



New
Philanthropy
Capital

Grey matters

Growing older in deprived areas

a guide for donors and grant-makers

December 2004

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Grey matters: growing older in deprived areas

December 2004

Executive Summary

'All would live long, but none would be old.'

Benjamin Franklin

We are all growing older, yet ageing is something rarely discussed in a positive light, if at all. Old age – a period traditionally understood as one of physical and mental decline – is something we would rather avoid or, at the very least, postpone for as long as possible. Increasingly, many of us are able to do so – rising life expectancies mean we can enjoy an active lifestyle in retirement. This is much less likely to be the case, however, for many of the four million older people in the UK that live in deprived areas.

People aged 60 and over make up a large, and rising, proportion of the UK. As a group defined only by age, older people show as much variation in background, lifestyle, wealth and health as the rest of the population. Some of the problems older people face are made more difficult because of pervasive ageism, the chronic nature of problems faced throughout life, and the relatively low priority of older people on social agendas. While most have adequate incomes, active social lives and access to basic services, those who do not may find it harder to identify problems and find solutions.

Many older people living in deprived areas, or in pockets of deprivation in otherwise affluent places, have no opportunities for an active lifestyle and self-fulfilment after retirement. Poverty, which is deeper and more persistent for older people, prevents them from accessing many opportunities associated with an active retirement. Approximately two million older people have been in poverty for at least three of the last four years. The health inequalities associated with poverty mean they die younger, and spend more time in ill health. The poorest 10% of people are more than twice as likely to die before the age of 65 as the richest 10%.

Two problems linked to poverty in later life are isolation and exclusion. Isolation – seeing friends, family or neighbours less than once a week – affects at least two million older people in the UK. It can lead to decreasing physical and mental health, and makes older people almost invisible to support services that might help them. Exclusion – a complex situation where the normal support structures of society have broken down for an individual – can worsen poverty and isolation. Older women, the over 75s, older people with disabilities, those from black and minority ethnic backgrounds, and some other groups are more likely to be trapped in this vicious cycle.

NPC estimates that 1.8 million older people in the UK experience a combination of poverty, isolation and exclusion. While some government initiatives address this, they often do not help those most in need. NPC's research finds a huge range of UK charities that work to help older people, and to support them to be independent, active and healthy. From well known large national charities, to smaller local charities and community-led organisations, there is an ongoing commitment to making a difference. These charities provide a vital safety net for many older people, helping to tackle poverty, isolation and exclusion at the same time as combating ageism and building links between generations within communities.

Charities that work with older people face a constant battle to survive, because other charitable causes are much more popular. Twice as many people give to organisations working with animals as those who give to charities supporting older people. Terms like 'the elderly' and 'old' distance us from the problems older people can face, and deny these issues are anything to do with us.

There are many positive faces of ageing:

- Older people lead active social lives
- Older people are carers, helpers and volunteers
- Older people are teachers, mentors and students
- Older people are politically engaged
- Older people are key figures in communities

Grey matters describes the scale of challenges older people face in deprived areas, focusing on poverty, isolation and social exclusion, and outlines positive alternatives that can be achieved. It gives an overview of the wide range of work done by the public and charitable sectors, and spells out the limitations of government approaches and the valuable contributions that independent funding can make. Given the level of under-funding that the sector as a whole experiences, and the low priority it receives in relation to other beneficiary age groups or charitable causes, there is a clear and urgent imperative for independent funding.

The role of the public sector

Despite the existence of many policies and government programmes aiming to tackle poverty, isolation and exclusion among older people, great challenges remain. Some of the most promising current initiatives include, at local authority level, Older People's Strategies and joint working partnerships with the charitable sector, and nationally, programmes, such as Link-Age, which aim to join up access to older people's public services. However, there are gaps between rhetoric and reality, for example:

- **Finance** – pensions remain at levels that perpetuate poverty, and means-tested benefits are ineffective at reaching the most excluded older people.
- **Health** – inequalities persist, and the emerging preventative health agenda is least effective among lowest income groups.
- **Transport** – there is wide variation between concessionary fare schemes, and little availability of truly flexible transport schemes.
- **Education** – Lifelong Learning is not a reality for most older people.

The role of the charitable sector and independent funding

Why should independent funders and donors provide resources, given that the government clearly plays a defining role in the issues of poverty and exclusion among older people?

- **The general level of under-funding of the sector** is such that *all* organisations within it face significant funding challenges.
- **The generic approach often taken by statutory funding and services** may work for the majority, but is unlikely to meet the needs of older people in deprived areas with complex problems.
- **Statutory funding tends to focus on 'high level' services**, such as acute medical and nursing care, for the frailest and oldest people.
- **Statutory funding generally focuses on delivery of existing services**, and often does not stimulate the development of new ones.
- **The economic and moral benefits of tackling these issues are so great** they create an imperative for action by all, in public, private and charitable sectors.

The case for independent funding

What can be achieved by funders and donors supporting the older people's sector? Some of the major results might include:

- **Releasing unclaimed benefits:** the value of benefits currently unclaimed by entitled older people is estimated to be between £1.8 billion and £2.5 billion.
- **Preventing acute medical & care needs:** many of the most costly health and care needs would not develop if more preventative services were in place to deal with lower level needs.
- **Making society & communities more inclusive for older people:** encouraging participation may have direct health benefits, and also taps into a vast resource and social capital.
- **Improving older people's quality of life in deprived areas.**

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Introduction

The purpose of this report

Grey Matters is a guide for donors and funders interested in activities and services designed to help older people affected by poverty, isolation and social exclusion in the UK. Its purpose is to provide information and analysis to understand the extent of these problems; it highlights the work done by the public and charitable sectors to address them, and the results generated by those activities and services. The report is aimed at all donors and funders, from private individuals, who may be relatively new to the subject, to grant-makers and statutory bodies with extensive experience.

Funding work in this field is not straightforward, due to the large number of charities, wide range of activities and services, and blurred lines between the public and charitable sectors. Therefore it is vital donors and funders are well informed before making funding decisions.

Scope, content and methodology

The report focuses on older people, defined here as aged 60 or over. The diversity of older people makes it difficult to define them as a single group, but it is necessary to make explicit definitions (see also page 16) to limit the scope of discussion. Issues discussed may apply to people younger than 60, despite their omission from this report. Many charities NPC visited work with a broader range of ages, often from 50 upwards.

The problems of poverty, isolation and social exclusion are deeply entangled. However, the existence of one does not necessarily imply that of the others. This report concentrates on the most complex situations in which older people are poor, isolated and excluded. It focuses on people living in their own homes, rented or sheltered accommodation, rather than in residential or long-term medical care. Issues that relate to such environments will be examined in future NPC reports.

On the basis of research investigating deprivation among older people,¹ the geographic scope of this report (in terms of charity visits) was limited to a number of the most deprived local authority districts. The report as a whole, however, is relevant to older people across the whole of the UK. The areas visited were: London (Hackney, Islington and Newham), Liverpool, Manchester, Newcastle, Swansea and Glasgow.

This report is based on desk research and meetings with charitable and public sector organisations, academics and policy makers, and makes use of primary research, charities' reports and evaluations, and interviews with experts. The aim is not to detail the work of all the thousands of charitable organisations working with older people across the UK; rather it provides an overview and looks at a sample of charities. Organisations mentioned are examples; omission does not imply a negative assessment by NPC, no more than inclusion need imply a recommendation. Charities were identified through a number of means: financial analysis of the sector; consultation with major national and local players (in selected geographic areas); advice from academics, policy makers, grant-making trusts and foundations and meetings with local facilitators (Councils for Voluntary Service, Community Foundations) and organisations.

The structure of this report

Grey Matters is divided into five sections:

- **The need** – the extent and nature of the problems facing many older people in deprived areas.
- **The role of the public sector** – the responsibilities of the state, its attempts to tackle poverty, isolation and exclusion, its failures to effect real change, and the promising approaches seen at local authority level.
- **The role of the charitable sector** – the evolution of the older people's sector, the diverse range of activities and services it provides, the challenges it faces and the imperative for independent funders to support its work.
- **Outcomes** – an overview of the results of charitable activities and services.
- **Conclusions** – how funders can take action to help older people in deprived areas, including some examples of recommended projects and organisations.

Section 1: The need

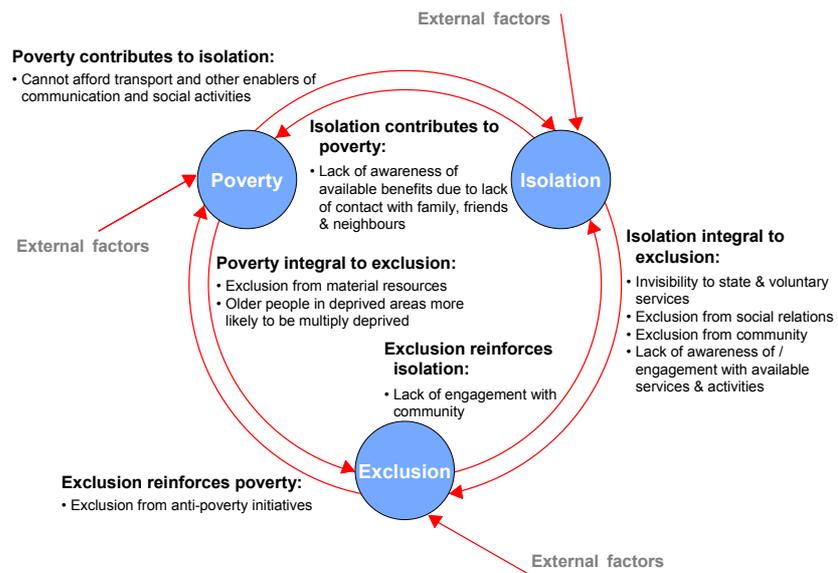
Overview

Our society has traditionally viewed the ageing process as a progressive degeneration of physical and mental function, and a decline in social interaction and participation in all elements of society, from civic engagement to purchasing goods and services. Increasing longevity in post-industrial nations means the degenerative aspects of ageing occur later in life. This period has been reclassified as the fourth age, and the period of healthy, active, non-degenerative ageing is known as the third age.[†]

The third age is a reality for most people after retirement in the UK today. However, for some, factors present throughout earlier life or, arising with retirement and ageing, accelerate the transition from working life to the fourth age. Three major factors driving the early onset of the fourth age are poverty, isolation and social exclusion. Prior to defining these explicitly,[†] they can be simplified respectively as deprivation from financial and material resources, from social interaction, and from participation in society.

These problems can affect a person at any time in life. For older people however, they may be more debilitating, persistent and intractable due to their inter-relationships (see diagram below). They are not necessary consequences of the ageing process, and the majority of older people's lives are not defined by them. However, there is growing recognition in social and political spheres that these problems need to be tackled, to allow the third age to become a reality for all.

Figure 1: The vicious cycle of poverty, isolation and exclusion (expanded in Figure 7)



Source: NPC

As illustrated in **Figure 1**, poverty, isolation and exclusion for older people are closely related, which makes it more likely for one problem to lead to another, creating complex issues. These relationships, and their implications, are outlined on page 14, in **The vicious cycle of poverty, isolation and exclusion**.

These problems have a broad range of causes, which are further complicated by ageism, the potential costs of increasing longevity and the emergence of the third age. These are discussed on page 16, in **Causes and contexts**.

The imperative for funders, on page 21, concludes this section by discussing the economic and moral reasons for taking action. It also shows how the limitations of government approaches and general under-financing of the sector create a vital role for independent funding, and states some of the positive outcomes achievable.

[†] The third and fourth ages are defined and discussed on page 17.

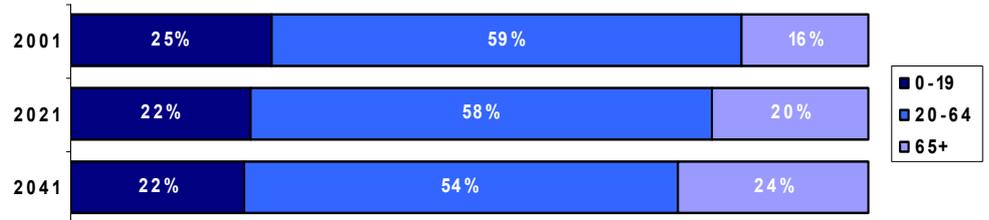
[†] For definitions, see beginning of sections on Poverty (page 6), Isolation (page 10) and Exclusion (page 11); also Appendix 2: Definitions.

The scale and nature of the problem

Background – demographics

There are 12.3 million people aged 60 and over in the UK today,² approximately 21% of the population.³ In 1900 this figure was 4%; in 2031 it is expected to rise to 29%.⁴ The over 50s already outnumber the under 16s by almost two to one; by 2041 there will be more over 65s than under 20s. Due to increasing longevity and reductions in birth rates since the post-Second World War boom, the population of the UK is rapidly ageing.

Figure 2: Changing population profile 2001-2041



Source: Government Actuary's Department⁵

While life expectancy at birth rose quickly over the first half of the twentieth century due to reductions in infant mortality, the most rapid increases in life expectancy at age 65 (and therefore longevity) took place after 1960. If longevity continues to rise at this rate, by 2021 men reaching age 65 will, on average, expect to live to 83, and women to 86.

Table 1: Increasing life expectancy between 1901 and 2021

	Life expectancy	1901	1981	2001	2021 [†]
Male	At birth	46	71	76	78
	At age 65	76	78	81	83
Female	At birth	50	77	80	83
	At age 65	77	82	84	86

Source: Office for National Statistics (2004)⁶

Despite uncertainty over the impact of certain factors on longevity, such as rising levels of obesity,⁷ and conversely of improvements in medical techniques and increasing public engagement with health agendas, it is generally accepted that life expectancy will continue to rise in the UK.

Poverty

Poverty is often measured in terms of low income, although this can be misleading. In purely financial terms,[†] poverty affects approximately 2.3 million pensioners in the UK (21%).⁸ However this figure is based on an arbitrary cut-off point where anyone with less than 60% of the median (or mid-point average) income is considered to live in poverty. Yet the median income that pensioner incomes are compared to is the median *pensioner* income. In other words, the pensioner poverty level is not the same as the working age poverty level (£198 per week in 2001), but considerably lower (£110 per week in 2001). If measurements of pensioner poverty were based on the working age median income, more than 80% of pensioners would be living in poverty.

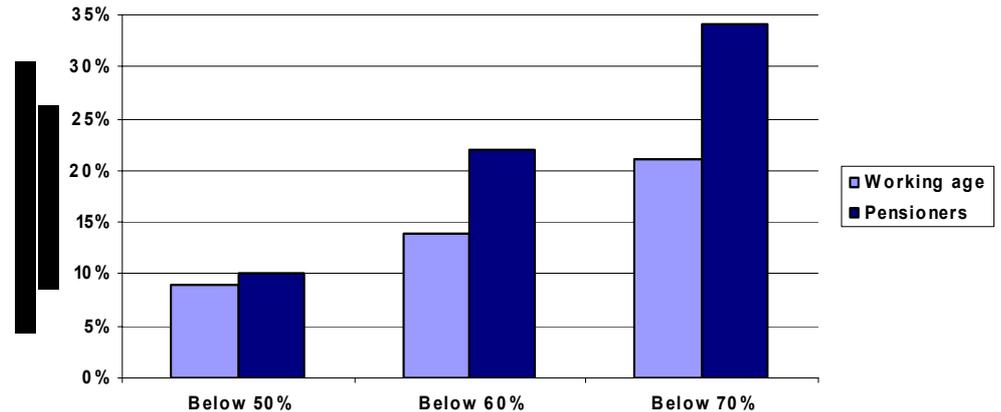
Financial poverty is more usefully defined as a situation in which someone lacks the resources to meet a minimum budget required to pay for essential items (see below – **Wider definitions**). Nevertheless, comparisons of pensioner and working age poverty rates based on the above measure show acute poverty is more widespread and deeper among older people than working age adults.

[†] Predicted

[†] Government indicators define poverty as income less than 60% of median income. See Appendix 2: Definitions for descriptions of wider definitions of poverty.

If measurements of pensioner poverty were based on the working age median income, more than 80% of pensioners would be living in poverty.

Figure 3: Working age and pensioner poverty



Source: Family Resources Survey (2002/3)⁹

Government indicators show poverty among older people is more persistent* than among working age adults, as illustrated in **Table 2**. While working age adults may move in and out of poverty with changing employment status, older people are often reliant on state pensions and benefits, so their situation is less dynamic. Seventy percent of pensioners receive at least half of their income from the state, and 9% are entirely reliant on state pensions and benefits.¹⁰

Table 2: Pensioner and working age persistent poverty

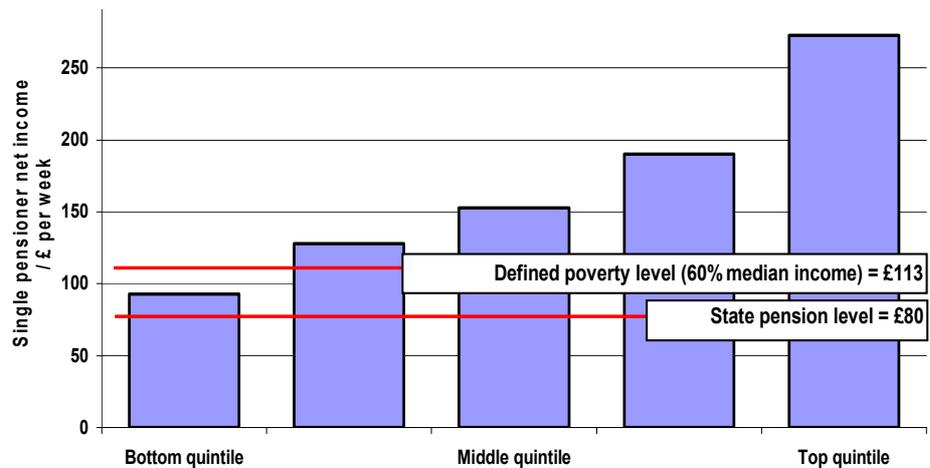
% of population on income below 60 % of median for 3 out of last 4 yrs	1992-1995	1998-2001
Working age adults	7%	7%
Pensioners	16%	18%

Source: British Household Panel Survey (2002/3)¹¹

A person relying entirely on the state pension and benefits for their income will inevitably be living in poverty.

The state pension does not, on its own, provide an adequate income, but provides the basis of an income, to be supplemented by state benefits if other resources are not available (i.e. occupational/private pensions or investment returns). The current full state pension for single pensioners is £79.60 per week, or 42% of median pensioner income.[†] Even taking into account income benefit for older people (Pension Credit – which replaced the Minimum Income Guarantee) a pensioner’s income is only £105, some way beneath the poverty level – currently £113 per week. Someone relying entirely on the state pension and benefits for their income will inevitably be living in poverty. Pension and poverty levels are shown in **Figure 4**.

Figure 4: Pensioner income distribution and poverty level



Source: Department of Work and Pensions & NPC analysis¹²

* Defined as having been in poverty for at least 3 of the last 4 years.

† State pension £79.60 (single) / £127.25 (couple); Pension Credit £25.85 (single) / £33.70 (couple).

Wider definitions of poverty show that the scale of the problem is greater than financial indicators suggest. One alternative definition is the minimum economic requirement to budget for necessities. The Family Budget Unit, a small charity, produces generic low cost but acceptable budgets for UK pensioners. The current budgets for a single pensioner are £113* for a home owner (without mortgage) and £137.50 for a local authority tenant (shown on page 7).¹³ Although many older people are home owners, and are considered asset-rich, this can be misleading because they are often income-poor.

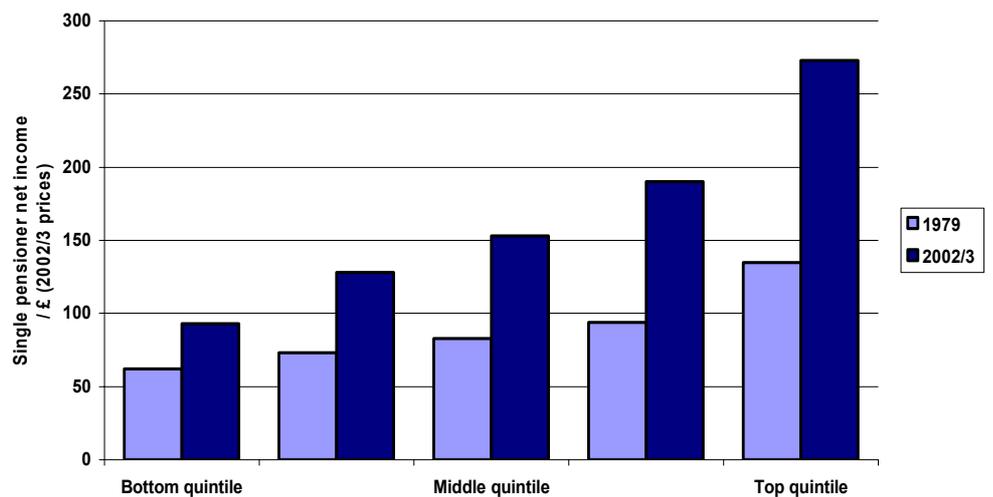
These figures show that government indicators do not accurately reflect the needs of older people who are tenants or have mortgages, an estimated 40-55% of older people in the UK.¹⁴ Furthermore, older people are less likely to be home owners in the most deprived I wards.¹⁵

A second broad definition focuses on deprivation of necessities: Keele University undertook research that shows 45% of older people in deprived areas live in poverty – unable to afford two or more of the items that the majority view as basic necessities.¹⁶ Almost half of those living in poverty had not bought clothes in the previous year, half had been unable to afford a holiday and 15% had gone without buying food.¹⁷ Another issue is fuel poverty – a condition where people cannot afford to heat their home adequately. In Scotland, 37% of single pensioner households are classed as fuel poor.¹⁸

Although indicators show older people's incomes increased over the past 25 years, they demonstrate that poorest individuals benefited least. Since 1979, the richest fifth of pensioners experienced average income growth of 102%, while the income of the poorest fifth increased by only 50%.

Almost half of those living in poverty had gone without buying clothes in the previous year, half had not been able to afford to go on a holiday and 15% had gone without buying food.

