop for, prepare and eat meals.

We now have evidence of the potential that a planned and co-ordinated approach to prevention services can have, following the evaluation of the Partnerships for Older People Projects (POPPs). This Department of Health-funded initiative supported local public services to test a variety of projects that supported older people to improve their well-being, promote independence and delay the need for acute or institutional care. The projects included 'upstream' prevention focused on active lifestyles and beating isolation, as well as highly targeted interventions to improve the co-ordination of support for people who were already in touch with health services. The evaluation reported that, on average, for every £1 spent there was a saving of £1.20 on emergency hospital bed days; additionally, people receiving practical support services reported significant improvements in health-related quality of life.¹⁰ Primary care trusts must now work with councils to roll out the benefits of effective prevention services, by commissioning well validated interventions on a national basis.

The final element of the radical transformation in commissioning we need is to shift resources to community health services. These services are essential for sustaining quality of life and reducing the disabling effects of common conditions experienced in later life. In 2009 the Department of Health set out what older people should expect from their local NHS with respect to the promotion of health and well-being and prevention of ill-health in later life. The guidance encouraged commissioners to target services at key prevention activities, with a particular focus on falls prevention, audiology and foot care. Depression, arthritis and continence care are due to be added in 2010. This initiative is welcome, but in practice the availability of some services remains patchy. Alone it is likely to be drowned out by demands for potentially life-saving treatments, particularly in times of budget restrictions. The best chance of it becoming established is if it is part of a co-ordinated programme to fundamentally shift commissioning away from acute spending towards public health, prevention and community healthcare.

Dignity and human rights

Dignity must be embedded within everything the NHS does. It is a word that articulates our minimum expectations of how we expect other people to treat us. Too often when we use healthcare this simple requirement is ignored. And sometimes the system lets people down so badly that failings undermine basic human rights, in terms of degrading treatment, privacy and preservation of life.

In 2008, a fifth of people in hospital reported that they were not always treated with dignity and respect.¹¹ This is a deeply ingrained problem which can only be overcome by fundamental challenges to organisational practice and ethos. Dignity means assisting people with essential

care needs. A fifth of older people staying in hospital who need help to eat are not supported.¹² Failing to provide assistance to go to the toilet means people can be left in soiled bedding for long periods, compromising personal hygiene and causing huge distress. Patronising behaviour and poor communication leave people marginalised, confused and uncertain. Privacy is undermined when modesty and the sensitivity of conversations are disregarded.

Full and meaningful regard for a person's dignity leads to better results, in terms of health and well-being; but despite this, dignity is sidelined when the NHS is measured and challenged on quality of care. The government's Dignity in Care campaign, launched in 2006, offered a welcome boost to raising awareness of dignity issues. But in practice many services are still delivering only the bare minimum in terms of regulatory care standards, while dignity issues continue to be at the top of concerns about health services reported to Age UK by older patients and their families.

When we enter a healthcare setting, we should be fully involved in decisions about our healthcare and responded to in a positive and constructive manner. If we have to stay in a hospital overnight, we should be able to expect single-sex accommodation, including access to single-sex showering and toilet facilities, and privacy when discussing treatment or being examined. Good communication should be a priority; we should not feel patronised or ignored.

Healthcare providers and commissioners must be held to account for the extent to which they deliver dignity in care, based on the views and experiences of patients themselves. This includes linking performance payments and ratings to appropriately detailed measures of dignity in care. All health professionals should receive training both at pre-registration stage and as part of continuing professional development

on how to promote the dignity of older patients. This includes delivering relationship-centred care in which the patient is an equal participant in decision-making processes. And at an organisational level, trusts should use human rights principles to review all aspects of care, working with frontline staff and service users to create a conversation about how to continuously improve people's experiences.

The Care Quality Commission must get better at using the views of patients and their families as it assesses healthcare services. Older people and their families should also be able to access information on the extent to which dignity in care is delivered, to inform their choice of healthcare provider.

Equality

Age discrimination in healthcare manifests itself in a number of ways. The prejudiced attitudes of health professionals can lead to a casual disregard for older people's needs and preferences. Twenty-nine per cent of older people think that health professionals consider older people a nuisance (**indicator 21**). In 2009 an NHS review on achieving age equality in health and social care highlighted that, despite recent progress, age discrimination remains an issue which all organisations in the health and care system need to address.¹³

There is also clear evidence that the NHS often disadvantages older people in the way it commissions services. Mental health has lagged behind other areas by continuing to impose arbitrary age limits on access to services. Finally, in 2009, the *New Horizons* mental health strategy confirmed that 'there is indisputable evidence that older people experience widespread discrimination at all levels of mental health care'¹⁴ and set out actions that will develop mental health services that are age-appropriate and non-discriminatory.

But discrimination in commissioning happens in other ways too. Services that primarily benefit older people, including falls, footcare, incontinence and non-cancer end-of-life care, all suffer from under-commissioning. Inequitable access to health services for older people is not only unfair – it is also a poor use of resources. Treating older people according to their individual needs, and supporting them to maintain independence and remain active, enhances health and well-being.

It is essential that the Government implements the new legislation outlawing age discrimination in the health and care sectors by 2012. A recent NHS review set out a promising vision of how this process will move forward. Establishing age-friendly standards and systems will start to challenge the more ingrained attitudes to age encountered by older people on a daily basis.

As part of this process, the Government is exploring whether there is a case for exceptions to the legislation; we strongly oppose any explicit exceptions that promote age as a factor in decision-making about a person's healthcare. The legislation as it stands makes it clear that age may be taken into account where this is proportionate and backed by evidence. Attempts to frame statutory exemptions that go beyond this are likely to be misconstrued as a green light to perpetuate discrimination. Before we have legislation NHS trusts need to be supported with an ongoing programme to become age-friendly services and prepare for the law. Similarly, age equality principles must underpin the training and education of all health professionals to prepare people to work with a rapidly ageing client base.

Mental health

The main mental health conditions of later life – depression, delirium and dementia – have been sidelined too long. The longstanding division of

Thinking about death may not be comfortable, but supporting people in the closing months and weeks of their lives lies at the heart of the health service's mission.

mental health services between 'adults of working age' and 'older people' is both cause and symptom of this second-class status. The result is that older people have access to an inferior range and quality of services. This discriminatory practice must now end.

New Horizons, the country's first public mental health strategy, marks a welcome break with the past. It is wide-ranging, covering prevention as well as care and treatment throughout life, and it recognises the need for ending age discrimination in services and for raising the profile of depression in later life. The action plan for the strategy must now be implemented.

Depression is not an inevitable part of ageing but it is very common. It is associated with loss, poor physical health and social isolation. The Department of Health estimates that 20–40 per cent of older people show symptoms of depression.¹⁵ Yet depression can be treated effectively, so this high prevalence is nothing short of scandalous.

We all know that dementia is age-related. About 8 per cent of people over the age of 65 in the UK have dementia, increasing to between one in five and one in six people over 80.¹⁶ There are currently 820,000 people with the condition, and as the population ages it is expected to affect many more people. Many others have milder cognitive problems, of which little account is taken when mainstream services are being planned.

Treatment is available to control symptoms of dementia, but as there is as yet no cure it is of paramount interest to society that we increase our research into and understanding of prevention and treatment. Investment in dementia research must be proportionate to the potential burden of the disease. A national dementia strategy was published in 2009, setting out actions for national and local agencies. This now needs to be implemented throughout the country; dementia is too important to become a casualty of cost-cutting in the public sector.

End of life

Thinking about death may not be comfortable, but supporting people in the closing months and weeks of their lives lies at the heart of the health service's mission. The final year of life also accounts for a very high proportion of the costs of many people's lifetime healthcare. Two-thirds of deaths in England occur in people over 75,¹⁷ but traditional palliative care services have focused on conditions suffered disproportionately by younger people. Sadly, end-of-life care often fails very sick older people, with many facing a distressing and painful experience, when poor practice in care can have a disproportionate effect. The Department of Health began to address end-of-life care in a strategy launched in 2008, although further action is needed to ensure implementation is widespread and effective. Additionally, many of the strategy's provisions relate to procedures rather than

patient experience: we want to see a more person-centred approach in future.

Healthcare in late old age, particularly at the end of life, is increasingly complex, with people often living with multiple long-term conditions which need careful co-ordination and a 'whole person' perspective. Access to specialist end-of-life care is extremely poor. People over the age of 85 represent a third of all deaths yet only 9–15 per cent of those accessing specialist palliative care.¹⁸ Support to manage the multitude of issues relating to the end of life, including symptom management, psychological and spiritual support, respect for dignity and relationships with family, are missing for the people that are most likely to need it. In developing services, commissioners should prioritise meeting all these needs, not just pain relief.

Most of us would prefer to die in familiar surroundings, so increasing the proportion of people who die at home (including in their own care home) is a good indicator of the quality of

end-of-life services. Dying at home also tends to be significantly cheaper for health and care services. Yet today only 18 per cent of older people die at home,¹⁹ a figure we want to see double. Achieving an improvement requires care planning with effective communication, both among the health and social care teams and with those receiving care and their families; the opportunity and support to manage a person's symptoms away from a healthcare setting; and a good understanding by health professionals of a person's needs and prognosis.

It is often the case that the people closest to a person's home, such as GPs, community nurses and care assistants, do not have the training or experience in end-of-life care to meet their needs. Virtually all health professionals can expect to come into contact with older people near the end of life, yet training in palliative care is a low priority. It is important that training requirements and professional standards ensure that all health and care professionals have the skills needed to care for people at the end of life.

