



Office of the
Deputy Prime Minister
Creating sustainable communities

Excluded Older People

Social Exclusion Unit Interim Report





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Ministerial Foreword



Societies should be judged on how well they serve and protect their most vulnerable members. This Government has already done a great deal to make sure that old age and vulnerability need not go together, with policies to address the problems of fuel poverty for older people, and improvements to incomes and homes for some of the worst-off pensioners. Our efforts to improve the quality of life of all older people will be set out in the Government's strategy for an ageing society.

But as part of the work towards that strategy, it is right that we pay particular attention to the most vulnerable – those older people who are poor, or lonely, or cut off from services that would make their lives better. The Social Exclusion Unit report, *Breaking the Cycle*, made it clear that although policies targeted at older people have particularly helped to improve the disposable incomes and living standards of the poorest pensioners, many are still missing out. There are concerns that persistent pensioner poverty has not been reduced quickly enough. There is a worry that social care reforms that target people at crisis points may have made it harder for older people to get the little bits of help that might improve their quality of life and help prevent a crisis later.

We know that many people are still missing out on opportunities in later life – more than two million pensioners are living on a low income and 60% of people aged 65 and over have a longstanding illness. The opportunities that allow the majority of the population to have the best quality of life possible must be made available to all, including the most excluded. This is just as much about education, employment, leisure and active social roles as it is about health, housing and social care. We need to make these services work for the most excluded older people, and end the situation where the worst-off are often the worst-served. By making services better able to serve those with the most complex needs, we will also help develop services that are more personalised and responsive, and able to work better for everyone.

The Social Exclusion Unit started a consultation on the needs of excluded older people in October 2004. We said that we would feed back from this early consultation – and in this report we aim to do that, and to explain what the next steps in our project will be. The consultation highlighted a wide range of issues, but also started to show that a shared positive vision for excluded older people is emerging. There is a strong consensus that we need to look at increasing effective and popular lower level services that prevent the need for more costly interventions. We need to integrate and improve basic services for excluded older people and join up mainstream service provision better. You have told us that the involvement of the community and locally based services are an important part of this story, and that older people need more choice

and control. In this document, using what you have told us, we start to build up a picture of what an improved, integrated set of services for excluded older people might look like and we explain the next steps in our project. The responses that are reported here have also been fed into the Government's strategy for an ageing society, on which we are working with the Department for Work and Pensions and others across Government.

I would like to thank all those who have taken the time and trouble to contribute to our consultation so far. Your thoughts and ideas have helped us shape our project. We look forward to working with you through the next stages of our work, and we welcome further comments on the consultation results and the direction of travel outlined in this document.

A handwritten signature in black ink, appearing to read 'Jeff Rooker', written in a cursive style.

Rt Hon Lord Jeff Rooker
Minister of State

Executive Summary

The experience of older age should be a positive one. But whilst many older people enjoy the chance for more leisure, learning new things, or spending time with friends and family, others experience isolation and exclusion.

Older people who are excluded are the subject of this report. Social exclusion is: *“a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown”*.

In the first phase of this project we have heard from older people themselves, and from those who work with them. While we have seen many services improving, and more help available from the benefits system, we are also aware that there is a further group of older people – the most excluded – for whom the improvements in service provision have not had a significant impact. The gap between those who benefit most and those not benefiting does not seem to be narrowing. The next phase of our work will focus on what needs to be done about this.

The consultation highlighted three key ways in which respondents say provision needs to improve if older people are to enjoy a better quality of life:

- ▼ Joined up services are key.
- ▼ Intervening early is important, and investment in low level prevention can reduce costlier interventions later.
- ▼ Older people generally know what they need and want, and they should be involved in the design and – where practicable – the delivery of services.

All of these ideas for improving service delivery are relevant to **all** older people. But there is a relatively small group of older people – the most excluded – who are frequently ignored and who have some needs that are the same, but others that are different or more intensive. In order to improve the quality of life for excluded older people we want to define more clearly the groups of people who need to be targeted. We also want to look at the best ways of reaching those groups and analyse the most effective ways of addressing their needs.

This report is split into three sections. We start with a summary of the issues and challenges. We then look in more detail at our consultation responses – which cover issues from crime to housing, from transport to employment. We look at the specific needs of carers, those from minority ethnic communities, and at the way in which support for excluded older people is funded. Finally, we look at what respondents have said about the future and what needs to change in policy terms.

This interim report is based on feedback received so far, and identifies key early findings and areas which we will work on in the future. We would welcome further views on these suggestions – and on our findings.

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Part 1

Background **analysis**



Social exclusion and older people

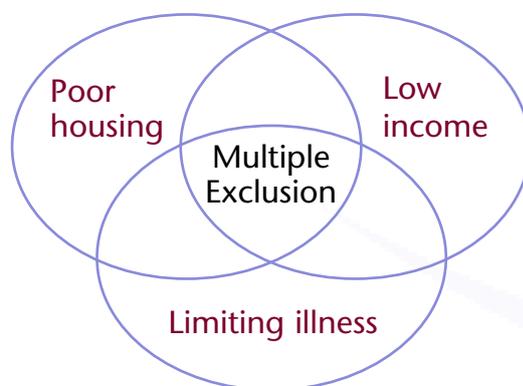
...many older people experience exclusion affecting their everyday lives...

The Social Exclusion Unit Report *Breaking the Cycle* (2004) highlighted progress made since 1997 in addressing social exclusion but recognised that some groups still suffer from persistent inequalities. Older people are often excluded because they have too few material resources. Other factors matter too. These include lack of contact with other people, poor access to services, and lack of involvement in civic and neighbourhood activities. For some older people these forms of exclusion have persisted from earlier in life – for others the experience of ageing has led them to become excluded.

Key Facts

- ▼ *2.1 million pensioners live in households on low income.*¹
- ▼ *Around 30% of people over 65 do not see any friends at least once a week.*²
- ▼ *1 in 6 people aged 65 and over are affected by depression.*³
- ▼ *60% of people aged 65 and over have a long-standing illness.*⁴
- ▼ *Approximately one-third of people living in “non-decent” homes are 60 or over.*⁵
- ▼ *Every year there are more than 20,000 excess winter deaths among older people.*⁶
- ▼ *Nearly one half of older people admitted to residential or nursing home care die within 18 months of admission.*⁷

Many of these groups will overlap, meaning that many older people face multiple problems.



Much of the data available covers people of pension age, and many of the most excluded are among the very old. But our project will also look at some people aged between 50 and 65, because among the most excluded, the effects of ageing may be felt earlier, especially when combined with other difficulties. So, because of our focus on the excluded, we have set our age threshold relatively low. We are not focusing our work on everyone over the age of 50 – just on those who are feeling the effects of social exclusion alongside, because of, or through their ageing.

Factors leading to social exclusion

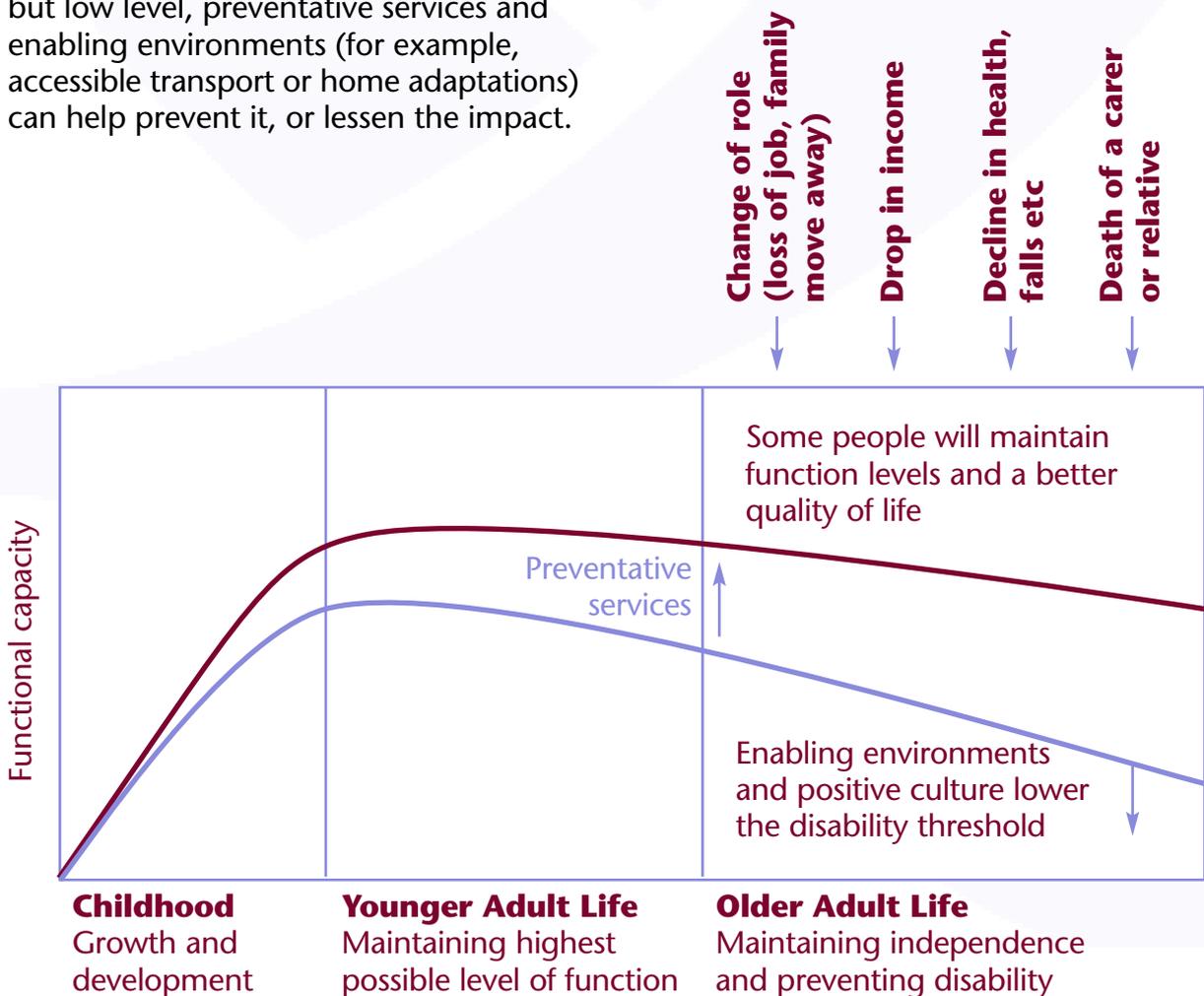
...there are key events that may lead to social exclusion in older age...

What are the key risk points in a person's life that may lead to social exclusion?

Major risk points include the death of a carer or relative, loss of employment, or the onset of ill health. Vulnerability is also increased when older people live alone and when social contact declines.