Figure 5: Inequality in pensioner income growth



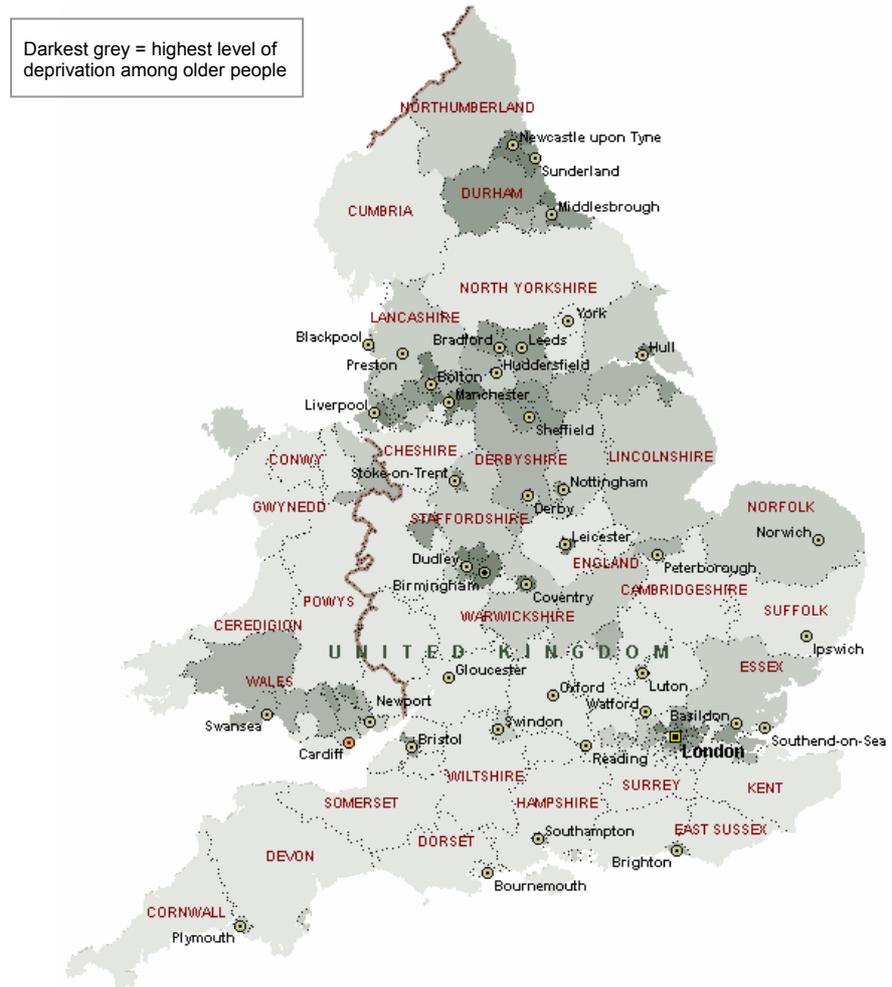
Source: Department of Work and Pensions¹⁹

Poverty among older people can be examined geographically as well as statistically. Help the Aged conducted the most complete study of deprivation in England and Wales in 2003, which looked at the numbers of older people claiming income-related benefits.[†] While the map of deprivation among older people, illustrated in **Figure 6**, is similar to that among the wider population,²⁰ there are areas where older people are more likely to be living in poverty than their younger counterparts. These areas include Islington (London), Coventry, Lincoln, and Gateshead.

* The LCA budget for a single pensioner currently coincides with the poverty level defined in terms of median incomes (£113) although these figures are arrived at by completely different methods.

† This study did not cover Scotland or Northern Ireland, where similar data could not be found.

Figure 6: Map of deprivation among older people (England & Wales)



Source: Help the Aged Income Index 2003 & NPC analysis²¹

It can be seen from this map that deprivation among older people exists throughout England and Wales, but is less prevalent in the southwest of England. There are particularly high levels of deprivation in areas of the northeast (e.g. Newcastle), the northwest (e.g. Manchester), West Midlands (e.g. Birmingham) and London. This map only shows averages and pockets of deprivation often exist in relatively affluent areas.

Box 1: Real experience of poverty in later life

Miriam, 85, is slight and unsteady on her feet. She shuffles unnoticed down the shopping precinct, stopping only to check the two-for-one offers in the window of Netto, the clothes rail outside the YMCA, and the mannequins in the Help the Aged shop.

Miriam hasn't been out shopping in Leigh Park, Havant, since Christmas. Illness has kept her housebound. Miriam suffers from anaemia, which leaves her feeling very weak. Every month she has to have an injection to boost her iron levels.

Since her husband died three years ago, Miriam has had to cope with only her pension of £79 a week. She had been receiving a carer's allowance as she nursed her husband through his final months, but this ended after his death. Miriam still pays the rent on the council house, which she moved into 60 years ago. This is despite the fact that her income falls well below the Minimum Income Guarantee of £100 a week.

Miriam has been living well below the poverty line since the death of her husband. But her philosophy is simple, 'If I can't afford it, I can't have it. I simply go without. If I budget I can manage. I eat cheaply. I like my vegetables... I always look for the two-for-one deals in the shops.' Miriam has no money for extras.

Source: Help the Aged – Pensioner Poverty: Real life stories²²

Not only do those people on low incomes die earlier, they also spend a longer period living in poor health in later life... These health inequalities are widening rather than narrowing.

Financial abuse is a problem closely related to poverty among older people. The term refers to the misuse of unregistered powers of attorney, and results in the theft of vital benefits and savings. A House of Commons Select Committee investigation finds it is the second most common form of reported abuse after psychological abuse; the most likely perpetrators are distant relatives and paid carers of older people living alone.²³ In evidence presented to the Select Committee, the Institute of Gerontology at King's College London claims the extent of the problem is much greater than generally recognised. The report estimates elder abuse affects as many as 500,000 (4%) of older people.²⁴

The consequences of living in poverty are broad and far-reaching; this report explores them in more detail on page 14. Prior to that discussion, one particular problem associated with poverty deserves examination in its own right – **health inequality**. It is well known that poor health among working age adults is associated with poverty, and that life expectancy varies with social class. Less research exists on the associations between health and income among older people, but research shows older people on low incomes experience earlier onset of disability, and socioeconomic disadvantage (i.e. lower social class) does lead to a shorter and less healthy later life.²⁵

In terms of life expectancy, the difference between the highest and lowest social classes is as much as five years for men and four for women; the poorest 10% of the population are more than twice as likely to die before the age of 65 as the richest 10%.²⁶ Furthermore, where life expectancy is lowest, healthy life expectancy is shortest.¹²⁷ These health inequalities are widening.²⁸

The challenge presented by such stark inequalities is one this report returns to; because good health underpins the possibility of an active third age in later life.

Isolation

An Economic and Social Research Council (ESRC) study defines **isolation** as a person who has less than weekly direct contact with friends, family or neighbours. It is estimated to affect 2.1 million older people (17%) in the UK.²⁹ 1.3 million older people (11%) have less than monthly direct contact with family or friends. Isolation is most frequently linked to living alone; recent data indicates that among those aged 65 and over, 22% of men live alone, and 44% of women.³⁰ These figures increase with age, with the over 85s almost twice as likely to live alone as those aged 65-74.

A MORI survey in 2000 shows nearly 1.5 million older people (12%) feel trapped in their homes.³¹ Older women are more than twice as likely to feel trapped as older men (15% to 7%), and those aged 75 and over feel most trapped. This survey also reveals direct links between low incomes and isolation; those on low incomes are more than twice as likely to be acutely isolated as those on higher ones.

Many other factors beside income lead to social isolation among older people. Lack of adequate transport is perhaps the most important, because it prevents older people leaving home and staying socially active. Whether in rural, suburban or urban areas, older people are heavily reliant on public transport unless they own a car. Vehicle ownership declines rapidly after 65, with women less likely to have access than men. Sixty six percent of males aged 75-84 have a car in their household compared to only 42% of females.³² In Scotland, 48% of the over 65s do not have access to a car.³³

The needs of many older people in deprived areas are not being met because of the huge discrepancy in the quality and accessibility of public transport. The Elders' Council of Newcastle concludes: 'Transport is the issue most commonly raised by older people as having a significant impact on their quality of life. Car ownership reduces as people get older for a variety of reasons including cost and health. Efficient public and community transport services which are accessible to people with varying needs are therefore particularly important to older people.'³⁴

The overwhelming majority of older people are not socially isolated.³⁵ However, for a significant minority, isolation is a debilitating condition. Research shows isolation is often associated with declining physical and mental health:

* Other aspects of elder abuse are mentioned in the context of government interventions in Section 2 – see page 27.

† Research shows the poorest older people are far more likely to report ill health than the richest: 45% (poorest quintile) to 10% (richest quintile) at ages 60-64; 45% (poorest) to 27% (richest) at age 80+.

2.1 million older people (17%) have less than weekly contact with friends, family or neighbours; 11% had less than monthly contact with family or friends.

Isolation can lead to a number of health problems such as depression, dementia, anxiety and fatigue, and to reduced confidence and self-esteem.

Need > Public sector > Charitable sector > Outcomes > Conclusions

- Reduced physical activity can rapidly lead to decreased mobility and indirectly to decreased mental function and cognitive impairment.³⁶
- Isolation can lead to a number of health problems such as depression, dementia, anxiety and fatigue,³⁷ and to reduced confidence and self-esteem.³⁸
- Isolation is in itself inherently bad, as social interaction is accepted as one of the most important components of quality of life at any age.

Loneliness is closely related to isolation, but distinct from it. It reflects a person's own judgement of their level and quality of social contact. Surveys indicate that of 2.9 million older people living alone, 500,000 (17%) judge themselves to be often or always lonely,³⁹ while as many as 46% of older women say they sometimes feel lonely.⁴⁰ Other research indicates older people living in deprived areas are more likely to be lonely; 44% report moderate loneliness and 16% severe or very severe loneliness.

Government indicators do not highlight isolation as a significant issue,⁴¹ but independent research shows that it is a real predicament. With the forecast growth of the older population in the UK, the problem is only set to increase – a recent report forecasts 2.2 million over 65s (or 2.9 million over 60s) will be isolated by 2021.⁴²

Box 2: Experiences of isolation and loneliness

'I go out to try to stop being lonely. I sit and talk to people in the park... I get lonely a lot, that's why I go out a lot.'

'There are times when I'm very lonely, but I get a phone call from my befriender, which I appreciate greatly. She is a wonderful friend; we talk about everything and anything.'

'Sometimes my nephew takes me out in the car at the weekend, but apart from that and going to the hospital and GP, I never get out because there is no transport.'

'I became extremely lonely and depressed after having to give up work. I didn't know what to do with all the time I had. That's what made me turn to volunteering. Loneliness is a killer.'

Source: Help the Aged British Gas partnership report on isolation⁴³

Exclusion

The government's Social Exclusion Unit defines social exclusion as 'a shorthand label for what can happen when individuals and areas suffer from a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown'.⁴⁴ The Indices of Multiple Deprivation⁴⁵ outline a number of areas where exclusion affects people:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barriers to housing and services
- Crime
- Living environment

These indices do not directly measure exclusion for older people, but for the whole population. An additional index has been developed to cover income deprivation affecting older people⁴⁶ although this is not included in the overall indices. While government indicators do not provide a clear picture of social exclusion among older people, independent research gives a better understanding.⁴⁷ This shows that **older people living in deprived areas are often excluded in a number of ways:**

- **Material resources** – 60% experience medium or high levels of deprivation; 45% live in poverty
- **Social relations** – 20% socially isolated; 44% moderately, 16% severely / very severely lonely; 17% cannot afford at least two of seven activities
- **Civic activities** – almost 50% never attend community / religious group meetings; 24% do not participate in any civic activities
- **Basic services** – 14% cut back on at least three of four basic utilities
- **Local area** - 44% feel very unsafe leaving home after dark

Older people living in deprived areas are often excluded from material resources, social relations and basic services.

Many aspects of social exclusion are very different for older people. They are *excluded* from several dimensions used to monitor and tackle social exclusion.⁴⁸ These dimensions, of income, employment, and education represent potential exit routes from social exclusion, as illustrated in **Table 3**.

Table 3: Exclusion – differences between older people and wider population

Dimension	Older people – general variation from wider population
Income	Income fixed by state pension/benefit and other pensions / investments; more likely to experience high levels of deprivation.
Employment	Prevented from entering employment by age discrimination.*
Education, skills & training	May not have had education and training opportunities in their youth; generally precluded from lifelong learning after age of 65 because educational courses must be self-funded.

While the table above summarises some of the general exclusions that older people may face, there are also many specific examples of exclusion. Some of these are outlined below:

Table 4: Exclusion – specific examples for older people

Dimension	Specific exclusions experienced by older people
Health	Older people are less likely to receive some services due to institutionalised age discrimination, and less likely to experience positive outcomes from services they do receive. ⁴⁹
Housing	Older people may be more likely than working age adults to be outright home owners, but can still face many issues associated with housing, particularly in deprived areas. While housing costs are lower for home owners than tenants, low incomes prevent older people from maintaining their homes in a good state of repair and with adequate insulation, including alterations that make them secure and well-adapted to later life. Older people are also often excluded from housing design, and the most isolated and excluded are often unaware of housing options that would allow them to remain independent and in the community, such as sheltered housing.
Employment	In the UK, the majority of people retire at, or soon after the state retirement age. [†] Employment rates beyond state retirement age in the UK are currently 9% for men aged 65 and over, and 10% for women aged 60 and over. ⁵⁰ While many retire in their 50s and early 60s, they tend to have additional occupational or private pension schemes. Those on lowest incomes generally work longer, as they have no financial options. 12-30% of men in their 50s with additional pensions expect to retire at or before age 60, while only 7% of those with just state pensions have similar expectations. ⁵¹
Crime	Older people are less likely to be victims of violent crime than younger people. However, they are more affected by fear of crime, and in deprived areas are significantly more likely to be victims as well. Help the Aged research shows older people in deprived areas are disproportionately vulnerable to serious crime: 40% have been a victim in the last two years; 28% had recent experience of property crime and 15% were assaulted. ⁵² The research highlights the prominence of fear of crime in older people's lives in deprived areas, with 40% worried about muggings or having their homes broken into.
Transport	There are over four million older people without cars in the UK, who have to rely on public transport, in particular on buses. Less than two million in England have access to concessionary fare schemes. Levels of car ownership fall rapidly among the over 75s. 28% of women over 70 have full driving licences compared to 68% of men. ⁵³

As noted above, while exclusion may be temporary for working age adults, it is more permanent for older people, who are prevented from taking the primary exit route of employment out of poverty and exclusion. Other exit routes, such as moving house, replacing social networks and gaining educational qualifications are also more difficult for excluded older people, due to a perceived, or actual lack of, control or opportunities.

* Although legislation dealing with age discrimination in employment will begin implementation in 2006.

† Retirement age is currently 65 for men and 60 for women; these are being equalised to 65 for both sexes by 2020.

While exclusion may be quite dynamic for working age adults, it is generally much more static for older people, who are prevented from taking the primary exit route, out of poverty and exclusion, of employment.

In a strategy paper on care services for older people, the Local Government Association states: 'Older people are often still excluded from universal services in the community, ones that we would all expect to use.'⁵⁴ Stereotypical attitudes to ageing assume exclusion is a natural part of the ageing process. This is discussed in more detail below in **Ageism and attitudes: from 'old' to 'older'**. To date, the Social Exclusion Unit (SEU) has not specifically investigated exclusion of older people, although it undertook studies on the impacts of policy on older people and the views of charitable organisations on policy relating to older people. The SEU recently established a team to look specifically into issues relating to older people.

Although mainstream services often exclude older people, black and minority ethnic (BME) groups face additional risks of exclusion. Some of the main reasons are language barriers and cultural barriers in services. For example, social care providers that do not cater for cultural needs when supplying meals or personal care are inappropriate, and result in exclusion. Institutionalised racism only adds to the difficulties older BME people face. Due to the additional barriers that BME people face in mainstream public services, the burden of delivering appropriate, inclusive, services often falls on BME organisations in the charitable sector, where barriers and needs are better understood.[†]

Lesbian, gay and bisexual older people are also more likely to be at risk of exclusion; they face institutionalised prejudice both in terms of age and sexuality. Awareness of these issues is low among older people, and there is much to be done to recognise and adapt to needs, such as those surrounding inheritance, financial security and treatment of individuals as citizens in their own right.⁵⁵

Box 3: The 'need' in summary

Poverty among older people is more widespread, deeper and persistent than among working age adults:

- 2.3 million pensioners (21%) live in poverty, according to government indicators.
- 1.9 million pensioners (18%) have lived in poverty for three of the last four years.
- The state pension is £80 per week, well below the £113 government poverty line.
- Even with Pension Credit, pensioner income is only £105.
- 45% of older people (1.8 million people) in deprived areas are in poverty according to indicators based on deprivation of necessities.

Isolation is not a feature of the majority of older people's lives, but debilitating for those it affects, directly decreasing quality of life:

- 2.1 million older people (17%) are socially isolated, having less than weekly social contact.
- 1.5 million older people (12%) feel trapped in their own homes.
- Isolation can significantly affect physical health, decreasing mobility by reducing exercise.
- Isolation can directly affect mental health, causing distress and depression and speeding onset of decline in mental function.
- Isolation is likely to increase with age, with those over 75 most at risk.

Exclusion affects almost all older people in some way, through ageism in universal services:

- **Poverty and isolation both contribute to exclusion.**
- Older people in deprived areas are more likely to experience multiple deprivations, contributing to social exclusion (such as low income, unemployment (retirement), isolation, lack of education, skills and training).
- The major 'exit routes' from a state of exclusion are generally not open to older people (entering employment, increasing income, gaining education and training).
- Older people from BME backgrounds are more likely to experience exclusion as a result of cultural and linguistic barriers.

^{*} The government's failure, so far, to tackle exclusion among older people is discussed in Section 2.

[†] See also page 16 – Table 5: Groups most likely to face multiple deprivation and exclusion.

The vicious cycle of poverty, isolation and exclusion

Poverty, isolation and exclusion are closely related, although one may exist in the absence of the others (e.g. an affluent older person may become isolated through bereavement). While the causes and consequences are different for each person affected by these problems, it is possible to outline the main external causal factors and the links between them. The figures below illustrate firstly links between problems, then external factors.

Figure 7: The vicious cycle of poverty, isolation and exclusion in detail

Figure 7a: Internal links between poverty, isolation and exclusion

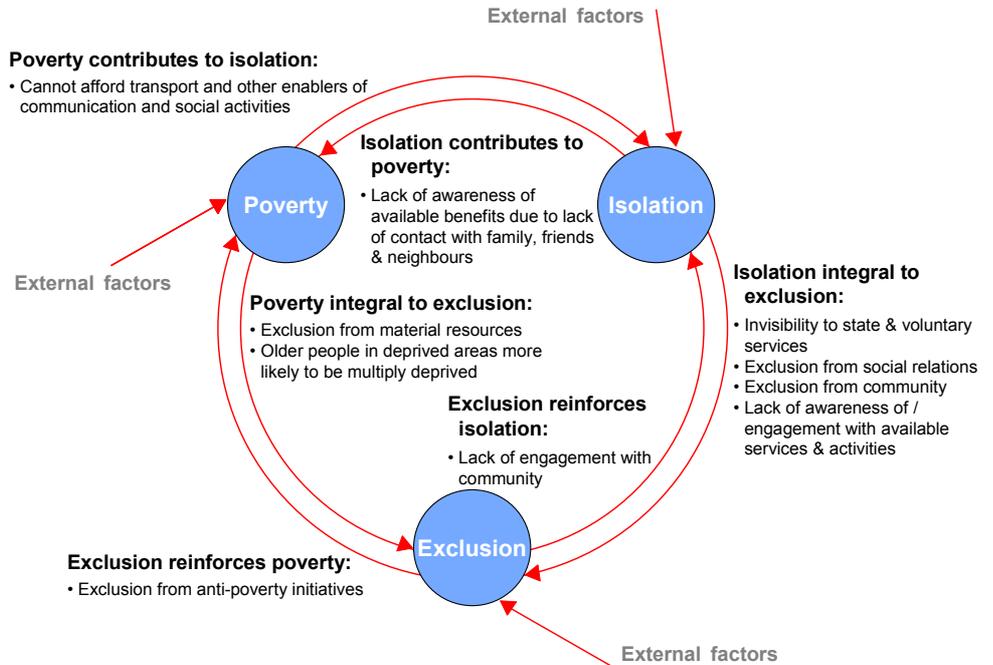
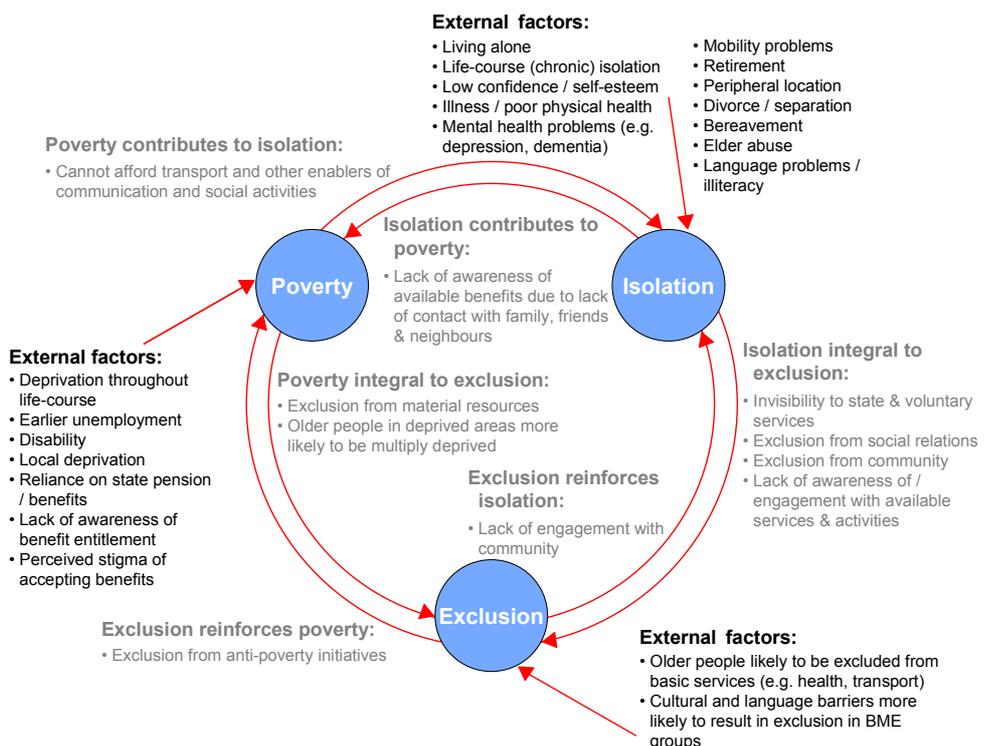


Figure 7b: External factors



Source: NPC

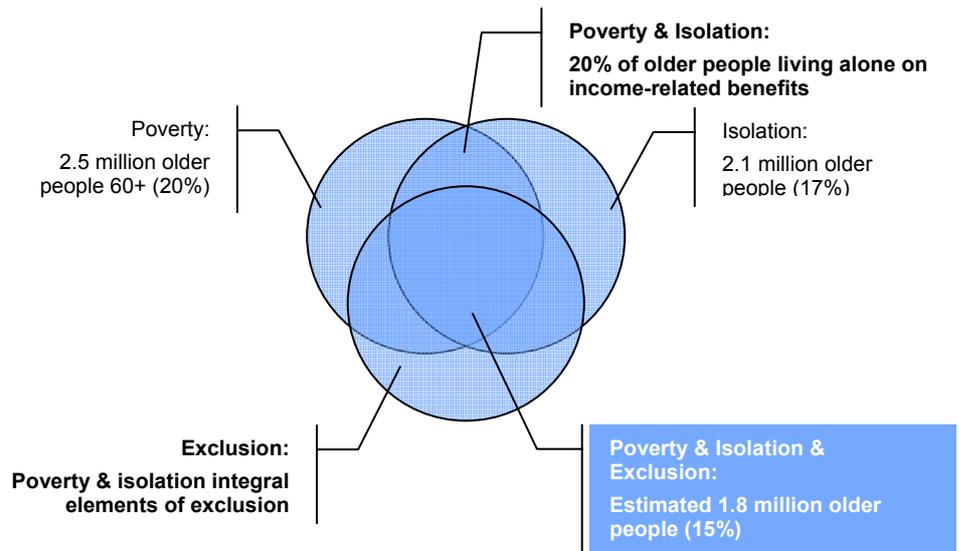
Poverty and isolation are not only terrible conditions in themselves, but also contribute to social exclusion, and many other problems faced by older people.