¹ *A Recipe for Care – not a single ingredient*, Philp, I., Department of Health 2007

² *How Cold Will It Be? prospects for NHS Funding: 2011–17*, King's Fund/Institute for Fiscal Studies, 2009

³ *Waiting for Change: how the NHS is responding to the needs of older people*, Age Concern and Help the Aged, 2009

⁴ *Older People's Views and Experiences of Resources in Later Life*, Joseph Rowntree Foundation, 2007

⁵ *Fair Society, Healthy Lives*, The Marmot Review, 2010

⁶ *Don't Mention the F-word!*, Help the Aged 2005, quoting Skelton and Dinan, 2003

⁷ *Malnutrition Among Older People in the Community: policy recommendations for change*, European Nutrition for Health Alliance, BAPEN and ILC-UK (2006), ILC-UK

⁸ *Nutrition Screening Survey in the UK in 2008*, Bapen, 2009

⁹ *Nutrition Support in Adults: full guideline CG32*, National Institute for Health and Clinical Excellence, 2006

¹⁰ *Improving Care and Saving Money: learning the lessons on prevention and early intervention for older people*, Department of Health, January 2010

¹¹ *Adult Inpatient Survey 2008*, Care Quality Commission, 2009

¹² *ibid.*

¹³ *Achieving Age Equality in Health and Social Care: a report to the Secretary of State for Health*, Sir Ian Carruthers OBE and Jan Ormondroyd, COI, 2009

¹⁴ *New Horizons: a shared vision for mental health*, DH, 2009

¹⁵ *ibid.*

¹⁶ *Dementia UK*, 2007

¹⁷ *End-of-life Care Strategy: promoting high-quality care for all adults at the end of life*, Department of Health, 2008

¹⁸ *Minimum Data Sets for Specialist Palliative Care*, National Council for Palliative Care, 2007

¹⁹ Thorpe, G. (1993) *Enabling More Dying People to Remain at Home*, *BMJ* 307 915–18, quoted on Gold Standards Framework website http://www.goldstandardsframework.nhs.uk/About_GSF/WhyIsItImportant

6 Lifetime neighbourhoods



Indicator (England)	Result	Trend
22 Volunteering: people aged 75+ participating in formal volunteering at least once a month	23%	—
23 Trapped at home: people aged 65+ who leave their home once a week or less	6%	✓
24 Fear of crime: people aged 75+ whose fear of crime had a high or moderate impact on their quality of life	Men: 23% Women: 36%	✓ —
25 Access to services: people aged 75+ who find it very difficult to access key services	Doctor: 9% Post office: 10% Supermarket: 10%	✗ ✗ ✗

Note See Appendix for details.

Devolution watch

Most of the issues covered in this chapter apply to England only. Public policy on the post office network is UK-wide.

Our five-year agenda

Over the next five years we want to see every local authority in the country sign up to the concept of lifetime neighbourhoods – communities that offer a good quality of life to all generations. That means accessible and inclusive design; environments which are aesthetically pleasing, safe and easy to inhabit; good local services, facilities and open spaces; a strong social and civic fabric, with opportunities to take part and have a voice; and a real sense of local identity and place.

In 2008 we set out a checklist of key features of lifetime neighbourhoods, called *Towards Common Ground*:

- access to basic services
- lifetime homes
- safe, secure and clean streets
- older people's voices heard
- realistic transport options for all
- public seating
- information and advice

- places to meet and opportunities to participate
- pavements in good repair
- public toilets.

We also want all local agencies to redouble their efforts to beat isolation and exclusion in later life. Key steps include developing targeted but non-stigmatising local activities, engaging the most disadvantaged in decisions affecting them, and developing an offer of later-life information and support where the help available is ramped up for the most vulnerable, so no one falls through the net.

All this is now underpinned by the new Equality Act, which requires agencies to strive towards age-friendly services and communities. Local public services should start work now.

Community participation

Experiences of later life are at their most diverse when we are closest to home. Many of us are at the heart of community life, leading civic and community groups, filling our days with social and leisure activities, contributing as volunteers

Increasing opportunities to take part locally, in particular for people who have poor health or are relatively isolated, will do much to boost independence and beat loneliness.

and looking out for neighbours. However, by the time we are over 75 such activity is the exception, not the norm, with only 23 per cent volunteering once a month or more (**indicator 22**). By contrast, some of us are acutely lonely, isolated or virtually housebound. Over half a million people living in the community – 6 per cent of people aged over 65 – leave their home only once a week or less (**indicator 23**).

Increasing opportunities to take part locally, in particular for people who have poor health or are relatively isolated, will do much to boost independence and beat loneliness. There is now a growing body of evidence that well targeted local activities can also help improve health and prevent admissions into hospitals and care homes. For example, the Partnership for Older People Projects (POPP) evaluation found that a wide range of projects resulted in improved quality of life for participants and considerable savings for the public sector, as well as better local working relationships. Similarly, the LinkAge Plus pilots tested more integrated, joined-up services. The initiative improved co-ordination and led to increased delivery of individual services which are cost-effective in their own right, including fire and crime prevention.

Over the next five years we want local authorities to promote programmes that offer older people the chance to stay active, take up new interests and learn skills. This will require councils to be more imaginative in the way they provide activities for older people than at present, whether these are social, educational

or health-related. As budget cuts hit home, councils must be careful to protect and fully fund services which save money across the local health and care ecosystem, particularly by targeting the most frail and isolated. Where the business case is less clear-cut, public services at least need to safeguard 'seed-corn' funding that will help community groups organise self-help and volunteer-led provision. A good example is the 2009 *Learning Revolution* White Paper, which responded to deep spending cuts to traditional adult education by emphasising public sector support for learning in the community.

Local public services also need to do more to engage with people when making decisions that will affect them. In recent years groups and forums of older people have sprung up in many parts of the country to give a voice to local concerns and hold public bodies to account. In 2009 the Government began to fund employees in each English region to help incubate and build these groups. However, a far more significant step will be required with the implementation of the Equality Act from 2011, when all public bodies will be expected to consult and involve people of different age groups in carrying out their work. We hope this will give citizens real power to take part in decision-making and the setting of priorities rather than just commenting from the sidelines. However, it is essential for public bodies to ensure that their engagement is genuinely inclusive, and reaches out to everyone in later life, not just the active minority of 'joiners'.

The experience of people in later life can also play a role in improving community cohesion, as part of wider strategies that deal with issues including poverty, the provision of public services and the built environment. Strengthening intergenerational links can help to deal with antisocial behaviour and promote good citizenship, even in troubled communities. Conversely, where there is discord between generations, this may undermine attempts to foster community cohesion. A lack of understanding and dialogue can contribute to divisions between older and younger people which can lead to communities being isolated and fearful. We need to recognise the importance of crossing generational boundaries and promoting mutual respect and understanding between different age groups. Local leaders need to encourage mutual understanding through encouraging intergenerational dialogue; working in partnership to identify barriers between different generations; and developing activities that lead to mutual understanding and respect between different age groups.

Fear of crime

Older people are often accused of 'worrying about nothing' when it comes to crime. Crime experts comment on the wide gap between the levels of fear older people experience and their actual likelihood of falling victim. While there is much truth in this, it is worth remembering that in deprived areas people in later life are at a greatly increased risk of crime,¹ and studies show that some types of crime, while uncommon, may have a particularly serious effect on the health and well-being of older victims.² Encouraging older people to take extra steps to protect themselves against crime is therefore necessary and understandable.

Evidence suggests that fear of crime can increase feelings of isolation and decrease engagement in the local community. For example, a 2003 Age Concern report³ found that almost half of those over 75 years of age no longer took part in social or community activities after dark because of fear of crime. And despite the falling crime rate, **indicator 24** shows that fear of crime remains a major problem. Furthermore, the percentage of those aged 65–74 saying that fear of crime had a high or moderate impact on them increased from 28 per cent in 2007/8 to 35 per cent in 2008/9.⁴

Over the next five years, we want local police teams to be more visible and accessible to older people, lowering fear of crime. They should patrol at the times and in the places most associated with fear and anxiety. They also need to learn to liaise better with us and use our views to inform crime prevention work, set local policing priorities and resolve crime and disorder problems. People in later life should also be used as a resource in fighting crime, building on high levels of participation in Neighbourhood Watch schemes.⁵ Additionally, crime needs to be 'designed out' of communities as part of the agenda for 'lifetime neighbourhoods'.

Access to local services

Reduced access to local services, characterised by closures of banks, post offices and local shops, causes real problems for many older people. **Indicator 25** shows that one in ten people over the age of 75 struggle to access a range of key local services. The loss of local post offices has been particularly damaging; during the recent two-year programme of closures, 2,432 outlets were shut, leaving a network of 11,500, compared to a peak of 25,000 in the 1960s. The Public Accounts Committee⁶ criticised the management of this latest programme, concluding that too little time had been allowed

for consultation, decisions had already been made and the public were not being listened to properly.

The Government is consulting on a new model for the future of the post office, and for local services in general, saying it will make clear the minimum levels of service all communities have the right to expect. For example, under the plans post offices would provide a special direct debit service, targeted mainly at people dependent on benefits. This would make it easier for them to get cheaper online services and tariffs for electricity and gas, rather than paying for more expensive pre-payment meters. The service would set aside a portion of the user's benefits each week to make sure there was enough in the account at the end of the month to cover direct debit payments. We also want to see post offices offer access to mainstream banking (see chapter 8).

In order to reverse the decline in local services, we believe that local authorities, primary care trusts and local businesses should work together to ensure that everyone has access to money, healthcare and basic food shops, all within a reasonable distance of their home. We have a value as consumers and our needs when accessing services should be recognised by companies and businesses. We should be able to obtain clear, accessible information on local health services and on our entitlements, something that is the responsibility of the PCT.

Access to information and advice

If no one knows about them, entitlements and services might as well not exist. Good advice and information on everything ranging from social care to local volunteering opportunities are essential for older people's well-being. To make informed decisions and exercise entitlements, people of all ages should have access to information and support, ranging

from online information to professional advocacy and specialist legal advice, according to individual circumstances. Strategies to plan, resource and co-ordinate information and advice are required at a local and national level, including a ministerial champion to join up the myriad of advice initiatives across government. Many local authorities are changing the way they provide information and advice, delivering it online or by phone rather than through face-to-face contact. While for some this can be a better way to access services, for many the use of new technology is an impediment.