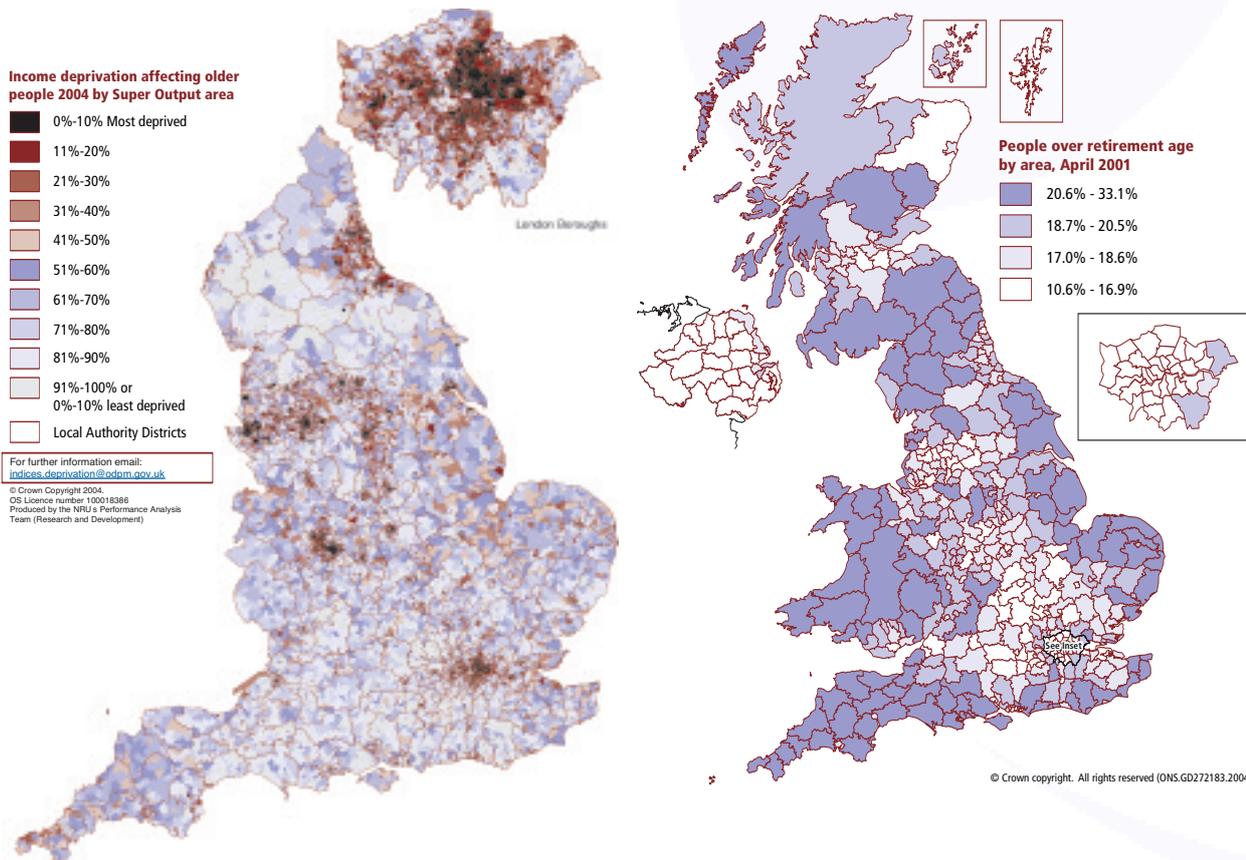
This diagram (adapted from work by the World Health Organisation) shows that as people age, there is a widening gap between those who retain high levels of function and those who don't. Key risks make a decline in function more likely; but low level, preventative services and enabling environments (for example, accessible transport or home adaptations) can help prevent it, or lessen the impact.

Low level services can have a strong preventative effect if the timing is right. At these times services must join-up to meet multiple needs, as the diagram below shows.



Current population trends

...some areas have larger numbers of older people of state pension age at risk of social exclusion...



Older people on **low incomes** are concentrated in areas such as the North East, North West, West Midlands and Greater London.¹

There are higher proportions of people above state pension age in some areas, including rural and coastal areas where **isolation and exclusion from services** are key issues.²

Source: Office for National Statistics

Future challenges

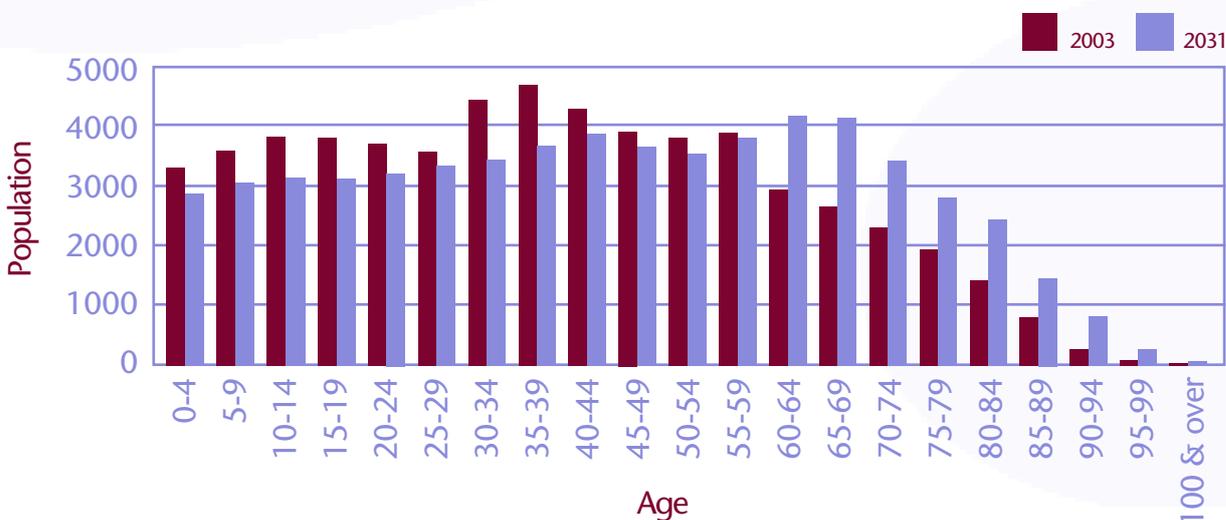
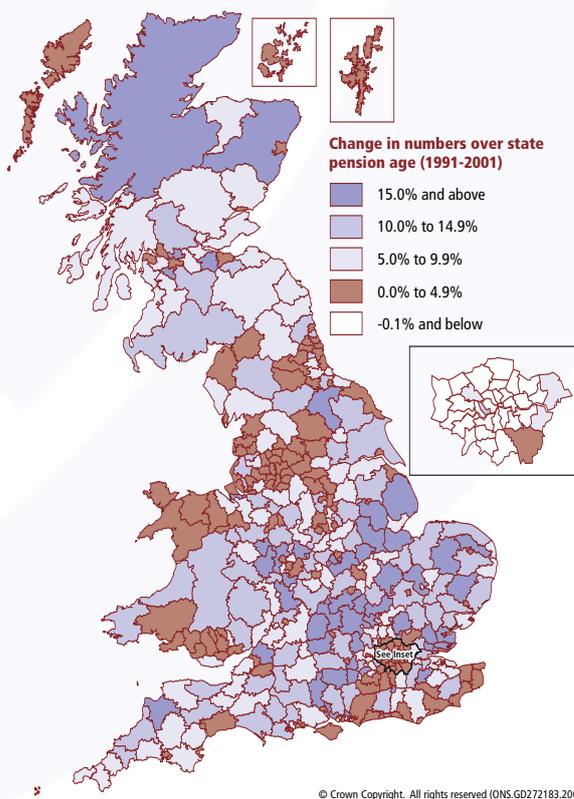
...the population is getting older and this will affect exclusion and public spending...

Major economic challenges

- **Public spending will be affected by an ageing population.** The Joseph Rowntree Foundation calculates that, at a worst case scenario, social care costs could double within 25 years. Some parts of the country will have greater costs than others.¹
- An ageing population will have an **impact on the national labour market.**
- **Many excluded older people require intensive services and financial support.**
- **An ageing population with high levels of exclusion will have considerable economic and social consequences.**

33% of the population is currently over 50. This is projected to increase by 37% by 2031 when almost 27 million people will be over 50.² The graph shows the current rates of projected population change, using data from the Government Actuaries Department.³ If current rates of pensioner poverty in the UK remain constant, there could be an **extra one million pensioners** in relative poverty.

This map below shows the change in numbers over state pension age by area (1991-2001).⁴ Some areas have experienced much greater population change than others.



New opportunities

...an ageing society can be positive...

The most excluded need more intensive help and support to make sure that ageing is an opportunity and not a challenge. People who have faced a range of problems throughout their lives are more likely to experience ageing negatively. For another group, it is the loss of earnings, ill health or the loss of companionship in later life that can propel them into exclusion. None of this is inevitable.

New opportunities – a positive response to the challenges

- The ageing society presents opportunities as well as challenges. Exclusion, ill health and acute needs are not an inevitable consequence of ageing.
- Preventative and low-level services and a positive approach to ageing would result in improved quality of life for older people and reduced demand for expensive services.
- With the right early intervention in later life older people can remain active and healthy, enjoying a good quality of life.
- Having ‘enabling environments’, such as accessible transport and home adaptations, can make it easier for older people to get around and live independent lives.



Part 2

Consultation **analysis**

– current experiences

Introduction

...comments received...

We have consulted many stakeholders in the first stage of this project – service providers, voluntary organisations, academics and excluded older people. The consultation has found a broad consensus around the key issues relating to the social exclusion of older people.

In this section we see how older people's **local environment** – including crime and fear of crime – can cause increasing isolation. We look at the importance of good, appropriate **housing** – too many older people do not live in decent housing or have the right support services.

Getting about is a chance to escape isolation and loneliness, and while growing numbers of older people drive, **public transport** remains a vital lifeline for many. But, particularly in rural areas, it can be infrequent, inaccessible and expensive. Too often, **leisure facilities and educational opportunities** don't do enough to meet the needs of older people.

Though 60% of older people report themselves to be in good **health**, there are a significant number of very ill older people. Many find themselves discriminated against when it comes to referrals for treatment. Moreover, there are not enough **specialist services** such as dentistry, chiropody and continence care to meet older people's needs. Dementia is a particularly prevalent **mental illness** among the over 80s, yet many of those caring for partners with the illness are themselves very old and there is not enough support available to help them to do so. Much of the **social care** that is available is focused on expensive nursing care rather than low level early interventions which would make it easier for people to live at home.

There is more awareness of age discrimination as an issue today. But somebody losing a job over the age of 50 is still far less likely to work again than their younger colleagues. Staying in **work** longer can help people live longer, healthier lives. And while £10 billion extra is now invested in **benefits** for older people, compared with 1997, there are still too many people who don't claim them – or don't know what they are entitled to receive. Some specific groups face additional challenges because of ethnicity, disability or sexuality, sometimes as a result of discrimination.

Those who work with older people tell us there are too many **funding streams**, and too many **targets**, but not enough co-ordinated thinking. More working together is needed and older people need to be much more involved in planning their services.

Consultation responses are drawn from 57 completed questionnaires from service providers and voluntary organisations, 6 focus groups around the country with service providers, focus groups with excluded older people and information obtained from visits to projects. Our conclusions also draw on research and consultations carried out by a wide range of other organisations. Consultation respondents told us...

“Ageist attitudes are endemic within society – ageist humour, ageist advertising, ageist media coverage...”

“Within our sparsely populated area, the main barrier to achieving a good quality of life is lack of access to reliable transport”

“Older people face multiple problems not only in accessing health and social care, and surviving on a low income; but additionally in facing daily discrimination due to age”

“...lack of preventative services and a gap between these and higher level services...”

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

“Services should acknowledge the range of ways in which older people may be vulnerable to social exclusion. This would require a more holistic approach that recognises more effectively the needs of individuals and their families. Services should respond in a co-ordinated way to individuals needs and be flexible enough to address the breadth of such needs”

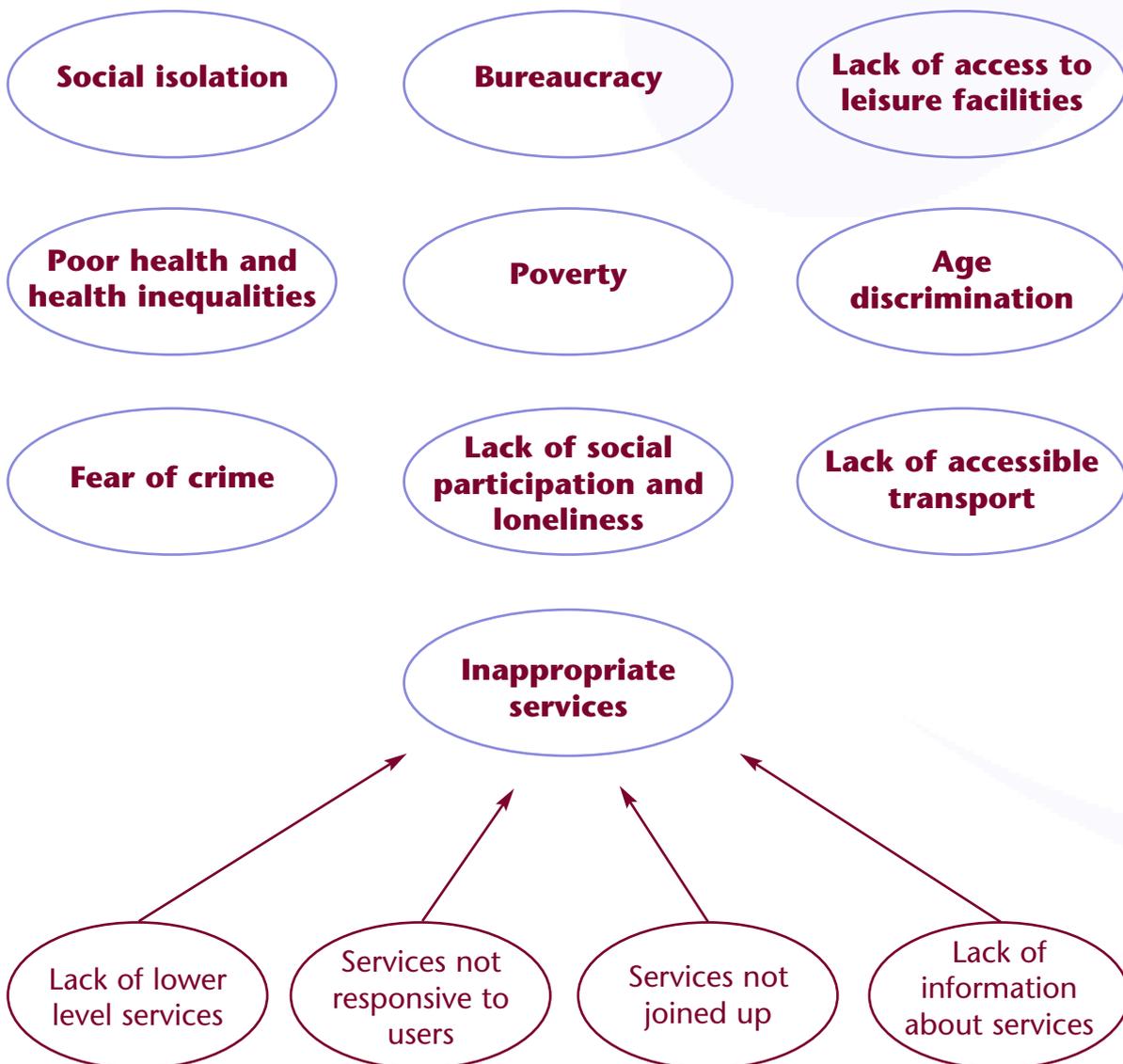
“The decline of community life and the break-up of the traditional family model, can leave older people with few, if any, opportunities for social interaction”

