The social support needs of the 80 plus.

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This report has been produced by the Policy Studies Institute for the Big Lottery Fund, London.

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August 2009

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Executive Summary

The Big Lottery Fund (BIG) commissioned the Policy Studies Institute (PSI) to investigate how people aged over 80 are affected by isolation and social exclusion and to identify their specific needs for social support to improve physical and mental well-being. The research identifies gaps in provision and highlights specific types of project which BIG could fund to improve the lives of older people aged 80 plus.

Methods

The study is primarily desk based research i.e. a policy and literature review relating to service needs and provision among older people aged 80 plus. In addition, depth interviews with a range of stakeholders were conducted.

Demographic and policy context

By 2031 it is expected that the population aged 80 and above will grow to 4.9 million. Health has also improved, but less markedly, and the incidence of health problems among the oldest is actually increasing. As a consequence, both men and women can expect to live longer but also longer in poor health.

In response to concerns that current systems will be unable to cope with an ageing population, the Government has undertaken a number of reviews to establish key areas for reform affecting the 80+ population with a focus on health, social and personal care, social inclusion and pensions. The UK Government agenda on an ageing society has prioritised active ageing, choice and control over services, social inclusion and well-being. The Northern Ireland, Scottish and Welsh devolved administrations have also launched separate policy documents outlining plans to support their ageing populations.

Social exclusion among the 80+

At older ages, withdrawal from community life and social participation can arise and physical activity decline. 12 per cent of older people (over 1.1 million) feel trapped in their own home while 17 per cent have less than weekly contact with family, friends and neighbours. Isolation can precipitate a lack of care, disinterest in food and can trigger depression with implications for lifespan. Overall, social participation has been associated with survival in older age.

A number of factors can coalesce to heighten the probability of loneliness, social exclusion and isolation among the old, including bereavement, ill health,

disability, poor transportation, ageism, loss of friends and relatives and poverty. Exclusion is also typically associated with being over 80, living alone in rented accommodation and childlessness. Living within a family or care home setting does not preclude despair or a sense of isolation if quality of relationships are not good

What older people want

The needs and preferences of older people in relation to social engagement are diverse and, broadly speaking, most people later in life want what they wanted at younger ages – independence, feeling included, being active, participating in society and having choice. Interviews with VCS staff emphasised a preference for a variety of stimulating activities, regular contact with peer groups, keeping fit, scope for learning and, for many older people, opportunities to leave the home which can, for the less mobile, be few and far between.

Funding gaps

Despite an increased orientation toward the needs of older people, adult social and health care services face significant challenges in a context of changing demographics, heightened expectations and increasingly stringent financial restrictions.

The range of statutory support is fairly comprehensive in principle, seeking to meet the social support, personal care and health needs of older people. In practice, however, access is severely restricted and for those who do secure state support, as resources are increasingly restricted, provision becomes focused on personal care services rather than social support. Social support therefore represents a key gap within the overall provision of statutory support for older people. Gaps were identified in specific areas of provision and in terms of specific older sub-populations. The following have been identified as areas in which BIG can potentially play a significant role to improve the diversity and reach of provision.

Daycentre provision - Of particular value is support for schemes that provide multiple services, for example social/recreational activities, befriending schemes and advisory /information services. VCS organisations struggle financially to provide a core service and therefore find it difficult to meet the demand for a diverse range of additional activities and opportunities

Access to mainstream facilities - More support for groups and projects which help older people to leave their homes and participate in everyday activities and leisure pursuits is needed.

Befriending - There remains considerable unmet demand for social networking and befriending support. Interviews with VCS staff suggest that demand for Befriending services in a variety of forms is high with considerable geographic variation in provision.

Digital inclusion - ICT can be invaluable for the less mobile who can use email to keep in touch with friends and family around the world, can shop online and can use technology for learning, entertainment and information purposes. Provided support is also available to help older more fragile people to leave their home on a regular basis, ICT can promote social inclusion.

Gardening support – Gardens can be very important to older people but can be difficult to manage thereby causing distress. Shabby gardens can also be a magnet to con-men and alert the unscrupulous to the presence of vulnerable older people who may then become a target for criminal activity. Gardening oriented projects represent a key gap in provision which BIG could support to improve quality of life.

Transport - A survey of charity workers revealed that the costs of purchasing, running and maintaining transport facilities were a significant barrier to service provision. Charities require considerable support to continue providing this critical service. For many older people, adequate and affordable transportation is a prerequisite for access to community life.

Learning - Learning opportunities are particularly beneficial to the well being of older people. Educational and social activity interventions have been found to be the most effective means of alleviating social isolation and loneliness and opportunities to learn continue to be particularly popular. Libraries are one of the few public locations that older people continue to visit in large numbers later in life. They are also the favoured location for learning for many older people.

Information, advice and advocacy - Information, advice and advocacy are essential for older people to be in control of their lives and to access the services and support they need. As local authorities and statutory provision is further rationed, advice and support from the VCS is increasingly needed to fill the gaps.
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Crisis Services - There is a general lack of crisis services during evenings, weekends and national holidays, and there is a need for services which can help older people with key transition periods associated with later life, such as bereavement, moving house, the onset of ill-health, moving out of hospital, or moving into residential care.

Older sub-populations - Sub-groups identified as needing more focussed funding and support included; people with mental health problems, people living in rural areas, informal carers and men. Minority ethnic groups also have distinct needs although reservations have been voiced about funding further ethnic divisions and separatism, emphasising instead the need to promote integration and unified provision.

Conclusions

Despite wide ranging health and social care developments, the statutory sector continues to face resource challenges leading to rationing and considerable unmet need. Social support in particular remains underfunded and is, in practice, a low priority. BIG can therefore benefit older people most effectively by funding a highly diverse range of day support activities, low level services such as gardening, transport, learning opportunities and outreach activities to identify the most socially excluded. Initiatives and volunteers to assist older people access mainstream facilities and simply get out of the house are in notably short supply. Of particular value would be support for schemes that provide multiple services, for example social/recreational activities, befriending schemes and advisory/information services. To meet issues of sustainability and capacity, grants for self-help, mutually supportive groups could bring long term benefits and allow older individuals to both give and receive help.

1. Introduction

The Big Lottery Fund commissioned the Policy Studies Institute to conduct a review of the social support needs of the 80 plus. The study aims to investigate how people aged over 80 are affected by isolation and social exclusion and the specific needs that they have for social support to improve their physical and mental well-being. The research will inform BIG's funding programmes in 2009-15 and identify the specific role which the third sector can play in supporting people who are over 80. Identification of gaps in provision will highlight specific types of project which BIG could fund to make an impact on and improve the lives of older people aged 80 plus.

The study aims to investigate the determinants and consequences of social exclusion among the 80 plus population and to explore their specific needs for social support to improve social participation, inclusion and well being, both physical and mental. Current statutory and third sector provision is explored and assessed.

Specific research questions include;

- How does social exclusion and isolation affect the lives of people aged over 80?
- What are the distinct needs of people who are over 80?
- What is the range of provision on offer to older people?
- To what extent is provision rationed or geographically restricted?
- What gaps in provision exist which BIG could potentially address in the future?
- Has current funding or service provision 'missed' or neglected key groups of older people, emerging issues or particular types of activity

1.2 Methodology

The study primarily involved desk based research i.e. a policy and literature review relating to service needs and provision among older people aged 80 plus. In addition, key voluntary and statutory organisations operating in the field are identified alongside the range of activities and services they provide. In addition, depth interviews with expert stakeholders were conducted.

Review of literature and government policy

The study is based on a literature review to establish a current agenda of policy, research and action relating to the needs, circumstances and aspirations of older people aged 80 and above. This stage is comprised of:

- Identification of the key players in the field of older peoples service provision
- A comprehensive review of government strategy documents, consultations, reviews, reports and policy action plans
- A review of academic research
- A review of reports, activities and initiatives from campaigning and voluntary organisations.

Website searches, literature reviews and reviews of policy documents are used to identify the range and nature of service provision for the 80 plus from statutory, VCS and campaigning organisations.

Stakeholder interviews

Discussions were held with a variety of practitioners and stakeholders with policy, research and older peoples' services expertise. Interviews focussed on the preferences and social support needs of the 80+ and the key gaps in provision.

Seven face-to-face and telephone interviews of 30-60 minutes were conducted with the following organisations and individuals;

- Age Concern/ Help the Aged (South East)
- Age Concern/ Help the Aged (Rural South West)
- Contact the Elderly (UK)
- Counsel and Care (UK)
- Occupational Therapist (London)
- Assistant Director for Older People (London borough)
- Senior Community Worker (Scotland)

2. Older people, demographic change and the UK policy context

2.1 Demographic Trends

The population of the UK, as elsewhere throughout the developed world, is ageing. The 2001 census indicated that the number of people in the UK who were over age 60 outnumbered those who were under age 16 for the first time and that there were 4.4 million people in the United Kingdom over 75 years old.

By 2031 it is expected that the population aged 80 and above will grow to 4.9 million from 2.5 million in 2002 (Dean, 2004). Average life expectancy has increased over recent decades, for women from age 77 in 1981 to age 84 in 2008 and from age 71 to age 81 for men (National Statistics online). Growth in life expectancy is continuing with one in five children born so far this century expected to survive into the next. Growth in the number of centenarians is shown in Figure 1 with trends projected to continue.

In 2001 women over 75 years old outnumbered men of the same age by 2.8 million to 1.6 million. The ratio of women to men is falling however as death rates for men decline. In 2002, among those aged 85 years and over, there were 2.6 women for every man, this is projected to fall to 1.5 by 2031 (Office for National Statistics, 2004).

Life expectancy is geographically skewed with the highest rates found in the South and East of England and the lowest rates in Scotland and the North East and West of England. People over pensionable age are concentrated in Wales, Cornwall and the coastal regions of the country reflecting migration patterns of older people to rural areas and the coast (Office for National Statistics, 2004). More than 20 per cent of those over SPA live in Wales, Cornwall and the South coast with older people migrating in increasing numbers away from urban areas including London, Manchester and Glasgow (Loretto et al, 2005).

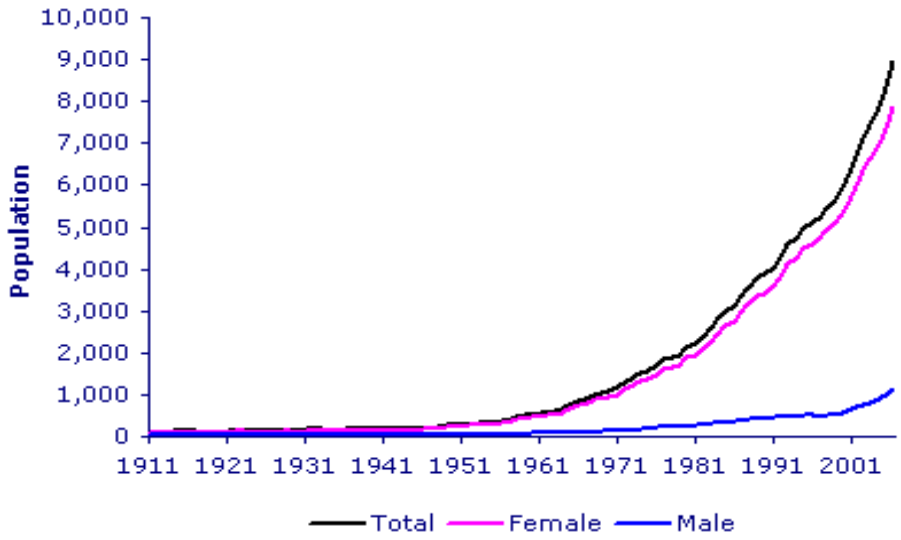
As noted by Danson (2007), in-migration of older retired people is causing service provision challenges for a number of regions including parts of France, Spain, Portugal, South West England and the East of England.

Members of minority ethnic groups have a younger age profile than does the white population. Black Caribbeans have the oldest age structure of the non-White ethnic groups (Office for National Statistics, 2004). The ethnic composition

of different age groups varies - 12 per cent of those under the age of 16 were from an ethnic minority or mixed background in 2001. The equivalent figure among the 16-64 year old population was 8 per cent and among those aged 65 and above, just 3 per cent (Smeaton and Vegeris, 2009).

Health has also improved over this period but less markedly, and the incidence of health problems among the oldest is actually increasing (Middleton et al, 2007). As a consequence, both men and women can expect to live longer but also longer in poor health. Health concerns and longstanding illnesses become increasingly prevalent among men and women aged 65 and above. In 2005, more than half the population of 65-74 year olds (60 per cent) reported a long-term illness, a figure which increases to two thirds (64 per cent) of those aged 75 and above (Age Concern, 2007). There are currently 700,000 people with dementia in the UK and by 2025 it is anticipated that this figure will rise to over one million. Two thirds of people with dementia are women. The proportion of people with dementia doubles for every 5 year age group, such that by the age of 95 one third of people are affected (Alzheimers Society).[1]

Figure 1: Population aged 100 and above, England and Wales, 1911-2001



Source: ONS: www.statistics.gov.uk

[1] http://www.alzheimers.org.uk/site/scripts/documents_info.php?categoryID=200120&documentID=341

Policy solutions are needed to provide for those most in need today but must also take into account projected expansions in the numbers of elderly people who are likely to require support in the future. In response to concerns that current systems will be unable to cope with an ageing population, the Government has undertaken a number of reviews to establish key areas for reform affecting the 80+ population. Health, social and personal care, social inclusion and pensions have formed a particular focus. Implications arise for community planning, provision of services, benefits and pensions as governments, individuals and financial institutions consider the optimal arrangements for achieving long and healthy lives with an emphasis on quality, dignity, choice and well being.

2.2 Policy background

A range of issues relating to older people are currently on the political agenda both at national and local level. The needs of an ageing population and the future of service provision are key concerns. Needs emerge from all aspects of life, including, but not limited to; health, social support, personal care, housing, transport, citizenship, and leisure.