Local public services and their partners need to develop a range of offerings, to suit different people's needs. For vulnerable people support often needs to be proactive, employing 'casefinding' and 'eyes and ears' approaches, successfully tested by many charities and through the LinkAge Plus 'village agents' pilot. Information-sharing and supported referrals are essential to ensure there is 'no wrong door' and people are helped to access all the support that is available. In some cases advice is not enough and the level of support should escalate to 'case management', with agencies actively co-ordinating their work with highly vulnerable people. We need a more consistent approach to identifying people at greatest risk and ensuring that no one falls through the net.

In our view common branding – at either local or national level – would help in bringing these sources of support together, with a non-stigmatising end-to-end offer ranging from light-touch web information for everyone to proactive case-management for those with the highest needs. Beneath this, the web of local services should of course be for local decision-makers to define, engaging with older people in their communities.

Transport

As we grow older we travel less. And although many of us make a positive choice to spend more of our time within half a mile or so of our home, it remains essential that we can continue to get out, access local services and travel further when we wish to. For too many people safe, frequent and reliable public transport either does not exist or is not accessible because of disability.

Some of these problems should be easily surmountable. Many of the difficulties faced by people with mobility problems can be eliminated by better planning of new facilities and investment in existing ones. Improvements can be made to the promotion of existing services and the training employees receive on providing appropriate assistance. But we need to go further, building on the success of free national bus travel. We want a national entitlement to support with the costs of travel for people who can neither drive nor use mainstream public transport, either because they are disabled or they live in an under-served rural community. In many areas local authorities have successfully provided token or swipe card systems to pay for community transport or taxis. In the interests of social inclusion, the time has come for this to become a national 'offer'. For disabled people, this would be some small compensation for being barred from making a claim for the mobility component of

Disability Living Allowance, which has a discriminatory upper age limit of 65.

Of course, like people of all ages, many of us in later life prefer the independence and flexibility of driving. We are still awaiting the publication of a much-delayed review of the medical licensing process from the Driver and Vehicle Licensing Agency (DVLA). We hope it provides the basis for an informed debate on the support that older people need to continue driving safely and to judge when to stop. The 2009 cross-government ageing strategy also promised a package of support for older drivers, though nothing has appeared to date. Statistics of road crashes of all severities show there is no age-related increase in the total number of incidents among the over-60s. Older drivers have far fewer crashes than younger drivers. However, an older person's risk of being killed or suffering a serious injury as a result of a road crash (as driver, passenger or pedestrian) is between two and five times greater than that of a younger person because of their increased physical frailty.

Public spaces and the built environment

A good-quality built environment and public spaces are the final element in achieving lifetime neighbourhoods. Public space should be shared by different generations and should include good pavements, accessible local services, places to meet, public toilets, decent seating

If no one knows about them, entitlements and services might as well not exist. Good advice and information on everything ranging from social care to local volunteering opportunities are essential for older people's well-being.

and safe, clean streets. We want all local government spatial planning policies to immediately adopt minimum requirements for successful communities:

- **places to meet and spend time** – ranging from parks and green spaces to shared community centres and halls. These should be designed with intergenerational use in mind, whether this means zoned landscaping in parks or co-locating Sure Start and older people’s centres in community buildings
- **pavements in good repair** – given that trips and falls cause lasting misery in later life, and substantial cost to the NHS, all pavements should be kept in a decent state. They should be promptly repaired if reported as dangerous, and gritted when there is snow or ice
- **public toilets** – clean, safe and accessible public toilets should be available in public places within every local area. With incontinence affecting millions in later life, lack of toilets makes people wary of going out and reinforces isolation
- **public seating** – neighbourhoods need to work for people with limited mobility who need to take frequent rests. Good seating means we can stay active for longer and enjoy public spaces

- **preventing fear of crime** – particular times and places create real anxiety about crime and disorder. This can be minimised by careful design, good street lighting, street cleaning including removing litter and graffiti, regular patrolling, CCTV if essential, and close working with pubs and clubs to avoid drink-related disorder spilling into the streets.

¹ *Growing Older in Socially Deprived Areas: social exclusion in later life*, Help the Aged, 2002, passim

² Donaldson, R., *Experiences of Older Burglary Victims*, Home Office Findings 198, Home Office, 2003, p1

³ *The Fear Factor*, Age Concern, 2003, p25

⁴ *Crime in England and Wales 2008/9 (and 2006/7)*, Home Office

⁵ About a third of older people are members of Neighbourhood Watch schemes: see *The Fear Factor*, p18 (Age Concern, 2003) and *Neighbourhood Policing Report* p1 (Age UK, 2009, unpublished)

⁶ Oversight of the Post Office Network Change Programme, HC 832, 12 November 2009





7 Homes for life

Indicator (England)	Result	Trend
26 At home and disabled: people aged over 75 living in their own homes who have a disability (limiting longstanding illness)	46%	—
27 Unheated rooms: people aged over 65 who avoid heating rooms (bedroom, bathroom, living room) because of cost worries	30%	×
28 Excess winter deaths: additional winter deaths of people aged 65+ in the winter months (December to February) compared to the rest of the year	31,000	×

Note See Appendix for details.

Devolution watch

Public policy on housing covers England only.

Our five-year agenda

Good housing sustains us in later life, but most of the nation's housing is not fit for the whole life course. Within five years we want to see every new home built to Lifetime Home standards, alongside other sustainability requirements. To address fuel poverty and climate change, all existing housing must be targeted for energy efficiency improvements, working street-by-street. Fear of crime in the home is high during a recession, so it is also important that the police and their partners promote 'target hardening' adaptations, better advice and awareness.

Housing support and adaptations are examples of 'that little bit of help' which boosts quality of life and often reduces the need for more expensive support later on. So too are the onsite wardens in many sheltered housing schemes. As part of a wider strategy to support evidence-based preventative services, ministers must monitor support and adaptations budgets and act to avoid short-sighted transfers of spending to people with the highest needs. More generally, the government needs to set out a direction for the future of specialist retirement housing, with sufficient clarity on long-term financing.

Designing housing for later life

The decisions made now about housing design for later life will have profound consequences for all of us in the future and will impact on our ability to live independently at homes as we age. Today almost half of people aged over 75 have a disability, many of which restrict mobility (**indicator 26**). Yet only 3.4 per cent of existing homes have the four most basic features that enable a person with mobility problems to pay a visit (level access to main entrance, flush threshold to main entrance, toilet at entry level and circulation space).¹ The publication of the Government's 2008 strategy *Lifetime Homes, Lifetime Neighbourhoods*² was a real breakthrough because it recognised the implications of an ageing population for the future design of age-friendly homes and communities. Subsequently the London Plan³ was published, requiring all new homes in the capital to be built to Lifetime Homes standards, with 10 per cent to be wheelchair-accessible, or easily adaptable to achieve this. Progress in London has demonstrated that house-builders can rise to the challenge of re-designing homes, despite initial scepticism over whether this was practically or technically achievable. As both Conservative and Labour politicians have

shown support for age-friendly housing design, this should not be a party political issue.

The government *Code for Sustainable Homes*⁴ creates a road map for achieving this. It includes guidance on Lifetime Home standards for new housing and marks a critical step in advancing accessible design. These simple and affordable standards will mean that all new homes can be adapted as our requirements change through our lives. This is not about creating a special category of housing for a needy minority, because lifetime homes are just as relevant to young families as they are to older people with mobility problems. In 2011 we will see Lifetime Homes standards introduced for all new social housing and later (following a review this year), there will be a decision about how the standards should be implemented in private sector housing by 2013.

Age UK, Habinteg Housing Association, RADAR and the Town and Country Planning Association are working together to promote lifetime homes through a new Foundation for Lifetime Homes and Neighbourhoods. Regrettably in the last year there has been an upswell of opposition to the standards, from house-builders and investors worried about the cost and regulatory implications. Many of these concerns are groundless, as long as good design is catered for at the outset of a development. However, a failure to act now will have real long-term economic and social costs. We are already seeing increasing expenditure associated with poor housing design, demonstrated by a

growing demand for adaptations to our existing housing stock. If we do not address these problems the costs will inevitably escalate over the next five years.

Although our focus is mainly on the design of general-needs housing, good design also matters for 'housing with care' for the minority with significant health or support needs. Improved design can create stimulating, comfortable and therapeutic environments – for example, for people with dementia – while at the same time improving the delivery of care and support. We must do more to ensure that all new retirement housing meets higher design standards to avoid the mistakes of the past and improve the quality of life for residents in the future.

At the moment it is still very difficult for older people to influence housing design or to specify the kind of housing or lifestyles they prefer. This is a particularly pressing issue for minority ethnic and gay and lesbian older people. The housing community must develop better mechanisms to allow older people to influence design that is sensitive to cultural needs and lifestyles. As the Commission for Architecture and the Built Environment (CABE) concluded in its recent report, 'designers and managers should make full use of the unique perspective that older people have to shape their living environments to create the kind of person-centred care that we all want to see'.⁵ A recent report by the Homes and Communities Agency on the design of retirement housing observed

that if the accommodation fails to reflect changing aspirations fewer of us will want to live in it.⁶

It is also important that we do not see housing design in isolation from surrounding neighbourhoods. We need changes in the built environment to improve transport, ensure that there is access to shops and services within walking distance, and drive improvements in essentials such as paving, street lighting, street furniture and open spaces. Housing design must be integrated into age-friendly communities that work for all of us as we get older.

Warm homes

Housing must be designed (or retro-fitted) so that people can keep adequately warm at an affordable price. In England, 16 per cent of households containing someone of 60+ live in homes that fail the thermal comfort element of the Decent Homes standard.⁷ Warmth is obviously central to everyone's well-being, but it is particularly significant in later life – when we spend more time at home, and may be less mobile or sensitive to temperature changes. Achieving high standards of energy efficiency is a critical factor in ensuring people can affordably heat their homes. It will become increasingly important as rises in energy bills outstrip incomes, and it will of course play an essential part in the nation's efforts to reduce carbon emissions.