Lack of resources to meet basic needs, such as a balanced diet and adequate heating, threatens the physical and mental health of older people. Older people are then much less able to afford goods and services, such as transport, communication and recreation that enable a better quality of life. When someone is socially isolated, they lack access to information and advice that might help combat poverty.^{† 56}

Because of the connections between poverty, isolation and exclusion, holistic approaches are most successful in tackling the causes of these problems and breaking the links between them. For example, a befriending service for older people that also provides information and advice on benefit entitlement might have superior results because it tackles the financial causes of isolation as well as the symptoms. An even more holistic approach would involve links to other organisations, services and activities, thereby maximising the resources accessible to the user. In the previous example, the befriending organisation might have working partnerships with different charities providing advice and advocacy services, with local community organisations and with local public sector agencies. **Section 4** further explores the theme of holistic approaches to activities and services (see page 53).

Although these problems are closely related, it is not straightforward to quantify the number of older people who experience a combination of all three. It is, however, possible to estimate it, as **Figure 8** illustrates. Research shows 20% of all older people in England and Wales live alone on income-related benefits.⁵⁷ It is reasonable to assume older people who live alone and those who live in poverty are likely to be the same group.

Figure 8: How many older people live in combined poverty, isolation & exclusion?



Source: NPC

The number of isolated older people is the upper limit of those who are simultaneously poor, isolated and excluded (17%). Given that poverty and isolation are integral elements of exclusion, it is fair to assume most of those who are both poor and isolated are also excluded – setting a lower limit of two thirds of those who are isolated (12%). NPC estimates the proportion of older people who experience a combination of poverty, isolation and exclusion to be 15% of all older people (1.8 million). This correlates well with the proportion of older people the Social Exclusion Unit found experience multiple disadvantages. In 2001 it recognized that 15% of older people experience six or more disadvantages across seven areas of disadvantage – health, social isolation, financial, employment, education, accommodation and local environment.⁵⁸

^{*} See page 10 for discussion of isolation's effects.

[†] Research has shown that older people rely on the 'informal sector' (friends and family) for financial advice and mistrust financial advisers and statutory services.

Because of the connections between poverty, isolation and exclusion, holistic approaches are most successful in tackling the causes of these problems and breaking the links between them.

NPC estimates that 1.8 million older people in the UK (15%) experience a combined problem of poverty, isolation and exclusion.

Older people cannot claim disability benefits if the onset of their disability occurs after the age of 65.

Among the older population, certain groups are more likely to experience multiple deprivation and be within the 15% facing a combination of poverty, isolation and exclusion. The data and table below provide a brief overview:

Older people living in deprived areas – at least 3.7 million in the 88 most deprived wards in England alone; at least four million in the UK.⁵⁹

- **People aged 75 and above** – 4.4 million people in the UK.⁶⁰
- **Older women** – 6.9 million women over the age of 60 in the UK.⁶¹
- **Older BME individuals** – 235,000 people over the age of 65 in the UK.⁶²
- **Older people with disabilities** – four million people in the UK over the age of 65 with moderate or severe disabilities; 1.4 million with severe disabilities.⁶³

Table 5: Groups most likely to face multiple deprivation and exclusion

Category	Increased likelihood of deprivation, isolation and exclusion
Older people living in deprived areas	<ul style="list-style-type: none"> • The focus of this report (older people living in deprived areas of Glasgow, Liverpool, London, Manchester, Newcastle, and Swansea).
Over 75s	<ul style="list-style-type: none"> • People aged 75 and over are the poorest pensioners, and most likely to live alone.
Older women	<ul style="list-style-type: none"> • Only 49% of women receive the full basic state pension compared with 92% of men, often due to not making contributions while raising children. • Women over 80 are most likely to live alone, and are the poorest pensioners. Nearly 50% of their income goes on housing, food and fuel.⁶⁴
Older black and minority ethnic (BME) people	<ul style="list-style-type: none"> • Older BME people are more likely to live in poverty than white older people (31% compared to 21%);⁶⁵ research found that 80% of older Somali and 70% of older Pakistani people in deprived areas live in poverty.⁶⁶ • Older BME people are more likely to be excluded from basic services by cultural barriers. • First generation immigrants are more likely to have language problems contributing to isolation.
Older people with disabilities	<ul style="list-style-type: none"> • People with disabilities are more likely to be unemployed before retirement age; older people cannot claim disability benefits if onset is after age 65. • Older people with disabilities can be excluded from basic services due to sight, hearing or mobility impairment.⁶⁷
Older lesbian, gay and bisexual people	<ul style="list-style-type: none"> • Levels of awareness of the needs, and exclusions, faced by older lesbian, gay and bisexual people are very low.

Causes and contexts

Some of the main causal factors leading to poverty and isolation were indicated at the beginning of this section, in **Figure 7**. To examine each of these in detail is beyond the focus of this report, but digging beneath them to look at more general causes is worthwhile where these have far-reaching impacts. In particular, one set of factors underpins many of the causes of poverty, isolation and exclusion among older people: ageism and attitudes towards ageing.

Ageism and attitudes: from 'old' to 'older'

'As I give thought to the matter, I find four causes for the apparent misery of old age: first, it withdraws us from active accomplishments; second, it renders the body less powerful; third, it deprives us of almost all forms of enjoyment; fourth, it stands not far from death.'⁶⁸

- Cicero

Ageism is so deeply embedded in society it is often difficult to recognise; it permeates everything from the services used by older people to portrayals of older people in the media.

Ageism is so deeply embedded in society it is often difficult to recognise, it permeates everything from the services used by older people to portrayals of older people in the media.

The media reinforces stereotypical images of ageing by presenting negative images of older people and by encouraging a cult of youth.

A recent Help the Aged report on ageism concludes that age is commonly 'thought to be synonymous with poverty, illness, lack of capacity or other limiting factors'.⁶⁹ Out-dated pictures of ageing continue to inflame ageist attitudes and prejudices. The recent English Longitudinal Study of Ageing (ELSA) states: 'Ask people about ageing in our society, and everyone has a view. Most would think it widely known that older age is a time of declining mental and physical function, worse health, and economic and social dependency.'⁷⁰

An examination of the issue of ageism demands a return to first principles, starting with the terminology used within the context of ageing. The Collins English Dictionary provides 24 definitions of 'old', of which the first are:

'old [auld] adjective

1. having lived or existed for a relatively long time
2. of or relating to advanced years or a long life'⁷¹

These definitions are relative, requiring a context to make them meaningful. In the distant past, that context was provided by a relatively short life expectancy – few people would actually reach 'old' age. Today, 'old' cannot be used in a meaningful way to refer to an age range such as over 50 or over 60, because most people live far beyond this. If the term 'old' can be meaningfully used at all, it must now refer to age ranges that most people do not reach, such as over 90 or over 100. The majority of people over the age of 60 do not think of themselves as 'old'; many of the people NPC met only refer to others as old, even when they may be chronologically younger than themselves.

Nevertheless, the term 'old' is still in common usage today to refer to people over the age of 60, suggesting it implies more than advanced chronological age. While chronological age is itself meaningful, problems arise when degenerative characteristics are implicitly associated with age on the basis of ageist prejudices. For this reason, people who work in social policy spheres have recently replaced the term 'old' with 'older'; both terms are relative, but it is hoped the latter is less likely to be misinterpreted as a byword for declining capacity.

Prejudiced views of old age lead to lowered expectations of social interaction and participation. Exclusion and isolation are not seen as problems to be addressed, but as natural elements of the ageing process itself. There are at least four levels where this is seen.

- **In services used by older people**, e.g. older people are less likely to receive services and get good results.
- **In terminology used to refer to older people**, e.g. even organisations most dedicated to supporting older people may implicitly reinforce prejudices. The traditional terms 'aged' and 'elderly' evoke images of dependence, yet often occur in the names of organisations working in this field. It is possible that these terms stimulate people to give to such organisations, because the rationale for giving is based on older people's dependency on the goodwill of others.
- **In people's attitudes to older people**, e.g. psychological experiments show age prejudices are not only widespread, but also deeply rooted and to some extent automatic. Presenting images of faces alongside positive or negative statements shows people automatically associate negative statements with older (as opposed to younger) faces.⁷²
- **In older people's attitudes towards themselves and expectations of ageing**, e.g. recent research shows people's own expectations of the ageing process are fundamental to its outcomes. One long-term study by American psychologists demonstrates positive self-perceptions and expectations of ageing lead to greater longevity, producing an average increase of over seven years in life expectancy.⁷³

The third and fourth ages

In the late 1980s the historian Peter Laslett brought the terms 'third age' and 'fourth age' into the public consciousness with his work on ageing and the structure of society.⁷⁴ These ages represent what was traditionally called old age, contrasted with the first age (childhood and

^{*} See page 12 – Table 4: Exclusion – specific examples for older people.

Because of ageism, exclusion and isolation are seen not as problems that should be addressed, but as natural elements of the ageing process itself.

Positive self-perceptions and expectations of ageing lead to greater longevity, producing an average increase of over seven years in life expectancy.

adolescence) and the second (adulthood, comprising parenthood, employment, citizenship, responsibility). The fourth age corresponds closely to traditional stereotypes of ageing, as a period of physical decline and increasing dependency, and, to some extent, of mental decline.

The third age is the period of life between retirement and the onset of degenerative ageing processes. It is a period that Laslett believes is characterised by personal fulfilment. The third age rose to prominence through an organisation founded by Laslett, Michael Young and Eric Midwinter in 1981 to provide educational opportunities to the over 50s – the University of the Third Age (U3A).



Laslett's conception of the third age relies on those who reach retirement age possessing sufficient health, wealth and time to determine freely their lifestyle in order to seek personal fulfilment. It also rests on older people having the opportunities, and awareness of them, to make these choices. For those forming the subject of this report, such resources may not be available.

It may be said, therefore, that the third age is a phenomenon only for certain sections of the older population, sections that do not include the most deprived, isolated and excluded. For these people, ageing is more likely to involve an accelerated transition from the second towards the fourth age. While the future prospect of higher retirement ages may suggest a contraction of the third age in general, for some the third age has never been a reality.

Efforts to tackle poverty, isolation and exclusion can therefore be equated with attempts to build a third age for those currently denied one, and to delay the onset of the fourth age. Many of the most strategic initiatives encountered during this research report support the participation of older people in 'third age' activities such as education, interest groups, crafts, healthy eating, exercise, civic and social engagement.[†]

Furthermore, such a perspective suggests the importance of early intervention – if the third age is to become more of a reality for older people living in deprived areas, it is reasonable to assume that interventions should be targeted at these people *before* they reach retirement age.

Increasing longevity – the cost of old age?

In 2001 the ratio of working age adults to over 65s was 3.7:1; by 2041 it is projected to fall to 2.3:1, with the number of over 65s rising by 63% to 15.3 million. The implications for the forecast costs of pension and health care seem clear – an increasing burden on working age tax payers. When population ageing is discussed in media or political arenas, it is rarely without claims about its inevitable cost to the economy.

Such claims present increasing longevity as a problem to be solved and older people as an economic burden on society. This contrasts sharply with the view of ageing presented in the context of the third and fourth ages. These opposite perspectives offer very different interpretations of ageing: one focusing on problems and costs, the other on opportunities. Before discussing how the two perspectives may be reconciled to provide a more balanced understanding of the implications of ageing, it is necessary to examine current cost forecasts, for pensions, health and social care. These forecasts are summarised below.

Table 6: Forecast costs of pensions, health and social care

	2002	2052	Annual increase
Pensions	£42 billion	£81 billion	1.5%
Health & social care	£19 billion	~£40 billion	1.2% - 1.4%
Total	£61 billion	~120 billion	~1.4%

Source: Pensions – Institute for Fiscal Studies (2004)⁷⁵; Wanless Report (2002) and NPC analysis⁷⁶

* See page 35 – Section 3: The role of the charitable sector.

† See page 37 onwards – Section 3: The role of the charitable sector: Activities.

The cost of old age need not be an insupportable burden on the state and taxpayers, nor the 'time-bomb' so often discussed in the press.

If all the older people who wanted to work found jobs the economic output generated would be as much as £30 billion.

As **Table 6** shows, the costs of pensions, health and care services are forecast to rise in real terms by approximately 1.5% per annum, in contrast to projected economic growth of over 2%. This represents a fall in spending as a proportion of national income over the next half century. The explanation of this relative fall is given below, first for pensions and then for health and care services.

The value to recipients of state pensions is falling, due to reforms made by the Thatcher government that linked pension increases to prices rather than earnings. Although these reforms created a financially sustainable pension system, they also condemned many pensioners to increasing levels of poverty.

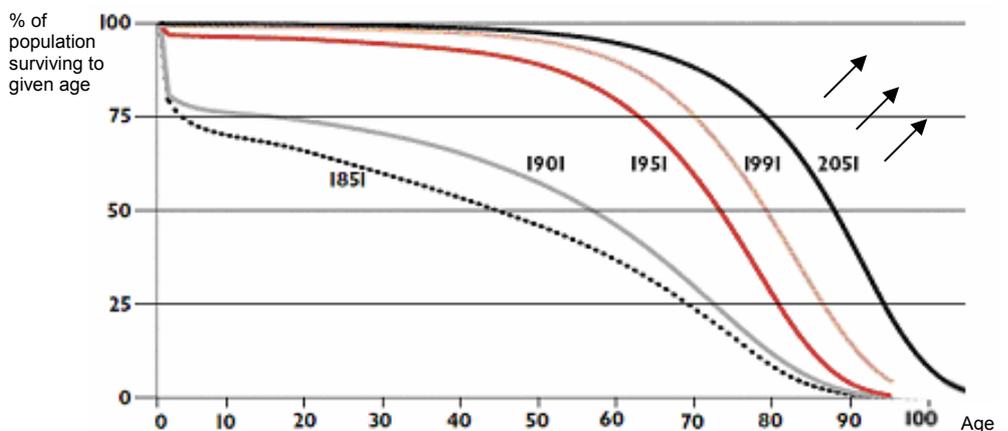
When projecting costs of health and care services for older people, healthy life expectancy is as important a variable as life expectancy.⁷⁷ A Treasury report (the Wanless Report) on health and social care expenditure over the next 20 years, looks at both factors.⁷⁸ Even taking into account population ageing and uncertain healthy life expectancy, the combined increase in health and social care expenditure is forecast between 1.2% and 1.4% per year.

Adding together forecasts for spending on pensions, health and social care for older people, increasing longevity and uncertain healthy life expectancy are projected to result in costs doubling over the next 50 years in real terms, from £61 billion to around £120 billion. However, this is only an annual increase in expenditure of 1.4%, well below the level of expected economic growth. It therefore represents a relative fall in spending as a proportion of national income. The cost of old age need not be an insupportable burden on the state and taxpayers, nor the economic 'time-bomb' so often discussed in the press.⁷⁹ Research shows many people would stay in employment beyond retirement age if they were given the choice to do so, and that if all the older people who wanted to work found jobs they would generate an economic output as high as £30 billion.⁸⁰

However, the flip side of sustainable pensions forecasts is an increase in relative pension poverty. Sustainable spending forecasts for pensions, health and social care are based on certain assumptions that may not be tenable in future. Growing political pressure to reinstate the pensions link to earnings may result in policy change in the medium-term, and the savings gap of people currently not putting enough aside for retirement will force some change, whether through increased taxation or people working longer. Furthermore, health and care costs will rise more than the Wanless report suggests if there is not significant progress in engaging the UK population with healthy living agendas. There are still many issues to address to ensure increasing longevity does not result in unsustainable costs, and it is not clear that current policy has yet to appreciate them fully.

Healthy life expectancy might rise more rapidly in future than conservative predictions suggest, as the impacts of life-long medical and health treatments cannot be fully anticipated. Should this happen, in a scenario known as the 'rectangularisation of survival',⁸¹ older people might require shorter periods of medical care in later life than current forecasts suggest, with significant implications for any cost forecasts.

Figure 9: The rectangularisation of survival



Source: HM Treasury⁸²

A balanced approach to ageing

Returning to the comparison of opposing perspectives on ageing (problems/costs versus opportunities/third age) it is possible to construct a more balanced approach to ageing.

- While there are economic costs of increasing longevity, in terms of state services and benefits, forecasts suggest they are sustainable. 'Time-bomb' projections often result from a view of ageing focused on the fourth age, seeing all older people as dependent service users. However, as noted earlier, the level of pension provision that these forecasts are built on, condemns many older people to poverty.
- Although increased longevity presents opportunities in terms of a third age, many do not have access to them because they live in poverty, isolation and exclusion, and have no access to resources and services.

In other words, the economic costs of increasing longevity can actually be reduced in the long term if those people that poverty, isolation and exclusion accelerate towards a dependent fourth age are helped to live an active third age. Furthermore, keeping pensions at levels that perpetuate poverty is socially counter-productive in the long-term, as it constrains efforts to build a third age for all, and speeds the transition of the poorest into a more costly fourth age.

The economic costs of increasing longevity can be reduced in the long-term if those people that poverty, isolation and exclusion accelerate towards a dependent fourth age can be helped to live a third age.



Summary – the imperative for funders

This section illustrated the extent of poverty, isolation and exclusion among older people, along with the complexity of the problems older people living in deprived areas face. But why should independent funders be interested in funding activities given that the government clearly plays a defining role in the issues of poverty and exclusion among older people?

1. **The general level of under-funding of the older people charitable sector is such that all organisations within it face significant funding challenges.** A review of charitable giving shows that organisations working with children and adolescents are four times as popular as those working with older people, and those working with animals are twice as popular.⁸³ The low priority of older people on social, political and donor agendas is a strong argument for independent funders to consider them as a funding option, and means new independent funding can have significant impacts.
2. **The generic approach often taken by statutory funding and services may work for the majority, but is unlikely to meet needs of older people in deprived areas with complex problems.** By definition, those most excluded are least engaged with government initiatives and agendas. Local and community-developed approaches are often the only effective way of getting to the hardest to reach – those most isolated and excluded. Charitable sector organisations, with their wealth of local and community experience, are better at understanding the needs of older people as individuals and responding to them in a flexible way. Independent funding of such local projects can have much greater success at this level than broad-brush initiatives.
3. **Statutory funding tends to focus on ‘high level’ services, such as acute medical and nursing care, for the frailest and oldest people.** Because of this a broad section of the older population misses out on adequate ‘lower level’ and preventative services – those that actually deal with the symptoms and causes of poverty, isolation and exclusion. As the report *All our Tomorrows: Inverting the Triangle of Care*⁸⁴, by the Local Government Association and the Association of Directors of Social Services, states: ‘the charitable sector and local communities will be central to future efforts to shift the focus of older people’s services towards greater inclusion and lower level services’. Independent funding can play a pivotal role in this transition.
4. **The government’s role in funding work with older people is focused on delivery of established services.** While it innovates to an extent, as discussed in **Section 2**, it is often the role of charities, and independent funding, to push forward the boundaries in older people’s services. Given that the state is often the primary funder of older people’s services, independent development funding can help build on existing statutory funding to allow increasing flexibility in the provision of services. Examples of this developmental role are given in **Section 4**.
5. **Finally, the economic and moral benefits of holistic approaches tackling both symptoms and causes are so significant they create an imperative for action by all, in public, private and charitable sectors:**
 - **Releasing unclaimed benefits:** the value of benefits currently unclaimed by entitled older people is estimated at between £1.8 billion⁸⁵ and £2.5 billion.⁸⁶ If this money were claimed it would directly reduce poverty levels among older people.
 - **Preventing acute medical & care needs:** intensive health and care needs, currently make up a significant proportion of the £19 billion spent on older people’s health and care, but would not develop if more preventative services were in place to deal with lower level needs such as isolation and exclusion. Creating a third age for all is the end-point of such preventative interventions.
 - **Making society & communities more inclusive for older people:** isolated and excluded older people are unlikely to participate in local and civic activities, and consequently their skills and experience are not drawn upon. Encouraging participation may have direct health benefits for older people,⁸⁷ and also taps into a vast resource and social capital.
 - **Improving older people’s quality of life in deprived areas:** the state’s failure to achieve this aim combined with the acceptance of the importance of quality of life for us all, our friends and families, means that we should act in our capacity as private citizens.

⁸³ Proportion of donors giving to charitable causes focusing on older people = 5%; children and young people = 21%; animals = 11%.

Throughout this section, there has been a focus on the problems that older people in deprived areas may face, of poverty, isolation and exclusion. There has also been frequent mention of positive alternatives, and the majority of older people enjoy quality of life, interaction and inclusion in a context well represented by the third age:

Box 4: The many positive faces of ageing

- **Older people want to remain independent and make their own choices**
They want control and autonomy over their own lives, and the support and services to make their own choices.⁸⁸
- **Older people lead active social lives**
The over 65s spend as much time socialising as those aged 50-64 – on average two hours per day.⁸⁹
- **Older people are generally happy with their lives**
Research suggests that the majority of older people have a good quality of life - almost three quarters of 65-69 year olds surveyed rate their lives overall as 'so good it could not be better' or 'very good'.⁹⁰
- **Older people are carers**
While those in their 50s are most likely (more than 20%) to be providing unpaid care, more than 10% of over 65s are also unpaid carers. Among carers, the over 85s spend the greatest proportion of their time caring – 50% of carers over 85 spend more than 50 hours per week.⁹¹
- **Older people are helpers**
Informal volunteering, such as helping a neighbour, often goes unrecognised. Those aged 65 and over are among the most active as helpers.⁹²
- **Older people are volunteers**
The over 65s are the most active age group as volunteers.⁹³ Volunteers aged over 75 are most likely to be working with older people, with one survey showing that 30% of volunteers over 75 work with older people, compared to 14% of volunteers aged 50-64.⁹⁴
- **Older people are teachers, mentors and students**
There are over 140,000 members of University of the Third Age in the UK actively engaged in learning in a self-sufficient way, as students and teachers.⁹⁵ Older people are frequently mentors of their peers and of younger generations.⁹⁶ Most activity in this area is made possible by the charitable sector rather than government support.
- **Older people are politically engaged**
The over 65s are the most active group at the voting booth, with 80% of over 60s and 87% of over 65s voting in 2001.⁹⁷ The growth of Better Government for Older People and the older people's forums movement shows the commitment of older people to involvement in political decision-making, as noted in **Section 2**.
- **Older people are key figures in communities**
Older people have lower rates of turnover (live for longer periods) in communities than younger age groups, and are often more likely to think positively about their local area, having developed social networks and roles over a number of years.