Several key white papers and strategy documents have been published over the past decade, by various government departments, setting out service aspirations, legislative reform and targets. Policy developments represent a response both to an ageing population which makes more demands on local services in terms of quantity and also to a perceived need to improve the quality of service provision. The UK Government agenda on an ageing society has prioritised active ageing, choice and control over services, social inclusion and well-being. The Northern Ireland, Scottish and Welsh devolved administrations have also launched separate policy documents outlining plans to support their ageing populations. Recent developments in Government policy have been presented in the following reports:

- **No Secrets** (2000) provides guidance to statutory agencies on how vulnerable people should be protected against abuse whether physical, psychological, financial or sexual. Responsibility for co-ordination rests with the Local Authority.
- ***Opportunity Age*** (DWP, 2005) launched a cross departmental national strategy on an ageing society that promotes a focus on independence, well-being and citizenship in later life.
- ***A Sure Start to Later Life*** (Social Exclusion Unit, 2006) set out a strategy for tackling inequalities, poverty and isolation and for streamlining services

for older people, particularly in deprived areas. This includes addressing living standards, physical and mental health, housing issues, community inclusion, and ageism. The report set out a number of pilot schemes designed to provide opportunities for and information about lifelong learning, volunteering, preventative health care, independent living and leisure activities – all of which can function, in part, to promote community participation and inclusion among older people. The aim is to establish a single multi-agency gateway for services and assessment in the community and to design effective and sustainable support arrangements for older people

- A Sure Start launched the **Link-Age Plus initiative** which seeks to build partnerships for disseminating information and providing services in local areas. Other local initiatives that follow the Sure Start model are ***Partnerships for Older People Projects*** **(POPPs**) funding innovation in person centred care, prevention and well-being for older people. ***Local Area Agreements*** **(LAAs)** have also been established between central and local governments to enhance healthy living and independence for older people.
- **Our Health Our Care Our Say,** this white paper on primary and community care (DOH, 2006) advocates a new direction for community services with priority given to preventative measures and individual choice for improving the well-being of older people.
- **The *National Service Framework (NSF) for Older People*** (Department of Health (DoH), 2001; 2006a) sets out the expected scope and direction of improvements in health and social care. Eight target areas were identified: Age discrimination, Person-centred care, Intermediate care, Hospital care, Stroke, Falls, Mental health and Active ageing
- ***A New Ambition for Old Age: next steps in implementing the NSF for Older People*** **(2006)** developing the 2001 NSF the renewed aim is to ensure that within 5 years older people will be treated with respect for their dignity and their human rights, outcomes will be improved for older people's health, independence and well-being and, by means of a preventative service, savings may be achieved by reducing the overall demand for hospital and long term care services
- ***Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society***, was jointly produced by the (Department of) Communities and Local Government (DCLG), the DoH and the DWP (DCLG, 2008). This document sets out a formal commitment to the concept of lifetime homes, reducing upheaval and enabling flexible and

adaptable homes to accommodate life changes. In addition, the Government has pledged to commit resources to initiatives that provide repairs and maintenance services like befriending, cleaning, DIY, gardening, pet care and transport to enable older people to stay in their own homes.

- ***Putting People First*** **(2008)** Building on the Darzi review of the NHS, the Department of Health and its partners have recognised that the relationship between health, social care and wider community services is integral to the creation of a personalised care system. The aim is to replace reactive care of variable quality with a system focused on prevention, early intervention, and high quality personally tailored services. The transformation of social care set out in Putting People First is still in the early stages of implementation but has 4 key aims;
  -To facilitate access to universal services
  -To build social capital within local communities
  -To make a strategic shift to prevention and early intervention
  -To ensure people have greater choice and control over meeting needs.

The policy agenda outlined above covers a wide range of concerns facing older people, including:

- Active ageing
- Crime and safety
- Consultation and involvement
- Discrimination
- Employment
- Health and fitness
- Housing, independent living and autonomy
- Lifelong learning
- Lifestyles, consumption and identities
- Older people and technology
- Poverty, finance and benefits
- Transport
- Volunteering

Prevention as a framework for care

As set out in the White Paper on primary and community care (DoH, 2006) priority is increasingly directed toward preventative measures and individual

choice for improving the well-being of older people. Preventative services are defined as those which stop or delay the need for more expensive or intensive provision and are advocated under an 'invest to save' logic. For example, the *Choosing Health* White Paper (DoH, 2004) proposed the provision of health trainers to offer personalised support and advice for older people. Keeping physically and mentally active is recognised as critical for long-term health, to prevent obesity, heart disease and cancer and to promote good mental health.

Low-level services are considered key to the preventative approach and 'that little bit of help' is highly valued by older people (Adams, 2006; Dean, 2005). Although potentially resource intensive, the provision of low level services, such as assistance with cooking, cleaning, shopping, household repairs and gardening, may prevent crises and emergencies, which would have far greater financial implications. Therefore, 'prevention' may prove to be cost-effective and more sustainable in the longer term (Clough et al, 2007).

As discussed below however, in practice, budget constraints limit eligibility to such services and immediate needs continue to dominate resource allocation.

Partnerships with the voluntary and community sector

Third sector organisations play a vital role in sustaining communities and improving quality of life. Over the past decade, the locus of government responsibility for administering policy and services has shifted away from Westminster to the devolved national governments and increasingly to local governments and communities. Central to this trend is an increasing reliance on the third sector to bolster community services, either in partnership with or in absence of statutory provision. Recent schemes designed to build capacity and infrastructure in the voluntary sector include the Home Office's ChangeUp programme, the Department of Health's Third Sector Commissioning Task Force and Social Enterprise Unit and the Futurebuilders initiative. These schemes focus on health and social care service delivery

Community based organisations, often small in scale, are regarded as best placed to develop long term trust-based relationships, identify local needs, deliver flexible services with a capacity to innovate and have knowledge of how to access and include vulnerable and hard to reach people. The Office of The Third Sector acknowledges the value of these agencies:

> *'The third sector can help local statutory agencies to address a wide range of community concerns, from strengthening community cohesion; to increasing environmental sustainability; to tackling many of the causes and consequences of social and economic disadvantage.'* (OTS, 2008: 4)

The HM Treasury and Cabinet Office (2007) *Third Sector Review* formally promotes a partnership between the government and third sector organisations. Various initiatives have been announced to stimulate the role of voluntary and community groups in building social cohesion and improving the quality of local life. National Indicator 7: 'Environment for a thriving third sector' will monitor local government progress in building relationships and services together with third sector agencies.

Devolved Policies

Since 1997, the current UK Government has been committed to decentralising power. This has resulted in the creation of the Scottish Executive and the Northern Ireland and Welsh Assemblies.[2] Aspects of older people policy have developed in the three devolved nations, with separate policy agendas in each.

Northern Ireland

Age Concern/Help the Aged Northern Ireland [3] highlight the plight of the older population of Northern Ireland;

- There are over 296,000 people of pensionable age living in Northern Ireland (16 per cent of the population).
- 28 per cent of pensioners in Northern Ireland live in poverty.
- One in five people aged 65 and over in Northern Ireland say they are often or always lonely.
- 23 per cent of older people in Northern Ireland do not receive the help they need to leave their home.

The strategy for older people in Northern Ireland, set out in Ageing in an inclusive society (OFDFM, 2005) promotes and supports the inclusion of older people throughout the country. 11 government departments work jointly to meet six key objectives relating to the well-being of older people, these relate to; financial

[2] The Northern Ireland Assembly was suspended in autumn 2002 and reinstated in spring 2007.
[3] http://www.helptheaged.org.uk/en-ni/WhatWeDo/AboutUs/AcrossTheUK/

resources, service delivery, equality of opportunity and community environment. The strategy has been updated by an Action Plan for 2006/08 (OFDFM, 2006). Other agendas to promote the well-being of older people in Northern Ireland include the commissioning in 2006 of the Minister of State as the Champion of Older People and Section 75 of the Northern Ireland Act, which mandates that the age of individuals be considered when designing policies and services.

Furthermore, to enhance quality of later life, key players in the non-statutory sector have linked to form the Changing Ageing Partnership (CAP). Formed in 2005, CAP consists of Age Concern Northern Ireland, Help the Aged, Queen's University of Belfast and the Workers' Educational Association. Together, these bodies will monitor and promote older people's interests in connection with policy and equality, research evidence, capacity building, advocacy, skills and training. The structure of care in Northern Ireland differs from the other countries of the UK as their councils have no responsibility for social care. Instead, on 1 April 2009 the four health and social services boards merged into one health and social care board responsible for commissioning, with five health and social care trusts responsible for provision.

Northern Ireland initially followed Scotland's lead when its assembly voted for free personal care in 2007. More recently their health minister announced that due to lack of funds this policy could no longer be endorsed, although the issue of free personal care is to be kept under review.

Northern Ireland is progressing legislation to create an Older people's Commissioner. In December 2008 an interim Older People's Advocate, Dame Joan Harbison, took up her post. The appointment is temporary, to cease on the appointment of a Commissioner for Older People. From June 2009 the OFMDFM have been preparing policy proposals and draft legislation for consultation in autumn 2009 (Northern Ireland Assembly, 2009).

Scotland

The Scottish Parliament Information Centre has produced some key statistics relating to older people in Scotland (SPICe Briefing September, 2006);

- Life expectancy in affluent areas was 78.4 years for men and 82.3 years from women and 69.5 for men and 77.3 for women in the most disadvantaged areas

- *"The gap in life expectancy between the most and least affluent areas grew by 45% over the last 20 years and is projected to grow by a further 19% by 2020 to 9.2 years, driven by poverty and lifestyle choices"*

Spending data is available from The Scottish Government (2007) (http://www.scotland.gov.uk/Publications/2007/03/08125028/1);

- Between 2003-04 and 2007-08 Scottish Executive spending on the 60+ age group increased by 5% per annum and now stands at £5.1 billion a year, for the full range of services to that age group.
- The Scottish policy of Free Personal Care is allocated £169 million in 2007-08 so that 50,000 people could received free personal care services,
- Scottish Helpline for Older People has been established with funding of £200,000.
- Other measures include a Telecare Development Programme (investment of £8 million over 2 years) and Care and Repair with some £16 million a year support older people with services which enable them to stay at home for as long as possible.
- A National Concessionary Travel Scheme was introduced in April 2006 with £216 million alongside Demand Responsive Transport Services such as dial-a-ride and dial-a-bus at an annual cost of £10.5 million
- A range of physical activity programmes for older people exist which promote health and well-being. One example is Paths to Health which encourages walking
- The free NHS eye examination introduced in April 2006 also benefits older people.

The Scottish Parliament delivers most services that affect older people including health, transport, policing and social work but employment, pensions, benefits and taxation are centrally delivered by UK government. In March 2007 the Scottish Executive published All Our Futures: Planning for a Scotland with an ageing population, which sets out a framework for older people over the next 20 years. The document outlines key actions to ensure that the country benefits from the talents and experience of current and future older generations. The strategy identifies six priority areas including life long learning, improved housing and transport and improved care, support and protection. It places responsibility on all sectors – Scottish and UK governments, local and educational authorities, private and voluntary groups – to carry the agenda forward. These objectives are backed with funding of £27 million and the establishment of a National Forum on

Ageing and a new Scottish Centre for Intergenerational Practice in order to forge effective and meaningful links between generations. The Older People's Unit within the Department of Communities takes the lead on older people's issues in Scotland. Recent initiatives to help improve the lives of older people include free transport, tackling fuel poverty, control and choice over community care, and measures to eradicate anti-social behaviour.

The Scottish Parliament is responsible for primary legislation and social care is a fully devolved service. Responsibility for social care in Scotland is split between the Health and Wellbeing department (adults) and the Education and Lifelong Learning department (children)

Unlike the rest of the UK, Scotland introduced free personal care in 2002**.** As a consequence, everyone over 65 receiving home care or residential care receives £153 a week to go towards their personal care. This will not necessarily meet the full fees and the system has been criticised for being inadequately funded. Nevertheless, the system represents a significant deviation from policy in the rest of the UK and has benefited large numbers of Scottish older people. In England just a handful of local authorities, including the Isle of Wight, provide free personal care to some over-80s.

Wales

The UK population is ageing, a demographic trend which is even more pronounced in Wales than elsewhere. Age Concern (2009) have produced a number of key statistics relating to the older population of Wales;

- People aged 60 or over in Wales account for 24% of the population compared with 22% in England and 22% in Scotland
- It is estimated that 1 in 5 older people living in the community and 2 in 5 who live in care homes are affected by depression
- Of people receiving home care, 40% receive less that 5 hours per week, 53% receive between 5 and 19 hours, while only 7% receive 20 or more hours per week.
- Only 1% of older people receiving community-based services are currently doing so via the direct payments scheme
- The proportion of social services expenditure on older people has decreased from 42% in 2004 to 36% by 2008.
- Carers provide approximately 70% of community care in Wales.

- Only 1 in 8 of carers who provide very high levels of care, amounting to 12 hours or more a day, receive respite support.
- 21% of single pensioners and 7% of pensioner couples in Wales rely totally on the State Pension and other government benefits and have no other source of income.
- Around 19% of all pensioners in Wales live in a household experiencing poverty.
- 21% reported that there were occasions when they felt isolated or cut off from society. (Help the Aged, 2003)

The values to which the Welsh Assembly subscribes and the direction of future service provision for older people have been set out in a number of key documents published by the Welsh Assembly Government; Strategy for Older People in Wales (2003), Designed for Life (2005) and The National Service Framework in Wales (2006). The ten year older people strategy is being reviewed to inform the second five years of its operation, which may lead to a change in direction, while a strategy for social services planning and delivery over the next 10 years was set out in the Welsh Assembly's consultation paper; Fulfilled Lives, Supportive Communities (2006). Policy documents emphasise the need for prevention, the importance of improving engagement with older people and the need to better integrate health and social services.

Demographic ageing is particularly marked in Wales, and economic restructuring has created particular challenges. Among the older Welsh population, poor housing, restricted employment opportunities, poverty and inadequate transport are widespread (WAGAG, 2002). Prompted by recognition of such problems and a lack of representation of older people in Wales, a Commissioner for Older People (Wales) Bill was passed in 2006 with a Commissioner appointed in 2007. The Bill demonstrates a commitment by the Welsh Assembly to ensuring the needs and interests of older people are fully met across all services devolved to Wales.

In Wales social care falls under the Welsh Assembly Government's health and social services department. Wales has a relatively small population of three million, covering a large geographical area. Since devolution the Welsh assembly has been keen to develop its own specific policies relevant to its needs. It has a minister for health and social services and a deputy minister with a specific social services portfolio.

Future change

While the broad framework for care may not change, public services are under review particularly in the context of high levels of debt putting pressure on public service costs. Savings of £35bn are to be achieved by means of public service cost cuts. Liam Byrne (Chief Secretary to the Treasury) has indicated that local councils will be required to find alternative providers of social care (Guardian interview 27.6.09, p12) with implications for the VCS and Big Lottery Fund strategy in terms of spheres of responsibility.