After years of positive but piecemeal initiatives, public sector and industry energy efficiency programmes need to deliver truly comprehensive housing improvements, on a house-by-house basis. With the growth in fuel poverty outstripping the pace at which homes are being adapted, programmes need to be scaled up to work more quickly and agencies need to share data to identify who needs help first. Improvements need to be offered free of

charge to low-income households, and with financial incentives for the better-off. Not only will this address fuel poverty, reduce carbon emissions and energy shortages, it will also create jobs and help to stimulate green businesses.

Support and adaptations

The majority of us are home-owners (75 per cent of people aged 50+ own their home outright or have a mortgage).⁸ Yet at the same time many of us live on a low or moderate income and may struggle to maintain our homes as we get older. Over recent years financial support for older home-owners needing to maintain their homes has declined. Overall expenditure on private sector housing stock fell from £1 billion in 1983–4 to £266 million in 2006–7.⁹ In 2007 the capital allocations for private sector renewal were cut nationally by 25–30 per cent and reallocated to help meet house-building targets.¹⁰ These financial trends have been drivers for a move from grants to loans as the main tool for tackling disrepair among owner-occupier properties. By contrast there have been welcome increases in social housing investment under the Decent Homes Initiative, with an estimated expenditure of £37 billion by 2010–11.¹¹

Despite progress being made, one in three homes occupied by older people (approximately 1.8 million households) fail the Decent Homes standard; the majority of these are in the private sector.¹² These trends will result in increased problems, particularly for the 'Right to Buy' generation who want to continue living independently in their own home but may find this difficult to afford. There needs to be low-cost help for poorer home-owners to maintain and adapt their properties, in a way that does not undermine existing services for people in the social housing sector.

After years of positive but piecemeal initiatives, public sector and industry energy efficiency programmes need to deliver truly comprehensive housing improvements, on a house-by-house basis.

Basic housing support and adaptations play a key role in preventing the escalation of needs. 'Low-level' housing support services allow older people greater independence and mobility, as well as lowering the risk of accidents and injury in the home, with the result that they reduce the demand for health and social care services. These services are not statutory requirements for local authorities, so with spending cuts looming major challenges will arise in terms of how to maintain adequate resourcing and fair allocations. It is very important that all older people who need help are able to access support, regardless of tenure.

Over the last decade housing support has been funded by the Supporting People programme. The success of the initiative is reflected in government-commissioned research which revealed that the £1.5 billion annual investment generated £2.8 billion in benefits, including reduced demands on care homes and hospital admissions.¹³ However, the Government is now transferring funding to 'Area Based Grants', which means that local authorities have discretion to spend the money as they like. The Government says it will monitor expenditure on support services; however, there are still doubts about how far they will be sustained, considering that competing spending areas are backed by statutory requirements. In particular, there will be ongoing pressure on local authorities to transfer resources to social care budgets for those in greatest need.

The next five years will be crucial for the future of Home Improvement Agencies (HIAs), as well as for handyman services and housing advice. All these services together play a crucial role in the delivery and co-ordination of housing support and adaptations. In 2008 the Government invested £33 million in handyman services, with part of this money going to housing advice services. A review of the impact of this funding is expected to inform

future decisions. Given the current economic climate, it makes sense to focus limited resources on the delivery of basic repairs and adaptations, including security measures, which are inexpensive but can make a huge difference. The next few years will be a critical time for this fledgling group of services; it is not at all clear that they will be able to reach sufficient numbers of people to allow the majority of us genuine choices. Age UK wants to support these services to grow and develop in a sustainable way that allows free universal access to fire safety, home security and cheap, basic adaptations. For larger jobs there is scope for additional 'paid-for' services provided on a 'social enterprise' basis that allows fees to be levied in relation to ability to pay.

Specialist housing

The majority of us continue to live in ordinary housing as we reach late old age. But it is nevertheless important to offer good-quality retirement housing that meets a range of different needs to people across the income distribution. For many people specialist housing offers basic support in later life allowing us to live independently for longer within a safe, secure and friendly environment. Improving the desirability of housing alternatives can also help to free up larger family homes, which benefits the whole housing market.

A crisis is brewing for the specialist sector and urgent action is needed. The complex causes include poor property design, lack of investment, lack of clarity about the requirements of future generations and uncertainty about the future of the multiple funding streams upon which schemes rely. On top of this there is pressure to reallocate housing support resources to people living in ordinary housing, who also deserve decent personalised services. In response, a recent report by the Communities and

The next few years will be decisive for the future of traditional sheltered housing as we see pressure mounting for the continued withdrawal of onsite wardens and the reconfiguration of support services.

Local Government Select Committee¹⁴ concluded that the Government needs to develop 'a more coherent strategy for the provision and funding of housing and support services for older people, making clear the role of sheltered housing'. In our view these critical issues need to be addressed in the early years of the new parliament to ensure that retirement housing remains a viable option over the long term.

The next few years will be decisive for the future of traditional sheltered housing as we see pressure mounting for the continued withdrawal of onsite wardens and the reconfiguration of support services. For now it seems that sheltered schemes are unable to offer long-term guarantees in relation to the core housing support services they will offer in the future, which is creating anger among residents who thought they knew what they would be getting when they moved in. The sadness is that although not all residents need intensive support, specialist housing is often cost-effective over the long term because it reduces the demand on residential care homes and hospitals, and improves the quality of life for residents who prefer to be within a small, close-knit community. For example, government research showed that funding of £260 million resulted in a financial benefit of £1 billion as a result of reduced demand on other services.¹⁵ However, the way retirement housing is funded – via discrete funding streams – means that these savings are often not properly recognised.

For example, the presence of a warden is often a key factor in reducing demand on the emergency services and hospitals.¹⁶

There are also concerns about a growing divergence in experiences for different income groups. People entitled to means-tested benefits should continue to have most of their housing costs covered, but others with low or moderate incomes are facing increasing charges. At the other end of the scale, higher-income groups are likely to still have choices within the private sector. There is now a real danger that specialist housing will be available only to the most vulnerable on the lowest incomes, or to those nearer the top of the income scale.

The movement toward 'personalisation' – that is, allowing older people greater individual choice over the services they receive – could also make specialist housing harder to sustain. This is because many schemes rely on economies of scale associated with block contracting of services. In future, there will need to be a balance between services that are integrated into a scheme and those that can be offered as choice. After all, it is possible that if unobtrusive, preventative services were to become part of a menu of choices, older people could opt out to spend the money elsewhere.

Extra-care housing represents a positive response to older people with high care and support needs and offers an alternative to more institutionalised residential care. We want to see an expansion in high-quality extra-care schemes

to allow frail older people to live as independently as possible. However, this sector also faces financial challenges as costs rise and budget streams multiply. Decisions about the future direction of social care funding will determine whether we see the sector expand or contract.

There are also serious problems in the private retirement sector for leaseholders. With the recent decline in house values it has become difficult for older people to move on – which impacts on the wider housing economy. We have recently seen the scandal of older people in leasehold retirement housing being charged high exit fees on the sale of their property. They also encounter excessive and opaque service charges made worse by monopolistic practices. These issues are now under investigation by the Office of Fair Trading, with residents determined to obtain a just resolution. Despite previous reforms in the sector there is still an urgent need for effective regulation to protect older people from exploitation and unfair commercial practices. Better regulation is in the interests of good commercial operators who genuinely care about offering a quality service.

Home security

Crimes that affect older people at home, such as burglary, distraction burglary and rogue trading, can have a serious impact upon the health and well-being of older people. While older people are less likely than average to be burgled, burglary is a substantial concern among women aged 65–74.¹⁷ This high level of concern is not without foundation, as the impact of victimisation can be very severe. A 2003 Home Office study found that after two years older burglary victims were 2.4 times more likely than others in later life to have died or have entered residential care.¹⁸ A separate study found that

40 per cent of distraction burglary victims reported that the incident had had a detrimental impact upon their quality of life.¹⁹

Older people living in high-crime areas are at substantially increased risk of being burgled.²⁰ It is also important to recognise that lightning *does* ‘strike twice’ in relation to property crime, with two per cent of people suffering 41 per cent of property crime.²¹ The pattern is similar for financial scams.

While current indications are that burglary is not increasing, urgent action needs to be taken to protect older people from any ‘time-lagged’ increase in these crimes due to the recession.²²

In response we want local neighbourhood police and police burglary teams to work closely with agencies working with older people to deliver crime prevention advice. Crime and Disorder Reduction Partnerships must prioritise better home security for older people – particularly those in high crime areas. And repeat burglaries can be minimised by proactively targeting victims for security improvements and support. New housing for older people can be designed to incorporate crime reduction principles.

We also want to see targeted local information campaigns and higher take-up of ‘password’ schemes that protect older people from distraction burglars posing as utility company employees. Nationally, we need dedicated taskforces responsible for spearheading efforts to tackle financial scams and rogue traders. Banks and agencies working with older people need guidance on the warning signs of financial crime and should feel a responsibility to intervene.

¹ Communities and Local Government (2009) *The English House Conditions Survey: annual report 2007* (<http://www.communities.gov.uk/documents/statistics/pdf/1346262.pdf>)

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

³ Greater London Authority (February 2008) *The London Plan: spatial development strategy for Greater London*, consolidated with alterations since 2004 (<http://www.london.gov.uk/thelondonplan/docs/londonplan08.pdf>)

⁴ Communities and Local Government (February 2008) *Code for Sustainable Homes: setting the standard in sustainability for new homes* (<http://www.communities.gov.uk/planningandbuilding/buildingregulations/legislation/codesustainable/>)

⁵ CABI (September 2009) *Homes for Our Old Age: independent living by design* (<http://www.cabi.org.uk/about-cabi>)

⁶ Homes and Communities Agency (November 2009) *Housing Our Ageing Population Panel for Innovation* (<http://www.homesandcommunities.co.uk/housing-ageing-population-panel-innovation.htm>)

⁷ *English House Condition Survey 2007*, DCLG 2009, Table SST3.4

⁸ Office for National Statistics (2005) *Focus on Older People* (http://www.statistics.gov.uk/downloads/theme_compensia/foop05/Olderpeople2005.pdf)

⁹ Cann, P. and Dean, M., *Unequal Ageing*, Policy Press (2009) p86

¹⁰ *Environmental Health Practitioner*, August 2008 http://www.cieh.org/ehp/dereliction_of_duty.html

¹¹ National Audit Office (2010) *The Decent Homes Programme* http://www.nao.org.uk/publications/0910/the_decent_homes_programme.aspx

¹² Help the Aged (2006) *Older People, Decent Homes and Fuel Poverty* (http://policy.helptheaged.org.uk/NR/rdonlyres/2A643FC6-E01F-4F1C-9749-BF3A87C61706/0/op_decenthomes_fuelpoverty_june06.pdf)

¹³ CLG (January 2008) *Research into the Financial Benefits of the Supporting People Programme* (<http://www.communities.gov.uk/documents/housing/pdf/spprogramme.pdf>)

¹⁴ House of Commons (October 2009) Communities and Local Government Committee, *Thirteenth Report: the Supporting People programme* (<http://www.parliament.the-stationery-office.co.uk/pa/cm200809/cmselect/cmcomloc/649/64902.htm>)

¹⁵ CLG (January 2008) op. cit.