Section 2: The role of the public sector

The government is the primary funder of activities and services for older people, and has a central role in defining and tackling pensioner poverty, isolation and social exclusion. Yet despite some efforts by the current government, these problems persist for many older people living in deprived areas, with little real expectation of change in their circumstances.

Historically, public sector initiatives focused on older people as members of the fourth age in terms of dependency and decline – primarily as recipients of health and social care services. Today, however, there is growing recognition in political circles of the need for a shift towards services and support for the third age. Preventative health and care and services supporting independence in the community are integral to government plans to deal with an ageing population.

Yet little has been attempted, or achieved, at a national level to tackle the inequalities faced by older people living in deprived areas. The Social Exclusion Unit has yet to undertake a full investigation of exclusion among older people; pensions remain at economically sustainable levels, but condemn the most vulnerable to poverty; no systematic government initiative is addressing this. Older people remain a lower priority than young people and working age adults. The exception to this appears in some local authorities, which are increasingly working in partnership with the charitable sector to raise the quality of life of older people.

Overview

This section summarises the public sector's role in tackling poverty, isolation and exclusion. Some of the contexts were already outlined in **Section 1**. Building on this here, a brief overview is given of relevant government policy initiatives in the past, and of their mixed success in tackling poverty and exclusion. This is followed by an examination of current public sector activities and services tackling poverty, isolation and exclusion in **Table 7**, and then a more detailed discussion.

Background

The history of the government's provision of benefits and services to older people dates back to the Old Age Pensions Act of 1908, and the establishment of the welfare state in 1945. Public sector services for older people traditionally focused on the fourth age population (e.g. pensions, health care and social care) based on a picture of older people evoked by the term 'elderly'. Within this public sector sphere, quality of life for older people was typically understood in terms of health, i.e. good health was equated with acceptable quality of life and ill health with poor quality of life.⁹⁸ Policy has only recently recognised third age needs (e.g. active ageing, social interaction, civic participation, education, leisure), and to date the nature of services has hardly changed.

As discussed in **Section 1**, the implications of an ageing population for public services are significant, both in terms of demand (or cost) and supply (or access to services). Most significant policy changes in recent years focus on reducing costs to sustainable levels for an ageing population; few focus on reducing inequalities and widening access to services. A recent review of the impacts of policy on older people concludes they are often left out of initiatives aiming to regenerate deprived areas.⁹⁹

A recent review of the impacts of policy on older people concluded that they are often left out of policy initiatives aiming to regenerate deprived areas.

⁹⁹ See page 30 – Public sector, Community.

Emerging initiatives supporting the third age are least successful among those who stand to benefit most because their exclusion and isolation make them less likely to engage with government interventions.

The first significant policy shift based on changing demographics came under the Thatcher government in 1980, when it broke the pensions link to earnings. This aimed to reduce future pensions costs. While there have been a number of new initiatives for older people since the government changed in 1997, some of which aim to tackle inequalities in access to services, many problems remain:

- Government initiatives are generally led by individual departments, and consequently result in services that are not 'joined up' for users and leave wide gaps.
- Departmentally-led initiatives are affected by changes in leadership, so programmes are not always carried through from policy to practice (e.g. the Care Direct pilot scheme of joined-up access to health, care and benefits services).
- Health is the only area in which ageism in services has been fully acknowledged, resulting in some shift in policy and rhetoric, although even here little change has been seen in practice.
- Investment still focuses on existing fourth age services, creating a burden for the charitable sector to deliver preventative and third age services.
- Local authorities and primary care trusts are responsible for the delivery of many older people's services – although there are examples of progressive approaches at a local level, there is wide variation and little co-ordination of initiatives.
- Emerging initiatives supporting the third age are least successful among those who stand to benefit most because their exclusion and isolation make them less likely to engage with government schemes such as Link-Age.[†]

The Social Exclusion Unit notes: 'Policy has been stronger in tackling certain types of problems which cluster in old age, and in challenging myths and stereotypes about older people. It has been less successful in challenging inequalities which are carried through into old age and which reflect the experiences of particular birth cohorts and groups within these cohorts.'¹⁰⁰

Besides the public sector activities and services discussed in the next section, older people, as members of the general population, also make use of universal services, such as transport. While the discussion that follows is limited to work focusing on older people, wider approaches are outlined where relevant.

Activities

In **Table 7** and in the rest of this section, public sector activities and services are grouped into a framework of eight categories: generic, financial, health and care, housing, education, employment, community and transport. This framework is also used in **Section 3**. Some of the work outlined focuses on tackling symptoms and immediate needs, while some is more concerned with effecting long-term change.

Table 7 is a simplification but, is useful as it shows that public sector activity tends to be focused on certain areas, leaving gaps in others. In particular, there is little or no public sector activity in education and employment. There is a relative lack of activity in these areas because initiatives traditionally focused on fourth, rather than third, age aspects of ageing.

Many of the activities and services outlined tackle symptoms rather than causes – this too can be traced to a fourth age perspective. These attitudes assume older people no longer desire education or employment, or expect to be able to use transport to continue active lives.

^{*} See also Finance section on page 24 – Link-Age strategy for older people's services.

[†] See page 26 – Finance.

Table 7: Overview of current public sector activities and services

Subject area	Activities and services
Generic	<ul style="list-style-type: none"> • Older people's champions • Local quality of life strategies
Financial	<ul style="list-style-type: none"> • State Retirement Pensions • Benefits <ul style="list-style-type: none"> ◦ Pension Credit ◦ Council Tax Benefit ◦ Housing Benefit ◦ Attendance Allowance ◦ Winter Fuel payments • Raising awareness and benefit take-up <ul style="list-style-type: none"> ◦ Link-Age (previously Third Age Service) ◦ Joint benefit teams ◦ Partnership Fund
Health & Care	<ul style="list-style-type: none"> • National Service Framework • Single Assessment • Discharge/intermediate care • Payment for residential care • Healthy living & nutrition • National Care Standards Commission • Free prescriptions, eye tests and provision of equipment
Housing	<ul style="list-style-type: none"> • Supporting People <ul style="list-style-type: none"> ◦ Home Improvement Agencies • Warm Front
Education	<ul style="list-style-type: none"> • Lifelong Learning
Employment	<ul style="list-style-type: none"> • Anti-discrimination legislation (2006) • State pension deferral scheme
Community	<ul style="list-style-type: none"> • Regeneration programmes: <ul style="list-style-type: none"> ◦ New Deal for Communities/Neighbourhood Renewal Fund (all applicable to England only) ◦ Communities First (applicable to Wales) ◦ Community Regeneration Fund/replaces Social Inclusion Partnership (applicable to Scotland) • Good Neighbour Schemes • Crime: <ul style="list-style-type: none"> ◦ Neighbourhood Wardens ◦ Locks for Pensioners ◦ Distraction Burglary Task Force ◦ Alley Gating Scheme • Promoting participation: <ul style="list-style-type: none"> ◦ Civic engagement and older people's forums <ul style="list-style-type: none"> ▪ Better Government for Older People ◦ Volunteering
Transport	<ul style="list-style-type: none"> • Transport concessions • Access to transport • Community transport schemes

Government interventions still focus heavily on pensions, health and social care, with older people as dependent service recipients.

While the overall scheme of public sector initiatives is beginning to change, from a traditional fourth age to a third age approach, the table above shows this transition is still in its initial stages, yet to permeate many categories of public services. The following sections outline the amount of progress made so far towards a more dynamic view of ageing within all eight categories.

Generic

There are examples of progressive approaches by local authorities to fundamentally alter the services and opportunities that are available to older people.

In 2003 the National Service Framework for Older People (described on page 27) created the role of **older people's champion** after recommendations by the umbrella organisation Better Government for Older People's (see **Box 8**, page 29). This role aims to improve services by focusing responsibility and accountability on an identifiable person – a figure drawn from a local council or Primary Care Trust. Despite its introduction, little support has been given to champions to allow them to effect real change. A toolkit for older people's champions, published in July 2004 attempted to clarify the role, but structures of accountability are still lacking. Champions are discussed again at the end of this section, in terms of changes that could be made to make their role more effective.

There are other examples of more far-reaching and progressive approaches by local authorities, to alter fundamentally the services and opportunities that are available. These suggest that inclusion of older people is an achievable goal for local services, although much variation exists across the UK and most local authorities are still in the early stages of developing strategies for inclusion.

Some of the most promising approaches are **quality of life strategies**. Two examples developed by local authorities, in partnership with the charitable sector, are those in London and Manchester. The **Association of London Government**, a major funder of the charitable sector in London, is currently working on an older people's strategy along with the **Greater London Authority**, focusing on the engagement of service users.

Box 5: Manchester City Council's quality of life strategy for older people

In the summer of 2003 Manchester City Council, the three Manchester Primary Care Trusts, community groups and charities came together to launch Valuing Older People (VOP). The aim was to improve the quality of life of Manchester's older adults by working together. VOP represents a commitment to improve services and opportunities for the city's older population. It also challenges Manchester's public agencies, businesses and communities to place older people at the centre of the extensive plans for the regeneration and reshaping of the city.

Source: Developing a Quality of Life Strategy for Manchester's Older People (2004)¹⁰¹

Along with quality of life strategies, other areas in which local authorities are developing progressive approaches to older people's services, in partnership with the charitable sector, include benefit take-up joint teams (see following page), falls prevention (see **Health and Care** section – page 27 onwards), and promoting participation by older people in local service design (see **Community** section – Participation – page 31).

Finance

Constant campaigning by the charitable sector to reduce pensioner poverty by raising the level of the state pension itself, or reinstating the link to earnings, has consistently been rejected.

The **State Retirement Pension** dominates all government financial initiatives; it is the longest-established area of government intervention with older people. UK Pensions were never designed to guarantee an adequate income on their own, but their inadequacy has risen since the change made under Conservative governments in the 1980s (as discussed in **Section 1**). The current government made a number of policy changes in an attempt to reduce levels of pensioner poverty, spearheaded by the range of means-tested benefits outlined below. The government has consistently rejected campaigns by the charitable sector to reduce pensioner poverty by raising the level of the state pension itself, or reinstating the link to earnings.

The current system of means-tested **benefits**, designed to supplement the state pension for those older people on low incomes, includes:

- **Pension Credit:** Introduced in late 2003, it replaces the Minimum Income Guarantee (MIG). Pension Credit improves on the MIG in a number of ways, including allowing pensioners to have modest savings without being penalised by the means-testing process. Pension Credit raises the level of pensioner income to £105, close to, but still below, the poverty level. Take-up of Pension Credit is low, with only 3.1 million older people claiming it out of an estimated eligible 4.6 million.¹⁰² Data on its predecessor, the MIG, shows that as many as one third of older people eligible to claim did not do so.¹⁰³ The Pension Service is involved in several schemes to encourage take-up.

Means-tested benefits are problematic due to the stigma that older people often attach to them, and to the lack of awareness of entitlement among lowest income groups.

Disability Living Allowance cannot be claimed by those who become disabled after the age of 65.

The preventative health agenda is currently a major issue in policy relating to older people, but it remains to be seen how rapidly this will translate into investment in preventative health at a local level.

- **Housing Benefit** and **Council Tax Benefit**: Administered by local authorities, usually separate from the administration of Pension Credit and other means-tested benefits. The level of take-up of Housing Benefit is only 90%, while Council Tax Benefit is unclaimed by a third of entitled pensioners.

Means-tested benefits are problematic due to the stigma that older people often attach to them, and to the lack of awareness of entitlement among lowest income groups. Non-means-tested benefits are much rarer among current government approaches, but include the **Winter Fuel Payment** of £200 (or £300 if over 80), designed to combat fuel poverty and reduce winter deaths of older people.

Other relevant non-means-tested benefits include those relating to care needs and disabilities. **Attendance Allowance**, administered by the Department for Work and Pensions (DWP), provides additional income to those with disabilities and resulting care needs. **Disability Living Allowance** further supplements the incomes of those with disabilities, but cannot be claimed by those who become disabled after the age of 65. All leading older people's charities fundamentally object to this age discrimination.

Public sector activities aim to tackle root causes of pensioner poverty by **raising awareness and take-up** of entitled benefits, and providing pension forecasts before retirement. A number of schemes exist:

- **Link-Age** joins up services for older people across a range of areas.¹⁰⁴ It builds on lessons learned in six pilot Care Direct services, which integrated access to health, social care and benefits information, advice and claims within a single point of delivery. While Care Direct was led by the Department of Health, Link-Age is run by the Department of Work and Pensions. It remains to be seen how much real joining up of services will be achieved, and whether services will be substantially different from what already exists.
- **Joint benefit teams** are an integral part of the Link-Age strategy, bringing together DWP staff with local authority staff or charities to allow older people to claim all the benefits they are entitled to in a single visit.
- The **Partnership Fund** is a new government initiative to fund innovative benefit take-up approaches in the charitable sector. It is too early to see the results of this initiative.

Health and care

Following the Royal Commission on Long Term Care report in 1999, the government recognised they need to root ageism out of services, and to treat older people with respect as normal citizens. The government historically regarded them as victims of a naturally degenerative ageing process and only provided minimum service.

In 2001, the government published its **National Standards Framework (NSF) for Older People**, and is beginning to implement it around the UK.¹⁰⁵ It measures improvements in health and care services according to eight specific standards: age discrimination, person-centred care, intermediate care, general hospital care, stroke, falls, mental health and the promotion of health and active life in older age. The NSF is a major step towards inclusion and equality. Standard eight, in particular, encourages the promotion of health and active ageing approaches that directly support the third age among older people living in deprived areas.

The preventative health agenda is a major policy issue, but it remains to be seen how rapidly it will translate into significant investment in preventative health measures at a local level. Although the government has invested in areas, such as falls prevention, the charitable sector takes a more active role. However, new joint working approaches between the charitable sector and local authorities mean that future success may lie in a collaborative approach.

The results achieved by **falls prevention** campaigns highlight the benefit of partnership between the public and charitable sectors. By linking the work of local charities, such as housing providers and Home Improvement Agencies (see page 44), to local government performance targets, local falls prevention pilots lowered the number of falls among older people by 60%.

* 'Mobilise: End age discrimination in disability benefits' is a campaign run by 20 leading charities.

Standard three of the NSF is important because it relates to care that is neither purely medical nor social, but supports older people's rehabilitation and independence in the community. It is also positive that the NSF includes older people in the development and design of services – many of the senior citizens' forums described in the **Community** section on page 30 are involved with its local implementation.

As well as broad initiatives such as the NSF, there are more practical government interventions in health care, for example: **free prescriptions and eye tests** for pensioners, and **equipment provision** schemes to support those with disabilities or physical limitations.

There have been many changes in social care, though not all positive. The **NHS and Community Care Act** of 1990 created a competitive market environment for social care services, and encouraged local authorities to move older people from residential care into community-based care services. The long-term effects of these transitions were the evolution of a complex system difficult for users to navigate, and wide geographical variations in standards and availability of community care. This confusing system has created a need for **information, advice and advocacy**, which are usually provided by the charitable sector in the absence of suitable statutory services (see **Section 3**).

While this section does not examine care standards in detail, there is one particular issue that must be considered – **elder abuse**. Elder abuse contributes directly to isolation and to exclusion. As noted in **Section 1**, it affects as many as 500,000 people in the UK. The issue was taboo until recently, but the work of such charities as **Action on Elder Abuse** brought it to light, as did the report of the Health Select Committee on Elder Abuse in March 2004.¹⁰⁶ Nevertheless, awareness is still low in comparison to, for example, child abuse and there is much work to be done.

Since the publication of the Select Committee report, the government has made efforts to identify and tackle elder abuse in public health and social care services. Regulation by the **National Care Standards Commission**, Commission for Health Audit and Inspection and Commission for Social Care has identified poor social care practices and elder abuse in care. The introduction of a direct payments system, for paying older people directly for care services that they purchase, can help to avoid financial abuse by carers and family.

In an attempt to monitor, standardise and develop care services in the community, the government introduced Public Service Agreements (PSAs) to 'improve the quality of life and independence of older people so they can live at home wherever possible.' Unfortunately, the measure advocated: 'increasing by March 2006 the number of those supported intensively to live at home to 30% of the total supported by social services at home or in residential care.'¹⁰⁷ The effect of focusing community care services on those with intensive needs (such as bathing, lifting and dressing) diverted funding away from lower level needs (such as cooking, practical help around the home and assisted transport).

The government's stated desire to support the independence of older people in the community is undermined by focusing only on the most intensive social care needs. In fact, this PSA also undermines standard eight of the NSF, as health promotion and active ageing generally fall into the category of lower level services.

One of the outcomes of the NSF was the development of a **Single Assessment Process** for health and social care needs. While this is a positive step towards a simpler experience of the system for users, uniting medical and care professionals in teams, there are geographical variations and it is still too early to see comprehensive results.

Despite the positive changes within public health and care services, older people still face many barriers when trying to access the services they need. Some of the major barriers are:

- **the complexity of the health and care systems.**
- **gaps in provision of lower level community care services.**
- **lack of income and awareness preventing access to alternative services.**

A final point to consider is the important role that health and care professionals play in signposting older people to other public sector and charitable sector services. GPs, nurses

* Many issues surrounding social care services are too broad to be handled within this report, and relate to the wider population as well as older people.

Awareness of elder abuse is still very low in comparison to, for example, child abuse and there is much work to be done in this area.

The government's targets for quality of life and independence had the direct effect of focusing community care services on those with intensive needs (such as bathing and dressing) and diverting funding away from lower level needs (such as practical help).

and social workers often have regular contact with the most isolated and excluded older people as patients, and can use that contact by linking them up with other services and resources. Future public sector initiatives should focus on developing the role of health professionals as advisers in a wider network of services (as outlined to some extent in the Link-Age strategy) and on partnership approaches between public and charitable sectors.

Housing

Supporting People, launched in 2002, delivers housing-related support services through partnerships between local authorities, support agencies and housing providers (e.g. sheltered housing providers). This initiative has resulted in the emergence of government-funded **Home Improvement Agencies** (see page 44), and a range of sheltered housing schemes for those who do not wish to, or cannot, remain in their own homes. Both contribute directly to the independence of older people, by providing flexible support based on their own housing needs. Home Improvement Agencies are now a common feature in the local charitable sector landscape.

Warm Front is a grant funding programme that tackles fuel poverty. Grants of up to £2,500 are available to older people to make improvements to heating and insulation, which are assessed and carried out by private sector partnerships with Powergen (the energy supplier) and Eaga Partnership Ltd. (an employee-owned company working primarily on energy efficient housing improvements for low income households). The Warm Front scheme assists approximately 200,000 low income households each year.

Education

The current government frequently states the importance of education for all, and established the **Lifelong Learning** policy to cover all post-16 education and training. The Learning and Skills Council is responsible for the planning and funding of this and has a budget of £8 billion for 2003/04.

Lifelong Learning, with its motto: 'It's never too late to learn', suggests opportunities for people of all ages. However, the Learning and Skills Council has restrictions on funding education and training that prevent applications by the over 65s, or those no longer in full-time employment. It favours those who can afford to pay for education, and excludes the most deprived older people.



Learndirect, the government's online education resource for lifelong learners, recommends a number of options for older learners, although they are all provided by the charitable sector, with the exception of Learndirect's individually purchased online e-learning courses.

The government understandably favours funding education and training for the younger population, because it increases employment potential. However, there should be a more inclusive approach to for older people.

Providing education to older people in the third age has many benefits, as recent research by the National Institute of Adult Continuing Education (NIACE) demonstrates. It encourages independence, and hence a reduction in health and social welfare costs, and increases confidence, motivation and willingness to take on responsibility.¹⁰⁸ In fact, further research by NIACE shows there are clear benefits of learning in the fourth age, including increased independence, well-being, and quality of life.¹⁰⁹

The impacts of education for older people are considered in more detail in **Section 4**. In summary, the government's failure to tackle the lack of access to, and awareness of, education opportunities among older people with low incomes represents a short-sighted and ageist approach.

The government's rules on funding of Lifelong Learning are sometimes counter-productive. Many UK Online centres only get money to provide ICT (Information and Communication Technology) training if students complete exams. This approach fits badly with the needs of

Lifelong Learning, with its motto 'It's never too late to learn', suggests opportunities for people of all ages. However, funding restrictions prevent those over 65 from participating.

The benefits of education for older people include the encouragement of independence, and therefore reduction in health and social welfare costs, and also increased confidence, motivation and willingness to take on responsibility.

older learners, who usually do not wish to take learning to exam level, and may be put off. Some of the charities NPC visited were forced to lose their UK Online centre status, and funding, for this reason.

Employment

Employment and older people are often considered incompatible. In fact, the definition of the third age makes explicit reference to no longer being in full-time employment. However, many people continue to work well beyond retirement age, and despite a lack of scientific research, there are indications that continued employment beyond retirement age may be a factor in longevity. In Japan it is widely believed that continuing employment contributes to longer life – nearly five million people (7% of the working population) continue to work beyond the retirement age.

Employment of older people can be interpreted in two very different ways, both relevant to poverty and exclusion. The first concerns the rising cost of longevity and the likelihood of future increases in the state retirement age; the second concerns the age discrimination implicit in mandatory retirement ages. The government's approach to both issues, outlined in the forthcoming Pensions Bill (due to be introduced in April 2005), is to offer incentives to those choosing to work beyond current retirement ages, while introducing **age discrimination legislation** in 2006 to make it illegal for any employer to force mandatory retirement on an employee.

State pension deferrals will mean a 7.5% increase to the state pension for every year deferred, resulting in significant benefits for those who delay retirement until age 70. For this policy to be feasible, however, anti-discrimination legislation needs to be enforceable, something the national charity Third Age Employment Network questions because there will be no powers or mechanism to enforce the legislation, and exemptions will allow age discrimination to persist. A policy to reward pension deferrals benefits those on low incomes least, as they are likely to be trapped into working longer despite having a lower healthy life expectancy and therefore a lower chance to have a healthy, active retirement.