The next stage of Labour's public service reform is set out in Building Britains Future (published June 2009) alongside a draft legislation programme. Adult Social Care is described as being at a crossroads in a context of changing demographics, increased expectations, increasingly stringent financial restrictions and a drive toward efficiencies (ADASS, 2008). Increased procurement and outsourcing of services to the independent and third sector are motivated by a need to achieve savings, better target resources and improve quality be means of collaborative endeavor. ADASS acknowledge that moves in this direction have engendered significant savings but raise concerns that further substantial efficiency savings are expected in addition to those already achieved under the Gershon Review. As a result, resources are increasingly targeted at those with the greatest need and "this is despite emerging evidence from the Partnerships for Older People Projects (POPPs) and other studies and trials that indicate that earlier interventions before people reach high levels of need may be more cost effective for the social care system and provide better outcomes for individuals" (ADASS, 2008)

Wales and Northern Ireland are undergoing similar debates on how care services should be funded **(**http://news.bbc.co.uk/1/hi/wales/wales_politics/7720222.stm). and http://www.allianceparty.org/news/004013/mccarthy puts home help services_on_assembly_agenda.html. Wales has a larger elderly population than the rest of the UK, putting increasing strain on the care system. Consultations in England and Wales are informed by predictions that services will face a £6bn funding gap across the UK in 20 years. Key questions to be addressed include whether individuals, families or society should contribute more towards care costs in the future, should the care and support system be the same for everybody or vary according to circumstances or local priorities. Funding models being considered include, private insurance (similar to USA model), a national equity release scheme, a partnership model (with individuals paying for half their care), free personal care and social insurance. The social insurance option, pursued in Japan and Germany, would mirror the principle of national Insurance contributions.

3. Social exclusion among the 80+

For the purposes of the current study, older people are defined as those aged 80 plus. At this life stage withdrawal from community life and social participation can arise. In the UK, 11 per cent of older people described their quality of life as poor and 24 per cent of older people in England said that their quality of life had got worse over the past year (Age Concern and Help the Aged, 2009). Isolation is a key cause of poor life quality and reduced well being and affects large numbers of older people;

- 12% of older people (over 1.1 million) feel trapped in their own home (Help the Aged, 2009)
- 17% of older people have less than weekly contact with family, friends and neighbours while 11% have less than monthly contact (Victor et al, 2004)
- Nearly 200,000 older people in the UK do not receive the help they need to get out of their house or flat (Help the Aged, 2009)
- In England, 8% of those aged 75-plus say they have very difficult access to a corner shop; 10% to a supermarket; 10% to a post office; 9% to a doctor's surgery; and 17% to a local hospital (Help the Aged, 2009)

Physical activity also declines at older ages - In England, only 19% of people aged 65-74 and 6% of people aged 75+ do recommended levels of exercise (Help the Aged, 2009). Social isolation can lead to a range of emotional and physical problems. Loneliness and isolation can be a major cause of unhappiness and can contribute towards depression and mental illness in older age (Andrews et al, 2003, Andrews and Gavin, 2004). Loneliness can lead to a downward spiral, affecting mental and physical health. Isolation can precipitate a lack of care, disinterest in food and trigger depression with implications for lifespan. One recent study of mortality rates among individuals aged 65+ over a period of 20 years (Bowling and Grundy, 2009) found that factors associated with increased longevity included positive life satisfaction and regular participation in crafts, social visiting and other activities. Overall, social participation was associated with survival in older age.

As described in chapter 3 above, the government has expressed a commitment to reduce, and ultimately eradicate, social exclusion, poverty and isolation among older people by means of personalised, flexible and integrated services. In this

chapter, the multiple determinants of isolation among the elderly are identified alongside a discussion of the various dimensions of social exclusion.

3.1 Causes and dimensions of social exclusion

Seven dimensions of social exclusion have been identified (Scharf and Smith, 2004): social relationships (e.g, contacts with family/friends); cultural activities (e.g., museums, theatre); financial products (e.g., insurance, bank account); material consumption (e.g., affording household utilities, a holiday); service access (e.g., groceries, health services); civic activities (e.g., volunteering, consultations); and neighbourhood exclusion (perceptions of safety). About one third (29 per cent) of older people aged 50 plus are excluded on one dimension while 20 per cent are excluded on two or more measures (Social Exclusion Unit, 2006). Of greatest concern are those experiencing multiple exclusion across three or more dimensions, a situation afflicting around 7 per cent of the 50+ – more than 1 million people. Participation rates in arts opportunities, sport and leisure events consistently decrease with age (DCMS, 2007). The 75 plus have the lowest participation and visiting rates in museums, galleries, libraries, arts and sports events.

A number of factors can coalesce to heighten the probability of loneliness, social exclusion and isolation among the old, including bereavement, ill health, disability, poor transportation, ageism, loss of friends and relatives and poverty (Victor et al, 2004). These causal factors and some of their consequences are set out in Table 1 which differentiates between the demographic characteristics, social circumstances and events or 'triggers' which can exacerbate the probability of social exclusion. Exclusion is typically associated with being over 80, in poor health, depression, living alone in rented accommodation, childlessness, on low income and with no access to a telephone (Walker et al, 2006). In addition, events such as bereavement, a hospital stay or a fall can trigger cycles of vulnerability, isolation and exclusion.

Poverty, as one of the key factors associated with social exclusion, is widespread among older people and the older the age of the head of household, the greater the likelihood of low income. Poverty is distributed unevenly geographically. Pockets of inner London for example are among the poorest areas in the country with 35 per cent of pensioners experiencing poverty (CAWA, 2007). 2.5 million pensioners (23%) live below the poverty line (£151 for single pensioners and £226 for a couple) (Help the Aged, 2009) while 15 per cent of pensioners are in persistent poverty (below the poverty line for at least 3 out of

the last 4 years in GB) (DWP, 2008). Pension credit and other income support, designed to help older people in financial difficulty, remains widely unclaimed (£3½-5 billion of means-tested benefits were unclaimed in 2006-07 (DWP, 2008) with around one third of those entitled to PC not claiming (DWP, 2007). In a drive to improve take-up, since October 2008, low income pensioners who claim one benefit will automatically receive all the benefits to which they are entitled including PC, Council Tax Benefit and help with rent.

Table 1: The social exclusion process

Enhanced Risk factors	Triggers	Social exclusion
Disadvantages	**Potentially rapid effects**	**Outcomes**
Mental health problems	Bereavement	Material deprivation (goods and services)
Low educational attainment	Divorce	Reduced social participation, networks
Non English speaking	Serious injury	Reduced political and civic participation
Ill health or disability	Mental health related 'episode'	Service exclusion (post offices, transport, banks, transport)
Alcohol abuse		
Depression		Reduced use of culture and education (sports facilities, leisure, cinema, theatre)
Disadvantaged Circumstances		
Living alone		
Living in social housing		
No access to private transport		
No children		
Poverty		
Socio-demographic characteristics		
Age 80 plus		
Women		
BMEs		

(See Barnes et al (2006), Walker (2006), Bradshaw et al, (2004), Bradshaw et al (2003), Levitas (2006), Levitas et al (2007), Burgess et al (2002))

Poverty and disadvantage are not inevitably associated with ageing and a *deficit model* of old age, with connotations of dependency and inability. Nevertheless, 67 per cent of men and women over 85 report a long-term illness, which restricts their daily activities. On average, frailty starts at around 75 years (Newton, 2005). Men in the UK can expect to live their last 6.8 years with a disability. For women, the average is 9.1 years (Help the Aged, 2009)

The majority of men and women over the age of 65 live in private households (95 per cent), rather than care homes or other communal residencies (Del Bono et al, 2007). In 2005, among those aged 65-74, one fifth of men (19 per cent) and one third of women (33 per cent) lived alone (Age Concern, 2007). The equivalent figures among men and women aged 75 and above were 29 per cent and 60 per cent - raising the risks of loneliness and isolation for women in particular. While older women live longer, they also tend to have poorer health and mobility after age 80. Older women are also at an economic disadvantage with fewer assets and lower incomes than older men. Social participation among older women is also more restricted as substantially fewer women in the age group have a driving licence. The loss of a spouse makes older women in particular more vulnerable because of the resulting negative impact on their income and access to services. In comparison, older men tend to be more disadvantaged in measures of social contact, particularly those who live alone. Older women tend to have more extensive and supportive friendship networks than older men.

In some neighbourhoods, two-thirds of older people are excluded (Walker, 2006) Poverty and disadvantage are most common in deprived neighbourhoods, areas and specific regions including the North East, the North West, the West Midlands and London in particular (Botham and Lumley, 2004). Black and minority ethnic older people are also more likely to be excluded (White, 2002). Spatial location with poor access to transportation, high rates of crime and antisocial behaviour in some deprived areas can curtail a wide range of opportunities for older people (Phillipson and Scharf, 2004) and can lead to feelings of loneliness and isolation (Victor et al, 2004). Of increasing concern is financial exclusion, with Post Office and local bank closures, particularly in rural areas, disproportionately affecting older people (Help the Aged, 2006).

In addition to loneliness, depression and other physical and mental health problems, social isolation can also heighten vulnerability to abuse. Help the Aged (2009) estimate that more than 500,000 older people in the UK are abused (roughly 5% of the older population) and that every hour, over 50 older people

are neglected or abused in their own homes by family members, friends, neighbours or care workers. Psychological, financial, physical, sexual and multiple abuse can be encountered by older people.

Living within a family or care home setting does not preclude despair or a sense of isolation if quality of relationships are not good. Extending social networks beyond the home should therefore be a goal for all older people

4. Statutory social support and personal care provision

While the focus of this report is upon the *social support* needs of older people, to a considerable extent social inclusion is dependent upon adequate social care provision. For many elderly people, the ability to leave home and participate in a range of social activities requires that they first receive help to get up, bathe and prepare food. Evidence from a study of care models in the UK, for example, found that the introduction of free home care in Scotland led directly to a switch in the type of help provided by informal carers from the more mundane and intrusive tasks (such as washing and dressing) to a greater incidence of social interaction and outings (Bell and Bowes, 2006). Therefore, the range, extent and cost of social care provided by local authorities can have a direct bearing on the social support received by older people from a variety of sources.

Most statutory support is oriented toward health and personal care needs. For social support, councils tend to refer older people on to VCS provision[4]. As observed by the Audit Commissions 2008 review "Older people experience councils as organisations that view them in terms of care needs, with little focus on diversity and opportunities….few councils are well prepared for the additional diversity in their populations [and] central government's Opportunity Age initiative has had limited impact" (Audit Commission, 2008: 9).

The chapter first outlines statutory provision of personal and social care and social support, indicating both the type of support available and eligibility for that support which can lead to rationing. Service charges within the 4 countries are also broadly set out as costs can be exclusionary. Understanding the scope and emphasis of current provision for older people is important in order to avoid duplication of services, and meet BIG's requirements for additionality, by which funding seeks to complement rather than replicate statutory provision.

The voluntary and community sector often steps in where statutory provision is either missing or falls short of expectations and need in terms of quantity or quality. BIG plays an important role in supporting the VCS, encouraging innovation and helping to fill the gaps either vacated by or beyond the remit of the statutory sector.

[4] Financial support may be provided in the form of core funding of, for example, Day Centres. Funding levels vary geographically and will not typically cover all costs however.

4.1 Statutory provision of personal and social care

This section outlines the type of support provided by local authorities to older people who are deemed eligible. The social care system, which assesses eligibility, is also discussed as the nature and degree of support offered by the statutory sector defines the scope of support required from the VCS to meet the needs of older people who would otherwise fall through the gaps in service provision. Table 2 summarises the detail set out in this subsection, differentiating the types of support needed by and offered to older people (personal care, healthcare, independent living or social support), the sources of such provision (statutory, VCS and private) and their associated costs within the UK (whether flat rates, means tested or free).

4.1.1 Types of statutory support

Community care services can include care home placements or services to help people carry on living independently in their own homes. Community care services may be provided due to age related needs, disability, physical or mental ill health.

There is a wide range of community care services including, but not limited to, the following:

- Home care services
- Home helps
- Recreational activities.
- Meals on wheels (or frozen food delivery)
- Home adaptations - such as grab rails and stair lifts
- Housing support services - such as wardens
- Day care
- Residential care homes
- Support for carers - including respite care

Home care services

Home care services generally mean help with personal tasks, for example, bathing and washing, getting up and going to bed, shopping and managing finances. Providing home care involves someone coming to your home at agreed times. This could be two or three times a day or even 24-hour care where necessary.

Home helps

Home helps can provide assistance with general domestic tasks including cleaning and cooking and may be particularly important in maintaining hygiene in the home. Research suggests however that while cleaning services are highly valued by older people, the scope and duration of cleaning support tends to be limited, certain tasks such as window cleaning will not be undertaken and standards do not always meet expectations (Godfrey et al, 2004: 183)

Adaptations to the home

Adaptations to the home could be major or minor and can be particularly important in allowing individuals to remain at home. Major adaptations could include the installation of a stair lift or downstairs lavatory or the lowering of work tops in the kitchen. Minor adaptations could include hand rails in the bathroom.

Meals

The provision of meals may involve the daily delivery of a meal or, in some areas, the delivery of a weekly or monthly supply of frozen food. It could also mean providing meals at a day centre or lunch club.

Recreational and occupational activities

The local authority social services department can provide a range of recreational, occupational, educational and cultural activities, for example, at a day centre. These activities could include lectures, games, outings, and help with living skills and budgeting. The local authority social services department may also provide transport to enable access to the facilities. Typically such provision will be based on a referral to local Day Centres which vary considerably in quality and variety of activities. Also, although Local Authorities may provide financial support for recreational activities which promote social inclusion, they are usually run and organised by the VCS and volunteers.