¹⁶ Ibid.

¹⁷ See ed Walker, A. et al, *Crime in England 2008/9*, Home Office, 2009, p114

¹⁸ Donaldson, R., *Home Office Research Findings 198: experiences of older burglary victims*, Home Office, 2002, p1

¹⁹ See Thornton, A. et al, *Home Office Research Study 269: distraction burglary amongst older adults and ethnic minority communities*, Home Office, 2003, xi

²⁰ See Scharf, T. et al, *Growing Older in Socially Deprived Areas: social exclusion in later life: summary*, Help the Aged, 2002, pp2 and 5

²¹ Pease (1998) *Repeat Victimisation: taking stock*, *Crime Detection and Prevention Series Paper 90*, Home Office, 1998, p4

²² See *Crime in England and Wales: quarterly update to September 2009*, Home Office, 2010, p2

8 The grey pound

Indicator	Result	Trend
29 Size of market: total annual spending by households including someone aged 65+	£97 billion	✓
30 Business interest: people aged 65+ who think businesses have little interest in the consumer needs of older people	46%	✓
31 Internet use: people aged 65+ who have never used the internet	64%	✓
32 Without a bank account: households including someone aged 85+ without a bank account	5%	✓

Note See Appendix for details.

Devolution watch

Public policy on most consumer issues covers Great Britain, or the whole of the UK.

Our five-year agenda

Businesses need to embrace the potential of the grey pound and the principles of inclusive design. Age UK's 'engage' business network and Age OK accreditation will showcase learning and good practice. Public procurement rules should also require tendering companies to show consideration for inclusive design. Older consumers should not suffer disproportionately from rising energy and water costs. Social tariffs should be made mandatory and the criteria for eligibility should be the same for all the energy companies. People with high energy costs relative to their incomes should have priority for energy efficiency measures – and water audits should be carried out concurrently.

The cost of exclusion from mainstream digital technologies is increasing. Age UK is working as a major training provider to encourage and support people online. However, the pace of change must be realistic. There must be alternative methods of accessing essential services, in addition to the internet. And analogue radio switch-off should proceed only when most older consumers are ready.

All banks should provide widespread access to cash, including making their current accounts available through post offices. They should not remove cheques until adequate alternatives are available. Equality legislation should ban age-based restrictions on access to financial products, except where they can be justified with evidence. And a money guidance service must be implemented nationally in time for the introduction of auto-enrolled pensions in 2012.

Design and access

We are an important and growing group of consumers. **Indicator 29** shows that households including someone aged 65+ now spend almost £100 billion each year; and those with someone over 50 spend £250 billion – over 40 per cent of total consumer spending. Yet **indicator 30** shows that huge numbers of us believe that businesses and retailers have little interest in our needs as consumers. With an ageing population, this needs to change over the next five years.

However, it is wrong to see experiences of later life as homogenous and apart from the mainstream. When it comes to spending,

in some respects we are like younger age groups and in others different. For example, on average richer pensioners spend each year the same as other people with the same incomes, while poorer pensioners spend less.¹ And like all other age groups, people over 65 are characterised by a wide diversity of income, wealth, attitudes and health conditions. Sadly, this is often boiled down to two contradictory stereotypes – people in later life tend to be seen either as vulnerable consumers in need of ‘nannying’ or lavish spenders with opulent lifestyles. Both images are wrong more often than not.

What is true is that we are all subject to the ageing process, and despite longer, healthier lives we will all experience some impairments as a result. These affect the senses – hearing, sight, touch – dexterity, muscular strength and mobility. However, if environments, products and services are designed to account for these natural impairments of ageing, we would be able to live easier and more fulfilled lives. This concept is known as inclusive design, which means designing products and services to meet the needs of as many people as possible by taking account of the diversity of their abilities. While there will always be some people who will need assistive technology, greater adherence to inclusive design principles would reduce their need. And even assistive technology should be better designed, making products less stigmatising and more desirable to have.

There is little evidence that the majority of manufacturers and service providers will voluntarily take the steps needed to embrace inclusive design. Research commissioned by Ofcom’s Advisory Committee on Older and Disabled People found that telecoms companies thought that, in the absence of supporting research, competing commercial pressures were limiting companies’ focus on usability and accessibility.²

In recognition of these barriers Age UK runs the ‘engage’ business network, which brings companies together to share expertise in meeting the needs and requirements of older consumers, to promote best practice, and to advise on adapting business models and products for an ageing society. The engage network has over 50 members including British Gas, Dixons Store Group, Marks & Spencer, Microsoft, Sky and Barclays. As well as being able to access a range of services designed to give them a better understanding of the needs of older consumers, members can also apply for the Age OK product accreditation mark. This mark is awarded for use on products and publicity material, to signify that products, services and organisations have met a demanding set of ‘age-friendly’ criteria. The 2009 cross-government ageing strategy endorsed this approach, with a new commitment to promote age-inclusive products and services and to support the work of engage and Age OK.³

In some quarters policy-makers are adopting positive steps to mandate inclusive design. Digital television products offered under the Digital Help scheme (for households over the age of 75 or with someone who is registered disabled) are required to demonstrate that they have taken account of usability principles. A recent government decision relating to the national roll-out of smart meters has recognised that meters and real-time displays must be accessible. Meanwhile, the Equality and Human Rights Commission is leading a campaign to require that manufacturers address inclusive design principles in the proposed EU directive on discrimination in goods and services. As a next step we want to see public procurement used to drive change. A requirement could be introduced that all companies tendering for public sector contracts must demonstrate the extent to which their products have observed the principles of inclusive design.

Between January 2003 and September 2008 average domestic dual fuel bills rose by 125 per cent. This has significantly increased the number of older households spending more than 10 per cent of their incomes on energy.

Affordable essentials

Recent research from the Institute for Fiscal Studies funded by Age UK found that, compared to younger age groups, people in later life spend a greater share of their household budgets on essentials such as food, energy and healthcare; and water payments make up 2.9 per cent of pensioner budgets but only 1.9 per cent for non-pensioners. The same trend is visible within later life, with older pensioners spending a higher share of their budget on food, household services and healthcare than younger pensioners.⁴

In recent years, the affordability of energy has been a particular focus of attention, following rapid increases in fuel costs and two very cold winters in a row. Between January 2003 and September 2008 average domestic dual fuel bills rose by 125 per cent. This has significantly increased the number of older households spending more than 10 per cent of their incomes on energy – the threshold used to define fuel poverty. It is estimated that by September 2008 4 million UK households were in fuel poverty, of which 50 per cent were pensioner households.⁵ Aside from increasing older people’s incomes (for example, through the Winter Fuel Allowance), there are three main ways of reducing fuel poverty: reducing bills for low-income consumers; ending exploitative practices in the retail energy market; and improving the energy efficiency of homes to reduce the need for fuel.

In the 2008 Budget, the Chancellor announced an increase in the collective expenditure made by suppliers on their voluntary social programmes to at least £150 million a year by 2011. When the energy regulator Ofgem published its first report⁶ on suppliers’ performance with regard to social programmes for 2008–9, it found that of the £157 million spent, 83 per cent was on social tariffs serving 1 million accounts, with British Gas contributing 49 per cent of the total although it only had a 33.5 per cent market share. In our view, a social tariff should be at least as good as the lowest standard tariff available from the supplier in that region and should be targeted at people in or near fuel poverty. However, each supplier’s social tariff is different in terms of eligibility and level of discount. Going further, the Government has included a welcome provision in the forthcoming Energy Act 2010 to introduce mandatory social tariffs; this will come into force in 2011 at the end of the current voluntary arrangement. It is not clear what form this will take or who will be eligible for it, which will be determined separately.

In 2008 Ofgem undertook an investigation into the workings of the retail energy market. It found a number of areas of concern, including unfair price differences between people paying in different ways and, for electricity, regional pricing differences which disadvantaged people who had remained with their original pre-privatisation supplier. Shockingly, Ofgem also found that over half of customers switching

after a visit from a doorstep salesperson ended up paying more for their energy. All these issues are particularly likely to affect older people, many of whom are on a standard tariff. They tend to be less likely to shop around for the cheapest online deal but more likely to feel pressurised into switching as a result of face-to-face contact. The findings led to the licence conditions for energy suppliers being amended in September 2009 to require that price differences across payment methods reflect only costs. There are also tougher rules, which came into force in January 2010, governing doorstep sales.

As a result of climate change, the Government has announced a number of measures aimed to reduce household consumption of energy, with most of the costs being met by consumers. In 2009 ministers approved a national roll-out of the installation of smart meters, which they consider will encourage households to reduce consumption. It is important that the costs are not all passed on to the consumer, given that this technology will lead to significant administrative savings for providers. Meanwhile, Ofgem has estimated that costs of up to £200 billion need to be invested in energy infrastructure to meet security of supply and climate change targets. It believes this will result in an increase in domestic energy bills of 14–25 per cent by 2020.⁷ It is imperative that fuel-poor pensioner households are given priority in energy efficiency schemes designed to reduce energy bills in order to offset increases stemming from climate change initiatives.