“Quality of life is about having choices. Services for older people are still often designed to suit the provider and lack flexibility”

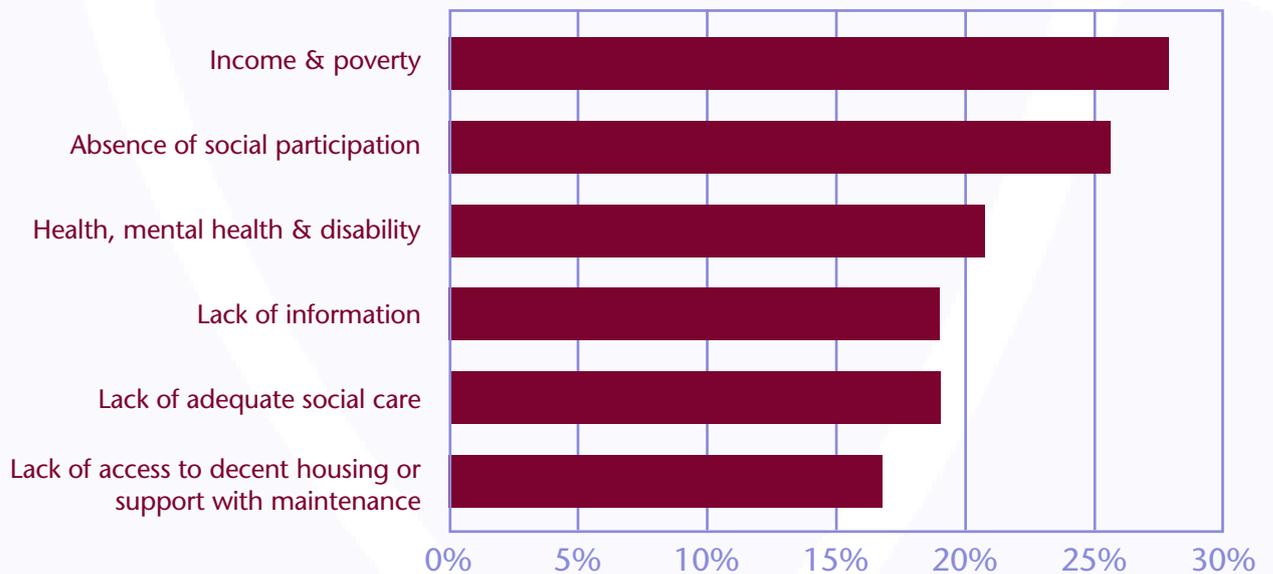
Consultation overview

...older people face a number of problems in their everyday lives...

The Social Exclusion Unit asked respondents about the **barriers** which prevent excluded older people from **achieving a good quality of life...**



Respondents to our e-questionnaire were asked about the major barriers to excluded older people accessing services. The graph shows which barriers they thought were most serious.



(Respondents could select multiple responses – hence percentages adding to more than 100%).

The issues raised in the consultation responses have been grouped into the following connected thematic areas:

- The local area**
- Housing & the home**
- Getting about**
- Social activity**
- Health & mental health**
- Social care and carers**
- Income & employment**
- Equality & diversity**
- Targets & funding**



The **local** area

Respondents have said that crime and the fear of crime can force older people to stay in rather than go out. This makes them feel isolated and excluded. Exclusion from services is also highlighted as a major issue for older people living in rural areas and our consultation has found that older people need a say in the regeneration of their communities.

Crime and safety

...the fear of crime can force older people to stay in rather than go out which can lead to exclusion...

What our consultation told us

The consultation showed that fear of crime and experience of crime is a major issue, impacting on health, quality of life and older people's experience of their neighbourhoods.

Older people welcomed low-level interventions which prevented them becoming victims of crime – e.g. home security schemes, 'Approved Trader' schemes or gardening schemes.

Fear of crime is high...

Those living in poorer areas are seven times more likely to feel unsafe as those living in better off areas.¹

Older people are more likely to stay in, rather than go out, because they are afraid of becoming victims of crime – this can have a negative impact on health outcomes.

A third of older people say fear of crime affects their quality of life – making them lonely and isolated.²

Crime hurts the most vulnerable old people most – a small scale Home Office study showed that older burglary victims are more than twice as likely to die within two years of a burglary as neighbours who are not burgled.³

Key Facts

- ▼ *Older people's risk of suffering from a household or personal crime is much lower than for other age groups.⁴*
- ▼ *However, 40% of older people in one study told researchers they had been the victim of one or more types of crime in the past year or two.⁵*
- ▼ *Older people worry as much about being victims of most types of crime as young people, even though they are less likely to be victims.⁴*
- ▼ *Distraction burglary is a crime predominately affecting older and vulnerable victims. 15,113 incidents were reported in 2003/2004 in England.⁶*

// Older people should not just be seen as 'fearful' potential victims of crime. Many are ready, willing and able to do their bit to tackle this problem in their locality. Every effort should be made to empower as well as assist older people in relation to crime. //

(Help the Aged, 2004)⁷

Regeneration

...older people need to be included in regeneration...

What our consultation told us

Regeneration programmes can isolate older people because of the changes they make to the community.

When older people lose their self-confidence, they are less likely to access services and take part in their local community.

Neighbourhood renewal can bring significant benefits to older people because they are often affected most by population turnover, rising crime and falling housing standards.

Nearly £3 billion has been invested in Neighbourhood Renewal and New Deal for Communities programmes since 2001.

However, older people usually have different concerns to younger people, not least because they may have lived in the same community for much of their lives.

Regeneration should not only meet the needs of older residents, but involve them in decision making.¹

Key Facts

▼ *In the 39 New Deal for Communities areas, 43% of residents – taking all age groups – had lived in the locality for less than five years; only 22% had lived in the area for more than 20 years, with most of these being older people.¹*

Blackburn with Darwen Older People's Forum

The Neighbourhood Renewal Strategy has provided financial support to enable a forum to begin to identify the needs of older people who had not been involved before.

Neighbourhood Management partnership

Jean Oliver (an older resident from Stockton-on-Tees) won a Personal Achievement Award for her role as vice chair of the Neighbourhood Management board and chair of the town centre residents' forum.

Rural areas

...for older people in rural areas isolation and exclusion from services is a major issue...

What our consultation told us

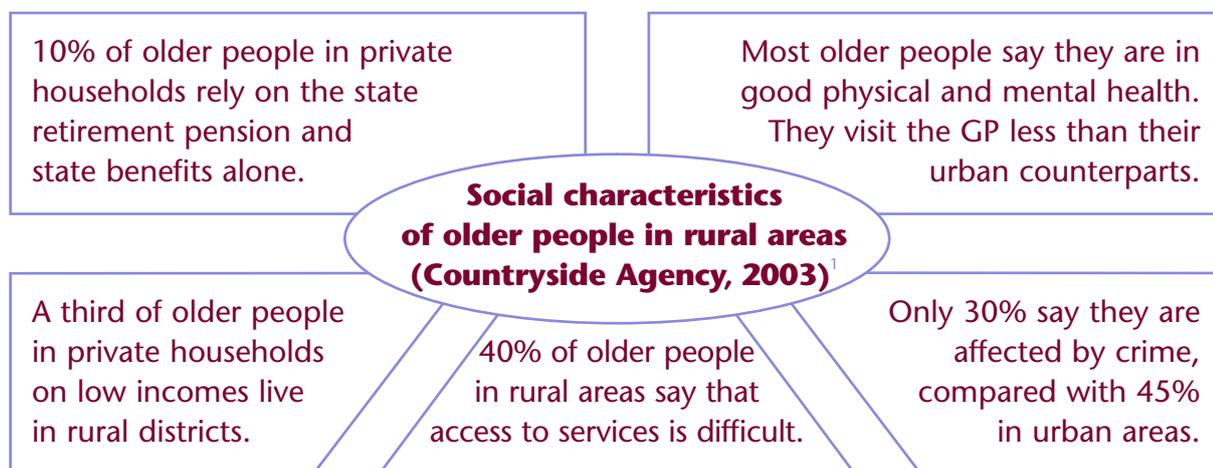
Access and mobility are key. There are not enough regular buses. More flexible solutions, such as community buses, would help.

“Within our sparsely populated area, the main barrier to achieving a good quality of life is lack of access to reliable transport. This is a problem for all those who live in rural areas, but has a disproportionate impact on older people who are less likely to retain their own transport.”
(Consultation respondent)

Services need to be provided differently to increase take-up – e.g. mobile citizens’ advice services and libraries, drop-in centres in local church and community halls. But more flexible provision can be expensive.

Key Facts

- ▼ 9.8 million people live in rural areas in the UK.²
- ▼ 18% of people in rural areas are over 65 compared with 15% in urban areas.¹
- ▼ A quarter of older people in private households in rural areas live on low incomes (less than 60% of the median).¹
- ▼ Older people in rural areas consult their GP less than their urban counterparts – this may reflect good health as well as limited access to primary care services.¹



Housing and the home

Respondents said that too many older people live in poor homes, yet housing is critical to independence and quality of life. A significant proportion of older homeless people have complex needs.

Housing

...too many older people live in poor homes and a lack of housing – related services can lead to older people becoming socially excluded...

What our consultation told us

Many people feel that they would not need to move into care if they could get repairs and adaptation work to their homes completed.

Aids and adaptations to homes are important. Older people welcome care and repair services for privately owned homes, and reliable handyman services.

Good appropriate housing is important, especially where extra care is available, or where people live as part of a mixed community.

Key Facts

- ▼ Older people spend between 70-90% of their time in their home.²
- ▼ Most older people own their own home, but the proportion decreases with age.²
- ▼ Older people are a significant proportion of those living in sub-standard homes.²
- ▼ People over 60 are at a greater risk of being killed in a fire than anyone else. Approximately half of all accidental dwelling fire deaths in England and Wales occur among the over 60s.⁶

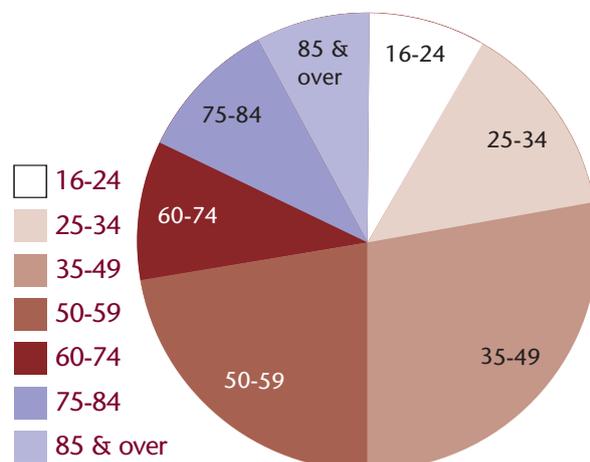
Housing policies for older people used to assume dependency. Now they are intended to **promote independence, rehabilitation and prevention.**

Supporting People is a relatively new programme implemented in 2003. It brings together all the funding streams associated with supporting a person to maintain a tenancy and stay at home.