4.1.2 The system of provision

The range of support described above is fairly comprehensive in principle, seeking to meet the social support, personal care and health needs of older people. In practice, however, access is severely restricted. For those who do secure state support, as resources are increasingly restricted, provision becomes focused on provision of personal care services rather than social support and “any activity that might form greater social connections, making individuals ever

more dependent on the state" (Cottam, 2009). **Social support therefore represents a key gap within the overall provision of statutory support for older people.** The extent of unmet home care need is highlighted by a number of key statistics published by Help the Aged (2009)

- In the UK, 457,383 people received home care services in 2008 (Help the Aged, 2009)
- Between 2000 and 2008, the number of households in England receiving home care services decreased by 18% (NHS, 2009)
- In England, only 59,148 households were receiving low level care in 2008 at 2 hours or less per week (NHS, 2009) compared with 2,450,000 older people in England who have care needs (Wanless, 2006).
- 80 per cent of people in need of home care do not get it from the state (Wanless, 2006)
- 1.5 million people in England have care and support needs that the state does not meet (CSCI, 2008)

Social services provide support on the basis of need, but eligibility criteria and costs vary geographically. The first stage to secure care is an interdisciplinary assessment which focuses on health and personal care needs plus a consideration of social support needs.

Community Care Assessment

Social and personal care needs are initially assessed by a local authority social services department which will conduct a Community Care Assessment. The assessment may involve a number of professional groups including social worker, physiotherapist or occupational therapist. Staff from housing, health and social services work together to identify needs.

The assessment identifies

- particular physical difficulties, for example, problems with walking or climbing stairs
- particular health or housing needs
- current sources of help such as carers, family or nearby friends, and their willingness to continue providing care
- the needs that people who provide care may have.

Once an assessment has been carried out, the local authority social services department will decide whether an individual is entitled to services. Eligibility is based on level of need, not on wealth.

Eligibility for support

Rules of eligibility are set out in some detail as their implementation is a key source of gaps in provision.

Eligibility criteria for adult social care since 2003 is set out in 'Fair access to care services - guidance on eligibility criteria for adult social care' (2002). The need for guidance on eligibility criteria for adult social care was identified in the 1998 White Paper "Modernising Social Services" as different councils were using different eligibility criteria, leading to considerable variation in access to adult social care. To help them determine eligibility, the Fair Access to care Services (FACS) guidance provides a national framework for councils to use when setting their eligibility criteria. The framework is based on risks to independence that arise from various forms of disability, impairment and difficulty. The guidance prioritises risk and need into four bands - critical, substantial, moderate and low. The risks identified within the framework are both immediate and longer-term, with the latter emphasizing a preventative approach to adult social care.

This system has been condemned however, as growing demand has forced approximately three quarters of councils to ration their support and confine help to people with substantial or critical need only. It means many vulnerable people who need social care simply do not receive it. The Commission for Social Care Inspection admits that social care is simply seriously underfunded (Hudson and Henwood, 2008) (http://news.bbc.co.uk/1/hi/health/7684716.stm). Concern has been expressed about the focus of support for older people at home on those whose needs are intensive (including bathing, lifting, and dressing), at the expense of those with lower-level preventative needs (cooking, help around the home, transport) despite proclamations in a range of public documents that a preventative agenda is a priority.

Gaps in the provision of social care and support inevitably arise following these rules of eligibility, gaps which tend to be filled by friends, family and the third sector or, for some groups, remain unmet.

Examples of older people falling within the four categories of need are cited in the report '*Fair access to care services: practice guidance implementation*

questions and answers', (DOH, 2003). Condensed versions of these are reproduced in Box 1 as indicative of the type of individuals and circumstances which prompt a need for social support but which, in the moderate and low need categories, are unlikely to receive statutory help. These groups are likely to become reliant on the goodwill and support of the VCS.

It is widely acknowledged that only a minority of those in need will qualify to receive support from the statutory sector;

> "*Social services have a remit to support older vulnerable people and there are older people out there, likely to be on their own or slightly less mobile, social services won't pick that up, there's a big gap there… There is a statutory Daycentre and lunch club and various activities but that's for a minority*" (Senior Community Worker, Scotland)

Box 1 – Examples of Need

Critical need

Miss D is aged 90 and lives alone. She is incontinent and suffers from osteoporosis. She cannot bathe or wash herself and there is no-one to help her. The incontinence, and her inability to properly cleanse herself following accidents, is acutely distressing and she has great difficulty in undertaking a range of other personal care and domestic tasks. Unless Miss D is helped, physical ill-health, social isolation and depression would be likely.

Substantial need

Mrs G is aged 81 and lives alone. She is becoming increasingly frail due to chronic arthritis and she is experiencing the early stages of Alzheimer's disease. Currently her daughter comes in three times a day to help her. The daughter, however, is emigrating. Without her, Mrs G probably will not be able to fully dress herself, bathe or always remember to take her medication. She needs help to maintain a healthy diet, do heavy housework, and manage her household finances. She is unable to do the weekly shopping alone, and needs reminding to lock the house at night. If Mrs G lacks help, she could develop more serious health problems, and her ability to live independently will be compromised.

Moderate need / risk

Mrs K is aged 77 and lives alone. Since a hip operation, her mobility has been restricted. She cannot do heavy housework and lacks the confidence to go out of doors to the local shops. She becomes agitated when it comes to dealing with her bills and household repairs. Her sister helps occasionally with but her availability is limited. Otherwise, Mrs K manages other daily routines adequately. Without help in the home and with the shopping, Mrs K's independence is threatened to a degree. Her sister thinks that weekly help with housework and some confidence building would help

Low need / risk

Mrs N is 66 and lives with her husband. She is physically disabled. She cannot take a bath, but can give herself an overall wash and her husband can help her get into the shower. She can manage all other personal care and domestic tasks with the help of her husband and other family members. Unless Mrs N is helped, she cannot take regular baths. Her hygiene and health are not at risk.

Reproduced in summary from DOH (2003)

A further key controversy is that when implementing the Fair Access to Care Services guidance, councils are advised to take account of locally allocated resources. Thus, individuals with similar needs are not expected to receive similar services up and down the country because, despite a common eligibility framework, the different budgetary decisions of individual councils will mean that some councils will be able to provide services to proportionately more adults seeking help than others. In addition, service provision is configured differently in different parts of the country. This permissible difference in funding outcomes has raised objections that the care system involves a post code lottery (Hudson and Henwood, 2008).

As a consequence of locally permissable differences in funding priorities, gaps in provision are likely also to have a geographical dimension, reflecting local resources, deprivation and political will.

The policy and practice gap

Critics have observed that the ambitions of the primary and community care White Paper have not been put into practice due to financial instability, organisational change and social care budget restrictions. Age Concern England (2007) expresses doubts that preventative policy objectives are being adequately resourced with ongoing, unresolved tensions between funding preventative support and the obligation to respond to immediate need. Age Concern England (2008) also warns that increasing reliance on locally sourced care holds unrealistic expectations for budget stretched local authorities. The Wanless Review (Wanless, 2006) similarly questioned the extent to which the goal of a system of preventative and home based support is being put into practice. It has also been observed that widespread tightening of eligibility criteria is leading to heavy rationing of social care.[5]

The Commission for Social Care Inspection (2008) found that as local authorities focus support on those with more critical and substantial care needs, and mainly serve those who 'qualify' for council support, older people who do not receive council-arranged support, but cannot afford to buy private services, are excluded. Furthermore, people who can afford to purchase their own care

[5] Adult care services white paper (Independence, Health and Well-being) one year on (http://www.communitycare.co.uk /Articles/2007/01/ 18/1028 18/adult-care-services-white-paper-independence-health-and-well-being-one-year.html?key=NO%20 SEARCH %20TERM% 20SPECIFIED**)** Posted: 18 January 2007.

do not benefit from information and advice about their options. Inequalities in wealth and access to resources are therefore translated into inequalities of care and inequalities of longer-term health prospects.

A 2004 study of older people in their local communities found that most got by without statutory support and were able to rely on help from family, friends and neighbours. Where individuals relied on health and social care agencies many had good and effective relationships with their carers, however " the overall impression from the study was that many older people struggled to find the assistance they required…there existed a considerable gap between the rhetoric of needs-led and user-centred health and social care provision and the reality, both in terms of the range and types of services available and the culture and practice of service delivery" (Godfrey et al, 2004: 221)

Although older people may be a target group for support, as specified in copious government documents and policy papers cited in chapter 2, in practice there are geographical differences as Local Authorities impose priorities which can disadvantage older age groups;

> "*I don't know about down South but in Scotland the priority for us … is targeted work to help young mums Sure Start programme and young vulnerable adults and children who are in difficulty with literacy and pick up their confidence and all that and its not in our remit then to support older people*" (Senior Community Worker, Scotland)

In addition, recessionary conditions are likely to put further pressure on local authorities to achieve more with less, creating serious challenges for those attempting to fulfil the preventative agenda;

> *"Everybody from the government down waxes lyrical about the preventative agenda and they all say how important it is and how much it is going to be supported … everyone talks about it and all the rhetoric is fine, but actually when push comes to shove the resources are not put into it because we're all under increasing financial pressure, we have to resource our statutory responsibilities … but in the long term it's going to come back to bite us harder …. that's a huge political challenge …we have to work within harsh realities and its only going to get worse with the next spending review..* "
> (Assistant Director for Older people, London borough council)

Costs of provision

Service charges are complex and practice differs within and between each of the four countries. Local authority social services department can charge for providing community care services. Some local authorities only charge for some services, for example, meals on wheels or home helps, while others charge for all the services they are allowed to charge for. **Charges to meet care and support needs can lead to a gap in provision for less advantaged older people**

In Scotland, the over 65s receive free personal care or personal support at home up to £222 per week[6]. Means testing is still applied for accommodation and food costs. Scotland is the only country in the UK to introduce free personal care for older people both in care homes and in their own homes. (Bell and Bowes, 2006)

Some local authority social services departments make a flat rate charge for a service, elsewhere charges may be means tested. In England and Wales, local authority social services departments must follow Government guidance when assessing how much individuals pay for services (DOH, 2003):

- Individuals must not be charged if in receipt of Income Support, income-based Jobseeker's Allowance or Pension Credit (guarantee credit only)
- Earnings should not be taken into account
- Savings and capital can only be taken into account if they are above a set limit. The value of homes should not be taken into account when capital is assessed
- In England only, if disability-related social security benefit taken into account (eg. Disability Living Allowance), the LA must assess any extra expenses incurred as a result of the disability (eg. extra heating or laundry costs).
- In Wales, allowances must be made for any disability-related expenses

In Scotland, local authority social services departments should follow the guidance about charges produced by the Convention of Scottish Local Authorities (COSLA).

[6] If assessed as needing services, the local authority will pay £153 per week for personal care, £69 per week for nursing care, or £222 per week if both personal and nursing care are required .

Individual budgets/ Direct payments

The move toward individual budgets was motivated by a recognition that older people desire greater control, choice and quality of services. Direct payments allow individuals to arrange their own community care services, instead of the local authority initiating, providing and organising these services. This shift promotes a greater role for private and VCS provision as older people are given the means to 'shop around' for the type and quality of service they prefer.

The value of any direct payments should cover the cost of buying services to meet needs. This includes any extra costs associated with organising and procuring the service, for example recruitment costs, holiday and sick pay and insurance. Individuals may have to make a contribution towards the cost of services being bought with direct payments in the same way as services arranged by the local authority social services department.

Individuals may choose whether to receive a direct payment or have services arranged by the local authority social services department. If in receipt of direct payments, individuals have to arrange their own services. Local support organisations can help with these arrangements. The National Centre for Independent Living holds a list of these organisations.

People directing some or all of their support can decide how their needs will be met, by whom and at what time. They are in control. Direct budgets are described as more responsive to needs, better at promoting confidence and self-esteem and allows individuals to do more with friends, family and community *(Scottish Government, 2008)*.

Instead of relying on the activities run at a day centre, for example, a Personal Assistant (PA) can be employed to help attend local classes, go swimming, or volunteer. Funds can also be used to provide a short break (respite), for equipment and temporary adaptations, or for housing support services. Support can be sought from from a service provider such as a voluntary organisation or care agency, or by employing PAs, or a combination of both.

Beyond the statutory provision, individuals are advised they may need additional support to organise and manage their individual budgets. The VCS play an important role in providing this extra support which might include;

• advocacy - to provide support in discussions to ensure individuals get what they need;

• communication support - to help with, for example, spoken or written communication, including where English is not a first language;

• third party person (unpaid agent) - a third party may be nominated to receive the money on behalf of an individual. They can deal with many practical arrangements.

Table 2. Service Provision for older people – types, sources and costs

	Health / Nursing Care	Personal care	Independent living support	Social Support
Examples of support	Stroke Cancer Dementia Etc	Bathing Shopping Cooking Getting dressed	Little bit of help Gardening Repairs Home adaptations	Befriending Transport assistance Lunch clubs Learning opportunities Social activities Exercise (keep fit) Drop in centres IAG
Source of provision	LA PCT Private sector	LA VCS	LA VCS Private HIA	VCS Social enterprises Self help groups Churches Private sector
Costs	Free UK wide	Wales, N.I and England: Critical and substantial need - means tested Moderate and low need - no support Scotland – Free provision	Varied costs	Varied costs

PCT : Primary care trusts, LA: Local Authority, VCS: Voluntary & Community sector, HIA: Home improvement agencies

5. Gaps in provision

This chapter explores the needs and preferences of older people and the gaps in provision and funding within both the statutory and third sectors. It is these gaps that BIG may be in a position to fill and the chapter identifies particular groups and services likely to benefit from targeted funding.

Gaps in provision may arise across a number of dimensions;

- Provision may be fairly widespread but demand outstrips supply leading to a rationed service
- Provision may not meet the needs of specific social groups (for example ethnic minorities or men)
- Provision may be widely available but expensive to those of modest means. Provision may be free for the most deprived or affordable for the more affluent. Those in the middle may fall through the gap.
- Provision may differ geographically
- Some services may simply not be widely available due to funding shortages

There is considerable potential for BIG programmes of funding to make a difference to older people and clarification of the form such funding should take, and where it should be targeted is required.