As a result of climate change, the Government has announced a number of measures aimed to reduce household consumption of energy, with most of the costs being met by consumers.

Environmental improvements have also had a significant effect on water bills. Implementation of European Directives aimed at cleaning up beaches has had a particularly devastating effect on water bills in the South West, which has an older-than-average population. Water bills in that region are now on average 43 per cent higher than in other water areas. A recent review of water charging⁸ concludes that demand for water is growing as a result of demographic changes that will only be made more severe by climate change. It recommends that in areas of water stress, not only is metering the fairest charging method but also the only one that will encourage households to reduce their usage.

In our view the picture is a bit more complicated. The average cost of installing a meter is about £200 per household but a meter can have only a limited effect on the size of the bill, since over half a typical water bill goes to meeting infrastructure costs and other services such as highway drainage which are not affected by water usage. We think not enough effort has been made by the water companies to advise and assist households to install water-efficient products such as low-flush toilets. With future energy efficiency schemes likely to take place on a street-by-street basis, assessing every house individually, there is an opportunity to initiate matching water audits, so that suitable water efficiency measures are implemented at the same time.

Computers and technology

In 2009 the Government set out plans for the UK to capitalise on new digital technologies, as a key component to economic recovery. The *Digital Britain* final report published in July 2009 proposed that there should be universal access to broadband by 2012, switch-off of analogue radio by 2015, and broadband delivery of many more public services. The timetable for radio switchover is particularly ambitious, given the relatively low penetration of digital radio compared to that of digital television when that switchover was announced. There is also a need for households to replace several appliances. Radio switchover should not proceed until it is clear that the majority of older households have access to digital radio.

The report recognised that these measures would need to be accompanied by sustained action to encourage greater take-up of digital technologies. It estimated there are still 17 million people who are excluded from new technologies, including 6 million who are also socially excluded. Martha Lane Fox has been appointed the Champion for Digital Inclusion. With her task force members (including Tom Wright, the Chief Executive of Age UK), she will develop strategies aimed at encouraging those who are both digitally and socially excluded to take up digital technologies. Her first report estimated that 6.4 million out of the 10 million adults aged over 65 in the UK are digitally excluded.⁹ However, the report found that the correlation between digital and social exclusion is less pronounced in later life than for unemployed adults and families with children. This is hardly surprising since exclusion from technology is so mainstream for older people, with **indicator 31** showing that only one-third of over-65s have ever used the internet.

The challenge is to shift attitudes and behaviours regarding technology. Research conducted by

the regulator Ofcom consistently finds that most older people say they do not see any benefit to using the internet and have no immediate intention of going online.¹⁰ However, Age UK's research has dug deeper and found that lack of understanding and confidence are the main barriers. Some older people feel it will be too difficult or that they are too old to learn. Another barrier is concern about security and being subjected to internet scams. Finally, affordability is still perceived as an issue for those on low incomes.¹¹

This indicates that we need to do better at communicating the compelling benefits of using the internet, and also to offer personal encouragement and support. Age UK and our local partners have had considerable experience in this sort of training and 'handholding', with a network of 160 local organisations offering courses and computer drop-ins. In our experience, people like to be taught by their peers and to be in classes with others of their own age; the social aspect of attending classes is as important to them as the learning experience; and they need to learn at their own pace and to have access to ongoing help after formal tuition. All these lessons will be vital for rolling out wider-reaching programmes to help people embrace the internet.

Whatever success we have, there will always be some people who for a variety of reasons will not be able to use the internet. Given the high use of public services by older people it is vital that there continue to be alternative methods of delivery if they are not to be excluded.

Financial services

Serving the needs of people in later life should be a mainstream consideration in the design of financial products and not about special needs for a minority. Yet **indicator 32** shows there are still 5 per cent of households containing people

over the age of 85 who do not have bank accounts. Meanwhile, many older people who do have financial products find themselves 'squeezed' out of the marketplace by physical barriers such as branch closures, the increasing use of new technology, and in some cases outright discrimination.

Many people in later life find it increasingly difficult to access cash free of charge, particularly those with mobility impairments who cannot easily access town centres. With more bank branches closing, post offices have the potential to provide a useful access point, especially in rural areas. There is currently a lively debate about expanding the role of the post office in banking. But despite this there are still three major high street banks – HSBC, RBS and Santander – that do not make their current accounts accessible through post offices. This means it is difficult to market the service more generally. We are pressing for legislation to be amended to require all banks to provide access via post offices.

Another critical form of payment is also at risk, with the Payments Council setting a target date of 2018 for the end of cheques. Some 21 per cent of consumers say this would cause them a major problem,¹² and there is no adequate alternative yet available for people with limited mobility who are not comfortable with or able to use telephone or internet banking. This kind of exclusion risks forcing older people to relinquish control of their financial affairs and exposes them to abuse. For example, people with mobility problems may feel that they have no other option but to give a friend, relative or care worker their cash card and PIN to draw money for them.

More action is also needed to help people make the most of what money they have. This is especially important in later life as existing sources of support are not geared up to help

people on low incomes and with modest assets make decisions about unlocking and spending their retirement savings. The expected Financial Services Act 2010 is likely to include provisions to set up an independent consumer financial education agency to offer money guidance. Age UK strongly supports this move, and the proposals in the Bill concerning industry funding, and we have been involved in piloting the scheme in the North East and North West of England, uncovering a clear need for this help. However, the speed of local roll-out will depend on the scale of any funding available, including contributions from the financial industry. Delay could have a severe impact, particularly for low-paid older workers: when auto-enrolment into occupational pensions is introduced in 2012, this group may face difficult decisions over whether or not to opt out, so the government must ensure that support is in place in time.

Improved support and guidance are however only a partial solution. Information and advice must also be accompanied by improvements in the administration and regulation of tax, pensions, benefits and financial products. The financial services industry itself also needs to change. Proposed secondary legislation under the Equality Act will permit the insurance industry to continue refusing to provide insurance quotations purely on the basis of age. This form of blatant discrimination causes outrage for tens of thousands of people. Recent Age UK research shows that only half of a list of household name insurers would offer cover to mystery shoppers over the age of 80.¹³ The spread of prices they quoted was also much greater than for younger age groups, suggesting that lack of competition is directly disadvantaging older consumers even when they are able to find someone who will insure them. We fear this situation could get even worse under the new law, as the government

says insurers will not have to serve this market, but if they do they will be open to greater scrutiny. The easiest option for mainstream providers will be to walk away, which will drive up prices and leave a handful of specialist providers to shoulder the risks. The government's refusal to act on this injustice is a sell-out. The Equality Act's prohibition on age discrimination will have failed unless the vast majority of insurers open their doors to consumers aged over 80.

Finally, the economic crisis has exposed several problems with the way financial services are regulated. We welcome discussion of ways of making financial services simpler and more transparent. But if things go wrong, it is essential that older people are not disadvantaged by the practical difficulties of making a complaint. The Financial Services Act includes key protective measures. These will give the regulator greater powers to order firms to review past business and pay compensation if necessary, and would also allow collective legal actions, whereby the courts would be permitted to order firms to compensate all consumers affected by a particular problem.

¹ *Building a Society for All Ages*, Department for Work and Pensions, July 2009

² *Exploring How Manufacturers, Suppliers and Retailers Address the Needs of Older and Disabled People: what are the barriers and drivers?*, OFCOM, 2009

³ *Building a Society for All Ages*, op. cit.

⁴ *The Expenditure Experience of Older Households*, Institute for Fiscal Studies, May 2009

⁵ *Fuel Poverty Advisory Group Seventh Annual Report*, July 2009

⁶ *Monitoring Suppliers' Social Programmes 2008-9*, Ofgem, August 2009

⁷ Ofgem press release, October 2009

⁸ *Independent Review of Charging for Household Water and Sewerage Services*, DEFRA, December 2009

⁹ *The Economic Case for Digital Inclusion*, HM Government, October 2009

¹⁰ *Digital Lifestyles, Hesitants, Resisters and Economisers*, OFCOM, 2009

¹¹ *Introducing Another World: older people and digital inclusion*, Age Concern, September 2009

¹² *Consumer and Business Attitudes to Cheques Survey 2009*, cheque and credit clearing company http://www.chequeandcredit.co.uk/resources/-/page/market_research/

¹³ *Turned Away: older people and insurance*, Research Briefing, Age Concern and Help the Aged, January 2010





9 Global ageing¹

<i>Indicator (worldwide)</i>	<i>Result</i>	<i>Trend</i>
33 Global ageing: proportion of the world population aged 60+	11%	✓
34 Longevity gap: difference in life expectancy at birth between developed and least developed countries	21.2 years	✓
35 Diseases of ageing: proportion of people living with dementia who live in low- and middle-income countries	58%	✗
36 State pensions: countries with a non-contributory pension (either means-tested or universal)	72	✓

Note See Appendix for details.

Devolution watch

International development and foreign affairs issues are reserved to the Westminster government.

Our five-year agenda

With 11 per cent of the world already over 60 (**indicator 33**) urgent action is required to meet the immediate and future needs of our rapidly ageing global population. The number of people aged over 80 will more than triple by 2040.² And the most dramatic shifts in population will occur in developing countries, with 79 per cent of the world's population aged over 60 living in these countries by 2050 – nearly 1.6 billion people. All this is cause for celebration. It shows that people are living longer thanks to successful health and social policies, but it also brings challenges for public policy which demand an immediate response.

We want the UK Government to be a global leader on ageing, just as it is on climate change. Ageing should be at the centre of its own development policies and of the approach it takes to multilateral programmes and initiatives. That means helping national governments adapt their healthcare systems and build capacity to respond to the changing pattern of disease in ageing populations. We also want to see support offered to every country to develop simple pension systems that offer older people guaranteed minimum incomes.

Additionally, emergency, disaster and humanitarian responses need to be age-inclusive to meet the needs of all age groups affected and capitalise on the experience older people can offer.

To underpin age-friendly global development, the UK should press for greater legal protection for older people's rights, through a UN Convention on the Rights of Older Persons, and a transparent process for reporting on progress.