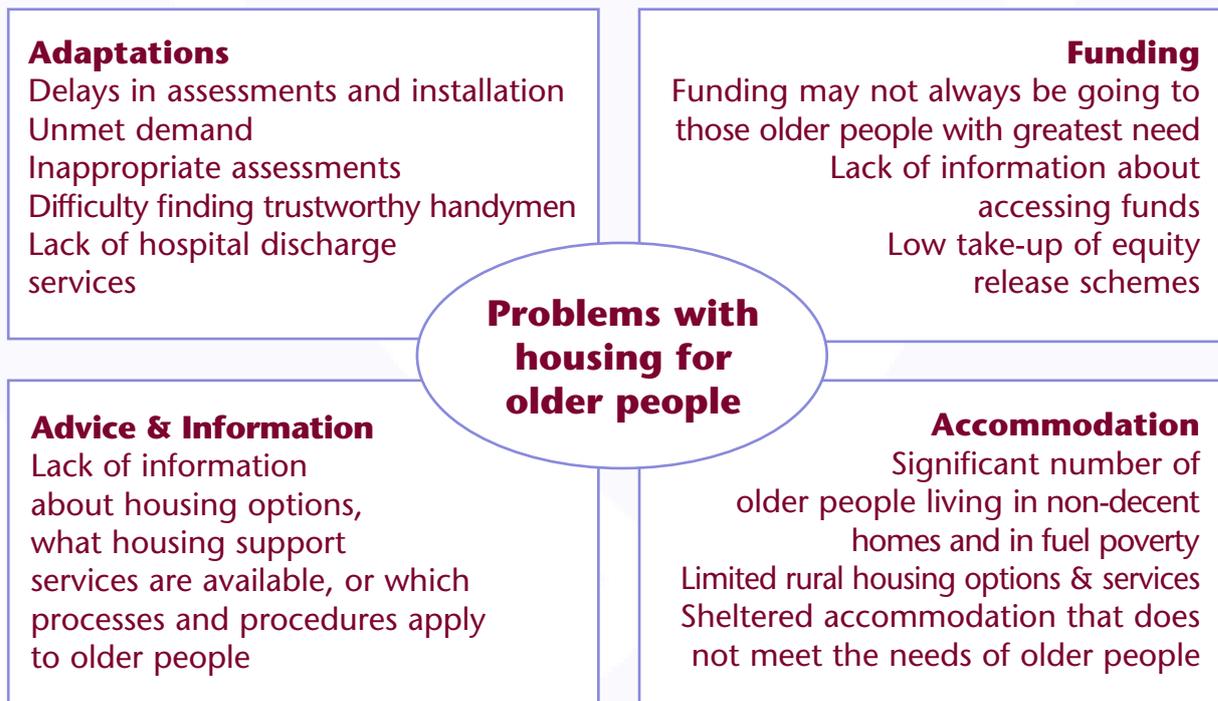
The Government has committed itself to making all social housing decent by 2010, and increasing the proportion of vulnerable people in private housing in decent condition.

The diagram shows that a significant number of people who are living in non-decent homes are older people.³ The proportion of older people in non-decent social housing is lower than for the wider population. However, the risk of living in a non-decent home in the private sector increases with age after 60.

Age of oldest person in non-decent homes, 2004



There are a large number of policies & initiatives working to address the issue of inappropriate housing and increase the levels of housing related services: Supporting People; Home Improvement Agencies; Decent Homes programme; handyman services; community alarms; mobile housing support; good neighbour services; sheltered housing; extra care housing; Telecare, Smart Homes; Warm Front Plus; Homeshare Mobility schemes; Care Direct; Quality Mark Scheme and Disabled Facilities Grant.



Housing Adaptations

Research by Heywood (2001)⁴ into the costs and benefits of adaptations concluded that adaptations are value for money. The study took 30 relatively large adaptations and found that on average, an adaptation was in place for 3.57 years and had a cost of £10,569. Broken down into weeks, it cost an average of £4.74 per week to reduce the burden of care on either a family member or to provide an alternative to paid care. This £4.74 per week compares very favourably to the average cost per week of keeping an older person in residential care, which is £338.

// Care & Repair's help affects your physical health, because they tackle whatever's physically wrong with your home. But it also helps your mental health – they respond quickly, they know what to do and they get it done very quickly, and you know you can trust them to get it right. //

(Service User)⁵

Homelessness

...homeless older people are among the most excluded...

What our consultation told us

A small number of consultation respondents raised the issue of homelessness for older people – highlighting that this can result in severe social exclusion.

Consultation respondents said:

// There is a pervasive myth that homelessness is a youth issue //

(St Mungo's response to consultation)

// Recognition of the needs of older homeless people [needs to be] written into the local homelessness strategy //

(Consultation respondent)

// There is evidence that a significant proportion of new incidences of homelessness in later life could be prevented with the right sort of timely intervention //

(UK Coalition of Older Homelessness response to consultation)

Key Facts

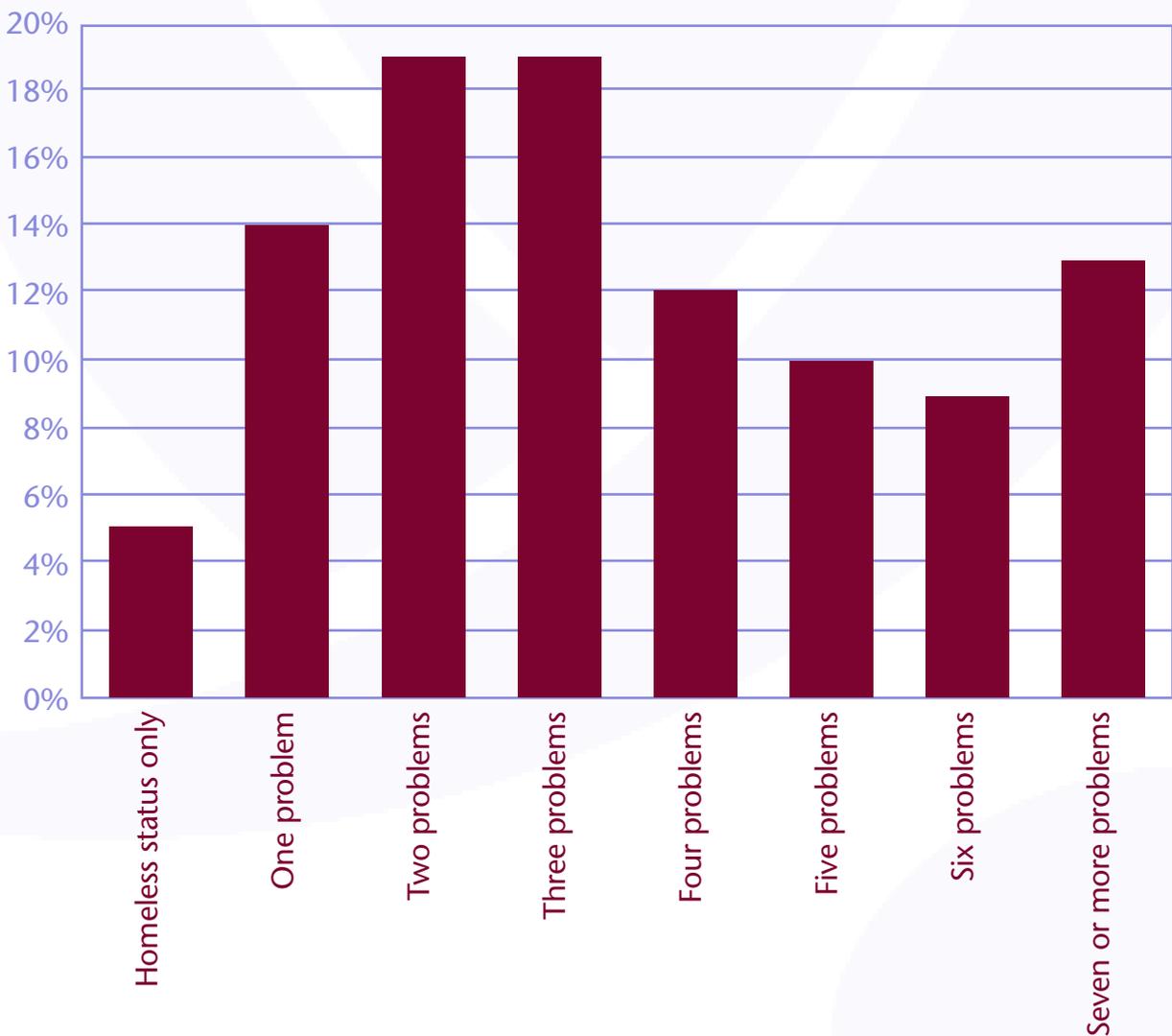
- ▼ Information about older homeless people aged below 65 is not available from official statistics. In 2003/04 around 4,000 people aged over 65 were accepted as homeless and in priority need due to age (ODPM)¹
- ▼ 3% of Street Sleepers were aged 60 or over and 11% were aged 50-59 (ODPM)¹
- ▼ Crane et al. 2004² report that many older homeless people became homeless later in life because of:
 - The death of a relative or carer;
 - Ill-health leading to mobility and functioning difficulties;
 - Rent arrears due to Housing Benefit claims or payment problems;
 - Mental health and alcohol problems that led to relationship breakdown;
 - Harassment leading to forced displacement;
 - Disruptive behaviour.

By law, local authorities must ensure that applicants within a priority need group, who are homeless through no fault of their own, have suitable accommodation. Vulnerability due to old age can place someone in a priority need group.

The Homelessness Act 2002 requires local authorities to tackle homelessness strategically through local review and a strategic approach to prevention and action.

A survey by St Mungo's³ found that, of those surveyed, 43% of homeless people over 50 had at least four other problems in addition to being homeless (as the diagram shows). St Mungo's is a homelessness charity providing services to mainly older residents. The other problems included things like alcohol misuse, drug dependency and health and mental health problems.

Number of problems of homeless people 50+





Getting about

Respondents said transport is often the missing link, leading to isolation and exclusion.

Mobility and transport

...transport is often the missing link, leading to isolation and exclusion from services...

What our consultation told us

"Transport, transport, transport – without that nothing else works"
(Consultation respondent)

Consultation respondents commented on accessibility, safety, affordability and availability:

Accessibility

- **Poor access to public transport deters older users especially in rural areas – "concessionary bus passes are fine if there is a bus to use them on."** (Consultation respondent)
- **Too many people don't know about special transport schemes or see a stigma in using them.**

Safety

- **Many are concerned about personal safety (accidents, state of the pavements, fear of crime).**
- **Older people often feel unsafe and intimidated waiting for and using buses and trains.**

Affordability

- **Concessions have made bus travel cheaper – but are restricted to certain areas and times – "a flexible voucher scheme would support people in using other modes of transport."**

(Consultation respondent)

Availability

- **Public transport is often too inflexible for specific journeys, especially in rural areas. Community transport, while valued, has limited booking times, destinations and operating**

hours – "many older people are reluctant to use Community Transport due to the necessity to pre-book. It doesn't give them the chance to be spontaneous."

(Consultation respondent)

Transport problems can be a significant barrier to social inclusion and independence. Older people increasingly have access to private transport, but many – especially the most excluded – still depend on public transport for links to friends, family, service providers and the community. Lack of mobility can prevent participation in social activities, leading to low morale, depression and loneliness.¹

Key Facts

- ▼ *91% of single pensioners and 53% of pensioner couples do not own a car and depend on public transport. Nearly half of all households without a car are pensioner households.²*
- ▼ *Nearly half of pedestrian fatalities are aged over 60.³*
- ▼ *Over 2 million people aged 70 or over hold a driving licence. By 2015, this will have doubled to 4.5 million.⁴*
- ▼ *40% of older people in rural areas say access to services is difficult.⁵*

Social activity

Respondents said that social relations and engagement are fundamental to a good quality of life. Isolated older people are often ignored. Leisure and learning can play a key part in improving health and quality of life.

Social relations

...are fundamental to quality of life, isolated older people are often ignored...