Cutting across each of the issues discussed below is the extent to which the VCS is dependent upon the available time and goodwill of volunteers and the competing demands for the assistance of volunteers from a wide range of groups, organisations and good causes. Demand for volunteers has been rising at the same time as supply has been shrinking in some areas, as indicated by interviews with staff working in the non-statutory sector;

> *"it wasn't funded and it relied on volunteers and the volunteers were becoming older than the older people ….. we were running out of volunteer helpers and volunteer drivers so it was just impossible to keep going …if I had funding I could employ somebody, I could have employed a co-ordinator and drivers…The whole nature of volunteering is changing as well so we don't have the volunteers who would have done things through the church groups or through ourselves*.." (Senior Community Worker, Scotland)

"*Getting volunteers is always a problem…..people are very busy and have lots of things to do…it's a constant battle…"* (Staff member, befriending organisation, UK)

"*We've tried to run gardening schemes with volunteers and quite honestly it's nearly impossible*" (Staff member, VCS, rural England)

5.1 What older people want

The needs and preferences of older people in relation to social engagement are diverse and often fulfilled by friends and family. Broadly speaking, most people later in life want what they wanted at younger ages – independence, feeling included, being active, participating in society and having choice. Some of these aspirations are achieved by means of strong social networks. There are many older people without networks of support however, and these individuals can become reliant on VCS provision. Even where family are local and do provide help, this support can be problematic;

*"what older people want is independence, people think its great, oh they've got their family around but family are hugely disempowering, they are very controlling and you've got to fit in with your daughter or your sons' agenda and schedule… So its about control and giving people choice" (*Chief Executive, Local Charity)

A longitudinal study of older people living in rural Wales similarly found that living in an adult child's household may lead to loneliness and indeed heighten the incidence of depression (Dunham, 1995). Interventions which encourage older people to meet others outside of the household are therefore socially beneficial (Wenger and Burholt, 2004) and can improve life satisfaction and well being (Andrews et al, 2003).

The foundations of a good quality of life in older age have been widely documented in a number of books and reports, several having emerged from the ESRC Growing Older programme of work. The latter has been summarised in Walker et al (2005) which identified the importance of;

- Good social relationships with family, friends and neighbours
- Having social roles and involvement in other activities and hobbies
- Good health and functional ability

- Decent quality home and neighbourhood
- Adequate income
- Maintaining independence and control

These elements, which have been identified as crucial for well being later in life, mirror the seven dimensions of independence highlighted as central to ageing well by the Audit Commission and BGOP (2004):

Interviews with VCS staff emphasised a preference for a variety of stimulating activities, regular contact with peer groups, keeping fit, scope for learning and, for many older people, opportunities to leave the home which can, for the less mobile, be few and far between. At older ages people want trips out, but prefer those of shorter duration, "It used to be that traditionally they would go once a year to the seaside and back, they don't want it, they like outings but they want shorter outings, just to go to a garden centre, half day outings are much more popular …something around the frailty that needs to be borne in mind" (VCS worker, rural area).

There is a sense however that the needs and aspirations of older people aged 80 and above are gradually changing, with cohort differences in the kind of social support favoured. For one interviewee, provision isn't yet meeting these evolving preferences however;

> "*We've got Whist and Scrabble and Bridge but those kind of things are for the older generation and people aren't coming to that. The Bridge Club stopped last year …I don't know what today's 80 pluses would want … it is definitely changing no doubt about it because people are more independent and they are more active for longer and they don't necessarily want to be playing Scrabble and Whist. They definitely want to be doing different things and new things, so its finding things that are social and new but not necessarily overactive or too physical* " (Senior Community Worker, Scotland)

5.2 Gaps in provision

Sources of social support available to older people in their communities are primarily provided by the independent, voluntary and charitable sectors. Local authorities have not progressed far in the direction of social support or of age proofing mainstream services; "councils have traditionally seen their

responsibility to older people solely in terms of social care provision. With the growing and changing older population this narrow focus needs to change" (Audit Commission, 2008).

In terms of social support, local authorities tend only to provide information and then refer or direct people toward VCS organised services. Support is most typically provided by means of day centres, lunch clubs, befriending services and health oriented activities. Local Age Concerns are typically the first port of call for older people seeking advice or support as they generally offer a package of broad provision and are a well known and trusted brand.

Discussed below is the role that BIG could perform in supporting groups and organisations dedicated to meeting the varied social support needs of older people. The discussion is divided into gaps in services of value to all older people and gaps in support for particular social groups within the older population.

The services addressed include;

- Age Concern provision
- Day centres
- Digital inclusion
- Public Facilities
- Transportation
- Information, advice and advocacy
- Crisis services
- Learning

Sub-groups identified include;

- People with mental health problems
- People living in rural areas
- Informal carers
- BME groups
- Men

5.2.1 Gaps in service provision

Age Concern Provision

As Age Concern is the largest and most prevalent charity supporting a wide range of older peoples' needs, the services provided by Age Concern are detailed. On 1 April 2009 the four national Age Concerns in England, Scotland**,** Wales and Northern Ireland joined with Help the Aged to create four new national charities dedicated to improving the lives of older people. Numerous Age Concern organisations have been established throughout the UK, working at national and local levels. At the national level, four Age Concern organisations cover England, Scotland, Wales and Northern Ireland. Local Age Concerns vary from small village groups to countywide organisations. In England, over 370 of the individual charities are members of a national federation. Although each is a separate registered charity working under the Age Concern banner, the federation allows members to collaborate at local, regional and national levels, to share resources, expertise and influence.

Local Age Concern charities offer a wide range of activities and services dependent on their size and local need, including;

- Information and advice – signposting and information on finance, benefits, housing, residential care
- Activities outside the home – such as day care, lunch clubs, outings, learning and leisure opportunities
- Emotional and social support at home – for example befriending and visiting services, particularly to the housebound. Many also offer advocacy and counselling services
- Personal care – Many also provide a range of support from help with bathing and dressing, to foot care, hairdressing, and the provision of mobility aids.

Age Concern and other VCS organizations struggle financially to provide a core service and therefore find it difficult to meet the demand for a diverse range of additional activities and opportunities. These challenges were detailed in interviews, as illustrated in the following excerpt;

> *"They want to be stimulated …its about one size doesn't fit all…there should be a range of things to do. The Tai Chi classes have been so amazingly successful.. ….I'd like to do more things like dance and drama, just because you're old and can't move very much doesn't mean to say that you can't …but people who work in those fields charge so much and you've got to try and find the money to pay those people for a couple of hours … and the transport to get to one of those villages its*

beyond our means. We can access this if we have the money but the County Dance company charge £120 an hour." (VCS staff. Rural area)

In practice, budget restrictions therefore mean that diversity of provision is missing and the approach to social support can struggle to offer anything new, "there's so many wasted opportunities because they do everything so conventionally" (VCS staff. Rural area). One London borough has recognised the importance of responding to individual preferences and of offering choice and variety. As a consequence they have provided their local Age Concern with 'a significant level of funding' to organise and deliver a broad based programme of activities;

"another programme we have here which is accessible to all is Active Days which we fund Age Concern to provide … its not about us imposing a model on older people its about us funding Age Concern to have an Active Days project officer that goes into communities and asks communities to identify a project they would like to have supported and we will support that projects delivery … we support 30 odd projects at the moment.. benefiting 1800 older people this year .. which can range from healthy walking initiatives in the parks right through to cooking programmes, how to cook with lower fat .. in the Asian community for example.. art trips, gardening" (Assistant Director for Older people, London borough council)

There remains scope within this model for BIG to provide further funding and support to expand the programme or help graft similar schemes elsewhere within the UK. The statutory sector fund the staff necessary for outreach and organisational purposes but users and participants are charged or subsidised for each activity.

Day / Social Centres

The social model of adult day care emphasizes supervised group activities such as crafts, gardening, music, and exercise. Participants in this model may require some assistance with the activities of daily living (e.g., eating, bathing, dressing) but they generally do not require skilled nursing care[7]. These social programs often provide transportation and a midday meal for participants, as

[7] Local Authorities can provide, in addition, Day Centres for individuals with high level needs, attendance at which can giver carers a break.

well as caregiver support groups, information and referral services, and community outreach programs.

Day Centres are largely self-financing, although some LA core funding is often provided, but membership fees are usually payable. Day Centres function on a neighbourhood basis, therefore a centre will only invite local older people to become members; this encourages a sense of community and prevents lengthy journeys.

Requests for day centre places are taken from a variety of sources, including Social Care and Health departments, the Health Authority, GPs, family, friends and individual people themselves. Waiting lists are not necessarily handled on a 'first come first served' basis, but on need and availability of a suitable place. Some Day Centres also have private places available. Day Centres run by Age Concern and other voluntary organizations do not however fully meet demand, as noted by one Chief Executive in a South East branch;

> *"To access the day centre there is an element of assessment that goes on because there is a capacity issue, we have to manage it in that sense…. at the end of the day what we don't do here, we can't do it, is allow the same people to come every day because that excludes everybody else. People aren't allowed to come more than 2 days a week"*

Given that such provision is rationed, there is clearly a gap in supply and therefore a gap in a wide range of services provided by Day Centres. Service level agreements with local authorities contribute to overall costs (40 per cent in the example above) but the remainder of funds come from grants, trust funding, fund raising and charges for services (£9 per day in the example above). BIG and other grantmakers play a critical role in supporting such VCS activities.

Social resources are highly valued, and can help to counterbalance a lack of financial resources (Hill et al, 2007). Of particular value is support for schemes that provide multiple services, for example social/recreational activities, befriending schemes and advisory /information services. Centres which provide a focal point, perhaps providing a 'drop-in' environment can help to meet the multiple needs that arise in disadvantaged communities and may serve as a hub for a variety of projects. One Senior Age Concern member of staff also added health to the list of services which could, and in his view 'should', be

centralised in a ‘one-stop-shop’ environment which is comfortable and familiar for older people;

> *For us, we’ve got a clinic downstairs, we could do a lot more around health ..the way health works at the moment is all wrong. I’ve got 100s of older people here, who, you could argue, I’m a holding area for A&E because gradually one by one there is a trickle going away, So why isn’t health coming to me? So when you do your health screening, your blood pressure checks whatever, these people have to make their own way individually to GPs. Why can’t GPs and nurses come to where they are here? Ultimately statutory services are designed around providers …most people do not want to go to their GPs and go there as a last resort, why? Why can’t they access that another way? I think its outrageous that older people are messed around ... I think if you get to a certain age it should all be at your feet really. The last thing you should have to do is worry about anything. But they do”.*

Having centralised access to all services, including some elements of health, would be an innovatory step as systems are not currently set up in this way for the majority of older people.

Some commentators are critical of day centre provision suggesting that social support should originate in day to day settings rather than by cutting people off in entirely separate institutions; “Taking an older person to a day-care centre, for example, means taking them out of their homes, detaching them from their everyday relationships and belongings, ferrying them in special transport, condemning them to socialise exclusively with other people like them. A different approach would start from the assumption that people are better off in the long run if they are in their own homes, with relationships that can support them” (Cottam, 2009). Evidence also suggests that for some older people Day Centre attendance can exacerbate feeling of loneliness (Wenger and Burholt, 2004).

On the other hand, for the 80 plus in particular, having a focal hub of activity can be highly valued;

> *“people do want more diversity but they still want facilities that are dedicated for their needs that will support them. Because what older people want is independence, people think its great, oh they’ve got their family around but family are hugely disempowering, they are very controlling…. So its about control and giving people choice so I*

do think there needs to be dedicated space and facilities for older people." (VCS Chief Executive)

Other studies have similarly encountered a diversity of attitudes toward Day centres, although some criticisms reflect variation of standards and quality which could, in principle, be resolved; "others spoke of the increasingly narrow range of activities on offer at centres and the fact that for men in particular there was often little that catered to their interests…for some…their need for companionship was not likely to be met in a Day Centre as they were 'not that type of person' to enjoy organsied social activities" (Godfrey et al, 2004: 186)

There is a clear need for different models of social support and variety within Day Care settings, to reflect heterogeneity of personalities, health and preferences. BIG can promote such diversity by supporting a large number of different project and organisational types which are dispersed geographically and which, collectively, provide a wide range of options.

Accessing mainstream facilities

Day Centres are not suitable for all older people, many of whom prefer a less formal and less organised setting. Innovation organisation 'Participle' (http://www.participle.net/) is therefore seeking to promote access to the 10am-3pm daytime economy in response to unmet demand for private services for leisure, learning and socializing. Replacing traditional day services with opportunities to access mainstream community activities was also a goal for a pilot programme in Worcestershire (http://worcestershire.whub.org.uk/home/wcc-social-winn.html)

Some of the obstacles faced by older people wanting to participate in mainstream activities were described however by a VCS worker;

"..we've got all this free swimming but the problem we have with our swimming pools is that people aren't allowed to take their walking stick or frames from the changing rooms to the pool side for health and safety so how do people get there and when I challenge the swimming pools they say oh send them to the disabled sessions because we can help them but they don't consider themselves disabled..they don't want to go to the disabled sessions because they're perfectly capable"

Private sector provision of leisure and health services need to be made aware of the potentially small changes that could be made, to make a big difference to opportunities for participation among older members of the community. There may also be a role for GPs and social workers to encourage and motivate older people to participate in mainstream activities. One Community Worker in Scotland highlighted the difference made by a local GP;

> *"…I know a lot of older people go swimming first thing in the morning, apparently that's because the GP tells them to go swimming if they come in with anything, he's a great one for sending them over to the pool, its packed, its lane wars in the morning, so that's a GP that's aware ... so even making the Sports Centre aware it might be possible to have an over 60s outreach programme…*" (Senior Community Worker, Scotland)

Older people who are less mobile can become housebound. Statutory services will help individuals around the home but rarely have the time to take people out. As indicated in section 2.1 above, lack of support to venture out is widespread, with 23 per cent of older people in Northern Ireland, for example, not receiving the help they need to leave their home. Support can be purchased, for example to be taken out shopping, but these services are quite expensive (£22 per for two hours in one county in the South of England). Solutions need to be found to overcome this form of neglect, as the cost of assistance is prohibitive for many older people who may simply want to access a park or look in a shop;

> "*Shopping was another thing that came up quite a lot, a group of people were telling me about getting to the shop and to banks, getting money is really really difficult for people [and] ….the opportunity to go somewhere different , opportunities to just go out, especially in the spring to see the daffodils and bluebells is something that comes up time after time ….. all the services come to their home but the girls come in and go out so quickly but actually what is happening there is they are being confined to their home because there is no opportunity to get out* " (VCS staff, rural area)

Access to mainstream facilities is one of the main gaps in provision facing older people, which can lead to a diminished quality of life. More support for groups and projects which help older people to leave their homes and participate in everyday activities and leisure

pursuits is therefore needed. This is an important role that BIG could fulfil.