In addition, the government is running an Age Positive Campaign within DWP, which works with the private sector to promote the benefits to business of age diversity and to challenge prejudices and perceptions. At a Help the Aged conference in 2003, Barbara Roche (then government minister) highlighted benefits to business which include higher retention rates, increased flexibility, improved reliability and commitment.

Community

This section covers a variety of areas including regeneration, crime and participation.

Regeneration

Regeneration programmes in the UK generally target the most deprived areas. This report also focuses on some of these, such as Liverpool, Manchester, Newcastle, Hackney, Islington and Newham. Government policy on regeneration in the early 1990s narrowly focused on economic objectives, but has more recently diversified towards participating in local communities. However, a Social Exclusion Unit review finds older people are largely left out of the regeneration process.¹¹⁰

Older people are starting to get involved in some regeneration issues, such as health (through the local implementation of the NSF) or intergenerational work, but are generally excluded from regeneration when it relates to urban renewal. There are, however, some examples of regeneration programmes in which older people are more involved. One of them is outlined in **Box 6**.

Ideally, regeneration projects should recognise and tap into the potential that older people have to contribute to the community. Older people are typically more stable (less likely to have recently moved to an area or to plan to move on soon) and as valuable sources of local knowledge and experience, they should consistently be recognised as an important element of the regeneration process. Central and local government both have roles to play in promoting their inclusion.

Regeneration projects should recognise and tap into the potential that older people have to contribute to the community.

^{*} See page 18 – Section 1: Causes and contexts

Box 6: The Generation Project in East Manchester

This project was funded for three years (2002–05) by New Deal for Communities/Single Regeneration Budget in East Manchester and is part of Manchester Care & Repair (a Home Improvement Agency). The Generation Project seeks to:

- Facilitate older people (55+) to reshape the regeneration area.
- Provide practical help and support to older people.
- Raise awareness about issues affecting older people.
- Help change attitudes towards older people and the services available to them.

These aims are met through:

- An information and advocacy service on issues such as housing.
- The communication of older people's needs and views to service providers.
- Encouraging increased involvement of older people in running the project.

Source: Age Concern England et al. (2004)¹¹¹

Crime

Many of the government's anti-crime initiatives apply to all age groups, for example the **Neighbourhood Warden scheme** and **Alley Gating schemes**. Neighbourhood wardens are uniformed individuals patrolling residential areas, town centres and high-crime locations to reduce crime and fear of crime and deter anti-social behaviour. Alley gating schemes reduce the dangers of secluded lanes.

Certain schemes do focus specifically on older people, such as the **Distraction Burglary Task Force** and **Locks for Pensioners**. Both tackle the high vulnerability of older people to distraction burglary, and address the disproportionately high risk that low income households have of both being burgled and having no insurance to cover thefts. **Good Neighbour schemes** reduce fear of crime and crime itself by creating a more secure local environment, and fostering community spirit. For older people, such measures also directly combat isolation, by encouraging contact with neighbours.

Participation – civic engagement and older people's forums

Policy changes since 2000 have resulted in more interaction between the public sector and older people, not just restricted to tokenism or limited consultation:

'The Government is more interested in engaging with older people. Different mechanisms have been established to aid consultation including initiatives started under the Better Government for Older People programme, by Age Concern England, Help the Aged, Beth Johnson Foundation, Care & Repair England and other voluntary organisations. There are more older people's forums and seniors' groups... However, forums and engagement processes are not well developed everywhere and consultation isn't always effective...'

Source: Now you see me... now you don't: How are older citizens being involved in regeneration?¹¹²

The older people's forum movement has gathered momentum over the past five years, and there are now forums throughout the UK. While they are generally charities, receiving little or no statutory funding, they are included in this section due to their close links with government. Established primarily to represent older people's interests in consultations with local and central government, most interaction and consultation at local level now occurs through individual older people's forums. NPC visited the Elders Council in Newcastle:

Box 7: Elders' Council in Newcastle

The Elders' Council in Newcastle, established in 2001, is a membership organisation for elders groups and individual elders resident in the City of Newcastle upon Tyne. The Elders Council promotes social inclusion of elders by providing a voice for older people on issues concerning their quality of life, health, and well being. It has working groups on issues such as health, social care and lifelong learning. In 2003 the Elders Council developed an action plan, which was a statement of the issues from older people's perspectives called 'The Way Ahead'.

Source: Elders Council of Newcastle (2003)¹¹³

Better Government for Older People (BGOP) – an umbrella organisation and partnership established in 1998 as part of the government’s modernisation agenda – has added political weight and strategic direction to older people’s forums and civic engagement initiatives by co-ordinating them nationally and regionally. BGOP is a mainly government-funded body, supported by the Department for Work and Pensions. It comprises a network of regional co-ordinators and a central team, which unites the public sector and older people at all levels, from influencing national policy to the design and delivery of local services.

Box 8: Better Government for Older People (BGOP)

‘Better Government for Older People is an example of ... partnership in action: older people, the non-profit sector, policy makers and people delivering services in central and local government all working together to improve services.’

(Malcolm Wicks MP, Minister of State for Pensions)

‘BGOP helps us identify and achieve shared objectives – despite our different perspectives’

(Local authority BGOP Subscriber)

Source: BGOP Annual Report (2002-3)¹¹⁴

Participation – promoting volunteering

In 2001 the government launched **The Experience Corps** to promote volunteering among the over 50s. Its target was to recruit 250,000 local community volunteers over the age of 50. One of the challenges it faced was the large proportion of older people already volunteering, in a number of roles that might not be categorised precisely as volunteering. Some of these were outlined earlier, at the end of **Section 1**. The Experience Corps’ original government remit has now largely come to an end, and it continues in a new, independent capacity.

The Home Office recently announced a new £1.4 million initiative to promote volunteering. This scheme acknowledges traditional volunteering schemes failed to recruit the most excluded and isolated older people. People with professional backgrounds are more likely to be volunteers than older people on lower incomes in deprived areas. This new initiative aims to tackle this imbalance through the joint efforts of the **National Mentoring Network and Volunteering England (NMN/VE)** network and **WRVS** (formerly the Women’s Royal Voluntary Service). The former will develop mentoring and befriending networks, while the latter will work to promote volunteering among older people.

Charities Minister Fiona Mactaggart, speaking about the initiative, says: ‘There is vast untapped potential for volunteering in our communities and these grants will help release it. WRVS will work on involving older people, especially the over-65s... I hope that these grants will galvanise volunteering in some of our most deprived communities too. It’s part of the Home Office’s commitment...to increase voluntary and community engagement, especially among those at risk of social exclusion.’¹¹⁵ The charity **Community Service Volunteers** and its Retired and Senior Volunteers Programme has also done a substantial amount of work in tandem with the Home Office around older volunteers.

It will be interesting to see the results of this intervention, which builds on the existing experience of charities. This is in contrast to the first government foray into this field, The Experience Corps, which established a completely new volunteering organisation. If it succeeds, the government should develop the foundations laid here and bring the benefits of volunteering (both to volunteer and community) to an even wider group.

Transport

The public sector’s major initiatives in transport for older people are the provision of **concessionary fares** and **community transport schemes**. Both are designed and delivered locally, resulting in wide variation across the UK.

Help the Aged research shows that in Wales and Northern Ireland, older people can take advantage of free off-peak bus travel throughout the country. In Scotland, a scheme covers

^{*} See page 56 onwards – Section 4: Outcomes for discussion of the outcomes of volunteering.

The government should develop the foundations laid by current schemes and attempt to bring the benefits of volunteering (both to volunteer and community) to an even wider group.

the whole country, although it is split into 16 regions within which a user is constrained. Concessionary fares are patchier in England, varying from free unrestricted off-peak travel available in London to the half-fare pass in Christchurch that does not cover travel to neighbouring Bournemouth. One estimate suggests 80% of the older population do not take advantage of concessionary fares.¹¹⁶

As well as geographical inequalities there are significant problems associated with these schemes. Low take-up of concessionary fares in some areas (particularly in rural and small urban settings) indicates barriers exist for older people. Take-up is lowest among BME groups, for whom language may be an obstacle.

While concessionary fare schemes provide older people with cheap, or free, use of existing modes of transport, there are those for whom standard buses are not feasible. They require more flexible transport to take account of distances between a person's home and bus routes, or particular mobility problems, or inconvenient fixed timetables. These problems can apply equally in rural or urban settings, although they tend to be exacerbated in rural areas by the generally lower level of public transport provision. In these cases, flexible **community transport schemes** provide the best option.

Community transport is a growing area of local government intervention, with increasing numbers of 'Dial-a-Ride' or 'Ring and Ride' schemes. These allow users to call and book door-to-door transport, although they may be restricted to people with a minimum level of mobility impairment. More progressive flexible community transport schemes are common abroad (e.g. in Sweden) and are being developed in the UK (e.g. the Demand Responsive Transport service provided by Nottinghamshire County Council).

Older people and charities working with older people highlight transport as a major barrier to participation in activities in deprived areas. The wide level of geographical variation points to a need for sustained government intervention in this area to deliver better services for all.



Transport is an issue highlighted both by older people and by charities as a major barrier to participation in activities in deprived areas.

Summary – the challenge for government

This section presents the wide range of current public sector activities and services concerned with poverty, isolation and exclusion, but shows there are still great challenges for the government if it wants to tackle the symptoms, and the causes of these linked problems. The Link-Age strategy is a statement of intent in the right direction, explicitly backing a move towards joined up third age services, but a sustained commitment of resources and political will is required to translate this strategy into practice and develop new services and ways of delivering them, rather than merely adjusting existing models.

In the current environment, there are gaps between rhetoric and reality:

- **Financial** – pensions remain at levels that perpetuate poverty, and means-tested benefits are unpopular and ineffective at reaching the most excluded older people.
- **Health** – steps have been made to rid services of age discrimination, but inequalities persist, and the emerging preventative health agenda is still least effective among the lowest income groups.
- **Social care** – the current focus of care services on intensive care packages leaves large numbers of older people excluded from lower level services.
- **Education** – Lifelong Learning is not a reality for older people, and the many benefits of learning in later life have yet to be recognised or realised.
- **Employment** – age discrimination in employment is unlikely to be stamped out by the 2006 legislation alone, and those on the lowest incomes have little choice but to work as long as they can.
- **Community** – older people have yet to be consistently involved in regeneration or anti-crime initiatives, although the older people's forum movement shows signs of increased engagement and participation.
- **Transport** – lack of access to suitable transport continues to isolate the poorest and most excluded older people – initiatives have not yet created truly inclusive concessionary fares or community transport schemes.

Primary Care Trusts and other local service commissioners should be encouraged to welcome partnerships with the charitable sector, building on the strengths of local charities and community organisations.

It is important the government recognises these gaps, as they currently result either in older people's needs going unmet, or in the charitable sector delivering some services, on very limited resources. Although the Futurebuilders initiative (a £125 million government commitment to capacity building in the charitable sector) may be influential, its lack of explicit focus on older people suggests it will have other priorities.

As well as efforts to develop more inclusive, comprehensive services, the government should create structures of accountability to support real change. England should follow the example of Wales which has developed structures around older people's champions. While these exist in principle in England, there is no real framework in place to support them in delivering change. In Wales, however, there is evidence of the development of more progressive, structured approaches. As well as a framework of accountability, these approaches involve older people at all levels, as service users and as decision-makers.

Joint work between local authorities and the charitable sector has resulted in measurable progress in some areas of older people's services, such as falls prevention and benefit take-up, but there is significant room for development. NPC found that while local authorities are increasingly willing to engage with the charitable sector to develop partnership working approaches, there is wide geographical variation and most initiatives have a narrow focus. Many of the charities NPC met believe the charitable sector is not taken seriously enough by local commissioners of older people's services, in particular in the arena of Primary Care Trusts (PCTs). PCTs and other commissioners should be encouraged to welcome partnerships with the charitable sector, building on the strengths of local charities and community organisations.

Public sector responsibility does not extend across all services, goods and resources used by older people. It could be argued all services that influence the quality of life of older people should fall within the remit of government, particularly if they have the knock-on effect of lowering the costs of supporting services, such as health care. The reality, however, is that the government's statutory responsibility is limited to pensions, health and social care, and that funding is limited. Resources must be optimised instead of hoping for unlimited increases in funding in the sector.

Section 3: The role of the charitable sector

The role of the charitable sector in the lives of older people in Britain has always been strong, providing and developing front-line support and services, championing their causes nationally and identifying and addressing needs not met by public services. This long history has seen the evolution of a wide range of charitable organisations, from well known national charities like Age Concern to small local organisations and projects.

The relative unpopularity of older people among charitable causes and within social and political agendas has direct consequences for the sector, resulting in under-funding of both large and small organisations throughout the field. Despite this difficult environment, charities achieve impressive results, making a significant difference to older people's lives. For many older people charities provide a vital safety net.

Through the wide range of national, local and community-based activities and services outlined in this section, the charitable sector affects those hardest to reach, often succeeding where broad government initiatives cannot. Because of the 'contract culture' in public funding, however, charities' efforts are hampered, preventing them from reaching as many people as they might and restricting the development of new approaches. Independent funding can play a pivotal role in overcoming these barriers, helping the sector to build on its already impressive achievements.

Overview

This section examines in detail the wide range of activities undertaken by the charitable sector to support older people living in deprived areas. As an introduction, a brief summary is given of the history of the older people sector in Britain and of the financial structure of the sector. Activities and initiatives tackling poverty, isolation and exclusion are then outlined in **Table 9** using the same framework as in **Section 2**, and described in detail in the sections that follow. This section concludes with a discussion of the case for independent funding in an environment where the lines between statutory and independent funding can sometimes be unclear.

Background

Although the government has had statutory responsibility for older people's pensions, health and social care needs since the establishment of the welfare state, a role for the charitable sector has always existed alongside the public sector. This role is threefold: meeting needs that do not fall within the government's defined responsibilities; meeting needs that do fall within this remit, but are not addressed due to failures to translate policy into practice; and campaigning to close the gaps between rhetoric and reality, policy and practice.

The history of charitable support of older people can be traced to the origins of philanthropy itself. Some of the organisations visited whilst researching this report have their own roots in such individual philanthropy. As an organised phenomenon in Britain, however, the older people's sector could be said to have begun its evolution with the establishment of the Old People's Welfare Committee (OPWC) in 1940. Responding to the disturbances and additional pressures of the Second World War, a group of charities and government departments came together to form an organisation dedicated to the welfare of vulnerable older people.

As the OPWC grew, it became a national committee and then council, overseeing the development of a growing number of local committee groups founded on its guiding principles. This network extended over the 1950s and 1960s and, along with the national co-ordinating council, became the **Age Concern** federation in the early 1970s. This federation is still in existence today, and is one of the two dominant forces in the older people sector. The second is **Help the Aged**, whose formal establishment in 1976 was the result of the work of the philanthropist Cecil Jackson-Cole.

Age Concern developed primarily to deliver local services; Help the Aged initially focused on research and campaigning. These remits widened over time, and today both organisations are involved in service delivery and national facilitation and support. While the development of Age Concern and Help the Aged figures centrally in the evolution of the older people

The role of charities is threefold: meeting needs outside the government's responsibilities; meeting needs that the government fails to address; and campaigning to close the gaps between rhetoric and reality.

charitable sector, many other organisations are also important. All organisations can be grouped in three broad categories, as outlined in **Table 8**.

Table 8: Types of charitable organisations working with older people

Category	Types
Older people's charities	<ul style="list-style-type: none"> National organisations Local organisations, groups and projects
Multi-purpose charities	<ul style="list-style-type: none"> Community organisations Faith groups (national e.g. Salvation Army & local) Interest groups Housing Associations and Socially Registered Landlords
Specialist charities	<ul style="list-style-type: none"> Mental health (e.g. Alzheimers, Dementia) Physical conditions (e.g. Stroke, Deafness, Blindness) Homelessness charities (e.g. St Mungo's)

The table above shows the broad range of charitable organisations that work with older people in Britain. Because of this breadth it is not possible to detail all the approaches that exist; rather this report focuses on the first category – older people's charities – although community organisations are included where they run projects focusing specifically on older people.* The sector comprising organisations within this first category is referred to throughout this report as the older people sector. This report does not include charities working in residential care settings.

Charities have been more responsive than the government to the third age phenomenon, perhaps because of the greater involvement of older people themselves in the charitable sector. Recent changes have resulted in charities and activities representing both the third and fourth ages. These approaches can be found in different organisations and equally within a single charity; both are required as both represent real needs of older people. An important point to note, however, is that traditionalist attitudes to ageing can be found in the charitable sector, just as they are in the public sector. Some charitable approaches may perpetuate dependence rather than fostering independence, and it is important for charities to recognise this and try to work to empower older people as much as possible.

Some charitable approaches may perpetuate dependence rather than fostering independence, and it is important for charities to recognise this and try to work to empower the older people as much as possible.

Box 9: The emergence of the third age in the charitable sector

'During the 1990s many of the main agencies that worked with older people in both the voluntary and statutory sectors came increasingly to embrace aims which coincided to some degree with those of community development. The idea, for example, that older people should be 'empowered as service users' seeped into the mainstream of thinking about health and social care services.

Health promotion with older people started to creep up the policy agenda and the view that action to promote social activity and participation in the community was an indispensable part of any coherent strategy to promote healthy ageing...There was an emerging groundswell of organisations and projects that were being set up and managed by retired people themselves – sometimes initiated by well-established voluntary sector organisations, and sometimes quite independent of these.'

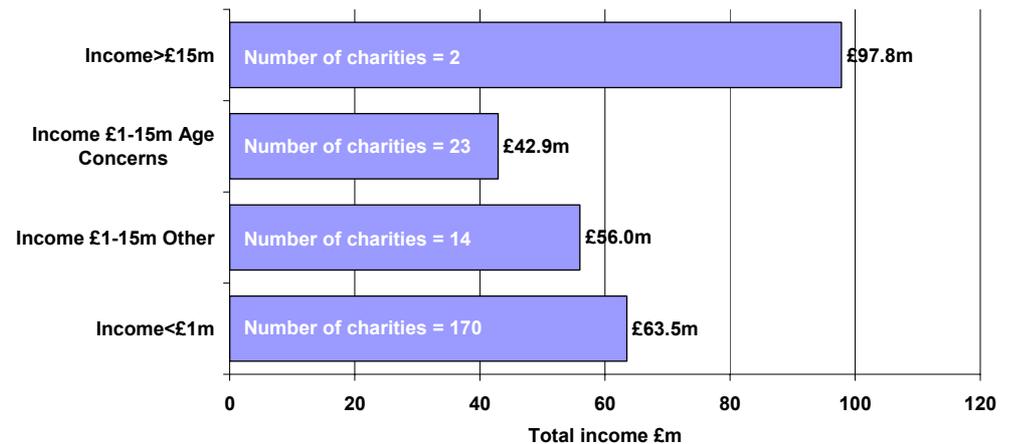
Source: Community development: A review (2003)¹¹⁷

Analysis of the top 10,000 registered UK charities in terms of income shows that there are nearly 300 charities focusing solely on older people. Of these, 86 are not-for-profit providers of housing or contract care services. These are excluded from this analysis. The older people sector, in terms of those charities in the top 10,000, receives £260 million in income. However, there are many smaller charities working in the older people sector that do not appear in this total.

* The work of community organisations is covered in detail in NPC's previous report **Local action changing lives**; interventions in the mental health area will be covered in a forthcoming report.

Total sector income is divided in the chart in **Figure 10** between organisations of different incomes.

Figure 10: Overview of older people sector (total income by size of organisation)



Source: Caritas charity financials database (2004)

- The sector is dominated by two large charities – Help the Aged (£70 million) and Age Concern England (£28 million) which account for 38% of total sector income.
- There are relatively few (40) medium-sized charities with incomes of £1-15 million, of which the majority (23) are local Age Concerns.
- The federation of Age Concern (Age Concern England, Age Concern Scotland, Age Concern Cymru plus local Age Concerns) accounts for 42% of total sector income.
- There are many (170) small charities with incomes below £1 million.

Age Concern England does not directly fund the many local Age Concerns. Local Age Concerns suffer from the misconception they are part of the same entity and so can easily access funds.

While the dominance of the sector by a small number of large charities does not necessarily have negative consequences, it is possible that it makes it more difficult for small organisations to grow. In an already under-funded sector, the greater visibility of large charities may create barriers to growth and development for smaller organisations. However, dominance can also cause problems in itself. Age Concern England does not directly fund the many local Age Concerns – they have to raise their own funds locally. Local Age Concerns suffer from the misconception they are part of the same entity and so can easily access funds.

One of the facts that came up during NPC's research was that many of the small local charities in the sector exist primarily to serve the older BME population. Due to the specific needs of older BME people (summarised in **Section 1**) not comprehensively met by other statutory or charitable organisations, BME organisations have emerged locally. Research into the views of older BME people suggests that many charitable organisations could still learn from local BME organisations how to meet peoples' needs more effectively.

Activities

This section describes the different services and activities provided by the charitable sector under the same headings that were used in **Section 2**: generic, financial, health and care, housing, education, employment, community and transport. **Table 9** introduces the full range of activities, grouped by subject area; **Appendix 1** provides a comprehensive list of all charities visited during NPC's research. The table also gives examples of actual projects seen by NPC during its research. As many charities provide a number of activities and services together, case studies of whole organisations are given to illustrate how services and other activities work in practice. The effectiveness of different activities is discussed in **Section 4**.

Table 9 shows the great diversity of work of the charitable sector. Organisations are active in all areas.