What our consultation told us

Social relations are fundamental to quality of life. Older people – like all sections of the population – report the importance of relationships and social interaction and the isolating effects of loneliness.

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

// We are seeing increasingly numbers of isolated older people who cannot call on traditional social networks. The decline of community life and the break up of the traditional family model can leave older people with few, if any, opportunities for social interaction. // (Consultation respondent)

Key Facts

- ▼ A minority of older people, 7%, report severe loneliness. (Victor, 2002)²
- ▼ Loneliness appears to be more prevalent in deprived areas (Scharf et al, 2002)³
- ▼ Intergenerational households are now very rare; just five per cent of over-65s live with an adult child. (McCarthy, Thomas, 2004)⁴
- ▼ Advanced age and the possession of educational qualifications are independently associated with **decreased** likelihood of loneliness. (Victor, 2002)²

London Time Bank

// I was very depressed and my GP encouraged me to join the time bank. I earned time credits befriending an elderly lady who was blind, hosting barbecues and teaching English. When I was sick myself, I asked the time bank for help and they arranged meals and shopping for me. I also used my time credits to get my shed fixed. I've travelled to other time banks in London to tell them my story. //

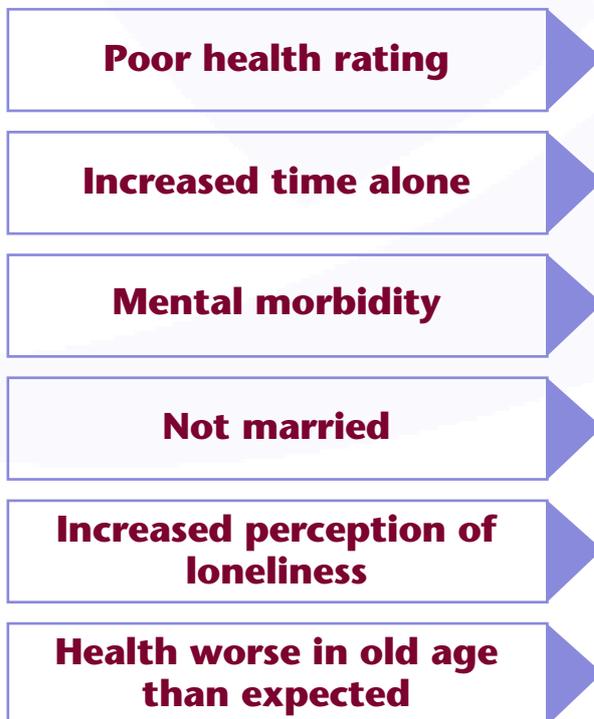
Time Bank participant, South East London, March 2003¹

Social Capital

Social capital refers to the advantages that come with social networks and involvement in the community. Aspects of social capital could include contact with family and friends, involvement in voluntary work and access to local services.

Social capital is valuable in its own right, but levels of social capital are also associated with other factors such as health. A study as part of the Health Survey for England, 2000, found *"...a strong relationship between perceived social support and mental health...Among men, those with some lack of perceived support were 1.53 times as likely to report poor health as men with no lack of support."*⁵

Work by Victor (2002) shows the factors that make people more vulnerable to loneliness:

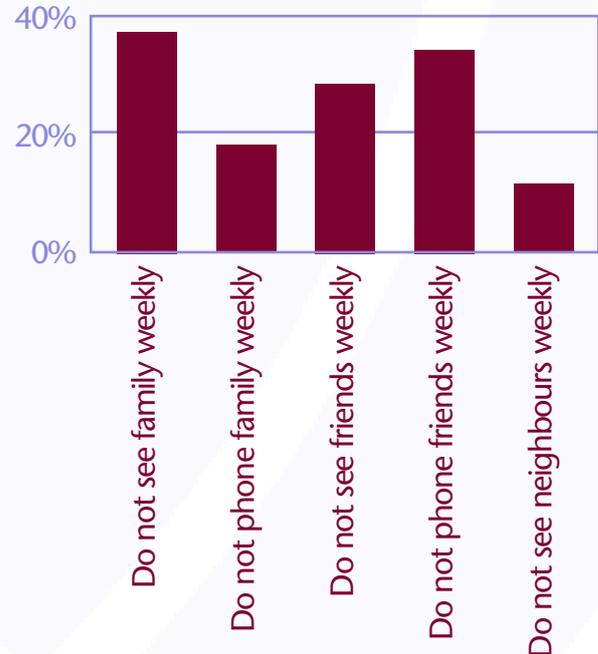


(Victor 2002)

Work by Victor and Scharf, 2004⁶ highlights that many older people are isolated from family, friends and neighbours.

The social contacts of older people

(Victor and Scharf 2002)



Learning and leisure

...can play a key part in the improving health and quality of life...

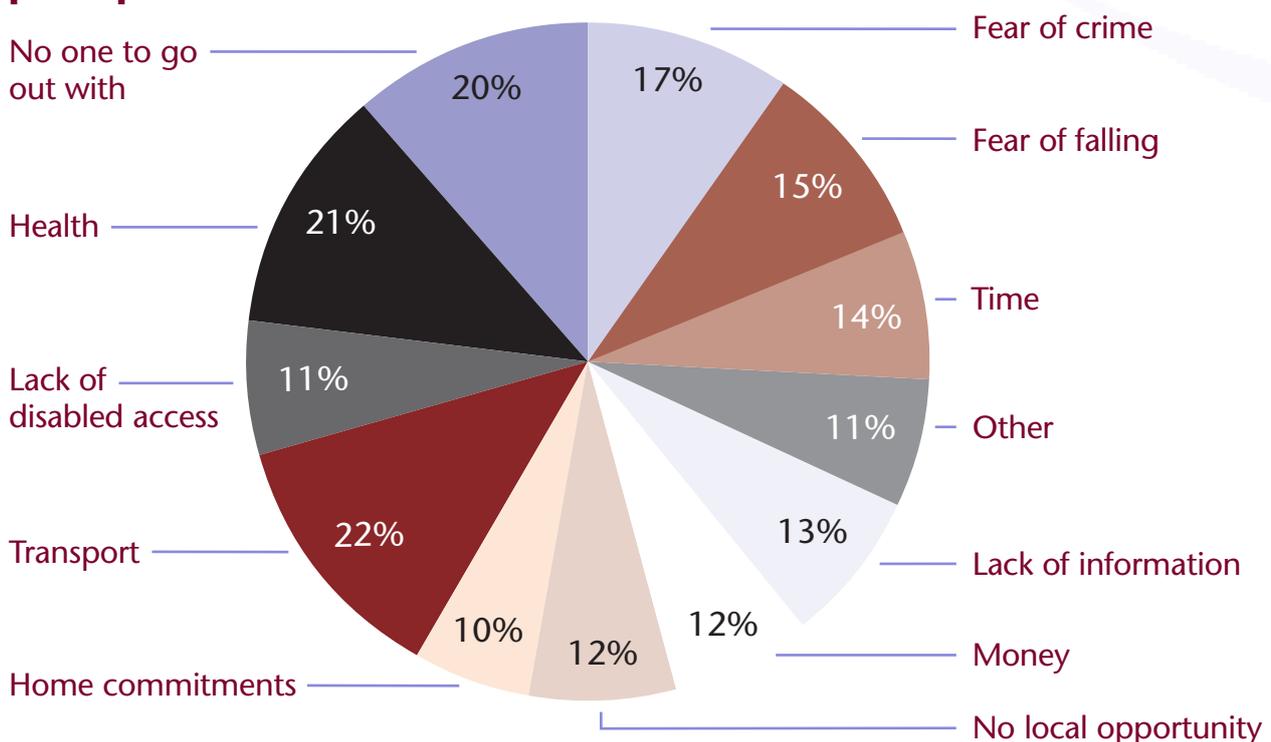
What our consultation told us

Respondents felt that there is poor access to leisure services, a lack of awareness of services being offered, and a lack of transport. The cost of services was also an issue.

Key Facts

- ▼ A Nottingham study among the over-65s found those who improved their health through exercise had longer, more independent lives. Those exercising least were most likely to need to use services in the future.³
- ▼ 40% of the over-50s are sedentary. They don't exercise enough to benefit their health.⁴
- ▼ Older learners are more likely to join non-vocational, non-accredited courses which attract less public funding.⁵
- ▼ The National Adult Learning Survey 2002 showed that 51% of those aged 60-69 were learners, compared with 47% in 1997. However, participation in learning tends to decline as age increases. Only 28% of those in the 70+ age range had undertaken some learning in the previous three years.

One city of York study showed the following factors preventing participation in activities



Participation

Participation in social, cultural, religious and leisure activities is very important to people's quality of life. Encouraging such participation can play a key part in policy goals like improving health, reducing crime and building cohesive communities; and can also contribute to reducing loneliness.¹

Participation in learning has wider benefits – contributing to the health and well being of individuals and communities. 80% of learners reported that learning improved their enjoyment of life, their self confidence, how they felt about themselves, their satisfaction with other areas of life and their ability to cope.²

Open Age in London

Open Age encourages and enables older people to take part in leisure activities. Its 700 members can choose classes from IT to yoga at 22 community locations. Members help to run classes too. One walking group member explained, "we meet once a week and get to see and learn about places and parks in London that I didn't know existed or hadn't felt comfortable going to on my own. I now know lots of places to take my grandchildren. I'm also on the computer course and my grandson was delighted when we sent an e-mail to his grandmother in Canada to tell her he had a new baby brother."





Health and mental health

Respondents said that there are many people with chronic ill health in later life and poor health is a key factor leading to exclusion, affecting many aspects of everyday life. Large numbers of older people suffer from depression and mental health problems.

Health and social exclusion

...there are many people with chronic ill health in later life, which is a key factor leading to exclusion, affecting many aspects of everyday life...

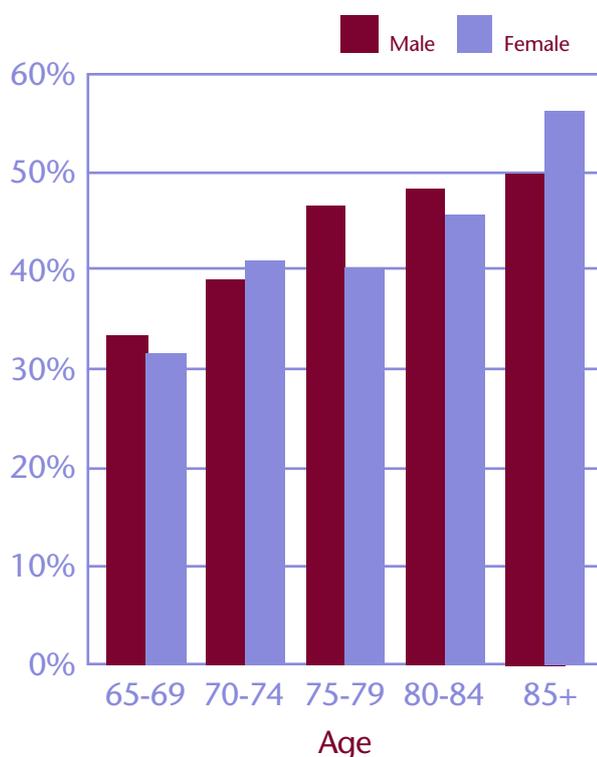
What our consultation told us

Joint working at a local level improves services for all older people, and particularly excluded older people.

Improved access to health care is important, and bringing services to places older people use is a good way of making contact.

Older people trained to give healthy living messages can be very effective in delivering information to other older people.

Longstanding limiting illness by age and sex, Great Britain 2001



Key Facts

- ▼ Life expectancy for men in unskilled manual social classes is over 7 years less than for professional classes. For women the gap is over 5 years. Some ward populations in England have the same mortality rates as the national average in the 1950s.¹
- ▼ 60% of older people aged under 80 report good health, but in the over 80 age group the rate of ill health and disability increases steeply. The numbers of older people in this group are growing more rapidly than in any other age group.³
- ▼ The average waiting time between a referral and having a hearing aid is fitted is just under a year in the UK.⁴

More than a million older people suffer from illnesses that have a significant impact on their quality of life.³ Health for all is improving, but it is not clear whether the gaps in health outcomes between groups is narrowing; and the effects of ill health can lead to exclusion.⁶

The National Service Framework for Older People published in March 2001 has been important in stimulating improvements in NHS services for older people, and specifically addresses age discrimination.⁸

Key Issues

- ▼ Health indicators are linked both to income and economic activity. The over-50s on low incomes or economically inactive visit their GP twice as often as those working or on higher incomes.⁵
- ▼ Older people from ethnic minority groups have difficulties with accessing information about health care.⁷
- ▼ Many areas have good health promotion activities but there are problems in ensuring that these services are 'mainstreamed'.
- ▼ Improvements in relation to conditions which dramatically impact on the lives of older people and their carers needs to continue, including stroke and falls. 14,000 people die each year from the effects of falls.⁸
- ▼ Lack of access to chiropody, dentistry, eye care and continence services affect older people most and neglecting these issues can lead to depression and isolation.