For many older frail people, one-to-one support is needed to facilitate access to the outside world. But for the majority of older people, this degree of assistance is not necessary and for these individuals mutual support groups can improve quality of life. It is increasingly recognised that given budget restraints and an aversion among some older people to accept formalised public service care, self-help solutions can be a good long term and self sustaining alternative. Southwark Circle, formed in 2009 is one such self help group (described in the Box below). The philosophy driving the Southwark Circle is based on a recognition of individual capabilities which can be harnessed to benefit the community at large. Well being is promoted by social connections and "the most effective strategies to reconnect older people to relationships are not services that deliver something to them and then leave, but small, peer-to-peer group activities in which they can engage. Older people prefer to remain independent and want to be able to feel useful, giving something to a reciprocal relationship. Their esteem often rests on being able still to contribute as well as receive" http://www.participle. net/ projects/view/5/101/ . The self-help, mutually supportive approach also goes some way to alleviate problems associated with finding and keeping adequate numbers of volunteers.

Southwark Circle

Southwark Circle is a self-help group designed to support older people who may be lonely, often live alone and who "sometimes go days without having a proper conversation with someone". Southwark Council have invested in the group which aims to become a self-sustaining social enterprise, combining paid-for services with unpaid mutual self-help. The group was launched in 2009 by going door-to-door to recruit people who would both contribute time and effort to help others and receive services in return.

£30 a quarter for membership pays for a central volunteer run telephone service which forms the hub from which a variety of mutual support activities are created by putting older people and neighbourhood helpers in touch with each other. Members help each other in a wide variety of ways such as teaching language skills, providing ICT support, helping with odd jobs around the home and social networking. The self-help nature of the group provides the kind of support that many older people need by expanding their opportunities to contribute and to connect. A sense of purpose is thereby engendered. The project reflects a re-focus away from public services and toward the social economy.

Rather than focusing on the 10-15% of older people who require social care services, Southwark Circle promotes activities which are aspirational and fun, improve wellbeing and which "build on capabilities and aspirations, rather than assuming that older people have deficits, failings and needs".

See: http://www.southwarkcircle.org.uk/

Befriending Services

The National Mentoring and Befriending Foundation (NMBF) was launched in July 2005; the Home Office is now looking to expand the national structure of the Foundation throughout the nine Government regions in England. It has allocated funding to the Foundation for five coordinators in the remaining regions to provide guidance and support for mentoring and befriending organisations. The Government aims to develop a more integrated approach to mentoring and befriending in Government policy.

Examples of Befriending organisations include *Contact the Elderly* which has 4,500 volunteers in operation throughout England, Wales and Scotland. Local Age Concerns also often provide befriending support to their communities. The scale of need for this type of support is clear from the fact that the NMBF is currently in contact with over 3,000 Befriending projects in the Voluntary and Community Sector – a figure which is rising as mentoring and befriending "becomes increasingly seen as an effective way of tackling social exclusion" http://www.mandbf.org.uk.

Funding for Befriending organisations tends to come from charities, trusts and foundations with small amounts of extra money from Local Authorities. Small sums of additional money can make a big difference though. In Buckinghamshire the Local Authority has paid for one Development Officer to support *Contact the Elderly.* As a consequence they have been able to increase their number of befriending groups in the county from 1 to 20.

Despite developments there remains considerable unmet demand for social networking and befriending support. Interviews with VCS staff suggest that demand for Befriending services in a variety of forms is high with considerable geographic variation;

> "*what we do, we do in a restricted number of locations….the need is absolutely huge … it is an increasing problem not only with numbers but with families not being as geographically close so…the need for this sort of thing is tremendous, there's nowhere near enough provision of this sort of social activity…which is about bringing people back into the local community. The more informal the better….. "(Member of staff Befriending organisation)*

Social support which promotes social networks and undermines social exclusion needs not only to be more widely available but also needs to reflect heterogeneity of need, preferences and personalities. Diversity of provision is therefore key;

> *"We are asking our volunteers to really be friends with older people. The difference is it isn't only one to one, it is in a group…the advantage is, no-one has to do anything if you're feeling shy or tired, you can just sit there and enjoy just a meeting of friends…..there's no huge expectations… Some like Day Centres, others don't, some like more one-to-one support. So variety of provision is important….We need to offer a whole variety of things that suit different people at different times….." (Member of staff, Befriending organisation)*

Befriending groups also need to be adequately funded for outreach activities as older people do not necessarily recognise that they are isolated or that their networks could be expanded. Interviews with VCS staff working with older people highlighted this point and indicated the extent to which the 80+ group can be particularly vulnerable;

> *"Most people in that age range don't feel that they are lonely and isolated …older people themselves don't recognise it and when I looked at our befriending services its quite interesting , the vast majority, almost 90% of referrals have come from either family or professionals ….For me that's one of the big issues, individuals themselves aren't seeing it…..And if you think about the effects of loneliness, lack of care lack of interest, leading to depression, lack of interest in food, it is a spiralling effect….The later bereavement happens the bigger the effect it has on you…in their 60s they adjust more easily to being on their own than in their 80s" (VCS staff, rural area)*

From a small input of time and resources, far more can emerge as mutual support develops and multiplies. It requires some money to organise but;

> *" the informal social activities always lead to more…we do one Sunday a month but what grows out of that because its about friendship is multiplied a huge number of times…… because our volunteers are friends with the older people and with each other they do form this community so that they help each other and they talk to each other between the meetings, the older people have people of their own age that they can give a call to on the phone and so it creates a network of*

support and revives something that had disappeared"
(Member of Befriending organisation)

Digital inclusion

Lack of information and communication technology (ICT) knowledge and limited access to the internet make older people particularly vulnerable to some types of social exclusion, including community and government information (with a growing push towards e-government) and services such as on-line shopping (Richards et al, 2006). A report by the Social Exclusion Unit, *Inclusion through Innovation: Tackling Social Exclusion through New Technologies* (SEU*,* 2005*)* sets out how mainstream public services including education, training, health, employment, benefits and housing can be made more accessible through innovative technologies like the internet. A Silver Surfers group, organised by older people, is encouraging wider use of the internet, while The Alliance for Digital Inclusion and the digital inclusion charity 'Citizens Online' promote the use and recognition of ICT as a key means to social inclusion. **BIG has played a role in the provision of equipment, facilities and training through the People's Network and CALL programmes. The Peoples Network provided public internet access in libraries across the UK. CALL was introduced in 2000 and aimed to address lack of ICT skills, access and confidence among disadvantaged groups including older people**. **Demand for funding in this area is likely to remain high.**

Home computer ownership declines with age and the chances of owning the technology are severely reduced by low income. Among the richest quintile in the 50-59 age group, 90 per cent have a computer, compared with 48 per cent of the poorest. This reduces to 41 per cent and 8 per cent respectively among those aged 75 and over (Banks et al, 2006). Low income families are doubly disadvantaged therefore as there are often significant cost savings on purchases made over the internet. Men in all sub-age groups are consistently more likely than women to have computer access. In Wales just 15% of those aged 65 or over have internet access. Age Concern estimates that 14 million in the 50+ age group are 'digitally excluded' and more than half of those over 50 do not have access to a computer at home or elsewhere (Aldridge, 2006). A number of obstacles facing disabled and older groups relate to the costs of the technology, training and support and the availability of assistive devices (Pilling et al, 2004).

Discussing the issue of shopping difficulties among the 80+ with mobility problems, one interviewee acknowledged that technology could be useful to offset the cost of assistance but also expressed reservations about over-reliance on the internet;

> "*People on Pension Credit pay £6.75 per hour for shopping support or £12.50 per hour for those who can afford to pay. Perhaps you could pay someone to go round with a laptop and see somebody regularly ..we did think of looking at that …. but what worries me more is that still encourages people to stay at home and what we really want to do to break the downward spiral is to get people out of their homes*" (VSC staff, rural area)

Qualitative research by Sourbati (2004) examining internet use among older people living in sheltered accommodation similarly found that tenants were averse to the idea of online health and social care services, which they perceived as limiting their social contacts and risking isolation.

There remains considerable scope for BIG to support projects that promote IT ownership, skill development and digital inclusion among older people. ICT can be invaluable for the less mobile who can use email to keep in touch with friends and family around the world, can shop online and can use technology for learning, entertainment and information purposes. Provided support is also available to help older more fragile people to leave their home on a regular basis, ICT can promote social inclusion.

Public spaces and facilities

BIG may also have a role in improving public spaces and related infrastructure for older people. Quality of life in the community is enhanced by public spaces that are accessible and welcoming. Research by Holland et al (2007) found that different age groups tended to use public spaces at different times of day and for different reasons. Older people were frequently absent from public places, especially after dark, due to inadequate security and transport. Older people expressed concerns about their personal safety at night and did not feel that the bars and clubs culture was suitable or of interest. Jones et al (2007) similarly found, from a study of local high streets, that public spaces are often dominated by traffic, are devoid of greenery and lack seating and public toilets. These problems are alienating for older people. In order to encourage a wider

spectrum of the community to take advantage of public spaces the researchers suggested more widespread provision of seating, lighting and toilets. Provision of social activities suitable for a broader age range would also encourage older people to enter public arenas at a wider variety of times, and enhance the role of community spaces as a medium for social cohesion.

Of interest, given moves to promote intergenerational reciprocity and social activity, Holland et al (2007) observed very little interaction between generations, with different age groups actively avoiding contact and living very separate public lives. While government policy is keen to regenerate neighbourhoods by means of carefully managed and sensitively designed public spaces, an investigation of city developments by Mean and Tims (2007) suggests that a more organic evolution of space may be preferable. They argue that, while a tightly managed process of development may yield 'cleaner, safer and greener' environments, this is no guarantee that such a space will be attractive for all social groups, many of whom may favour a less regulated approach and more free space in which to roam

Local community projects designed to improve communal spaces, public facilities and accessibility would benefit older people. While much activity devoted to enhancing the public environment is the responsibility of Local Authorities the VCS can and do get involved in very localised public space projects and BIG has granted large sums of money to such schemes over the past decade within several programmes including the allocation of large numbers of grants for the improvement and updating of buildings such as Village Centres and Parish Halls. In principle, larger scale urban projects could also be funded where clear benefits to older people were evident.

Support for capital projects which provide dedicated facilities for older people may also be worth consideration. While financial backing to improve and adapt Village and Church Halls can benefit older people who use such facilities, it should be noted that these centres can be costly to rent for older people groups and may not be suitable for those with hearing problems;

> "*with many of the Church halls and Village Halls being so tall the acoustics are so appalling if your actually wearing hearing aids . We moved our Forum, we found a Hall and thought this is absolutely fabulous with loos, good access, lots of car parking… but we could*

only use it once because everybody complained they could not hear anything because of the acoustics of the Hall …and it sometimes really galls me because I know of Church and Village Halls that are empty all day and then when I try and book them for Tai Chi they charge me £15 an hour which is a ridiculous price" (VCS staff, rural area)

Based on a study in three urban neighbourhoods of Glasgow, Day (2008) has identified 5 dimensions of local outdoor physical environments which can support or challenge older people's health, these are: cleanliness; peacefulness; exercise facilitation; social interaction facilitation; and emotional boost. Day concludes that the well-being of older people can be improved by means of environmental planning and design.

Gardening support

Support for projects with a focus on gardens and allotments may also be warranted. Milligan and Gatrell (2004) explored the role of gardens and gardening as a source of comfort and of emotional, physical and spiritual well being. Their findings highlighted the sense of achievement, satisfaction and aesthetic pleasure that older people gain from gardening activities but also emphasised how the ageing process requires increased support to garden both at home and on allotments. Milligan and Gatrell conclude that communal gardening on allotment sites create inclusionary spaces in a mutually supportive environment that combats social isolation and contributes to the development of social networks and well being. Despite the benefits of gardening and gardens one interviewee explained how, in practice, little support is available for older people in this area due to costs and a lack of volunteers;

"Gardening is a big issue and people feel very precious about their gardens.. we want to persuade older people to adapt their gardens to meet their needs… to use raised beds and maybe gravel…is there some way to encourage older people to think slightly differently, they can't afford to pay gardners because they charge a lot of money…We find it very hard to get money to fund gardening schemes.. gardening isn't part of Handyperson schemes, its more about grab rails, home adaptations, safety. ..We've tried to run gardening schemes with volunteers and quite honestly its nearly impossible …you'd need somebody who knew what they were doing. Its worse in the rural areas and its heartbreaking for them ..they've probably worked on their gardens most of their lives, they can't keep it up to scratch but with a few small changes they could keep their

interest up…but I haven't seen anything that would tell us how to do that" (VCS staff)

A new project set up in a London borough in April 2009 represents an innovative approach toward gardening which aims to help older people both with their gardens and with social relationships. The scheme is designed to match older people with a garden to other individuals on allotment waiting lists who would like access to a garden. A relationship between matched pairs is thereby fostered. The project is too new to have quantified outcomes but the Box below is a quote from a London borough Assistant Director for Older People who described the project in some detail.

Gardening oriented projects represent a key gap in provision which BIG could support to improve quality of life. With an emphasis on volunteer support or mutual help arrangements, gardening related initiatives need not be expensive to sustain and small sums of money may go a long way toward developing or expanding projects in this area.

London borough gardening project

"A gardening project we got … one of the problems that older people tend to have when they are living at home still is they lose the ability to look after their garden which is one thing they really cherish … so gardens become overgrown, they become dangerous and that all adds to social isolation and decline. At the same time, you'll find in lots of urban areas we have an allotments waiting list, people are desperately trying to get an allotment but can't get one. So we've just started a project, again with Age Concern Wandsworth funding an officer for 2 or 3 days a week to link up people who are on the allotments waiting list .. with an older person who has got a garden and they go and look after an older persons garden. The principle is they then build a relationship with the older person, they go around, they help them look after their garden and they can grow things that they want or that the older person wants and it works on so many levels for both groups" (Assistant Director for Older people – London borough)

Transport

Public transport is of critical importance to older people within the pension age population and an identified cause of social exclusion in later life. An estimated 91 per cent of single pensioners and 53 per cent of pensioner couples do not own a car (ODPM, 2006). Access to private transportation is significantly lower among older women. 17 per cent do not use public transport due to poor health, inconvenience or because it is too expensive. The availability of appropriate transport therefore remains an issue, particularly in rural areas, where older people make up a greater proportion of the population than in urban areas (Age Concern, 2006). Three quarters of Wales for example consists of sparsely populated rural areas, and as such they tend to have less frequent public transport services severely limiting mobility and risking social isolation.