Table 9: Overview of current charitable sector activities and services

Subject area	Activities and services
Generic	<ul style="list-style-type: none"> • Outreach • Information and advice • Advocacy • Research, campaigning and lobbying
Financial	<ul style="list-style-type: none"> • Benefit & debt advice e.g. <i>Help the Aged SeniorLine</i> • Benefit checks and claims e.g. <i>Local Citizens' Advice Bureaux</i> • Benefit take-up campaigns • Emergency grants • Financial abuse advocacy e.g. <i>Generation Project, Manchester</i>
Health & Care	<ul style="list-style-type: none"> • Lower level health interventions: <ul style="list-style-type: none"> ○ Community health intermediaries and forums e.g. <i>Toxteth Health Forum, Liverpool</i> and the <i>health working group of the Elders Council in Newcastle</i> ○ Health awareness and promotion ○ Active ageing e.g. <i>Age Concern's ActivAge programme</i> ○ Healthy eating cafés (community organisations) ○ Provision of equipment e.g. <i>Search Project, Newcastle</i> ○ Complementary therapies e.g. <i>SubCo Elders Day Centre, London</i> ○ Specialist advice, information and support e.g. <i>Alzheimer's Society</i> ○ Specialist support and rehabilitation for people living with sensory impairment e.g. <i>Liverpool Voluntary Society for the Blind</i> • Lower level care interventions: <ul style="list-style-type: none"> ○ Day care and day care centres e.g. <i>local Age Concerns</i> ○ Carer support groups e.g. <i>Longsight / Moss Side Community Project, Manchester</i> ○ Advice & advocacy on elder abuse e.g. <i>Action on Elder Abuse</i> ○ Advocacy on care services e.g. <i>Counsel & Care and Link-Age, Manchester</i>
Housing	<ul style="list-style-type: none"> • Home improvement agencies e.g. <i>Care & Repair</i> • Practical assistance e.g. <i>Age Concern's Home Service</i> • Home safety e.g. <i>Help the Aged's HandyVan service</i> • Housing advice & advocacy e.g. <i>Generation Project, Manchester</i>
Education	<ul style="list-style-type: none"> • Education courses & peer education e.g. <i>University of the Third Age/ College of the Third Age, Manchester</i> • Arts and cultural projects e.g. those provided by museums, galleries and community organisations
Employment	<ul style="list-style-type: none"> • Employment advice e.g. <i>Third Age Employment Network</i> • Self-employment advice e.g. <i>Age Concern's PRIME Initiative</i> • Retirement coaching and planning e.g. <i>Pre-Retirement Association</i> • Anti-discrimination campaigning
Community	<ul style="list-style-type: none"> • Befriending e.g. <i>Contact the Elderly/West End Befrienders</i> • Social activities including lunch clubs e.g. <i>Catholic Welfare Society</i> • Reminiscence activity e.g. <i>League of Welldoers</i> • Meals-on-wheels e.g. <i>WRVS</i> • Intergenerational practice e.g. <i>Magic Me</i> • Older people's forums (discussed in Section 2) • Volunteering opportunities e.g. <i>WRVS</i> • Mentoring & buddying e.g. <i>Beth Johnson Foundation's peer health mentoring programme</i> • Anti-crime initiatives
Transport	<ul style="list-style-type: none"> • Community transport e.g. <i>Help the Aged's Senior Mobility programme</i>

Generic

Outreach

For the most isolated and excluded, outreach is often the first step towards tackling a problem.

Outreach is a fundamental building block of all efforts to reach the most isolated and excluded older people. The term refers to attempts to identify potential service users or beneficiaries who may not already be aware of the existence of an organisation or intervention, and encourages them to make use of it. For the most isolated and excluded individuals, outreach is often the first step towards tackling a problem.

There are various ways to reach the most isolated and excluded older people living in deprived areas, depending on whether they are active and mobile (i.e. third age) or less mobile and potentially housebound (i.e. fourth age). These include signposting in places where people are likely to encounter them (such as community organisations, libraries, GP surgeries, supermarkets, newspapers, local radio) and signposting by people who come into regular contact with them (such as friends and family, health and social care professionals, staff of other charities, pharmacists, and local council staff). NPC's research has found that word-of-mouth recommendations are one of the most common types of outreach, with older people who have benefited from a service or other activity telling their friends about it.

Outreach can also take the direct form of workers of charities going into local communities and literally knocking on doors to find those who are most isolated. In cases where people are severely isolated, and do not have much social contact with any of the individuals who might signpost them to activities and services, such a direct approach may be the only way of reaching potential beneficiaries.

Box 10: Outreach work – reaching the most isolated

The Longsight / Moss Side Community Project in Manchester finds that outreach work is the best way of reaching both older people and their carers. Over the years the project has employed a number of part-time outreach workers from different faith linguistic/national backgrounds to locate service users from under-represented groups. This has worked well in reaching those communities that were not very forthcoming.

The project also uses leaflets and posters to publicise its work and has organised open days to help generate an interest in its work among service users and service providers. Monthly meetings of the Asian Carers Group are used to reach out to more potential service users and service providers.

Source: Adapted from Longsight / Moss Side Community Project report (2002)¹¹⁸

While outreach can also be an element of government and public sector initiatives, charitable sector organisations and, in particular, local and community organisations often deliver the most effective outreach because they are seen as part of the local community, and there is no stigma attached to an older person talking to them. Nevertheless, it is still vital for signposting to occur at all the contact points between older people and the public and charitable sectors, so that the likelihood of identifying people who are most excluded is maximised.

Outreach tackles symptoms and causes. This is because it can be the enabling intervention that introduces a beneficiary to another intervention (such as benefit take-up work) or can be the main intervention in itself, when it seeks to make isolated and excluded older people aware of options available to them and thus decreases levels of isolation and exclusion.

Information and advice



Another activity that cuts across all subject areas is information and advice. Given the complexity of public sector services described in **Section 2**, any older person can require information and advice to help them identify problems and find solutions to them. For older people living in deprived areas, and particularly those who are isolated, such advice is of paramount importance, as they are less likely to have support and advice through family, friends and neighbours.

Information and advice is one of the hardest areas to attract funding to, despite its vital importance to older people facing poverty, isolation or exclusion.

Almost all charities provide information and advice in some form, such as over the phone on help-lines or advice given face-to-face by local charities such as local Age Concerns and community organisations. It is important to note that throughout NPC's research it was found that information and advice is one of the hardest areas to attract funding to, because funders do not consider it an exciting intervention, despite its vital importance to older people facing poverty, isolation or exclusion.

Box 11: Help the Aged's SeniorLine

SeniorLine is a free telephone information and advice service providing older people with a single point of contact on a wide range of issues. SeniorLine has UK-wide coverage (with a separate phone number for Northern Ireland) and lines are open Monday to Friday, 9am to 4pm.

SeniorLine has taken more than a million calls since it was established, answering approximately 5,000 calls per month. However, only 75% of calls are answered on average due to demand for the service. The calls are spread across a broad range of questions: 44% concern financial matters (benefits, bills, debts, pensions); 30% are about community issues (health and social services, transport); 18% involve general matters (age discrimination, employment, insurance, tradesmen) and 9% are about housing (heating, repairs, home safety, tenancy). SeniorLine's advisers provide both advice and reassurance, and will signpost callers to alternative sources of help if they are unable to provide answers or support themselves.

Source: Help the Aged

Advocacy

'Advocacy is about stating a case, influencing decisions, ending assumptions, getting better services, being treated equally, being included, protecting from abuse, redressing the balance of power [and] exercising rights.'

Source: Citizen Advocacy with Older People (1995)¹¹⁹

Advocacy refers to a broad range of activities, but is most commonly seen as someone acting on behalf of an older person to achieve better outcomes from public services. This is normally an expert in the issues being dealt with and the processes and procedures of service providers. Advocacy is part of a process that also provides necessary information and advice. It is important it is provided in a way that challenges the decisions of service providers; even if advocacy services are funded by service providers, they must be structurally separate from them.

Of the many advocacy projects NPC encountered, some of the most common services involved were: social care, health care, benefits and welfare, housing and community.

Despite the need for expertise and quality in advocacy services, there are currently no regulations governing standards or accreditation for services. The **Older People's Advocacy Alliance** – a small umbrella organisation established in 1999 to develop independent advocacy for older people – is examining this area.

Box 12: The Older People's Advocacy Alliance (OPAAL UK)

OPAAL is a membership organisation, currently with 101 member organisations across the UK, funded by the Department of Health for three years. Its main activities are:

- Developing a UK network and raising the profile of advocacy with older people.
- Developing the evidence base to demonstrate the impact of advocacy.
- Establishing standards of best practice, and developing training for advocacy.
- Influencing policy and professional practice.

It is important that advocacy is provided in a way that challenges the decisions of service providers.

Research, campaigning and lobbying

Research challenges government policy and stimulates the development of services.

Research, campaigning and lobbying in many ways have the same function as advocacy, albeit on a public, national level. Through research and campaigning many of the key issues that are the focus of this report initially came to light, and were brought into public and political forums. Work in this area challenges government policy and stimulates the development of services.

There are many charities involved in research, campaigning and lobbying in the older people's sector. Some of the key organisations are:

Help the Aged is the largest charitable organisation in terms of research into ageing and older people, spending £3 million on research in 2002/3. It now includes Research into Ageing – a primarily biomedical research group. Its portfolio of research includes the Income Index, used as the basis of the geographical focus of this report, the effects of council tax on older people, and the rationing of social care.

Age Concern England undertakes research within its own policy unit. A major focus in recent work has been equality and diversity, including work on age discrimination and ageism (feeding into a national advertising campaign). The policy unit builds responses to all major policy changes affecting older people.

Beth Johnson Foundation, discussed in more detail in the context of intergenerational practice and mentoring (pages 49 and 50), is one of the leading charities in research relating to older people. It focuses on practice as well as academic research, and is influential in many areas including intergenerational work, health, mentoring, and advocacy.

The **Centre for Policy on Ageing**, established by the Nuffield Foundation in 1947, carries out independent research to influence service providers and policy makers, and reviews and analyses services on a consultancy basis. Recent research projects include social inclusion, older prisoners, health and social care, and dementia care.

The **Policy Research Institute for Ageing and Ethnicity** carries out research focusing on issues relating to ageing and BME groups. Current work includes projects on the quality of hospital care, palliative care and regional investment in older BME people's organisations.

The **International Longevity Centre – UK** is an independent 'think and do' tank focusing on the implications of increasing longevity for society as a whole. It works in partnership with organisations in the corporate, academic and charitable sectors, undertaking research that informs policy work in the UK and Europe. The Longevity Expert Network, Longevity Impact Unit and Alliance for Health in the Future are major aspects of its work.

Academic research underpins much of the charitable sector's work concerning older people. Some of the major academic research initiatives in Britain include:

- The Economic and Social Research Council's **Growing Older Programme**, the findings of which inform much of this report. The programme concluded in July 2004, and was followed by another interdisciplinary programme, the **New Dynamics of Ageing**.
- The **Age Concern Institute of Gerontology** at Kings College, London – founded in 1986 – focuses on inter-disciplinary research into ageing. Recent work includes assistive technology for people with disabilities and the Older People's Programme.
- Gerontology and social sciences departments across the UK are frequently involved in research collaborations with the charitable sector. Examples include the University of Keele's work on social exclusion with Help the Aged, and the University of Birmingham's evaluation of Age Concern's social rehabilitation projects.

Most of the charities above are engaged in campaigning based on the findings from research. Larger organisations, such as Help the Aged and Age Concern England, have dedicated policy and parliamentary officers, whereas smaller organisations generally do not. Nevertheless, charities of all sizes play a significant role in political campaigning and lobbying, drawing on their experiences with older people. For example, the **Joseph Rowntree Foundation's Older People's Committee** influenced the development of inclusive, user-led research approaches, and the charity **REU's** (formerly the Race Equality Unit) work on older people informed the government's White Paper on Modernising Social Services.¹²⁰

Umbrella organisations also play an important role in campaigning and lobbying. One of the most important is the **National Pensioners' Convention**, an organisation representing its 1.5 million members through political campaigning and lobbying. It recently published the first Pensioners' Manifesto, which outlines proposals for pensions and income, health and care, transport and mobility, neighbourhood and community and active citizenship.

Finance

Benefit take-up campaigns run by the charitable sector are vital to efforts to overcome the barriers that means-tested benefits present to isolated and excluded older people.

In finance, the charitable sector helps to navigate and secure state-provided benefits to which older people are entitled. Building on the provision of information and advice, the charitable sector is increasingly becoming a local direct provider of benefit checking, claims form-filling and collection services, because government bodies acknowledge it is approachable and effective in this role.[†] Face-to-face contact is important to older people, who often prefer to talk about their financial situation in this way rather than over the phone.

A number of national providers and a wide range of local ones supply **financial advice**, including benefit and debt advice. **Age Concern** runs a national information line, and local **Age Concerns** also provide information and face-to-face advice in resource centres, high street premises and shops. Most local and community organisations working with older people will offer some benefit and welfare advice, and will point the way to other organisations in the charitable and public sector. **Citizens Advice Bureaux (CAB)** are the best known providers of benefit and debt advice, so much so that the general public often believes CAB is a government agency not a charitable organisation. Volunteers are often an integral part of local charities delivering benefits advice, and combine this role with other activities such as befriending. While NPC found many charities link services in this way, there is definitely scope for more involvement of local volunteers in benefit advice.

Benefit checks and claims are increasingly carried out by the charitable sector. As mentioned in **Section 2**, the Department of Work and Pensions (DWP) is working in this field, and a growing number of charitable bodies, including some local Citizens Advice Bureaux and Age Concerns, now help complete benefit claims.

Benefit take-up campaigns are another area of increasing collaboration between the public sector and charities. The DWP's Partnership Fund, outlined in **Section 2**, funds innovative charity work to reach older people most in need. Benefit take-up campaigns are vital to overcome the difficulties that means-tested benefits cause isolated and excluded older people, such as lack of awareness, complexity of statutory systems and the perceived stigma of means-testing.¹²¹ Many campaigns involve partnerships between a number of charitable and public sector agencies, and include home visits.

Emergency grants provide additional income to meet specific one-off needs. These are not common, but are provided by a few charities, such as **Counsel and Care for the Elderly** and **Royal United Kingdom Beneficent Association (RUKBA)** and by a number of local charities. Emergency grants meet urgent needs, such as essential bills, household appliances, or the installation of a telephone or security system.

Financial advocacy (or financial abuse advocacy) is an intervention that supports the large number of older people who suffer financial abuse, as discussed in **Section 1**. A number of local charities offer this type of advocacy, which often includes issues around the misuse of unregistered powers of attorney. Providers include the advocacy services of local Age Concerns and **Link Age** in Manchester.

Health and care

Older people often come to charities via referrals from social services and GPs who do not have time or resources effectively to deal with their needs.

Charities work across the health and social care spectrum, including the delivery of mainstream domiciliary (or home) care services on behalf of local authorities. The interventions described here are those that focus on older people excluded from mainstream public services. These serve the lower level health and care needs that fall outside government Public Service Agreement targets. Charities working in health and care report that the most isolated and excluded older people often come to their attention via referrals from social services and GPs, who do not have time or resources to deal with their needs.

^{*} The National Pensioners' Convention is often abbreviated to NPC. However, any instances of the abbreviation NPC in this report refer to New Philanthropy Capital.

[†] See page 55 onwards – Section 4: Outcomes for discussion of effectiveness and outcomes.

NPC's research finds little geographical consistency in the availability of charitable preventative health and care initiatives across Britain. Most are developed at local levels, with much fragmentation and little strategic co-ordination of efforts. This is because local charities are constrained by restricted statutory funding to only offer agreed services, with few resources, if any, to develop and tie into strategic initiatives.

Many of the smaller charities working with older people grew up around the needs of BME older people, because older BME populations are slow to take-up mainstream social and health services. For this reason statutory service providers have increasingly looked to BME organisations to provide certain health and care services, accepting they are able to provide more appropriate and effective services. However, funding has not always followed rhetoric, and small, local BME organisations often have ongoing funding challenges.

Lower level health interventions with older people take many forms, but can for simplicity be grouped under the following headings:

- **Community health intermediaries and forums**, which act as brokers between service providers and local communities in particularly deprived areas, often working with local older BME populations. They help service providers to understand and meet the needs of local residents, and help residents to access services and develop community groups.
- **Health awareness and promotion** among older people in deprived areas, where levels of illness and poor health are high, and engagement with health agendas is low. Activities include events focusing on specific conditions that may be locally prevalent e.g. diabetes.
- **Active ageing** activities promoting social, physical and recreational activity.
- **Healthy eating cafés** providing healthy meals at local community organisations.
- **Provision of equipment** to support older people when not otherwise available.
- **Complementary therapies** to provide alternatives to mainstream options.
- **Specialist advice, information and support** for older people living with medical conditions associated with older age, e.g. Alzheimer's disease.
- **Specialist support and rehabilitation activities** for older people living with sensory impairment, e.g. blindness.



Box 13: Search Project, Newcastle

The Search Project is a small charitable project working with older people in the West End of Newcastle, focusing on health in its broadest sense. The greatest part of Search's health work is health promotion – it runs a programme of activities for local residents, aimed at preventing ill-health and enhancing well-being. Activities include exercise classes, walking groups, art and craft activities and complementary therapies.

Search also gives advice on benefits at the centre and through home visiting, and provides small items of equipment which help people experiencing difficulties with everyday personal or domestic tasks. Another aspect of the work is support for informal carers of those living with serious illness or disability.

Work on **lower level care** is as diverse as in health, ranging from day care services traditionally associated with older people's charities to advocacy and carer support work:

- **Day care and day care centres** form the traditional backbone of many charities such as local Age Concerns. The growing diversity of the older population is forcing day centres to change, in terms of basing activities around interests, background and ethnicity rather than solely on a similar age group.
- **Carer support groups** have emerged in recognition of the large numbers of people providing informal care to partners and relatives, for example the Longsight/Moss Side Community project's Asian Carers group. Carers are often older people themselves, and their responsibilities cause social isolation.

- **Advice and advocacy on elder abuse** has received growing attention recently. The work of **Action on Elder Abuse** includes advice, information and a counselling help-line service.
- **Advocacy on care services** is a specific and particularly common intervention for advocacy charities such as LinkAge in Manchester. Due to the complexity of the system of statutory care provision, residential care and payments, advocacy projects often focus on care issues. Older people often struggle to secure the provision of adequate and appropriate services, and advocacy is vital to help them fight their case.

Box 14: Counsel and Care (for the Elderly)

Counsel and Care is a national charity, established in 1954 to provide advice and practical help to (primarily frail) older people and their carers. Based in London, its national advice line and advocacy casework support 25,000 users on complex issues surrounding home care, residential care and housing.

The issues that Counsel and Care's users face vary widely but often include fees for care services, appropriateness of those services, welfare and, more recently, elder abuse. These issues all directly contribute to isolation and exclusion among older people. As well as providing information, advice and advocacy, the group works to tackle causes of problems by developing standards in care provision, good practice, and strategic partnerships with other organisations. It recently published practice guides for residential care workers, to explain how to minimise the use of restraint, and understand relationships between older people in care settings.

Housing

This report focuses on services and support provided to older people living in their homes, and excludes the provision of housing by independent sheltered housing, ExtraCare (or very sheltered housing) and residential care providers.

Charities meet lower level housing needs for practical assistance, home improvement, safety and security and gardening. Home Improvement Agencies deliver many of these services, which are integral to the Supporting People programme described in **Section 2**. The practical support charities provide is important because it increases the independence of older people. Although home maintenance and improvement may seem peripheral to improving quality of life, these services address precisely the practical needs that many older people have. If not met, they may escalate, causing more serious problems. For example, a broken light bulb or loose hand rail, left un-repaired, can soon cause an accident in the home that has serious medical consequences.

Home Improvement Agencies are independent not-for-profit organisations offering a range of services centred on home maintenance and improvement. While the range varies across Britain, all provide a core of free services to older people on low incomes:

- **Home maintenance** – both carrying out minor maintenance and improvements and advising and creating awareness on DIY and maintenance.
- **Home accessibility and safety** – assessing and fitting devices such as hand rails, smoke alarms, door locks and security chains.

Gardening schemes assist older people unable to keep their gardens from becoming overgrown when they become less mobile. Overgrown gardens alert burglars to the presence of a vulnerable older person, and are a contributing factor in an older person's decision to move out of their own home into sheltered housing.¹²²

Care and Repair is one of the major charities working in this field – Care and Repair England and Care and Repair Cymru have local branches across England and Wales respectively, while Care and Repair in Scotland is a local authority agency scheme. NPC visited one of the projects of Manchester Care and Repair (the Generation Project). The organisation actively provides **housing information and advice** and influences local and central government policy on housing options for older people. The work of a local Care and Repair organisation is illustrated in **Box 15**.

NPC visited several local and community organisations that offer housing-related services. Handy-person schemes are sometimes linked to befriending and home visiting schemes, as in the case of the Catholic Welfare Societies, Manchester.

The practical support charities provide is important because it increases independence of older people.

Gardening schemes are important because overgrown gardens can alert burglars to the presence of a vulnerable older person.

Box 15: Swansea Care and Repair

Swansea Care and Repair is an independent Home Improvement Agency with charitable status. It helps older people and/or disabled home owners to repair and adapt their homes. It offers a selection of services, including 'Rapid Response Adaptations' which involves quickly providing essential small repairs to the homes of those discharged from hospital. Last year the Rapid Response Adaptations programme dealt with over 220 hospital discharge cases, decreased hospital admissions by preventing accidents and helped people to continue to live independently in their own homes.

Help the Aged and Age Concern both recently launched housing and practical assistance services. **Help the Aged's HandyVan** provides home security improvements to older people via a fleet of mobile units around the UK, and has helped to secure over 100,000 homes since its launch in 1995. Its **national gardening programme**, launched in 2002, supports the development of local gardening assistance schemes. **Age Concern's Home Service** has been piloted in six areas, offering a range of housing-related services, from a Traders' Register to handyperson schemes, gardening, home safety and security.

Education

Unlike the public sector, the charitable sector provides an extensive range of educational opportunities for older people, generally on a self-supporting basis of membership and class fees, including IT classes, language lessons and educational lectures.

The **University of the Third Age (U3A)** dominates education for older people. It is based on a model of self-sufficiency and self-funding, and is a federation of membership groups across the UK (in fact there are U3As across the world). The Third Age Trust was established in 1982 to encourage learning for people no longer in full-time employment. There are now 540 U3A groups in the UK, with 142,000 members. U3A groups are independent local organisations, set up on the principles of the Third Age Trust – the co-ordinating and facilitating central organisation of which individual groups are members.



Although the membership of U3A is predominantly retired professionals, with little representation of people on low incomes or from BME backgrounds, many of the members want to see a broadening of this membership. There have been examples of U3As set up through government funding to encourage diversity, although with mixed success. There is undoubtedly great scope for educational organisations like U3A to broaden their appeal and membership to a wider audience.

Distinct from the University of the Third Age, there are various local organisations also providing educational opportunities, such as local Age Concerns, local older people's charities and community organisations. **College of the Third Age** in Manchester is an example of such a local group.

Box 16: College of the Third Age, Manchester

College of the Third Age is a local charitable membership organisation in north Manchester set up to fulfil an unmet need for educational and social opportunities for the over 50s. The approach of the organisation is one of self-help – most of the course tutors are former students. As an organisation run by and for older people, and on minimal resources, it is an example of older people creating and sharing resources, rather than simply being recipients of services. It is financially self-sufficient due to the £5 annual membership and small fees for classes and events.

College of the Third Age has 360 members who attend organised classes, which are based in an Adult Education Centre, or outdoors where necessary, and include ICT training, digital imaging, local history programmes, creative writing and a City & Guilds Horticulture course.

There is undoubtedly great scope for educational organisations like U3A to broaden their appeal and membership to a wider audience.