International commitments

The UK government needs to play its part nationally, in Europe, and globally as a leading advocate for later life. The targets set out in the Millennium Development Goals (MDGs) to combat poverty are supposed to be achieved by 2015. While progress has been made, we know that the international community's combined efforts will fall far short of these goals and that strategies to tackle poverty still do not sufficiently recognise older people. We want the UN Review Summit in September 2010 to place more emphasis on reducing poverty in later life as a route to meeting these targets. It is also vital that governments look beyond 2015 and start planning how to address global poverty

after the MDGs. Demographic change and later life should be at the heart of new ambitions, in a way that is not the case at present.

The European Union is the world's largest aid donor, providing 59 per cent of aid globally, and under the Lisbon Treaty the EU is placing new emphasis on working internationally. We want to see a rising share of EU development spending visibly touching the lives of older people. Programmes need to recognise that people in later life can be very vulnerable, requiring significant support; at the same time, they can be valuable community resources and key drivers of social and economic change.

The European Council Spring Summit in March 2010 will set the EU's overarching strategy for 2010–15, with announcements on development policy due to be made in April 2010.

The European Council will also agree its EU 2020 strategy, providing direction for the EU's response to economic and social challenges over the next ten years. We want to see older people recognised in these strategies as active members of the economy, requiring education and employment opportunities as well as secure pensions, health and social care.

Health

Healthcare continues to be one of the key priorities for older people and for national governments. Collectively, the G8 has committed to spending \$60 billion by 2015³ on improving healthcare systems. The UK is one of the largest funders, with the Department for International Development planning to spend \$6 billion on strengthening health services by 2015. While communicable diseases such as HIV, AIDS and malaria and practical issues including basic sanitation remain urgent priorities, healthcare spending must also respond to the rise of chronic non-communicable diseases such as heart disease, stroke and cancer. Although life

expectancy in the least developed countries is still more than 20 years shorter than in rich nations, the gap is closing (**indicator 34**), with health improving and more people living into old age. Chronic diseases are already the leading cause of death in all world regions apart from Sub-Saharan Africa, and chronic illness in later life already accounts for 44 per cent of global mortality.⁴

By 2030 non-communicable diseases are likely to account for 54 per cent of all disease in developing countries, and 87 per cent of disease for older people in developing countries. More research is needed on how chronic diseases play out in developing countries, while development assistance should provide greater support in helping healthcare systems and workforces adapt and build capacity to deal with chronic disease.

Rates of disability are likely to increase in developing countries.⁵ As part of this broader trend, we can expect significant increases in the number of people around the world living with dementia. Current estimates⁶ are that we have 36 million people worldwide living with dementia, of which 58 per cent are in developing countries which are currently ill-equipped to respond to this growing need (**indicator 35**).

These numbers are set to double every 20 years, with developing countries seeing the highest growth rates as their population's are ageing most rapidly and are at earlier risk of cognitive illness due to lifelong poverty and disease. These changes will take place within the context of an ageing population, people having fewer children, and changes in family structures and living arrangements. For older people to receive the support they require to remain independent when they suffer illness and to help them care for others, we need to see the development of more high-quality community, home and self-care programmes as well as end-of-life care and support.

Income

Nine out of ten people in the world have no access to formal social security. Some 100 million people aged over 60 are living below the 'one dollar a day' poverty threshold. Meanwhile, 340 million people lack income security – access to pensions and other locally appropriate systems for providing economic security in older age – and if governments do not act now, this is set to rise to 1.2 billion by 2050.⁷

But it is not all bad news. There are now 72 countries around the world providing basic state pensions of one sort or another (**indicator 36**). In most developing country contexts non-contributory, non-means-tested pensions are the most effective social security instrument for tackling poverty in later life. Studies in Africa and Latin America⁸ have shown that pensions reduce poverty as well as contributing to development. They provide a vital source of income which often goes into the overall household budget, helping to provide food, healthcare and education for children. In South Africa pensions reduced the rate of poverty in households with pensioners by more than 50 per cent⁹ and girls in these households are 3–4cm taller than those girls living in households without a pensioner.¹⁰

We are pleased that the UK Government has recognised the importance of social protection schemes by committing to help 20 countries develop a wide range of systems over the next three years.¹¹ This commitment needs to continue and we want the UK to work with other

governments and international institutions to ensure that every developing nation can receive the support needed to develop a decent and sustainable pension system.

Disasters and emergencies

By 2015, the number of people affected by climate-related disaster is likely to rise by 50 per cent to 375 million, from an average of 250 million in 2007.¹² Three-quarters of the world's older population lives in areas affected by natural disasters and conflict. Some of these communities are likely to have higher numbers of older people, women and children as the economic migration of younger men increases. Action is needed to ensure that older people are adequately recognised as a vulnerable group by governments and humanitarian agencies planning for and responding to emergencies.

Even when older people are included in planning, they are often seen as relatively unimportant in operations on the ground.¹³ In a 2005 survey, 22 out of 51 humanitarian agencies worldwide that have vulnerable group policies did not rate older people as a priority or gave them their lowest priority ranking.¹⁴ There is no evidence to suggest that things have significantly improved over the last four years.

Agencies also tend to forget that older people's long experience and memories can be a valuable resource during emergencies. Age UK is working with HelpAge International to raise awareness of the contributions that older people

Nine out of ten people in the world have no access to formal social security. Some 100 million people aged over 60 are living below the 'one dollar a day' poverty threshold.

can make to disaster preparedness and recovery, as well as the difficulties that they face.

In particular, we are working to ensure that the rights of older people are respected in emergency situations by promoting and supporting age inclusive humanitarian responses.

In the aftermath of the earthquake in Haiti in January 2010, the delivery of emergency relief did not always address the needs of older people. One account describes how supplies were delivered on a hill, making it inaccessible to anyone who had difficulty walking. Older people are also particularly vulnerable to theft and require accompaniment to ensure that they are able to return home safely. In this crisis situation, HelpAge International is working with local partners and other emergency relief agencies to ensure older people receive supplies that are specific to their needs (age-friendly well-being kits) and that they are able to rebuild their lives with dignity.

Migration

Roughly one in 35 people across the world is a migrant, with almost 200 million people living outside their country of birth. The number of migrants is increasing by 3 per cent each year¹⁵ and shows no signs of slowing. Migrants play a key role in international development with remittances (transfers of cash back home) totalling more than the global aid budget at US\$330 billion in 2008.¹⁶ The global recession is likely to have some effect on the level of remittances, with estimates of payments to Africa declining by \$800 million.¹⁷ However, family transfers tend to be more resilient than other flows of money and remain a vital source of income.

Older people are often not considered in discussions about migration, yet they are affected in numerous ways. They may be migrants themselves (either moving in retirement or ageing

in their country of migration). Or they may be the ones left behind as populations are displaced in disaster situations or as younger people move away to find work. Although a huge amount of research is undertaken into migration, it usually ignores later life. Despite the fact that data is relatively scarce, we have seen a rise in the number of enquiries related to migration, which suggests that the number of older migrants has been increasing. As for all older people, older migrants often face difficulties with health and social care. These difficulties are exacerbated as people fall through the gaps in support systems provided by their country of origin and their country of residence. With migration increasing, it is vital that governments work together to find joined-up solutions and ensure that all older people have the support they need and are not disadvantaged because they choose or need to reside abroad.

A large number of UK pensioners currently live overseas, with over 9 per cent of UK state pensions being paid abroad.¹⁸ Age UK is working with the Foreign Office and DWP, and a wide range of partner organisations, to try to minimise the difficulties older UK citizens face when choosing to live abroad in later life. Through our Older People Residing Abroad programme, we are providing information and advice to help people to plan more effectively before they move, as well as working with local partners overseas to help older people access services and support. The barriers people face when trying to return to the UK need to be removed and we want the UK Government to simplify and clarify the Habitual Residency Test as a first step.

Global rights

Older people need legal rights to help combat widespread age discrimination, violence and abuse, and to achieve equality in access to

resources and opportunities. However, across most of the world older people's human rights lack adequate legal protection. It is time to do something about this. Women, children and disabled people all have global legal instruments in the form of UN Conventions that set out their rights in individual tailored documents. By contrast, older people's rights are not clearly specified in international law and many governments are 'age-blind' in their human rights reporting.¹⁹ Existing international initiatives such as the UN Principles for Older Persons and the Madrid International Plan of Action on Ageing are only guidance for governments – they do not include legal requirements.

Age UK is co-founding an international alliance of organisations to promote new legal arrangements that will strengthen protection for older people, including a Convention on the Rights of Older Persons and a UN Special Rapporteur. A Convention would clarify the specific obligations of countries to protect the rights of older people,²⁰ and by providing greater visibility will challenge governments, help change attitudes, and improve accountability.²¹ In the long run, we hope that this initiative will transform the efforts of countries across the world and bring lasting change to people's experiences of later life.

¹ This chapter refers generally to 'developing' and 'developed' countries. However, there is no internationally agreed definition for these terms and the economic, political and social development of countries is categorised in many different ways. For the purpose of this publication the term 'developing country' is used to mean broadly any country that is not wealthy, or 'developed'. There are of course huge differences between countries and specific technical labels are used where appropriate.