// Most of the time I can cope, but there are days when I am in pain all day, and then I feel that life isn't worth living and I just shut myself away // Quote from a 79 year old woman who suffers from arthritis.

Sight loss and hearing impairment can have profound effects, potentially isolating people:

// As my hearing deteriorated I really missed having a conversation with people when I went shopping or with neighbours. I began to feel really left out. I bought a hearing aid privately but it wasn't any good. When I did go for advice I was told that I would have to wait 6 months for an appointment. //

80 year old woman in a city in NW England

// I feel as though I wasted a year of my life. I developed a slight incontinence problem and didn't go out as I was so embarrassed. I didn't know where to get help. //

82 year old woman in SE England

Mental health

...Mental health issues in old age have a significant impact on the lives of many older people and their carers ...

What our consultation told us

In areas where specialist multi-disciplinary teams and good support services exist they can have a significant positive impact on the lives of older people affected by mental health problems.

Comprehensive services for older people with mental health issues need to be 'rolled out' to all areas.

Care services face particular challenges in helping people with mental health problems remain independent.

The SEU report on Mental Health and Social Exclusion published in June 2004 set out issues for adult mental health sufferers. Many of these apply equally to older people, because they suffer from the same range of mental health problems as the general population. There is an increased incidence of dementia among older people, but depression is also a significant problem in old age, and some older people also suffer from affective disorders such as schizophrenia.

The care needs of people suffering with dementia can be acute. Great pressure is put on the carers of older people with dementia, particularly partners.

One man said ***// I know she can't help it but it hurts me when my wife says that she doesn't know who I am. I haven't had a full nights sleep for weeks, when she gets up in the night I have to be aware in case she has an accident. At times she asks people to take her home although this has been our home for 30 years. //***

Key Facts

- ▼ *More than 1 million older people suffer from depression, in addition to the larger problem of undiagnosed depression. Older people are at greater risk of depression when isolated or suffering from chronic physical illness.¹*
- ▼ *750,000 people in the UK suffer from dementia, the majority of whom are people over 65. The incidence of dementia increases markedly over the age of 85, and 1 in 5 people over 85 will suffer from dementia. The numbers of people with dementia are estimated to increase to 870,000 by 2010 and 1.8 million by 2050.²*

Social care and carers

Respondents said that social services deal with some of the most vulnerable of older people and there has been a move towards focusing on those in need of crisis interventions. Many older people are cared for by friends and family. The contributions of carers can be hidden.



Social care

...Social Services provides care for the most vulnerable older people...there has been a move towards focussing on those in need of crisis interventions...

What our consultation told us

Quality of life is about having choices. Services for older people are often still designed to suit the provider and lack flexibility. Many services actually increase dependence.

Specific investment in preventative services is required.

The voluntary and community sector provide many innovative services which 'reach out' to excluded groups of older people. Many of these groups find it difficult to access funding, and report that it is therefore difficult to maintain the continuity of these services.

The **National Care Standards Commission** regularly inspect local services for older people. In a national report in 2003 they reported that:

- There were more 'joined up' services.
- 'Fair Access to Care' had clarified eligibility for services.
- There were more alternatives to residential care.

But:

- Direct payments for older people were still only increasing slowly.
- Information about, and access to services was patchy.
- There was inadequate provision for older people from black and minority ethnic groups.

Key Facts

- ▼ *Care for older people is the largest area of expenditure by Local Authority Social Services Departments. Total spend is £4billion, net of £1.5billion recouped from charging.¹*
- ▼ *About a fifth of older people use social care services – 5% of older people are cared for in residential /nursing home care and 15% have home care support.²*
- ▼ *5% of older people suffer verbal abuse and 2% suffer physical abuse.³*

Issues for Social Care Services

Most authorities charge for community care services and this remains an issue that affects take up of services.

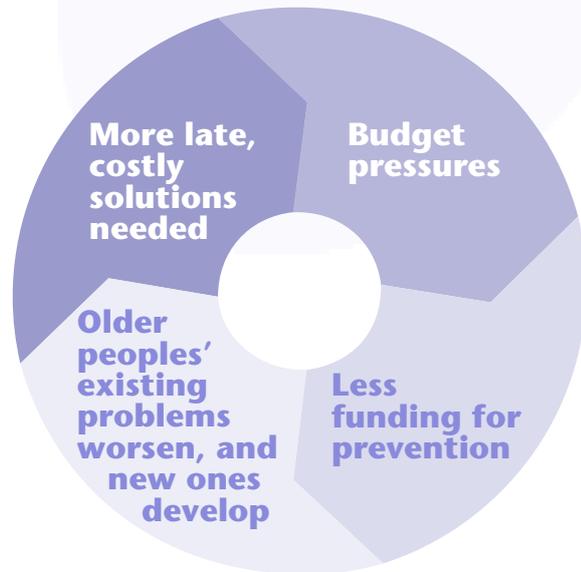
Despite an overall rise in standards, people living in deprived areas are more likely to receive poor services.

// Mrs A was discharged from hospital following a fall. She was glad to be back at home and receiving support but she did not like the short 'pop-in' visits by carers, who seemed to call at their convenience. In between their calls she was isolated in her flat. //

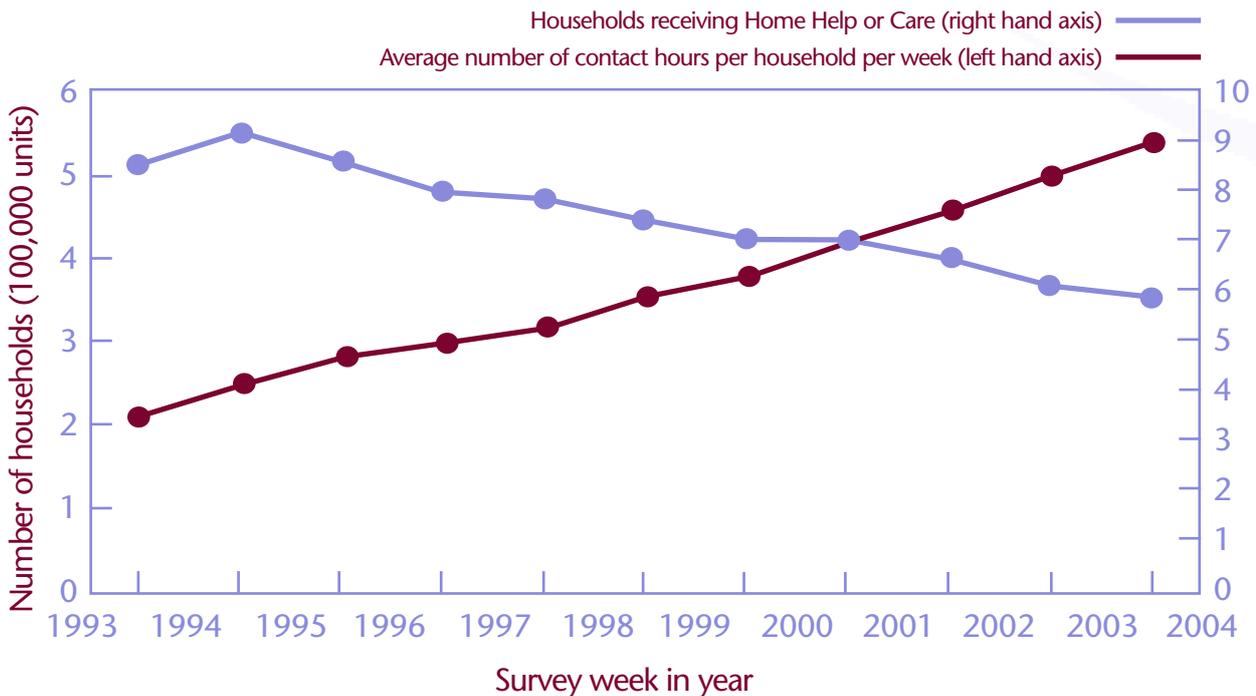
80 year old woman from rural area in SE England

Preventative work, such as housing adaptations, may involve spending one agency's budget, with savings accruing for another agency.

Budget pressures and competing priorities for different agencies can reduce the focus on small scale preventative services, as the diagram shows:



The graph shows that home care services are increasing but the number of people served is reducing as the intensity of the service increases.³



Support for carers

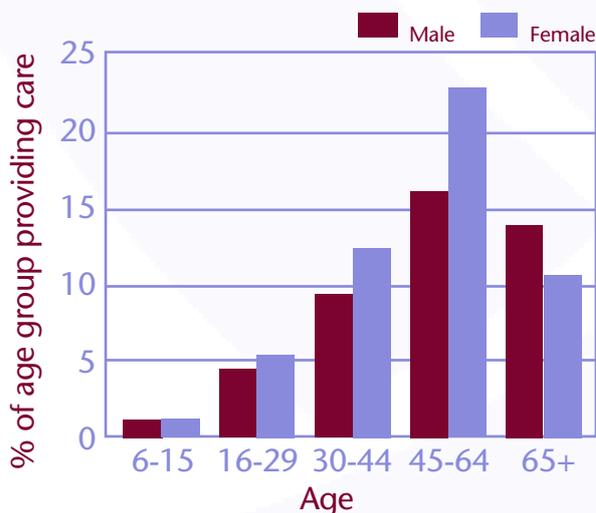
...many older people are cared for by friends and family. These contributions can be hidden...

What our consultation told us

The valuable contribution of carers should be recognised.

Carers could benefit from training and support which would help them continue caring.

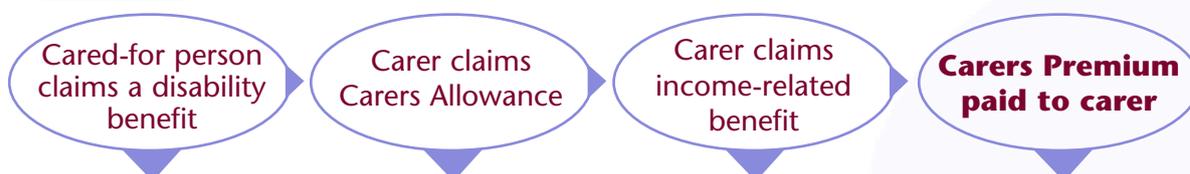
Statutory community care services are only part of the picture. A significant proportion of the population between 45-65 provide informal care, as the graph shows.



Key Facts

- ▼ 17% of households contain a carer.⁴
- ▼ There are an estimated 5.7 million carers in Britain, over three-quarters of a million of them providing at least 50 hours care a week.⁵
- ▼ Half of all carers look after someone aged 75 or over, 9 in 10 carers look after a relative⁵ and 2 in 10 a partner or spouse.
- ▼ Over a quarter of carers are over 65.⁵

Older carers often face financial hardship. Carer's allowance cannot be paid to someone who is already getting a basic State Pension of the same amount or more, so older carers have three benefit hurdles to overcome before they get any extra financial support:



- At each stage the carer has to go through a number of different processes – means testing and applications – to be able to apply for each type of carers benefit.
- A carer has to be eligible for carers allowance and income-related benefits, before receiving the carers premium.

// Mr. W, 82 cares for his 80 year old wife, who suffers with dementia. Some days she doesn't recognise him. He has lost contact with his friends: he tried getting someone to 'sit' with his wife while he went out, but she threw the sitter out. // Man from NW England



Income and employment

Respondents said that older people are at high risk of poverty...discrimination in relation to employment affects large numbers of older workers.

Pensions and benefits

...older people are at a high risk of poverty...there are a range of sources of income for excluded older people, but accessing them can be complicated...

What our consultation told us

Barriers to accessing benefits reported in our consultation include: means-testing; lack of access to information and advice; and stigma.

Low income adds to problems of ill-health, disability, poor housing and immobility.

Many consultation respondents felt that lack of money was the first barrier to achieving a good quality of life for an excluded older person.