Many charitable educational activities and services are organised and delivered by older people, in what is known as peer education. Most are financially self-sufficient, with little or no external funding. In some cases, funding may be obtained for the provision of ICT classes, although the increasing requirements for courses to lead to examinations often dissuade older people's organisations as their users do not want this.

The **National Institute for Adult Continuing Education (NIACE)** is a leading independent charity providing strategic direction, research, and facilitation of efforts to promote and develop adult (and lifelong) learning. Its Older and Bolder programme includes research on the benefits of third and fourth age learning, financial literacy for older people, and facilitating older learners in community settings.

Employment

Age discrimination and mandatory retirement ages generally prevent the charitable sector from intervening directly on behalf of older people in the employment area, although they are active in research, campaigning and lobbying. However, they are involved in **employment advice**, primarily through initiatives supported by Help the Aged and Age Concern.

Local charities offer employment advice, but usually not to older people. Older people living in deprived areas have few employment options with little choice over when to retire or possibility of returning to work or establishing their own business.

The **Third Age Employment Network (TAEN)** is a membership-based campaigning organisation, sponsored and supported by Help the Aged. It works with the media, employers and government to change attitudes and public policies. TAEN has 240 member organisations which share and disseminate information on opportunities for older people to learn and work. Its work is closely linked to the forthcoming legislation on age discrimination in employment.

The **PRIME Initiative**, supported by Age Concern and Help the Aged, provides advice, information and strategic direction on self-employment for the over 50s. It encourages people to start their own businesses and finds local help and advice. PRIME is actively engaged in research, campaigning and lobbying for policy changes to support self-employment among older age groups.

The **Association of Retired and Persons Over 50 (ARP/O50)** is a social and campaigning membership organisation, based on the style of the American Association of Retired People. Its work encompasses employment as well as many other subjects such as health, transport and pensions.

The **Pre-Retirement Association (PRA)** provides training and education to people approaching retirement, and at the stage of mid-life career changes. Most of its work is done through courses focusing on pre-retirement planning, covering issues such as finance, health, work, leisure, relationships and identity.

Other forms of pre-retirement advice include general publications produced by the major older people's charities, by local charitable sector organisations, local authorities and by publishers. Many of these are guides to resources available locally or nationally, and what opportunities are out there, for example in recreation, hobbies and interests, and volunteering. One nationally published example is *A Survival Guide to Later Life: How to stay healthy, happy, mobile and in control*.¹²³

Charitable organisations also provide volunteering opportunities, producing benefits as outlined in **Section 4**.

Community

This section on charitable activities in the area of community contains a very broad range of different approaches, tackling symptoms and causes in a variety of ways.

Befriending

Befriending schemes are common in the older people sector, although NPC found a wide range of approaches. Befriending directly reduces social isolation and loneliness by providing an older person with regular contact – the befriender becomes a friend of the beneficiary. In almost all the cases NPC encountered, befriending is entirely delivered by volunteers.

Older people living in deprived areas have few employment options with little choice over when to retire or possibility of returning to work or establishing their own business.

Befriending can take place via:

- Direct contact in the older person's home.
- Telephone calls made to the older person.
- More holistic support and assistance, in which the befriender accompanies the beneficiary on trips outside the home, e.g. on shopping trips or visits to the doctor.
- Informal befriending through the work of community organisations.

Befrienders are often the only person that an isolated older person regularly sees.

Broadly speaking there is more of a focus on the fourth age than the third age among befriending schemes, as beneficiaries tend to be isolated and housebound older people. Befrienders are often the only person that an isolated older person regularly sees, and are thus highly valued. The exception is where older people in the third age may be isolated due to lacking confidence and self-esteem, often following the death of a spouse or retirement. In such cases, informal befriending offered by community organisations, which have an open door policy and are available whenever a person wants to drop in, can be vital. Two very different examples of befriending are given below – the first is based on social befriending, while the second includes befriending as an element of wide-ranging practical support.

Box 17: Castlehaven Community Association, Camden

The Castlehaven Community Association was established in 1986 in recognition of the lack of activities and facilities for younger and older people in the Chalk Farm area of north London. It serves children, young people (8-16 years old) and older people through its facilities and activities.

For older people, the HELPS project (Helping Elderly Local People Scheme) provides a wide range of activities including dance, gardening, computing classes, bridge and day trips. It used to run a Friends scheme, which matched volunteers with isolated older people, although the funding for this project has now ended. The community centre is a venue for older people to meet, and to drop in and chat. One lady, aged 82, first came to Castlehaven when she lost her husband. At the time, she was nervous and lacking in confidence. After benefiting from the HELPS project, she has blossomed, made friends, and is so busy that she now has to keep a diary to keep track of everything she's doing.

Box 18: The Catholic Welfare Societies, Manchester

Catholic Welfare Societies is located in Manchester and was set up in 1974 to focus on the social welfare needs of disabled adults and frail older people. Activities and services are delivered from both a day centre and in the community (for example to housebound older people).

Services in the community are largely delivered by a team of nuns who volunteer. There are eight volunteers who each look after around 40 older people; The Catholic Welfare Societies supports 300 older people. The volunteers make home visits, provide transport to medical appointments, accompany older people on shopping trips, provide support post-discharge from hospital, carry out benefit checks and assist filling out forms. The volunteers have a flexible approach and give individual solutions and support to older people. The demand for services is large and there is a great deal of unmet need.

Social activities

Almost all of the local charities met by NPC during this project provide social activities of some sort – this is generally the core of their existence and the reason why older people want to participate in their activities. These social activities include:



- Lunch clubs, tea mornings
- Interest groups, arts and crafts
- Exercise, dance, walking and rambling
- Day trips, holidays and special occasion dinners (e.g. Christmas)

Providing isolated and excluded older people with opportunities for social engagement and building social networks is central to efforts to tackle isolation.

Providing older people with opportunities for social engagement and building social networks is central when tackling isolation. Charities that provide such activities in local community premises offer a comfortable, non-threatening, non-stigmatised venue for older people to come in and build their confidence through enjoyable activities. They base the activities on what older people ask for; as many of the charities NPC visited note: if older people do not get what they want from a social activity, they simply will not participate.

Box 19: Latin American Elderly Project, London

The Latin American Elderly Project is a grass-roots community organisation run by, and for, the Latin American population of over 50s across London, who typically face problems of isolation, poverty and language barriers. Many of the Latin American older people in London are refugees and asylum seekers; others came to the UK as economic migrants. The project provides a wide range of services and activities, through a day centre and drop-in service in a shared community venue.

It provides information and advice, along with an interpreting service, a range of social and cultural activities, education and skills, group therapy sessions, and an exercise and activity programme. Some of the most popular sessions are computing skills, yoga and Tai-Chi.

Reminiscence

An Economic & Social Research Council-funded study defined reminiscence activity as 'the vocal or silent recall of events in a person's life, either alone, or with another person or group of people.' Reminiscence is a way of tackling isolation by sharing and renewing memories, and is often an informal element of activities in the older people sector. Reminiscence activities also include sharing oral histories, and taps into the great wealth of local knowledge and history that people have gained throughout their lives. It is known to combat the progression of dementia, and is common in the approaches of dementia support groups.

Box 20: League of Welldoers, Liverpool

The main service provided by the League of Welldoers is the older people's club, which currently has a membership of 300 and is growing rapidly. It offers hot lunches five days a week through a social luncheon club, indoor bowling, bingo and a number of annual events. Tea dances are a recent addition, and future plans include outreach work using volunteers to locate and support housebound and isolated local residents, and the creation of an archive based on the large amounts of photographs taken over the years in the local area.

The League of Welldoers reminiscence group (Down Memory Lane) is based on local stories and events, and has built up a large archive of photographs, charting local history over the twentieth century.

Meals-on-wheels

The charitable sector has long provided meals-on-wheels, or home delivery services, to housebound older people. They traditionally provided them on a contract basis for local authorities, most notably by the **WRVS** (formerly Women's Royal Voluntary Service). Over recent years, local authorities have minimised the costs. Many have chosen commercial providers over the charitable sector, and some deliver a weekly supply of frozen meals for the older person to microwave.

Volunteers providing meals-on-wheels have major advantages over commercial operations from the perspective of beneficiaries, as they are not as focused on cost minimisation and can spend more time with the older person to whom they are delivering. In fact, charitable meals-on-wheels schemes often have elements of befriending to them, as the volunteer may be the only person the older person regularly sees. Such approaches are examples of the way in which one service can be linked to others.

The following example shows how meals-on-wheels services can be formed around the particular cultural needs of an ethnic group:

Volunteers providing meals-on-wheels have major advantages over commercial operations from the perspective of beneficiaries, as they can spend more time with the older person to whom they are delivering.

Box 21: SubCo Elders Day Centre, Newham, London

SubCo was formed in 1993 and is well known locally for its expertise in the provision of culturally appropriate services to Asian older people and their carers. SubCo Elders Day Centre provides an Asian meals service (lunch club and meals-on-wheels) seven days a week and delivers to around 30 older people, Monday to Friday, and 45 on Saturday and Sunday. The Asian Meals Service, however, is just one aspect of SubCo Elders Day Centre.

SubCo estimates that it has between 350 and 400 users per week. It provides a range of services and activities including advice surgeries (housing and welfare rights, for example), mental health advocacy and support, befriending, health advocacy, bilingual counselling sessions, range of health promotion activities, home visits, support for carers, social and cultural activities, Asian meals service, shopping service, volunteer programme and intergenerational work.

Intergenerational practice

The **Beth Johnson Foundation**, one of the most innovative and well-respected centres of expertise in the older people sector (see **Box 23**, page 47), describes intergenerational practice as follows:

'Intergenerational practice aims to bring generations together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and which help to build more cohesive communities. Intergenerational approaches are an effective way to address a number of issues, many of them key government priorities such as building active communities, promoting citizenship, regenerating neighbourhoods and addressing inequalities.'

Source: The Intergenerational Directory (2003)¹²⁴

Intergenerational projects are among the most exciting developments in the sector; as well as tackling isolation by building relationships and understanding within communities, they also tackle deeper issues around perceptions and ageism that underpin exclusion among older people. Intergenerational projects take many forms, as they encompass any activity undertaken by people of different ages, or generations, together. Their benefits are far-reaching for all age groups involved, and have knock-on effects within the wider community.

Box 22: Magic Me, intergenerational work in practice

Magic Me is an award-winning charity based in Tower Hamlets, providing community arts programmes which bring together young and older people. In Tower Hamlets the school age population is 28% white, with the remainder largely Bengali or black. In contrast the older population is predominantly white. The organisation links people from different generations and contrasting cultures to challenge negative stereotypes and consider complex issues of ageing, disability, interdependence and citizenship.

Many projects take place in nursing homes or day centres, though increasingly Magic Me works with over 50s clubs and pensioners' groups, sheltered housing schemes and community organisations. Each young person works with the same older partner so that a relationship can develop. The activities are designed to stimulate both age groups, fostering conversation and an exchange of ideas.

Volunteering opportunities

This report looks at volunteering from two perspectives – volunteers working with older people, and older people working as volunteers. As summarised in **Section 1**, older people are among the most active volunteers, carers and informal helpers. However, as noted in **Section 2**, the most isolated and excluded are less likely to be active.

Charities provide opportunities for volunteering in many forms, both in the delivery of services and in the operation of the charity itself – almost all charities that have trading operations (e.g. Age Concern shops) rely heavily on older volunteers to staff them.

- The **Experience Corps**, as outlined in **Section 2**, drew together over 200,000 older volunteers. While the Experience Corps' original government remit has now concluded, it continues to match volunteers and opportunities.

Intergenerational projects are among the most exciting developments in the older people sector – building relationships and understanding within communities and tackling ageism.

Local charities and community organisations often rely heavily on older volunteers.

- The **Retired and Senior Volunteer Programme (RSVP)** is the branch of Community Service Volunteers (CSV) that focuses on older volunteers. Founded in 1988, it has over 8,500 older volunteers, organised through the London, Edinburgh and Cardiff RSVP offices. Volunteers work in health and social care (e.g. as drivers), in schools (e.g. as reading assistants) and as cultural volunteers.
- Local charities and community organisations that NPC met often rely heavily on older volunteers. Castlehaven Community Association uses older volunteers as buddies/befrienders in its recent Friends project, supporting isolated older people – those who volunteer find it becomes an important and fulfilling part of their lives. The Catholic Welfare Societies, for example, uses volunteers for home visiting and befriending, for handy-person schemes, and as volunteer drivers. **Volunteer drivers** are vital to many local and community organisations, transporting people from their homes to venues where activities take place (see below – **Transport**).

Mentoring

Mentoring takes many forms, but is, in essence, a particular form of volunteering where one person helps another by coaching, listening to and supporting them. Mentoring is valuable for both mentor and mentee, just as volunteering benefits both volunteer and beneficiary. In recent years a number of mentoring approaches have developed, building on the skills and expertise of older people. Some of the forms of mentoring NPC encountered include:

- Peer health mentoring, in which older mentors provide health promotion advice and support to their peers, e.g. Age Concern Scotland's Link for Life project.
- Intergenerational mentoring in schools (see box below).
- Educational peer mentoring, e.g. NIACE's Working With Older Learners programme, which aims to widen participation in learning among the over 50s.

Box 23: The Beth Johnson Foundation, intergenerational mentoring in schools

The Beth Johnson Foundation (BJF) was established in 1972 to improve the quality of life of over 50s in the UK through 'exploratory and experimental research and service-based projects and the evaluation and dissemination of the results of such research.' BJF has influenced much of the most innovative work with older people since its inception, and has become a centre of expertise for intergenerational practice, mentoring and evaluation.

BJF's work in intergenerational mentoring in schools began with an initial three year research project that resulted in a pilot in a school in Stoke-on-Trent. After external evaluation the project was expanded to nine schools in Stoke, with 49 volunteers. The intergenerational mentoring has been instrumental in a number of new developments, including work in Newcastle-under-Lyme, a grandparents project, and the establishment of the Centre for Intergenerational Practice.

Transport

Transport, or lack of it, is a major cause of isolation among older people in deprived areas. In rural areas the problem is compounded and often requires greater resources to address effectively. Charitable transport is a key enabler of other activities, providing older people with access to opportunities and the ability to get out and about. Community and voluntary transport schemes rely on volunteer drivers, either in their own cars or in minibuses owned or rented by charities, to pick up older people at their homes and take them to other locations. Schemes also require transport co-ordinators, also usually volunteers.

Transport was cited by the vast majority of charities met by NPC as a limiting factor in their efforts. Not only are minibuses expensive to purchase, but maintenance costs are substantial. While some local authorities provide community transport, as described in **Section 2**, they are generally insufficient to meet demand. An example of a transport initiative is the **Help the Aged Senior Mobility** scheme, which provides grants, advice and support for community organisations and local charities to purchase minibuses, scooters and mobility equipment. In the last two years it provided grants to charities in Manchester, Newcastle, Glasgow, Cardiff and London.

NPC notes a general lack of transport initiatives in both the charitable and public sectors. While many charities provide transport services of some kind to allow older people to participate in their activities, they are often unable to meet demand.

Transport was cited by the vast majority of charities as a limiting factor in their efforts.

Summary – the case for independent funding

The charitable sector undertakes an extensive range of work for older people living in deprived areas. Charitable and community organisations provide older people with services and opportunities that would not otherwise exist, and are a vital safety net to those most isolated and excluded from mainstream services. Charitable activities, directly and indirectly, improve the quality of life of older people across Britain. The charities met by NPC, and the activities and services they deliver, are summarised in **Appendix 1**.

Charitable sector strengths include local knowledge, flexibility, a person-centred approach, innovation and creativity, and the support and passion of the many volunteers. The current funding environment handicaps charities working with older people in a number of ways:

- Independent funding is difficult to secure, typically provided over short-term periods, and for specific projects rather than covering overhead costs and the full range of work of the charity. Small charities find themselves constantly fighting to ensure their future by applying for a large numbers of grants and cannot make long-term plans.
- Statutory funding is restricted to delivering specific existing services, leaving little or no finance for ongoing development work. Furthermore, the nature of contracts between local authorities and charitable service providers often places a burden of risk and un-recovered overhead costs on charities.
- As well as the general unpopularity that the older people sector suffers relative to other charitable causes, particular activities and services are also considered unattractive by funders. Often these activities and services are among the most important, underpinning the general work of the charity. A particular example of this is found in information and advice, which is a notoriously difficult area to fund.

Independent funding has the potential to transform the delivery of activities and services by the charitable sector:

- **Investing in the development of new and emerging approaches.** NPC's research identifies several key areas that independent funders and donors can take a leading role in developing. Three of the most exciting areas are:
 - **Supporting older people's independence by broadening access to third age services** such as educational, social, intergenerational and recreational activities, volunteering and participation. Emphasis should be given to activities that empower rather than perpetuate dependence; funders and donors should look for high levels of involvement of older people in the charity's management.
 - **Spreading the preventative health agenda** through lower level services, practical support, outreach, information and advice and flexible community-led approaches. These should operate in partnership with the wider charitable and public sectors to maximise their effectiveness.
 - **Providing services that enable participation** by overcoming existing barriers. Three of the areas with greatest unmet need and scope for improvement are transport, outreach and information and advice.
- **Funding a range of activities and services** would ensure the maximum number of beneficiaries are reached in as many ways as possible.
- **Funding local charities and community organisations** would allow the most flexible, local approaches to be taken to problems that require individual solutions.
- **Providing charities with unrestricted funding** would allow them to securely fund those areas that are usually considered least attractive to funders.
- **Funding small organisations to develop evaluative techniques** as part of the funding package would enable them to articulate their outcomes more clearly, and potentially to improve their overall funding situation.

¹ See NPC's reports published with ACEVO, *Full Cost Recovery: A guide and toolkit on cost allocation* and *A Surer Funding Framework for Improved Public Services*.

Independent funding has the potential to transform the delivery of activities and services by the charitable sector.

Section 4: Outcomes

Although quantitatively measuring the outcomes of activities and services can be difficult, measurement problems should not deter discussions of outcomes in more qualitative terms. Outcomes are fundamental to the work of charities. The charities surveyed here exist primarily to produce positive results for older people; they only succeed if they have a positive impact on older people's lives. Outcomes are achieved on a range of levels, from the individual to the local community, and at a national level.

While measuring success can be complex and time consuming, especially for small charities, and obtaining quantitative measures of outcomes is sometimes unachievable, defining and articulating outcomes is still valuable.

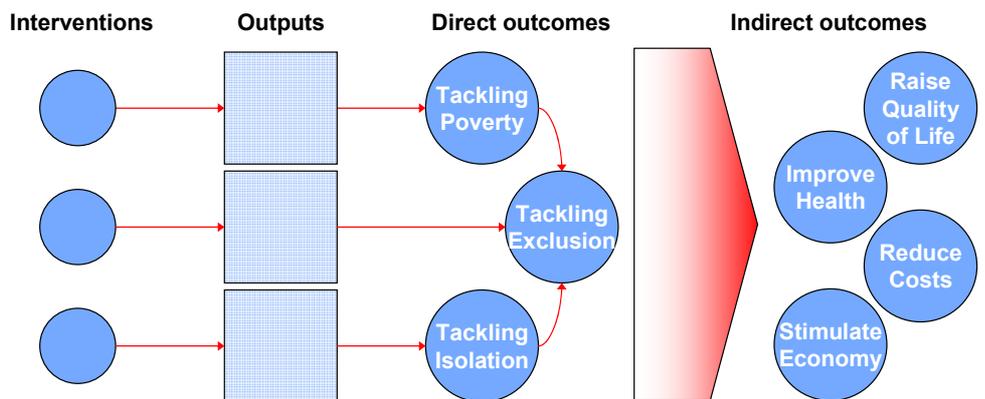
Overview

This section looks at the outcomes generated by some of the older people's charities NPC visited, touching on both quantitative and qualitative aspects. This section simplifies the outcomes by focusing only on particular aspects: the charities often actually achieve a far broader range of outcomes than those articulated. Outcomes of activities and services are often known at an anecdotal level by charities, even though they sometimes find them hard to measure. One of the overriding similarities NPC found is charities' knowledge of the importance of their work – they know they provide many older people with vital services, support and resources. These charities exist to help and support older people and to improve their lives.

This section also explores the cost of some activities, in order to demonstrate how much can be achieved with even relatively small financial input. Such costings are not intended to provide a means of comparing specific individual activities or services because the outcomes differ so much as to make comparisons unhelpful. Nevertheless, providing this information can help guide funders in their choices.

Discussions of outcomes are often clouded by confusion between the terms outcome, impact and output. **Outputs** are easiest to measure as they concern the actual products of services and other activities. **Outcomes and impacts** can be understood as the results of these activities, and relate to the benefits for users and others. In the example of an older people's luncheon club, the output may be measured as the number of hot three-course meals consumed every day and the number of people brought together to eat lunches; the corresponding outcomes are measured in terms of reductions in the effects of poverty and isolation – the improved physical health and well-being resulting from eating a balanced hot meal and the improved mental well-being from socialising.

Figure 11: Outputs and outcomes of interventions



Source: NPC

Many older people's charities provide older people with vital services, support and resources.

* While outcomes and impacts are sometimes defined as different measures, distinctions between them are blurred, and the terms are used here interchangeably for ease of exposition.

What do older people's charities achieve?

As **Section 2** indicates, charities working with older people often cut across a range of issues, such as finance, health, housing and crime. Furthermore, the diversity of older people as a group means that interventions tackling poverty, isolation and exclusion, and their resulting outcomes, vary a great deal between different charities. However, it is possible to draw together the outcomes of all activities and services by older people's charities under the common heading of improved quality of life.

Quality of life for older people has traditionally been equated with good health.* Recognising the diversity of older people today, quality of life is now acknowledged to be more complex. A recent academic attempt to define (and measure) quality of life in early old age equates it with the fulfilment of needs relating to control, autonomy, self-realisation and pleasure. The elements of this model are outlined in **Appendix 2**.¹²⁵

Tackling poverty, isolation and exclusion can therefore be interpreted as improvements in the quality of life of older people, providing increased control, autonomy, self-realisation and pleasure. While few charities have the resources to evaluate outcomes and impacts in terms of quality of life, the research here shows that such measurement is achievable.

There are real problems associated with measuring the outcomes of activities which address isolation, exclusion and poverty, as these are all sensitive issues and older people are likely to be reticent about identifying themselves with any of these categories.

As outlined in **Section 1**, many causes contribute to the development of poverty, isolation and exclusion in older people. Outcomes from charitable activities in this area are best understood in terms of trying to mitigate the causal factors shown in the diagram, and trying to break the links between states that make the linked problem so persistent and difficult to break out of.