Within Wales, 40 per cent of all households without a car feel their local bus service fails to meet their travelling needs to local town centers or shops, while around 65% believe it is inadequate for travel to their local hospital – of particular concern to older people who are socially isolated (Age Concern, 2009). In addition, when using public transport some older people struggle to gain access as many services have not been adapted sufficiently for people with disabilities or mobility problems, or, for example, bus drivers are insensitive to older people those who need longer to climb aboard or exit (Welsh Assembly, 2009). Public transport is a key concern throughout the country for both urban and rural dwellers, as noted by a recent Audit Commission review of support for older people; "..in rural areas older people say that there are not enough buses. In urban environments fear of anti-social behaviour and crime are the chief concerns. In all areas older people say that bus drivers are not mindful of their needs" (Audit Commission, 2008: 56).

Local authorities are now required to review quality and accessibility of services as they affect older people in a five year transport plan. Concessionary fare schemes deal with only some of the barriers facing older people though. Journey routes, mobility problems and rural distances can cause additional

difficulties throughout the UK (Scottish Executive, 2005, Age Concern 2001, Gaffron et al, 2001, Hine & Mitchell, 2001) and many older people are also reluctant to use public transport because of safety concerns.

A number of schemes have been introduced to promote the accessibility and affordability of transport systems. It is recognised that dependable transport options, close at hand, are critical for older people to remain independent, safe and able to participate fully in community life. In Great Britain, all adults aged 60+ are entitled to free off-peak public travel. But concessionary fare schemes deal with only some of the barriers facing older people. Journey routes, mobility problems and rural distances can cause additional difficulties (Scottish Executive, 2005; Age Concern England, 2001; Gaffron et al, 2001; Hine and Mitchell, 2001; Buchanan, 2004). In the 2004 Annual London Survey, 25 per cent of people aged 65 and over viewed personal safety as their prime concern in relation to public transport. Poor lighting, isolated bus stops and stations and fear of harassment or anti-social behaviour all contributed to an aversion toward public transport systems (Greater London Authority, 2005).

Community Transport Schemes are designed to provide a more flexible approach to transportation needs. For example 'Dial-a-Ride' or 'Ring and Ride' programmes provide door-to-door transport, but criteria for accessing these schemes can be restrictive and there are considerable geographical variations in such provision (Botham and Lumley, 2004). As observed by one interviewee;

> *Social services are cutting back on transport. Boroughs are millions over-budget and looking for cuts. Transport is the first to go. Taxi cards are still handed out but they have a limited amount of money* (Occupational Therapist, South East England)

Most transport schemes depend on volunteers who either use their own cars or larger vehicles owned by charities. A survey of charity workers revealed that the costs of purchasing, running and maintaining transport facilities were a significant barrier to service provision (Botham and Lumley, 2004). Charities require considerable support to continue providing this critical service;

> *"Transport, that's a massive area where people are excluded, we had 3 mini buses we've gone down to 2. That costs me £75,000 a year to run. If I charged people the true cost of*

coming here every day I would charge them about £38 a day. You've got to fuel it, pay drivers, do training, get them CRB checked, safety…"(Chief Executive, charitable organisation)

For many older people, adequate and affordable transportation is a prerequisite for access to community life. A study of older people without private transport found that for important trips such as shopping or hospital/GP visits alternative means of travel were found but discretionary leisure or social trips were often forfeited (Davey, 2007). Attendance at arts and cultural events declines dramatically after the age of 60 (Fenn et al, 2004), primarily due to health problems and lack of transportation (DWP, 2005). Interviews with individuals working with older people also emphasised the importance of 'appropriate' transport;

"*Thinking of Day Centres, they are often put off from going to these places, a minibus would go and pick several of them up but a 5 minute journey could take half an hour because you're collecting so many people and then the journey back and they're not terribly comfortable …what people were saying was about appropriate transport ..tokens for taxis, more local and personalised to them…We've got a very good Mobility Service here where people can come to the city and pick up a scooter and why can't they be in villages? Why can't people get a scooter delivered to their home if they want to go out to an activity, there could be a hire option, share a scooter, it doesn't always have to be a car…if you had a few local scooters…but they are very expensive to buy, but if people could hire it for the day …*" (Rural VCS staff)

Learning

The life-long learning campaign supports older learners in continued training and education. Older people benefit from learning new skills, increased self-esteem, social interaction and self-satisfaction with meeting a challenge. In Learning to Grow Older and Bolder (Carlton and Soulsby,1999) it was argued that the benefits of active learning in the third and fourth age help people to remain independent for longer. Older people desire the opportunity to pursue a range of activities and hobbies and opportunities to learn continue to be particularly popular;

"…there was a huge emphasis on learning new skills, computer things came out very strongly and we've just run a taster course and we've been oversubscribed 10 times ..they're 70 pluses that

responded…the local school wrote the programme….it's a very basic introduction to the computer and email…" (Rural VCS staff)

The manner and location of learning are however important to older people. As was highlighted in chapter 5, libraries are one of the few locations that older people continue to visit in large numbers later in life. They are also the favoured location for learning for many older people and ensuring they are adequately resourced is therefore critical for well being and ongoing opportunities for development;

"the people don't want to go to the local college, they want things to be in places that they feel comfortable with …they were happy to go to the library but not happy to go to College ..where would I go when I get there somebody said, libraries feel comfortable to people" (Rural VCS staff)

BIG has invested large sums in libraries over the past few years, primarily within the Community Libraries (England) programme. BIG identified libraries as playing an important role for communities and funding opportunities were provided in order to invigorate libraries as centres of community learning to meet the needs of all, including older people. There remains scope to further fund libraries to support older people in their quest for knowledge, stimulation and other activities that can be located in a library setting. Facilities need to be adequate as does space, access and location, with localised provision important for older members of the community.

Other BIG programmes which have supported learning among older people alongside other age groups include Community Access to Lifelong Learning (UK). This scheme funded the development and running of a nationwide network of ICT learning centres which were established in a wide variety of locations from traditional places such as colleges and community centres to the more imaginative including shops and pubs. In addition, websites providing learning opportunities were also established. Peoples Network (UK) was another valuable scheme which funded libraries up and own the country to provide computers with internet access. 24,000 new PCs were installed throughout 4,000 libraries providing people with email accounts, internet connectivity and the ability to produce CVs etc.

Further support in this direction would be welcomed as learning opportunities are particularly beneficial to the well being of older people. In a review of measures that target social isolation and loneliness among older people, Cattan and White (2005) found that educational and social activity group interventions are the most effective means of alleviating social isolation and loneliness. The effectiveness of home visiting and befriending schemes on the other hand remained unclear in their study.

Information, advice and advocacy

Information, advice and advocacy are essential for older people to be in control of their lives and to access the services and support they need. To determine whether councils provide timely and accurate information on a range of issues, the Audit Commission conducted a 'mystery shopper' evaluation in 2007 in 49 councils across England. Older people contacted the Councils to enquire about transport, volunteering and learning opportunities, leisure and social activities. The study found that older people; "were commonly referred to adult social care, despite having no care needs, they needed to probe for information in over 80 per cent of calls overall, more than two-thirds of councils referred them to a website without checking if they could access it; fewer than a third offered to send literature in the post" (Audit Commission, 2008: 24)

Information, advice and guidance (IAG) is also required to support people during significant life changes associated with later life, such as retirement, bereavement, selling assets, and moving which can require specialist knowledge (Dunning, 2005). Advocacy, though associated with basic needs such as housing, social services, pensions and benefits, also extends to travel, community involvement and leisure. The Older People National Service Framework mandates that each local authority appoint an Older People Champion to represent and uphold older people's rights in relation to choice and quality of services (DOH, 2003). Because advocacy requires independence from other sources of funding such as local authorities, it is a key area where BIG could make a contribution.

As local authorities and statutory provision is further rationed, advice and support from the VCS is increasingly needed to fill the gaps as noted by one respondent;

> "*Advice services are critical. Individuals are increasingly expected to take responsibility for themselves and therefore depend heavily on*

*advice and guidance as to where to go to get the support, assistance and services for themselves". (*Occupational Therapist, South London)

Yet for many older people it remains unclear where to go to receive quality IAG services;

"*We see there's a lot of gaps, a lot of issues about not knowing where to go for advice and information*" (Advice organisation staff)

Research suggests that meeting the needs of older people is dependent in part upon the sources of support and information available (Willis and Crow 2007). Older people seeking information, advice or help are most likely to contact family, friends and neighbours or their local GP or nurse. Alternatively, members of staff known by name in key community organisations are also an important source of information. Hence, in an evaluation of a LinkAge Plus pilot which had introduced a team of 'Village Agents' throughout Gloucestershire, it was noted that "it would be a good idea for older people to be able to contact someone they know and trust within the community for help and advice. Such people included contacts at the church, parish council or local group or organization" (Willis and Crow, 2007).

In terms of BIG funding priorities, effective IAG projects are likely to be small scale, based in communities where key individuals or groups have knowledge of their local population and can form relationships based on trust and familiarity. These complement more distant and anonymous sources of help. While there is an important role for the latter (with SHOP[8] representing an excellent example in Scotland), many of the older old do not access information in this way (hence the high incidence of unclaimed Pension Credit) and information will sometimes need to be taken to older people.

Crisis services

In a previous study of older people's needs (Barnes et al, 2008) older people themselves identified a lack of services, other than those intended to provide for a crisis or emergency, during evenings and weekends, and yet these were sometimes the times when it was felt hardest to cope with social isolation and a lack of planned activities. A recent report by The Healthcare Commission[9] noted

[8] Scottish Helpline for Older People – a telephone and internet based information service
[9] Replaced by the Care Quality Commission in April 2009

that most trusts investigated "were struggling to make progress, and older people were denied access to the full range of mental health services that are available to younger adults. In particular, there was poor access to out-of-hours and crisis services, psychological therapies and alcohol services" (The Healthcare Commission, 2009: 5).

In a similar vein, one social worker commented on ageism and a lack of expertise leading to denial of crisis services for the 65+;

> "*We had a meeting with our crisis team a couple of weeks ago. There is a general perception that they don't like taking referrals for over 65s. …they don't accept any referrals for anyone with any kind of organic mental illness namely dementia. The explanation is that no-one in the teams have any experience or knowledge of working with 'these kinds' of mental disorder. Even with functional disorders… I've had less than helpful responses to requests to refer – even within the 'just passed 65 with no sign of dementia' type of situations…What was actually explained at the meeting ….is that they receive no funding for catering to the needs of over 65s so any referrals that they do take from us are just as 'favours'.* (Posted: 31.3.2009) (http://fightingmonsters.wordpress.com/2009/03/31/crisis-and-discrimination/)

There is also a need for services which can help older people with key transition periods, such as bereavement, moving house, the onset of ill-health, moving out of hospital, or moving into residential care. Previous research has demonstrated the value of support services during such transitions (Parry et al, 2004; Hill et al, 2007).

Bereavement support is particularly important among the 80 plus for whom the impact can be more devastating;

> *"The later bereavement happens the bigger the effect it has on you…in their 60s they adjust more easily to being on their own than in their 80s*" (Rural VCS staff)

5.2.2 Gaps in support for particular sub groups of older people

The literature addressing the needs of older people and the perspective of several interviewees identified some key social groups for whom support is patchy, missing or inappropriate.

People with mental health problems

Mental health problems are not an inevitable part of the ageing process and most older people enjoy good mental health. A significant minority of older people do however succumb to despair, malaise and depression. People over 65 are more likely than younger age groups to have the risk factors that can exacerbate mental health problems, including, social isolation associated with living alone or bereavement, poverty and ill health. These circumstances can lead to a decline in social networks, a need for care and support and loss of a sense of self worth and purpose. Failing health can also precipitate a reduced quality of life (Age Concern, 2009). An Age Concern (2006) report, based on hundreds of interviews with older people, provides detail on what promotes good mental health and well being at older ages. 5 key areas are identified as critical;

- Older people wish to be free of discriminatory attitudes
- Participation in meaningful activity, and having a sense of purpose and belonging are important, yet the report observes that older people face barriers to participation in many areas of public and private life.
- Social integration by means of supportive relationships with other people, family and friends, or pets. Spiritual faith and belief can also be a support.

Despite one quarter of the 65 plus having depression which is severe enough to impair quality of life, mental health at older ages is not well supported; “It is widely acknowledged that the mental health and well-being of older people has been neglected across the spectrum of promotion, prevention and treatment services…..{and} support for mental health remains ‘severely under-resourced” (Age Concern, 2006).

Good mental health in older age is associated with staying active and maintaining a sense of purpose, regular contact with friends and family and maintenance of good physical health (Crown, 2006). **Social support is therefore clearly fundamental to mental health and well being and it is within this realm that BIG is most able to make a difference as this type of support is primarily non statutory, low cost and locally based.**

Dementia

Currently one in five of the population aged over 80 is suffering from dementia (around 700,000 people) (Knapp & Prince, 2007). This figure is predicted to reach 1 million by 2025 and 1.7 million by 2050 (ADASS, 2008). Projected service needs for people with dementia are therefore a primary area of concern.

Issues of isolation and loneliness of older people, especially those with dementia, were raised in a study of the support needs of older people in Scotland (Bell and Bowes, 2006). Individuals with dementia and their carers described the difficulties they faced in getting out and about with a perception that people with dementia are 'sometimes shunned by others, as a stigma was attached to the condition' (Bell and Bowes, 2006).

The needs of dementia sufferers are broad and resource intensive and are largely the responsibility of the statutory sector. Nonetheless, BIG may have a role to play in supporting carers, and in making services accessible to people with dementia. One innovative approach to supporting those with dementia and their carers are Alzheimers cafes which have been set up around the UK (see Box).

One interviewee suggested that support for dementia sufferers and their carers should in fact be prioritised by BIG, as funding for VCS provision in this area is in very short supply and has the potential to make a significant difference to those with dementia and their families;

> "*There's a huge need on dementia, we've got the national dementia strategy, we're trying to implement that at a local level from the development of a memory clinic through to providing support to carers and dementia sufferers to have social engagement with pop in through a number of cafes we have here. The funding for those cafes for social interaction is very difficult. If there was one specific area for the 80+ I would say, the dementia strategy is all very well but there are no resources to fund it … any money to support dementia cafes, that would be hugely useful …that's going to be one of the biggest areas of growing demand. We've got two, the poppy café and the sunflower café (but) they only open on a Saturday morning .. it's a funding issue*" (Assistant Director for Older people, London borough council)

Alzheimers Cafés for carers and cared

There are 5 Alzheimers Cafes in the UK. The cafés host monthly gatherings where those with dementia and their family and friends can be together in a safe, welcoming environment, in the company of other carers, volunteers and health care professionals. These settings provide emotional support, education and are a source of social interaction. They are a forum for carers and the cared for to exchange experiences and lean more about the illness with guest speakers, entertainment and other activities.