// In this area few older people are homeowners and have little in the way of pension. They have always lived on their wages alone and now tend to live on benefits alone. //

(Consultation respondent)

// The main concern of older people (is) the pension and benefits system, its Byzantine complexity and the difficulty most people have in understanding it. //

(Consultation respondent)



Key Facts

- ▼ We are spending £10 billion extra on benefits compared to the 1997 system.²
- ▼ 21% of older people are on low incomes.³
- ▼ 62% of poor pensioners are women, 38% men.⁴
- ▼ Between £1.7 billion and £2.9 billion of benefits went unclaimed by older people 2002/03.⁵
- ▼ The National Audit Office identified 23 different benefits for older people, with 36 different linkages.⁶
- ▼ Since 1997 the poorest third of pensioners are £1,900 a year (around £36 per week) better off in real terms.²

Since 1996/97 there have been pronounced falls in the proportion of pensioners below low income thresholds.²

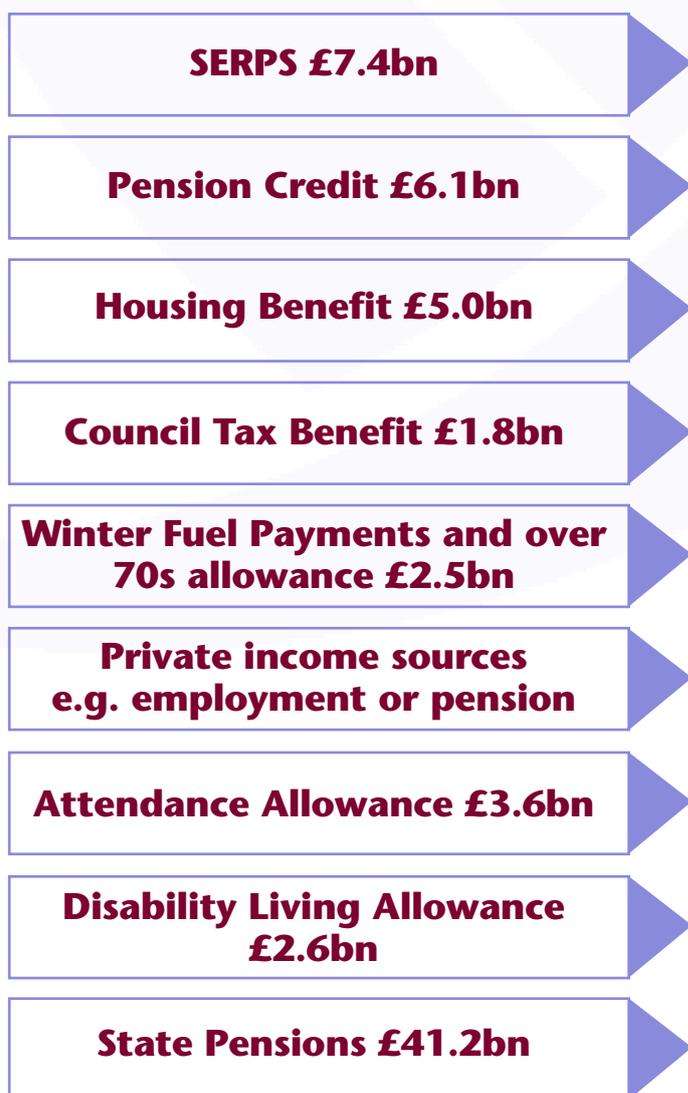
Pension Credit take-up has improved. However, other benefits still go unclaimed, particularly among disabled pensioners or those from ethnic minorities.

Research⁷ has shown that new benefits recipients increase their spending in 5 key ways:

- **Essentials:** notably food, but also clothing and utilities.
- **Mobility:** greater use of public transport, petrol, or paying for lifts.
- **Goods and services:** such as handymen and cleaners.
- **Lump-sum purchases:** such as mobility scooters, carpets or fridges.
- **Some personal expenditure:** such as family presents or visits.

Consultation respondents identified that there are a range of sources of income for an excluded older person; these represent a significant investment of income nationally, but they are not always offered in the most joined-up or efficient way, and can be confusing for recipients.

Sources of income¹ and total national spending



Photograph courtesy of Help the Aged

Employment

...discrimination affects large numbers of older workers...

What our consultation told us

Consultation respondents felt that there should be a gradual phasing out of the traditional notion of retirement, and that people should be offered more flexible retirement options.

Evidence suggests that age discrimination in the workplace and early withdrawal from work has a number of negative effects⁶:

- Isolation, social exclusion and stigma.
- Reduced confidence and low self-esteem.
- Increased levels of poverty, in the short term and after pension age.
- Reduced mental health, increased levels of depression.
- Reduced physical health.

Over 50s represent 30% of people of working age, 20% of those in work and less than 10% of those in training.

There is evidence that advice, education and training opportunities can have a positive effect in maintaining people in work and bringing people back into the labour market:

- Government schemes such as 'Pathways to Work' and New Deal 50+ have helped people off benefits and into work.
- A number of companies have invested in new training schemes for older employees, or started actively recruiting older workers.

Key Facts

- ▼ *A man aged over 50 who is not working is 50% more likely to die of respiratory disease in the next 5 years than one who is working.⁵*
- ▼ *Only 1 in 10 of those not working after 50 are registered unemployed.⁴*
- ▼ *Someone made redundant after 50 is eight times less likely to return to work than a younger person.²*
- ▼ *9 out of 10 older people believe that employers discriminate against them: a quarter speak from experience.²*
- ▼ *10% of companies employ no over-50s.³*
- ▼ *Over 1.5 million jobs are vacant on any given day, while over a million people over 50 would like to be working.²*
- ▼ *1 million people over the state pension age are in paid employment.¹*

Equality and diversity

Respondents said that there are some minority groups in society who face double discrimination and exclusion.

Diversity

...there are some minority groups in society who face double discrimination and exclusion...

What our consultation told us

Our consultation showed us that there are some groups of older people (such as those from ethnic minority communities, those with disabilities and older lesbians, gay men, bisexual and transgendered people) who face the same problems as their peers, but may face them more intensely and may also face additional barriers which result in social exclusion.

Specific barriers reported in our consultation that prevent ethnic minority older people achieving a good quality of life include: language, inadequate access to culturally specific services, financial difficulties, lack of training for staff on specific needs and racism.

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

(Policy Research Institute on Ageing and Ethnicity (PRIAE) consultation response)

// Older lesbians, gay men and bisexuals may face other issues and injustices because of their sexuality, many caused by the lack of legal recognition of their relationships, as well as the double discrimination of ageism and homophobia. Older lesbians, gay men and bisexuals may find that the problems of living in rural communities and/or the experience of disability may exacerbate problems such as poverty and isolation. //

(Age Concern)

Key Facts

- ▼ By 2016 the older ethnic minority population in the UK will have risen tenfold from 175,000 to over 1.8 million (Age Concern).¹
- ▼ Older ethnic minority people face greater poverty in retirement, being three times more likely to have below average income and twice as likely to be in the lowest income quintile (particularly those from Pakistani and Bangladeshi communities).²
- ▼ Older ethnic minority people are more likely to suffer from coronary heart disease and diabetes.²

Funding and targets

Respondents said there are complex funding streams and targets and these don't always meet older people's needs.

Funding and targets

...there are complex funding streams and targets and these don't always meet needs...

What our consultation told us

The complexity of funding streams can cause real problems for innovative new services trying to meet the needs of excluded older people. Organisations devote time and energy which could be spent delivering services to seeking funding and providing the same information on targets to many different funders.

// Funding and targets can put pressure on commissioners of services and service delivery organisations to become increasingly efficient, but in doing so lose sight of service users' real needs. Whilst there is a clear role for targets, they inevitably struggle to deal with the softer aspects of service delivery that are often most important to service users. //

(Consultation respondent)

// Short term funding is an absolute nightmare, this reflects on how secure people feel about their jobs, about the service they provide – don't want to raise expectations, provide a new service for 12 months and then it all disappears! // (Consultation respondent)

Services to older people frequently involve a variety of different funding streams from different agencies, often with separate eligibility criteria, targets and monitoring requirements.

The example on the right shows what happened when Helen fell and needed extra support back home – and the range of agencies and schemes that were accessed.

This complex range of separate agencies and schemes supports Helen at home:

Warm Front – central heating

Housing Department
– kitchen repair

Social Services
– home carer

Primary Care Trust
– community nurse

Disabled Facilities Grant
– ramp & walk-in shower

Supporting People – providing
an alarm & advice

Local Age Concern – befriending,
lunch club & home visiting



Part 3

Looking
forward

Introduction

Part 2 of this report outlined the feedback we have received on the **current problems** facing excluded older people and the barriers they face in accessing services.

Part 3 focuses on the feedback we have received about **how to improve services**. This includes the vision for services in the future, some of the factors that encourage excluded older people to use services and the simple things that can be done now to improve services.

The views expressed by respondents, in our view, distil down to three key themes for how services for excluded older people should be delivered in the future. These are as follows:

The importance of early intervention and low level services

The need for joined up and co-ordinated services

The importance of promoting user involvement, choice and control

These themes are obviously important for all older people, but they are particularly important for older people at risk of social exclusion – as the following pages will demonstrate.



Consultation overview

...services need to be delivered in a different way...

What our consultation told us

Respondents were asked what should be done to improve services for excluded older people and what the vision of successful services would look like in 10 years' time.

What should be done to improve quality of life for excluded older people?

An emphasis on low level services and prevention rather than crisis intervention

Ensure older people receive good quality advice

Need for flexible funding and targets to recognise the specific needs of older people

Involve older people in the design & delivery of services

More effective joint working between service providers

Improve accessibility and reliability of services

Challenge age discrimination

Raise awareness of and improve access to services

Simplify processes and reduce bureaucracy

A vision for the future

Consultation respondents described a vision of service delivery in the future which is characterised by:

- Universal services that are accessible to all
- Older people being content that they are having the lives that they choose and having control over what is important to them
- Active, vibrant, intergenerational communities
- Older people being acknowledged as citizens
- Joined up services that deliver and are personalised

Factors that respondents said encouraged excluded older people to access services

- Services which value and respect them
- Services that are proactively offered
- Personalised services
- Delivered by local people who are trusted
- Good information about what is available
- Local services
- Willingness to take things at an older person's speed
- Not having to access services alone

Joining up

...Services for excluded older people need to join up effectively...

Our consultation reported that it can be difficult to join up services. This diagram shows why joined up services are so important for excluded older people by following Joan as she accesses different services...



Where next?

...on joining up...

Clearly, joined up services are desirable for people of all ages and from all backgrounds. Joined up services are even more important for excluded older people, who may have limited additional contact with mainstream service providers and lack the confidence and social capital to seek out the services that they need. This means that outreach, and proactive services, as well as joining-up are important for excluded older people.