² *An Aging World: 2008*, National Institute on Aging, US Census Bureau, 2008

³ DFID white paper *Eliminating World Poverty: building our common future*, Department for International Development, 2009

⁴ Fuster, V., Voute, J., *MDGs: chronic diseases are not on the agenda*. *Lancet* 29 October 2005; 366 (9496):1512–14

⁵ *Eliminating World Poverty: building our common future*, Department for International Development, 2009

⁶ *World Alzheimer Report*, Alzheimer's Disease International, 2009

⁷ *World Economic and Social Survey 2007*, p89, Dept of Economic and Social Affairs, UN New York, 2008

⁸ See HelpAge International website for selection

⁹ *Non-contributory pensions and poverty prevention: a comparative study of Brazil and South Africa*, HelpAge International and IPDM, September 2003

¹⁰ HelpAge, Case 2001

¹¹ *Eliminating World Poverty: building our common future*, Department for International Development, 2009

¹² *Forecasting the Numbers of People Affected Annually by Natural Disasters up to 2015*, internal Oxfam study, April 2009, available at www.oxfam.org.uk

¹³ *Strong and Fragile: learning from older people in emergencies*, HelpAge International, Inter-Agency Standing Committee 2007

¹⁴ HelpAge International website at <http://www.helpage.org/Researchandpolicy/Rights-1/Factsandfigures>

¹⁵ <http://www.ion.int/jahia/jahia/about-migration/lang/en>

¹⁶ *Migration and Development Brief 10*, Migration and Remittances Team, Development Prospects Group, World Bank July 2009

¹⁷ *ibid.*

¹⁸ DWP analysis of state pensions statistics (unpublished)

¹⁹ *The Rights of Older People: international law, human rights mechanisms and the case for new normative standards*, Lindsay Judge, January 2009, www.ageconcern.org.uk

²⁰ *Follow-up to the Second World Assembly on Ageing: report of the Secretary*, United Nations July 2009

²¹ *Why It's Time for a Convention on the Rights of Older People*, HelpAge position paper, 2009

Appendix: indicator sources

Indicator description	Most recent results and year	Previous results and year	Trend	Geography	Source
1 Late old age Population aged 85+	1.3 million (2008)	1.1 million (2003)	✓	UK	Mid-Year Population Estimate for the UK, Office for National Statistics (ONS) (2009)
2 Loneliness Percentage of over-65s who are often or always lonely	7% (2009/10)	8% (2005/6)	✓	UK	ICM Research for Age UK (2010) and GfK/ NOP Spotlight Survey (2006)
3 Income inequality Average disposable incomes for the top quintile as a multiple of the average for the bottom quintile	x3.8 (2007/8)	x3.7 (2002/3)	✗	UK	<i>The Effects of Taxes and Benefits on Household Income</i> (ONS)
4 Health inequality Gap in life expectancy at 65 between the worst and best local authorities in England	Male: 7.6 years Female: 8.5 years (2006/8)	Male: 5.0 years Female: 5.6 years (2001/3)	✗ ✗	England	<i>Life Expectancy at Birth and at Age 65 by Local Areas in the United Kingdom</i> (ONS)
5 Recession and public spending Percentage of GDP spent on health, care and pensions (caused by the shrinking of the economy)	16.5% (2009)	15.0% (2008)	✗	UK	<i>Long-Term Public Spending Report</i> (HM Treasury) (2009 and 2008)
6 Recognition of age discrimination People aged 65+ who believe age discrimination exists in older people's everyday lives	54% (2009/10)	71% (2006)	✓	UK	ICM Attitudes to the Old Survey (2006) and ICM Research for Age UK (2010)
7 Infantilisation in late old age People aged 65+ who believe people in late old age are treated as children	42% (2009/10)	61% (2006)	✓	UK	ICM Attitudes to the Old Survey (2006) and ICM Research for Age UK (2010)
8 Experiences of age discrimination People aged 50+ reporting age discrimination in the last year	35% (2008)	27% (2004)	✗	Great Britain	<i>Attitudes to Age in Britain 2004–8</i> , Department for Work and Pensions (DWP), Research Report 599 (2009)
9 Forced to retire in the last year People aged 65–70 who were forced to retire aged 65+ within the last year	4% (2010)	2% (2008/9)	✗	Great Britain	TNS-BMRB Survey on the Default Retirement Age for Age UK (2010)

10 Support for carers Number of carers aged 65+ receiving a service	98,000 (2008)	29,000 (2004/5)	✓	England	Community Care Statistics: referrals, assessments and packages of care for adults, England, ICNHS (2009)
11 Early intervention Estimated number of households receiving low-level home help or home care	59,000 (2008)	85,000 (2004)	✗	England	<i>Community Care Statistics 2008: home care services for adults, England, ICNHS</i> (2009)
12 Support to stay at home Number of people receiving care or support at home	341,000 (2008)	369,000 (2004)	✗	England	<i>Community Care Statistics 2008: home care services for adults, England, ICNHS</i> (2009)
13 Direct payments Number of clients aged 65+ receiving direct payments	27,000 (2007/8)	13,000 (2005/6)	✓	England	<i>Community Care Statistics: referrals, assessments and packages of care for adults, England, ICNHS</i> (2009)
14 Poverty People over state pension age with less than 60% of median income, after housing costs	18% (2007/8)	21% (2003/4)	✓	UK	<i>Households Below Average Income 2007/8</i> , (trend table) (DWP)
15 Benefit take-up Percentage of people eligible for Pension Credit who receive the benefit	61–70% (2007/8)	58–66% (2003/4, October–March)	–	UK	<i>Income-related Benefits: estimates of take-up</i> (DWP) (2009)
16 Saving for retirement Full-time workers who are members of a pension scheme	Male: 64% Female: 63% (2008)	Male: 66% Female: 66% (2002)	✗ ✗	Great Britain	<i>General Lifestyle Survey 2008</i> (DWP) (2010) and <i>General Household Survey 2003</i> (DWP) (2004)
17 Wanting work People aged 50+ who want work	1.15 million (July–September 2009)	0.84 million (July–September 2004)	✗	UK	<i>ILO Unemployment 2004 and 2009</i> , ONS tables for economic inactivity by age (unpublished)
18 Hospital readmission People aged 75+ readmitted to hospital in an emergency within one month of discharge	159,000 (2007/8)	124,000 (2003/4)	✗	England	<i>Emergency Readmissions to Hospital within 28 Days of Discharge from Hospital: adults of ages 75+</i> (NCHOD)

Indicator description	Most recent results and year	Previous results and year	Trend	Geography	Source
19 Years with disability Average years of future disability people aged 65 can expect	Male: 7.1 years Female: 9.4 years (2005/7)	Male: 7.2 years Female: 8.8 years (2000/2)	— ✗	England	Health Expectancies in the United Kingdom, 2005–7 (trend table), <i>Health Statistics Bulletin</i> (2010) (ONS)
20 Exercise Percentage of people meeting national guidelines for physical activity (30 minutes, five times a week, moderate or vigorous activity)	65–74: 19% 75+: 7% (2008)	65–74: 15% 75+: 5% (2003)	✓ ✓	England	<i>Health Survey for England 2008: physical activity and fitness</i> , Adult Trend Tables (ICNHS)
21 Attitudes of health professionals Percentage of people over 65 who agree that health professionals consider older patients a nuisance	29% (2009/10)	37% (2006)	✓	England	ICM Research Survey for Age UK (2010) and ICM Attitudes to the Old survey for Help the Aged (2006)
22 Volunteering People aged 75+ participating in formal volunteering at least once a month	23% (2009)	21% (2005)	—	England	<i>Citizenship Survey: England, Communities and Local Government</i> (2009 and 2005)
23 Trapped at home People aged 65+ who leave their home once a week or less	6% (2009/10)	14% (2006)	✓	England	ICM Research survey for Age UK (2010) and GfK/NOP Spotlight Survey (2006)
24 Fear of crime People aged 75+ whose fear of crime had a high or moderate impact on their quality of life	Male: 23% Female: 36% (2008/9)	Male: 29% Female: 37% (2007/8)	✓ —	England and Wales	<i>Crime in England and Wales 2008/9</i> (and 2006/7), Home Office
25 Access to services People aged 75+ who find it very difficult to access key services	Doctor: 9% Post office: 10% Supermarket: 10% (2007/8)	Doctor: 8% Post office: 8%	✗ ✗ ✗	England	<i>Housing in England 2007/8: a report based on the 2007/8 Survey of English Housing and Housing in England 2003/4</i> , (Department of Communities and Local Government)
26 At home and disabled People aged 75+ living in their own homes who have a disability (limiting long-standing illness)	46% (2008)	44% (2003)	—	Great Britain	<i>General Lifestyle Survey 2008 and General Household Survey 2003</i> (DWP)

27 Unheated rooms People aged 65+ who avoid heating rooms (bedroom, bathroom, living room) because of cost worries	30% (2009/10)	20% (2006)	✗	UK	ICM Research survey for Age UK (2010) and MORI/British Gas Winter Warm Survey for Help the Aged (2006)
28 Excess winter deaths Additional deaths of people aged 65+ in the winter months (December–February) compared to the rest of the year	31,000 (2008/9)	20,420 (2003/4)	✗	England	<i>Excess Winter Mortality Statistics</i> (ONS)
29 Size of grey market Total annual spending by households including someone aged 65+	£97 billion (2008)	£72 billion (2002/3)	✓	UK	<i>Family Spending 2003 and 2008</i> (ONS)
30 Business interest Percentage of people aged 65+ who think businesses have little interest in the consumer needs of older people	46% (2009/10)	51% (2006)	✓	UK	ICM Research survey for Age UK (2010) and ICM Attitudes to the Old survey for Help the Aged (2006)
31 Internet use Percentage of people aged 65+ who have never used the internet	64% (2009)	81% (2004)	✓	UK	<i>Internet Access 2009</i> (and 2004): households and individuals (ONS)
32 Without a bank account Households including someone aged 85+ without a bank account	5% (2007/8)	10% (2003/4)	✓	UK	<i>Family Resources Survey United Kingdom 2007/8</i> (and 2003/4) (DWP)
33 Global ageing Proportion of the world population aged 60+	11% (2010)	10% (2005)	✓	World	US Census Bureau International Database 2010 (trend table)
34 Longevity gap Difference in life expectancy at birth between developed and least developed countries	21.2 years (2008)	22.9 years (2002)	✓	World	<i>UN World Population Prospects 2008 revision</i> , trend table (UNESA)
35 Diseases of ageing Proportion of people living with dementia who live in low- and middle-income countries in 2010	58% (2009)	50% (1993)	✗	World	<i>World Alzheimer Report 2009</i> , Alzheimer's Disease International (trend)
36 State pensions Countries with a non-contributory pension (either means-tested or universal)	72 (2008)		✓	World	<i>Poverty, Work and Pension factsheet</i> , HelpAge International website (trend)