Advice and support is also available from visiting professionals and community psychiatric nurses who regularly attend the evenings. The most recent café opened in Staffordshire in 2008 - developed by the Carers Association Southern Staffordshire (CASS) and funding for three years has been received from Staffordshire County Council and South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Rural residents

The 65+ age group represents 18.3% of the rural population compared with 15.9% for England as a whole, the average age of a rural resident is 50, compared to 42 in urban areas and by 2028 in remote rural districts it is forecast that half of all residents will be 50+, with a significant rise in the numbers aged 85+ (Age Concern, 2005) Older people living in rural areas have been identified as being at a particular disadvantage. Of concern is the physical condition of their homes, their physical isolation, ability to continue living independent lives, lack of transport, and the inaccessibility of services, health and social care, and access to social security support (Age Concern, 2005). DEFRA announced a £27 million programme in July 2005 for rural voluntary and community organisations to develop social, economic and environmental projects and to build inclusive communities (DEFRA, 2005).

Rural isolation is a recognised risk and where voluntary organisations attempt to provide help a number of practical difficulties can arise. One member of a

befriending organisation which arranges group gatherings for tea and a chat observed;

> *"There is a problem in rural areas …where you've got the problem of rural isolation which is huge, it's a big problem for us too in operating there …[as people are so dispersed] actually transporting people to the parties is much more difficult …in the Highlands we have created a slightly different group, we have a different mix of ages…so a lot of our volunteers there are in their 60s so they tend to drive still and the groups are bigger. …"* (Befriending organisation staff)

Problems can emerge for people who move around retirement age to more beautiful parts of the country but then have no networks of support "particularly if their partner dies….in rural areas they can also be seen as incomers and end up isolated" (Befriending organisation staff)

The following quote highlights the importance of social networks of support and the how, ironically, these can be lost by moving away from long term rural homes to towns in order to be less remote. The quote also highlights the damaging consequences of second homes which can lead to a disintegration of local communities which can be particularly problematic for older members of the community;

> *"I went back to lots of our Day Centres in South Wiltshire…..all are over 80…I sent a quick email to get their responses and what their views are…in the towns and in rural areas….it would appear to be that people who have moved into towns from the rural areas to be nearer to things feel more isolated since they've moved to the city because when they're in the villages there is a community albeit a fairly dwindling community because of second homes we have a real problem with second homes in rural villages breaking down the community.. ..some of the villages have got a very high proportion of second homes in them*" (Rural VCS staff)

In response to specific problems experienced by rural residents one of several pilot schemes within the DWP POPPS programme specifically targeted rural communities. People living in rural areas tend to be hard to reach and despite comparative affluence "these communities are often isolated with high levels of social deprivation and poor transport links. They are usually very 'self contained' and because of this, are reluctant to find help outside of their local community" (GCC, 2008). In order to find a means to reach these groups and provide them with a wide range of information to support well-being, deliver

services promoting independent living and to ensure the frail and vulnerable feel more secure and cared for the Village Agent was conceived. An evaluation of the project (GCC, 2008) concluded that the concept was successful and the Village Agent performed an important role in rural communities promoting service access, falls prevention, safety, benefit receipts, social networks, access to transport and active ageing (see Box). In evaluations of the project it has been recommended that the Village/Community Agent role be extended from information giving and signposting functions, to include building social networks, encouraging sustainable volunteering and good neighbourliness.

Given the success of this project BIG would be well advised to support similar outreach projects which could be designed on a volunteering basis. Evidence suggests the model could also be valuable in an urban setting where isolation can also arise regardless of population density (Wilson, 2008: 13)

The need for paid professionals was echoed by a member of staff in a rural Charity who had also contacted several other members of staff and an older people's forum to gain a broad swathe of views;

> "*What came out in rural areas was a lack of use of Village Halls and community facilities …they are used very often in the evenings by youth groups, mother and toddler groups in the mornings but during the day when they would be happy to come out, those Village Halls are often underutilised and Church Halls and they felt there was an opportunity there for lots of different activities to be organised and run because then it would be local . …if you had some sort of Development Worker …. to assess local need and I mean very local, a couple of villages.. whose role it was to be seen by everybody….if you ask people what they need they always say well we're fine but if you say, well we've organised a scrabble club here or there's an outing or a debating group then they will say oh I've always wanted [to do that]…. What's needed is a paid professional to get things off the ground*" (Rural VCS staff)

Village Wardens Project

Gloucestershire is a rural county with a dispersed population and a higher proportion of people aged 50+ than the national average. Research suggested that far fewer older people in rural areas were likely to pick up the telephone and ask for help and advice but they would be happy approaching someone they knew and trusted within the community for help and advice rather than 'officials'.

In response the concept of the Village Agent was developed i.e. a locally based person who is able to provide face to face information and support which enables older people to make informed choices about their future needs**.** 30 Village Agents were recruited and trained. After 2 years the following outcomes were observed;

- A 50% increase in referrals to the Adult Helpdesk for social care support demonstrating that the Agents were contacting older people who were previously isolated and even though there was a need were not in contact with the appropriate agency.
- Older people, especially those with mobility difficulties are now more visible.
- Voluntary and statutory agencies have always worked together but the Village Agent structure has formalised that and made links more efficient.
- Older people felt happier dealing with someone they were familiar with rather than someone from an official organisation and consequently they were more likely to access services (especially Pension Services)
- Active ageing supported: Agents have set up 8 Tai Chi groups with an average of 104 attendees each week. These help older people in maintaining mobility and balance.
- Social networks have been supported and promoted: Village Agents have set up several clubs and social activities including; 2 Library clubs in Village Halls so people can exchange books and socialise, Social/lunch club, Carol services at Christmas, Internet café in Village Hall to coincide with mobile Post office, Club in a Pub, Online supermarket shopping club with assistance, Story telling group, Fortnightly outings by minibus, Quiz nights and Bingo
- Transport issues resolved: In 2007 Village Agents dealt with 184 queries relating to transport and have been responsible for relocating several bus stops, so they are now in locations which older people find easier to use.

Informal Carers

In 2001 there were 5.2 million carers, primarily women, providing varying degrees and types of support. It is estimated that the number of carers could increase to nine million by 2030 and over 3 in 5 people in the UK will become carers at some time in their lives [10].

The care of older people in their homes has traditionally been carried out by friends, family, neighbours and the voluntary and community sectors (Dodds, 2003). Many carers however face isolation, poverty, discrimination and ill-health - informal carers of older people therefore need considerable support to help them help the cared for. One in five carers is forced to give up work but Carer's Allowance is just £53 a week while those over 65 or sick are ineligible for carers' benefits (http://www.carersuk.org/Aboutus /Howwehelp /Campaigning forchange).

A large proportion of informal care is provided by older people. Although women are associated with family care giving throughout life, more older men than older women are informal carers and this gap widens after age 74. This holds implications for carer respite services and support networks designed to enhance the quality of life for older carers.

Although family carers are favoured by older people in many situations, for personal care, non-family carers are sometimes preferred. In interviews with older people, Bell and Bowles (2006) found that the nature of relationship between a parent and child may be altered if the child started to perform intimate personal tasks for the parent, and some older people wished to avoid this shift. The free personal care provided in Scotland was of particular benefit to informal carers in this regard as a division of caring labour could be established whereby carers could provide social support and professional carers some personal care tasks. As carers had support, older people were able to remain in their homes for longer and some caring relationships were prolonged.

The Alzheimers cafes, described above, were also a support for carers, providing emotional support and "an understanding that they are not alone [as] carers can, at times, feel very isolated" (http://www.staffordshire.gov.uk/health /news/ Alzheimers+Cafe+comes+to+South+Staffordshire.htm)

[10] See http://www.carersuk.org/Aboutus/Whoarecarers/Tenfactsaboutcaring

The range and intensity of support required by carers across the country is diverse and largely unmet. BIG can make a significant contribution toward supporting carers who may be in need of networking, emotional and respite support. Without this support, the quality of care of older people may be compromised and the risk of older people being moved into care homes against their preferences may be heightened. Projects such as the Alzheimers Cafes could be replicated across the country to good effect and modified to meet the needs of all older people and their carers.

In recognition of the critical role played by cares, a renewed National Strategy for Carers was published in 2008 committing £255 million for additional support for carers. Carers UK observe that while increased funding for respite breaks and employment support for carers will make an immediate difference, the absence of change to carers' benefits is a disappointment however given the number of carers living in poverty (Carers UK, 2008).

Minority ethnic groups

Minority ethnic groups face a range of distinct problems in older age, often derived from accumulated disadvantage over the lifetime. For example, they are more likely to have lived in poverty, in poor quality housing and have reduced access to pensions and benefits (DWP, 2006; Scharf, 2002). The heightened exposure to poverty among some ethnic minorities in older age results in 42 per cent of retired people of Pakistani or Bangladeshi origin living on low incomes (DWP, 2007a). Katbamna et al (2004) identify further barriers facing older BME groups, such as language issues, access to information about services available and discriminatory or misinformed attitudes and practices among service providers. One interviewee strongly felt that there is a gap in support for some BMEs for whom more mainstream VCS provision does not quite chime with cultural expectations;

> *"Some ethnic minorities do want something a little bit different, tea is a peculiarly English thing and so we have been working with some other community organisations …particularly with the Punjabi community and a number of spiritual organisations where older people missed going to the Temple....so we arrange to take people to the Temple and then meet and have a chat afterwards which works well…."* (Befriending organisation staff member)

It should be noted that despite structural disadvantages associated with some ethnic minorities (such as a heightened incidence of poverty, poor health, deprived neighbourhoods and discrimination) many nevertheless enjoy superior quality of life compared with their white counterparts. Gilhooly et al (2005) explain ethnicity based differences in part on the supportive role of religion and religious organisations. The latter are a common source of support for ethnic minorities in terms of financial resources, domestic help and spiritual support.

Work on capacity building with isolated or marginalised older people to promote inclusion and community participation can be supported by BIG. One example of a BIG funded scheme is Age Concern Islington's choice and voice project. The initiative involved outreach work with local ethnic minority and refugee communities who were recruited onto ESOL courses, literacy classes, confidence building classes, communication workshops, conversation clubs and provided with social events and talks from local service providers. The project has been effective in routing its members onto public consultations, steering groups and other volunteering and social activities within the borough.

On the other hand, one interviewee voiced reservations about funding further ethnic divisions and separatism, emphasising instead the need to promote integration, collaboration and unity;

> **"***Actually, rather than promoting further diversification you should be trying to fund further integration across those communities ... still respectful of cultural differences, try and bring those cultures together and build on the commonalities rather than funding the differences…I have a strong view that the future has got to be on bringing people together rather than supporting people in all their individual little areas*" (Assistant Director for Older People, London borough council)

Men

A number of studies have observed that men tend not to join groups, have less extensive social networks compared with women and that there are difficulties finding appropriate social venues with appeal for men (Godfrey et al, 2004, Davidson et al, 2003). A number of quotes from interviews conducted for this study highlight the challenges faced in meeting the needs of older men and in identifying their preferences;

"We have to be careful about how we manage it because we can become self excluding without even knowing it. So I would argue if you came here 10 years ago there were hardly any men around at all it was very women dominated, that's changed, it took a long time and we need to change more, but women want to see more men around but it was just the very things that they were doing it excluded men if you brought a bloke around in that atmosphere…it was all pink and all knitting.. Now (there is a beer tasting), a pool table ....we deliberately added men's groups. That's the way you combat exclusion, you think about who we're not targeting, how do we target groups…." (Chief Executive, Large Charity, South East)

"Most of the older people in our group are females…quite a lot of the volunteers are too….when men come into the group they can feel a bit out of it……we are trying really hard to interest more men…. So instead of taking people to peoples homes and having tea.. some of our groups are going to the pub and that tends to get more men going." (Befriending organisation staff)

"One of the problems we have identified is men, we need activities specifically aimed at men…and men only groups might be the only way…..and if you can focus it on a local pub or something like that. We just ran some Tai Chi classes and we set some up only for men and only 2 turned up and we based it in the Legion so it was a complete disaster …is there research which shows why is it that men don't go to Day Centres and places like that …there really are quite a lot of elderly men now ...we need to find out what it is that would stimulate men" (Rural VCS staff)

Adequate social support for men continues to represent a gap in provision, with a need for further research into how men might be encouraged to participate in a range of activities and social networks that can improve well being and quality of life.

8. Conclusion

In terms of policy, the agenda relating to older people has increasingly moved toward independent living, active ageing, dignity and better integration of service provision. Low-level services and preparing for the future are recognised as the route to a longer, healthier and more independent life. Grants, for handyperson schemes for example, have been made available to support the shift in policy focus toward preventative services and independence. A shift toward increasingly collaborative ventures between the statutory and voluntary sector are also being encouraged. Despite wide ranging health and social care developments however, the statutory sector continues to face resource challenges, leading to rationing and considerable unmet need – a situation which is predicted to worsen.

Social support in particular remains underfunded and is, in practice, a low priority. The VCS therefore steps in to meet gaps in such provision. Large numbers of older people aged 80 plus across the UK are in need of support to remain socially included with widespread isolation in both cities and rural locations. To promote social participation a variety of stimulating activities, regular contact with peer groups, keeping fit and scope for learning are required and, for the less mobile, opportunities to leave the home which currently can be few and far between. The scope for BIG to promote this agenda and improve the well being and quality of life of older people is considerable. BIG can benefit older people most effectively by supporting the VCS and funding a highly diverse range of day support activities, low level services such as gardening, transport, learning opportunities and outreach activities to identify the most socially excluded.

Initiatives and volunteers to assist older people access mainstream facilities and simply get out of the house are in notably short supply. Of particular value would be support for schemes that provide multiple services and one-stop-shops attending to social, advisory, advocacy and some health needs.

Diversity of provision is key, reflecting the heterogeneity of older people, some of whom prefer access to dedicated facilities for their age group while others favour mainstream, age diverse activities. Rather than being treated as passive recipients of social support however, most older people wish to and do remain active and socially engaged into their 80s and beyond, many involved in a wide range of voluntary activities. Self-help, mutually supportive groups meet the

preferences of older people to both give and receive help and represent a sustainable model of provision worth further support.

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