During the next stage of the project, we will:

- ▼ Use visits and telephone interviews to explore a wide range of different models for joined up services, looking to see what characteristics and features make these most effective.*
- ▼ Give particular attention to effective models of outreach, and see how services could be more proactive in helping the most excluded.*
- ▼ Conduct a study of the way funding and targets might be used to encourage, rather than inhibit, joined up services; looking at existing good practice as well as at current difficulties.*

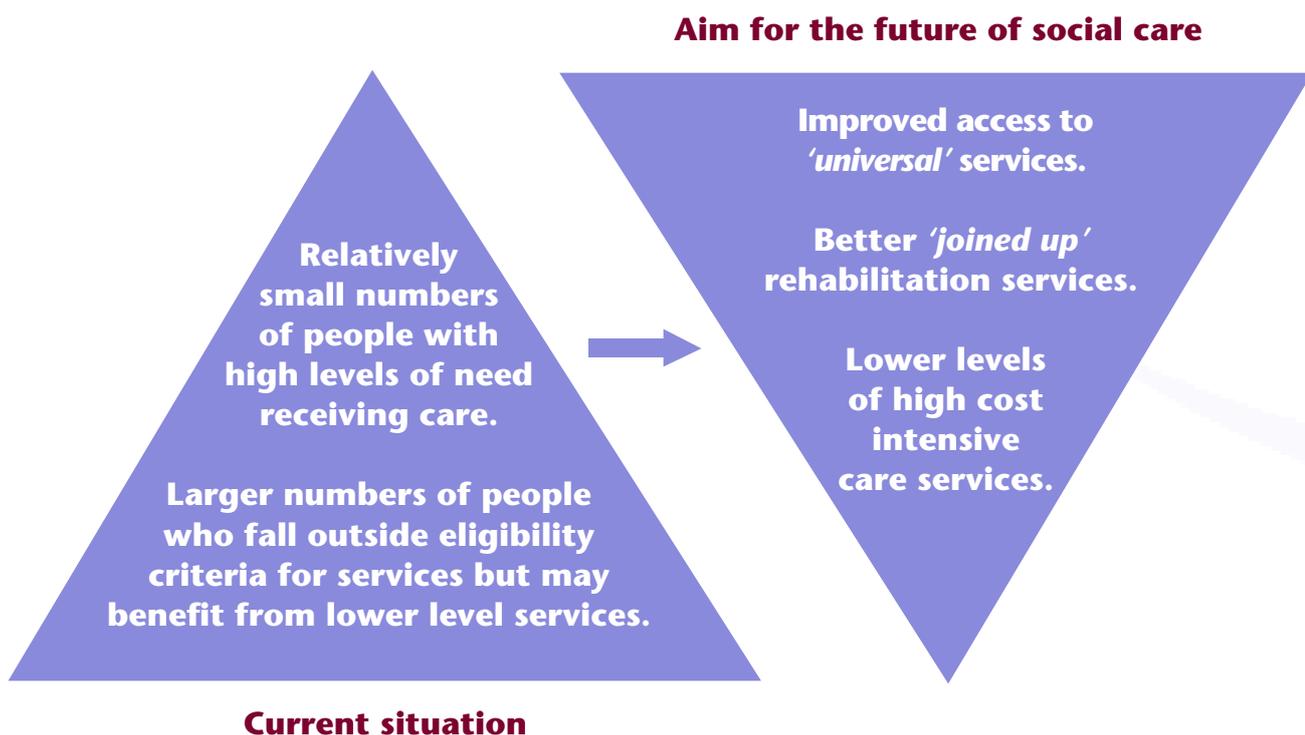
We welcome your views and comments on this.

Early intervention and prevention

...the emphasis needs to shift towards earlier provision of lower level services...

The current provision of services for excluded older people is focused on providing intensive, costly services once problems arise. Shifting the emphasis to providing lower level services – before people develop intensive needs – means there will be less need for intensive services in the future. This is better for individuals and less costly.

This changed approach summarised here has been described in a key document *All our tomorrows*, published jointly by the Association of Directors of Social Services (ADSS) and Local Government Association (LGA).¹



Low level services

...relatively modest services, provided at the right time, can have a major impact on quality of life for excluded older people...

There is evidence that simple, low level service such as home visits can reduce mortality and admission to long term care (Elkan et al 2001 – BMJ)

	Home	External Environment
Physical and Practical	<ul style="list-style-type: none"> Heating/insulation, Home safety/security, Cleaning, Shopping, Gardening, Equipment, Adaptations, Home Improvement Agencies, Community Alarms, Use of technology, Handyperson/repairs, Lifetime housing, Specialist housing, Benefit Take-up, Equity Release. 	<ul style="list-style-type: none"> Transport, Personal safety, Street lighting, Built environment (pavements, dropped kerbs, disabled access), Traffic management, Community centres, Advice centres and one stop shops, Accessible shops with affordable products.

	Home	External Environment
Personal and Social	<ul style="list-style-type: none"> Befriending, Bathing, Meals service, Hairdressing, Carers support, Range of personal care including nursing, Intensive home support, Resettlement into sheltered housing, Floating support, Rapid response, Rehabilitation, Advocacy. 	<ul style="list-style-type: none"> Leisure, Primary Health care, Chiropody, Lifelong learning, Libraries, Employment, Volunteering, Day care, Luncheon clubs, Rehabilitation, Step-up schemes, Step-down schemes, Engagement in priority setting, Community development, Healthy living schemes, Peer support.

Diagram adapted from the Joseph Rowntree Foundation¹

Where next?

...on low level services...

Our consultation has shown overwhelmingly the importance that low level preventative services can have in improving the quality of life for excluded older people, and in preventing the need for high cost intensive care services.

We know that although many studies of this subject have concluded that preventative services are important, making the shift in practice is more complicated because of the need to continue to offer crisis interventions, and the fact that costs and savings may fall to different budgets.

In the next stage of our work we will:

- ▼ Use visits and telephone interviews to explore examples of successful practice in shifting to more preventative services (for example in preventing falls and reducing hospital admissions).*
- ▼ Continue to develop a more detailed economic case for prevention, and explore with other Government departments some potential solutions to the problems around different budgets.*
- ▼ Develop proposals for a measure of older people's well-being, which might be used to capture some of the additional benefits of preventative work.*

We welcome your views and comments on this.

Control and choice

...leads to empowerment of service users and more appropriate services...

A 'one-size-fits-all' approach will not help improve quality of life for all older people. Tailored services are needed to reflect different people's circumstances and preferences.

Involving excluded older people in decisions and providing choice can empower people who may feel powerless.

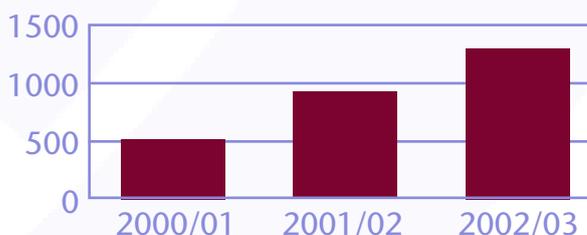
User involvement and choice can also lead to more efficient services, because individuals have a good understanding of what will work for them. Giving people more control – for example through direct payments for those with disabilities – has also often reduced costs, because far from trying to 'milk the system', most people take only what they need.

// We will have moved away from a bestowing culture to one where older people are actively engaged with the design and delivery of their services. Services will be designed to fit in with older people's lives with real choice in service delivery. //

(E-consultation respondent)

Direct payments represent one way in which choice has already been introduced for needs assessed social services, for those who choose to take them up.

Number of people taking up direct payments



Take up has been low but is increasing (as the diagram shows) and there is encouraging evidence that there are benefits. There is evidence on the value of advocacy and peer support networks in helping make Direct Payments work effectively. There are also barriers to take up which need to be addressed.

There may be scope for more choice to be introduced for other needs assessed services – with a range of different possible models – including individualised budgets following a needs assessment. This could allow older people with necessary support to build their own personal evidence base by trying what they think may work for them.

Where next?

...on control and choice...

Control and choice are things that many people in this country take for granted. But for older people, it may feel as though choices are slipping away into dependency. Building more choice and control into the system is important, but we need to make sure that for the most excluded, the choice is real and well-supported; and that a choice based system doesn't work so as to privilege those who already have the advantage of choice.

In the next stage of our project:

- ▼ *We will work with colleagues across Government to look at different models for extending more choice to older people, and will examine particularly closely what models will work best for the most excluded.*
- ▼ *As part of this, we will use our visits and telephone interviews, as well as international research, to explore successful systems for offering choice in action.*
- ▼ *And we will look in particular at advocacy and information systems that are successful in working with excluded older people, because these will be particularly important in making sure that the excluded get real choice.*

We welcome your views and comments on this.

Principles of service delivery

...the Sure Start model, for services for young children, could work equally well for older people...

A number of respondents commented that the Sure Start principles for younger children would apply equally well to the provision of services for excluded older people.

Working with older people

Every older person should get access to a range of services that will deliver better outcomes, meeting their needs and stretching their aspirations.

Services for everyone

But not the same service for everyone. Older people have distinctly different needs. Needs are different in different areas and a person's needs also change over time. Services should recognise and respond to these varying needs.

Flexible at point of delivery

All services should be designed to encourage access. For example, opening hours, location, transport, mobility and caring issues need to be considered. Where possible we must enable older people to get the health, advice and support services they need through a single point of contact.

Promoting independence and well-being

Services for older people should be preventative in approach, accessible earlier to promote independence and well-being and halt decline. This means not only health, housing and social care services but also advice and support with transport, mobility, leisure and employment.

Respectful and transparent

Services should be customer driven, whether or not the service is free.

Community driven and professionally co-ordinated

All professionals with an interest in older people should be sharing expertise and listening to local people on service priorities. This should be done through consultation and by day to day listening to older people.

Outcome driven

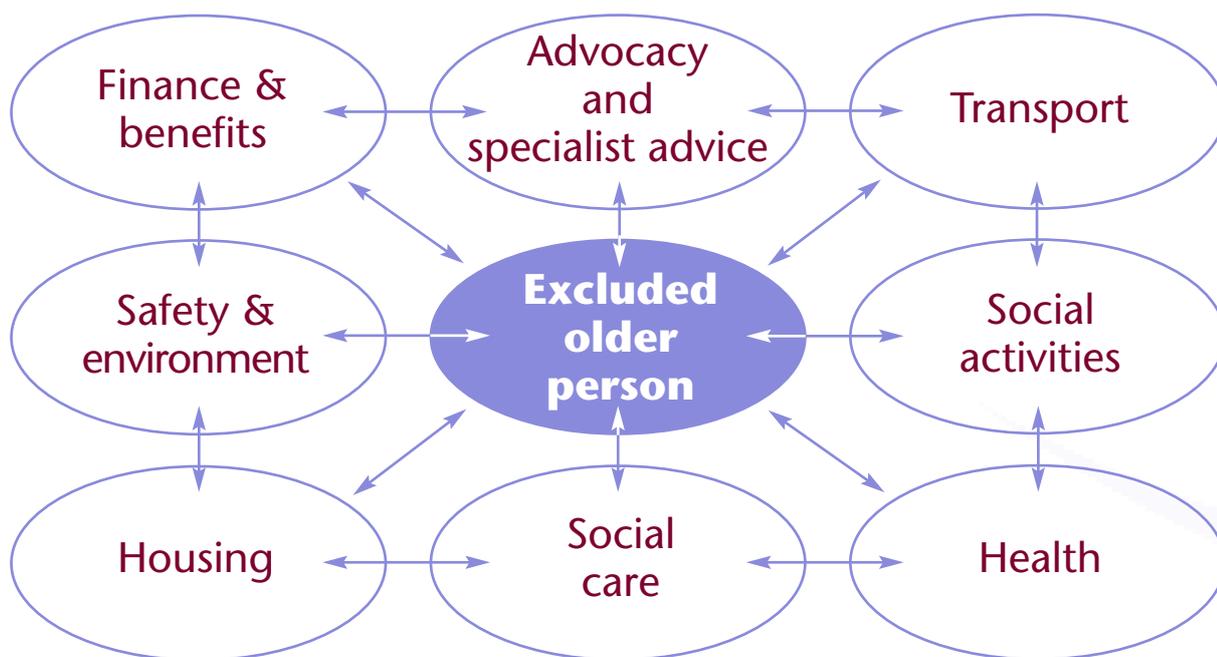
All services for older people need to have as their core purpose better outcomes for older people. The Government needs to acknowledge this by reducing bureaucracy and simplifying funding to ensure a joined up approach with partners.

We will continue to work closely with the DWP and others in developing models of delivering services which build on these themes.

What future services might look like for an excluded older person

...with joined up services, low level prevention and user involvement and choice...

A Sure Start type model of services would be particularly relevant for excluded older people and would enable a person entering at any place in the system to receive a seamless service, and would ensure that they can get access to what they want in other areas.



In an ideal model:

- Access to services for excluded older people would be a top priority – this could be via an outreach service, or mediated through the voluntary sector.
- The services available would not be limited to core statutory services. The voluntary sector would be fully involved and people could access services such as gardening and befriending. People should be able to access services as and when they need them, rather than only getting help when they reach a crisis point.
- There would be a strong element of local control and local governance. People can choose which services are appropriate for them.

Where to next?



This document outlines the current experiences of excluded older people raised during the first phase of consultation for the Excluded Older People project.

Part 2 of the report highlighted the barriers to accessing services and Part 3 distilled these views down into three key themes:

The importance of early intervention and low level services

The need for joined-up and coordinated services

The importance of promoting user involvement, choice and control

The next phase of the project will involve following up on the barriers identified and the themes for how services should be delivered in the future, with the intention of publishing a final report in late 2005. This will include an agreed plan of Government action.

We welcome any comments you might have on our interim report as we intend for this to form part of our next stage of consultation. For example, are there any important issues that the analysis in this report misses? We also welcome further examples of good practice in reaching excluded older people.

Comments can be sent to:
olderpeople@odpm.gsi.gov.uk

or

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End notes

Part 1

Social Exclusion and older people

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