Given the interconnection between poverty, isolation and exclusion, **holistic activities and services** are the best solution. Individual activities and services help to overcome individual barriers, but links between these problems can cause the initial problem to re-emerge. For example, a befriending intervention can help tackle isolation, but if the old person also lives in poverty, the state of isolation may persist. However, if the befriending includes signposting to help tackle poverty and exclusion, isolation is resolved in a more lasting way.

Table 10 is an overview of these outcomes, showing how they can be mapped from individual activities. The framework used is a simplification, as it does not show the overlapping outcomes in different areas. For example, while volunteering results in increased involvement and empowerment, and therefore reduces exclusion, it also results in increasing social contact and therefore reduces isolation.

Tackling poverty, isolation and exclusion can be interpreted as improvements in the quality of life of older people, providing increased control, autonomy, self-realisation and pleasure.



* See page 16 – Section 1: Ageism and attitudes: from 'old' to 'older'.

Table 10: Outcomes of charitable activities

Activity	Key outcomes	General outcome
<ul style="list-style-type: none"> Benefit/welfare advice Benefit take-up Top-up funds and emergency grants 	Increased income	Tackling poverty
<ul style="list-style-type: none"> Education/training for older people 	Increased training/skills	
<ul style="list-style-type: none"> Pre-retirement advice 	Better planning for retirement	
<ul style="list-style-type: none"> Self-employment advice Employment advice Age discrimination campaigning 	More options in retirement	
<ul style="list-style-type: none"> Befriending Transport Lunch clubs Meals-on-wheels Day centres IT (email) training and centres 	Increased social contact	Tackling isolation
<ul style="list-style-type: none"> Lunch clubs Social clubs 	Increased social network/ friendships	
<ul style="list-style-type: none"> Support/listening Language/literacy Volunteering Specialist support (disability/illness) Anti-crime schemes 	Increased confidence	
<ul style="list-style-type: none"> Lifelong learning Peer education Reminiscence schemes 	Increased mental stimulation	
<ul style="list-style-type: none"> Active ageing groups e.g. walking, Tai-Chi Complementary therapies 	Increased mobility and activity	
<ul style="list-style-type: none"> Transport 	Increased access to activities and services	
<ul style="list-style-type: none"> Outreach 	Increased awareness	
<ul style="list-style-type: none"> Individual advocacy Group/community advocacy Specialist advice & information (disability / illness) Health forums & intermediaries Carer support 	Increased support and equality	Tackling exclusion
<ul style="list-style-type: none"> Older people's forums Volunteering 	Increased involvement and empowerment	
<ul style="list-style-type: none"> Home improvement Practical support Gardening Assisted/accompanied shopping 	Increased control through support	
<ul style="list-style-type: none"> Intergenerational projects Campaigning 	Positive perceptions of ageing	

Tackling poverty

Many charities tackle poverty, due to the defining role that low incomes have on other areas of older people's lives. **Benefit information and advice** leads to increased income, by raising awareness of available benefits, overcoming the stigma often attached to means-tested benefits and helping older people to navigate the complex system of government benefits.

A National Association of Citizens Advice Bureaux (CAB) survey on **benefit take-up**, found that the average gain by older people was £85 for every £1 spent on the campaign.¹²⁶ The greatest gain per claim was generated by a combination of outreach work (i.e. home visits) and work in other locations. In other benefit take-up campaigns (such as those involved in the Care Direct pilots), joint teams involving the charitable sector were more effective in terms of benefit gain than the public sector alone.

Benefit checks and the filling out of claims forms by charitable sector organisations is more effective with older people in some cases than by local authority agencies; the stigma of means-testing and the complexity of the process are often more easily overcome by the former.

Box 24: The impacts of benefit take-up campaigns and benefit advice

'It soon became clear that the campaign was reaching a client group that... (the bureau)...had not generally been in contact with before. The age profile...tended to be aged over 75, and the demand for home visits from housebound clients was far greater than we had anticipated.'

(Farnham CAB)

'Successful claimants were shown to be better able to maintain their independence and care for themselves, their homes and other family members. This in turn eases pressures, for example in hospital admissions, admissions to residential care and difficulties those clients may have in paying for social care.'

(Milton Keynes CAB)

'Many clients...were very distressed by their situation and were simply not able to deal with the problem in isolation or for themselves...For some, it was a fear of not knowing what to do to solve the problem. Others expressed great relief at being able to share the problem with someone who did know what to do...Generally clients benefited from feeling that they had someone on 'their side'.'

(Penarth CAB)

Source: CAB campaigns for benefit take-up among older people¹²⁷

The outcomes of many other interventions aimed at tackling poverty, including **employment advice**, **pre-retirement advice** and **education** can all be far-reaching, but normally only when applied earlier in life. These result in higher incomes by generating opportunities for a return to employment after retirement, encouraging saving where possible and increasing financial awareness.

Outcomes in this area are significant to the poorest and most excluded older people, but are generally least realised within this group. Just as with the preventative health agenda, levels of engagement are much lower in low income groups than among more affluent professional classes. There is huge potential for poverty reduction among older people with the lowest incomes if such preventative interventions could be applied earlier in life.

Citizen's Advice Bureaux found that the average gain by older people was £85 for every £1 spent on their campaign.

Outcomes in this area are significant to the poorest and most excluded older people, but are generally least realised within this group.

Tackling isolation

A large number of charities visited tackle isolation at some level, either directly (through activities purely designed to encourage social interaction), or indirectly (by including an element of social interaction in the delivery of another activity). Examples of actions designed to counter isolation include befriending schemes, lunch clubs, day centres, meals-on-wheels and home visits. Indirect activities and services include volunteering, anti-crime schemes, language and literacy courses (particularly for BME groups), specialist support (e.g. older people with dementia) and general support groups which increase confidence and allow older people to go out and about more.

An example of an activity indirectly tackling isolation is the provision of **transport**, enabling isolated and housebound older people to get out of the house and maintain their social networks. The outcomes of a lack of transport can be widespread isolation, as often seen in rural areas. Transport is also discussed in terms of tackling exclusion (see page 58), because a lack of transport creates barriers to participation in other activities.

Befriending schemes provide social contact to those who are generally deprived of it, and are severely isolated. Some of the most effective befriending schemes are reactive in terms of the level of contact between befriender and older person; for example some people want low level support such as simply knowing someone is there at the end of the phone should they need anything, whereas others prefer more of a routine, such as weekly visits including a shopping trip. Help the Aged research into befriending schemes finds that many older people highly value one-to-one support. However, they stress the importance of shared age, culture, interests, personal history and background to ensure mutual benefit – it is quality of contact that counts.¹²⁸ Therefore the best outcomes are obtained when charitable organisations spend time matching older people with appropriate befrienders. Help the Aged finds that ‘visits from suitably matched volunteers give housebound older people something to look forward to, as well as something to talk about afterwards.’¹²⁹

Box 25: The outcomes of befriending

An 80 year old man living on his own describes the visits he receives once a week: ‘I don’t get many visitors. Many of my friends have died or I have lost touch with them. I really appreciate him [the befriender] coming, I enjoy his company. He has been a great friend to me. We chat and he does odd jobs for me.’

Another person’s experience of befriending: ‘There are times when I’m very lonely, but I get a phone call from my befriender which I appreciate greatly. She is a wonderful friend; we talk about everything and anything.’

Source: Help the Aged

Table 11, on page 61, shows an indicative range of costs for providing befriending schemes. The range is significant due to the wide variation in delivery mechanisms – low cost schemes are typically run entirely by volunteers while other higher cost schemes employ paid staff and pay for transport.

An example of how befriending can link to other work is provided by SubCo Elders Day Centre in Newham, which provides meals-on-wheels to the Asian community. The primary purpose is the provision of specialist food, but the service also provides increased contact and can help to combat a range of other issues if identified, such as helping an older person with adaptations in their home in order to increase safety. This example touches on the idea of holistic activities, and outcomes that can start to break the links between poverty, isolation and exclusion by tackling them together.

One approach many organisations use to prevent isolation is **social interaction** through peer support and friendship. Charities often provide opportunities for older people to build social networks, for example via lunch and social clubs. The lack of stigma attached to organisations and venues in the local community and their ‘open doors’ approach creates a comfortable and non-threatening environment.

An important aspect of tackling isolation is the need for continuity; activities and services that come and go can leave people feeling let down. Community organisations often have long track records, are well established and known by local people, making them ideal venues for supporting older people and delivering successful long-term outcomes. In the words of the Director of the League of Welldoers in Liverpool: ‘Coming here gives them a reason to get up in the morning.’ **Table 11**, on page 61, illustrates how small amounts of funding can make a huge contribution to a significant number of older people.

Combinations of activities can start to break the links between poverty, isolation and exclusion by tackling them together.

Box 26: The outcomes of social interaction

'Another group who benefit from the social interaction at the tearoom are the elderly folk. Many who come in say they feel depressed and lonely living alone: I had [the support worker] become concerned about one lady who I had not seen for weeks but who was usually in fairly regularly. She eventually returned and told me she had been confined to the house for these last few weeks due to anxiety, but that she had got up that morning and decided to come to the tea room.'

Source: Ruchill/Queens Cross Outreach Project year-end report (2003)

The Search Project in Newcastle undertook research to evaluate its activities, and asked users about their perceived benefits. The most striking finding was the importance attributed to 'meeting people'. Eighty three percent of respondents cited this as a benefit of the group or activity they attended.

The outcomes of encouraging **volunteering** are relevant to combating isolation, as well as exclusion. Research shows volunteering has direct benefits in terms of people's sense of self-worth and role in life: 'Older people themselves said they found the activity rewarding and that it often helped to alleviate their own feelings of loneliness and isolation...Older people also highlighted that visiting older people gave them a role in life and a sense of being needed and respected. As one volunteer put it: "If you can give happiness to anybody, you think it's worth it."¹³⁰ Encouraging volunteering also has significant longer-term impacts. These are discussed in the next section on **Exclusion**.

Some charities NPC visited provide opportunities for education, such as the University of the Third Age and the local group College of the Third Age in Manchester. Research into **lifelong learning** finds older people perceive the outcomes of participation in formally organised learning activities to include self-satisfaction, keeping the brain active, intellectual stimulation, pleasure and enjoyment, with the acquisition of new knowledge least important among the outcomes.¹³¹ All these outcomes help to reduce isolation by increasing confidence, activity and stimulation. Research by NIACE finds even in the fourth age, education has significant benefits, enhancing quality of life, lessening dependency and improving well-being.¹³²



The outcomes of education focusing on **information and communication technologies** (ICT) have special relevance for tackling isolation, as they provide the confidence to use computers, and particularly e-mail, to keep in contact with friends and family. The popularity of ICT courses in older people's education is testimony to their effectiveness in this regard; almost all local charities that have the resources offer such courses.

Box 27: The outcomes of ICT education

'Two years ago if you said I would be touching a computer I would have laughed at you but my circumstances changed. I became less mobile and was on the verge of giving up when my friend said there were free courses at Age Concern. To please her I went along. I was made to feel so welcome and was encouraged from the word go...I found this was something I could do so I soon learned all I needed to know...but I was still lonely, tucked away with my 'puter. Then I discovered BBB [Baby Boomer Bistro]. To say my life has changed would be an understatement. I have found so many friends worldwide and going to the next get together will be fantastic.'

Source: Staying Active, Age Concern ActivAge Unit (2003)

An ESRC evaluation finds the outcomes of **remembrance** in the quality of life of older people included several psychological benefits. After a period of participation in reminiscence they had better morale and a more positive emotional state than those who had not participated. Interestingly, the level of psychological benefits from reminiscence did not differ due to the nature, context and form of the activities, indicating outcomes were realised predominantly from the process of engagement itself.¹³³

Research found that volunteering had direct benefits in terms of older people's sense of self-worth and role in life.

One of the most wide ranging areas relating to isolation is the provision of **active ageing** and **healthy living** activities. These range from exercise classes (e.g. Tai-Chi) to activities that inherently involve a physical component but are not purely focused on exercise (e.g. gardening and volunteering).



To conclude the discussion of outcomes in the area of isolation, it is worth considering that charities work towards different ends with two different groups – older people who are isolated, and those who are at risk of isolation. This contrast can be seen from the perspective of third and fourth age

activities and services: in the third age, activities generally support an active social network and activities (e.g. lifelong learning and encouraging volunteering), whereas in the fourth age, activities tend to provide a means of tackling isolation and rebuilding social interaction (e.g. reminiscence and lunch clubs).

Without transport, the most isolated and excluded older people simply cannot access many of the other activities and services provided by charities.

Tackling exclusion

Of the many activities that tackle exclusion among older people in deprived areas, this section focuses on the outcomes of transport, outreach, information and advice, advocacy, older people's forums, volunteering and intergenerational practice.

Transport is of vital importance to efforts to combat exclusion – without transport, the most isolated and excluded older people and those with mobility problems simply cannot access (and thus are excluded from) many of the other activities and services provided by charities and the public sector. Transport is a vital part of the older people's sector, as a lack of transport threatens a range of outcomes.

Outreach, as described in **Section 3**, underpins access to other services. In deprived areas, where older people from BME backgrounds, older women, older people with disabilities, and older people in the fourth age are particularly at risk of exclusion, outreach is often the only way of improving the lives of the hardest to reach. Word-of-mouth recommendations, door-to-door outreach (knocking on doors) and advertising are all successful methods of outreach. In cases of severe isolation, door-to-door outreach may provide the only way of identifying older people who could benefit from activities and services.

In the case of severe isolation, door-to-door outreach may provide the only way of identifying older people who could benefit from activities and services.

Most organisations NPC visited provide **information and advice** services. These are integral in providing links between the many diverse charities working in this sector and to achieving positive outcomes for older people. Often if one particular charity cannot solve an issue, through a phone call it can put people in touch with someone who can. NPC's research finds that most charities in this field are willing to work together in this way, although the importance of this activity is not often recognised by funders.

Advocacy, as shown in **Section 3**, is a vital service for anyone facing problems relating to public services, and in a range of situations in which someone cannot represent their own interests. Advocacy is enabling, and leads to positive outcomes by helping to secure adequate services, or to challenge negative situations.

In advocacy, quality is critical – poor quality advocacy can actually lead to negative outcomes. If advocates are unaware of necessary details of public services, they can mislead service users, or fail to help them secure the best results. The efforts of the Older People's Advocacy Alliance to develop standards for independent advocacy are important for ensuring positive outcomes in future. NPC's research finds a wide range of situations in which advocacy produced positive outcomes for older people; the following example shows just one such situation.

Older people's forums, as outlined in **Section 3**, have become a vital component to tackle exclusion among older people. By involving older people in political consultations, and in setting local and national agendas, forums produce outcomes that remove barriers to services and opportunities. For example, one of the main achievements of the Elders Council in Newcastle 'is its role in Newcastle City Council's agreement to the development of an Older People's Quality of Life Partnership and Strategy, to which it has made an allocation of £250,000.'

Box 28: The outcomes of advocacy

Action on Elder Abuse (AEA) provided advocacy support to a man in his seventies who was the victim of domestic violence from his wife, although initial contact was made to provide advocacy around a complaint against his G.P. This man had already taken an injunction out against his wife but because of his fear about what would happen to her and his shame of being a male victim of domestic violence he refused to enforce his injunction. AEA helped guide him away from fear and shame and enable him to make informed choices about his personal safety. He agreed to file a Protection of Vulnerable Adults referral and spoke to the police who told him what they would do once they had arrested his wife in terms of the care and assessments she would receive. Social services were able to arrange for a community alarm to be fitted and for home care to go in. AEA enabled this man to have a degree of control over a very confusing social services process, as well as deal with major problems in his family that ultimately could have led to his death and the long-term imprisonment of his wife.

Source: Action on Elder Abuse (2004)

Although the participants in forums are often *not* the most excluded older people, forums generally aim to be as inclusive as possible in their objectives, if not in their actual group profile. Feedback from forums NPC met was that, due to the sensitivities and lack of real measurement of isolation and exclusion, there was little concrete evidence whether those who participated were isolated or excluded, but that simply providing the opportunity for people to engage is in its very nature making progress and working against exclusion.

Volunteering has already been discussed in the context of its outcomes in the area of isolation; its outcomes are also important in efforts to tackle exclusion. As noted in **Section 1**, one of the most fundamental factors leading to exclusion among older people is age discrimination and prejudices about ageing – in services, in terminology, in attitudes to older people and in older people’s perceptions of themselves. By providing valued roles in local communities, volunteering has outcomes that help to combat prejudice and tackle ageism. The same can also be said of older people’s forums and intergenerational practice, but encouraging volunteering is most clearly the area in which outcomes include changing perceptions about older people, both externally and internally. Of the many examples of older people volunteering seen by NPC during its research, two examples best illustrate this outcome:

- At **The Catholic Welfare Societies** in Manchester, the core of eight volunteers are nuns who are mainly aged 60 and over. They are committed to the work, passionate about supporting older people, and do not refer to themselves as old.
- At **Castlehaven Community Association** in London, a befriending and support pilot recently matched up older volunteers with isolated older people in the fourth age. Volunteering often becomes an important part of the volunteer’s life.

Intergenerational practice has received increasing attention over recent years. Outcomes range from combating isolation by providing contact and interaction, changing the perceptions that young people have of older generations (and vice-versa), decreasing fear of crime associated with young people and changing older people’s self-perceptions.

Box 29: The outcomes of intergenerational practice

An intergenerational project visited by NPC, Magic Me in Tower Hamlets, has published a book on how to set up and run arts projects linking young and older people. The book also articulates the outcomes achieved through its work:

- An opportunity to discover the real people behind the stereotypes.
- A chance to value the differences between people, and discover common ground.
- An excuse to play and to experiment, to be creative.
- Non-family members with whom to build a relationship.
- The excitement of creating something together.

Another example is given by a care assistant working in a day centre:
 ‘I realised how little the adults here knew about each other. When the young people were asking them questions I could see the whole room listening carefully to the answers. It strengthened the links between them, and gave us a chance to get to know them better too.’

Source: How to set up and run arts projects linking young and older people (2001)¹³⁴

By providing valued roles in local communities, volunteering has outcomes that help to combat prejudice and tackle ageism.

Intergenerational work brings together age groups that today may not generally much exposure to each other. It also fosters more cohesive communities, and can potentially have knock-on effects throughout entire communities.

Intergenerational practice is an approach, rather than a specific defined activity; a wide range of projects can use the intergenerational approach. The great value of intergenerational practice in terms of outcomes and impacts is that more than one group of people benefits (both older and younger age groups). Furthermore, because intergenerational work brings together age groups that today may not generally have much exposure to each other, it also fosters more cohesive communities, and can potentially have knock-on effects throughout entire communities and in the long-term.

Summary

This section has articulated some of the outcomes of charitable services and activities tackling particular elements of poverty, isolation and exclusion for older people in deprived areas. It has not provided an exhaustive examination of all the outcomes, but rather an overview of the key ones from the most common activities.

The outcomes examined have principally been those directly relating to the three problems of poverty, isolation and exclusion. However, as indicated in **Figure 11** on page 52, the work of charities can also lead to more indirect outcomes, such as improving quality of life, improving health, and reducing the costs of public service use. Quality of life has been briefly considered in the **Overview** section, but the other three factors warrant a brief discussion here. Because of the links between isolation, poverty and exclusion and health inequalities (discussed in **Section 1**) most interventions tackling these problems will have knock-on positive impacts on health. In particular preventative health initiatives, but also those providing access to third age services and activities, improve the health of those who face the greatest health inequalities in deprived areas. For example, providing opportunities for social engagement prevents the onset of physical and mental decline in later life

Because the most costly public services for older people (health care and social care) are heavily used by those in poor health, activities and services improving quality of life and health by tackling isolation and exclusion will also have knock-on effects on public service use. Furthermore, releasing unclaimed benefits stimulates the local economy, as benefits are then spent by older people on goods and services. Some estimates suggest that more than 50 jobs might be created for every £1 million of benefit realised.

While charities cannot be expected to measure the long-term impacts of their activities and services in terms of such factors as reducing public service costs, NPC finds that almost all charities are aware of their contribution in this area. Most recognise their work indirectly saves the public sector large sums, by supporting older people in their communities and avoiding the need for more intensive health and care services.

The majority of this discussion of outcomes has focused on qualitative measures, due to the lack of quantitative data available. However, it is possible to define some quantitative measures, based on the costs per user of particular activities and services. This has been done for a range of activities and services in **Table 11**, to illustrate the relatively low cost of many activities, and the great impact that independent funding can have. The data shown represent indicative costings and should not be taken to provide a comparison between activities and services, or a guide to actual costings. The data are intended only to provide a starting point with the following caveats:

- Data are estimated on the basis of best available cost and user data.
- Data ranges represent very different activities and services, and do not necessarily show like-for-like comparisons.
- Cheaper activities and services are not necessarily better – as shown by the typical low cost and high cost features.
- Outcomes are generally positive or non-existent, but some activities and services will in contrast produce a range of outcomes (e.g. befriending can be intensive or quite infrequent, and therefore results in stronger or weaker outcomes). This range of intensity of outcomes can generally be related to the cost of the intervention.

By broadening access to third age activities and services to the most isolated and excluded, health inequalities can be reduced as well as improving quality of life.

Table 11: Indicative costs of activities and services

Activity / Service	Cost per user	Typical low cost features	Typical high cost features
Information and advice	£7 - £30 (per request)	Phone/web only, little follow-up, national help-line	Follow-up of info requests, includes elements of advocacy
Advocacy	£190 - £300 (per case)	Large organisation, focus on particular issues	Small organisation, deals with complete range of issues
Befriending	£30- £600 (per year)	Run by volunteers, weekly or monthly contact, some by phone	Includes paid staff, has higher degree of direct contact
Benefit take-up	£30 - £95 (per campaign)	Based in charity premises, less outreach	Includes home visits, joint teams, outreach
Transport	~£50 (per year)	Based on cost of minibus, fuel, volunteer drivers, with full utilisation of minibus (150 users per week)	
Lunch clubs	£1.60 - £2.90 (per day) £400 - £600 (per year)	Kitchens staffed by volunteers, low cost ingredients, low rent	Paid kitchen staff, high rent
Education classes	~£2.20 (per session) ~£50 (per year)	Generally self-funded, and often run by volunteers/users	

The table shows broad cost ranges for activities and services that are often closely related to the level of reliance on volunteers to deliver them. The lowest cost activities and services are generally those delivered almost entirely by volunteers, with little cost incurred. However, volunteer-run services may still show significant variation in costs, due to the level of paid co-ordination required, the level of volunteer expenses incurred, and the level of resource provided by volunteers (from full-time to a few hours per week).

Some of the activities and services mentioned here operate at almost zero external cost, because they are funded by their own users. Education classes are a particular example of this model, which has emerged because there is little or no external funding available for them. Lunch clubs too often ask for contributions from their users, although these are typically set at low levels in deprived areas and the meals are subsidised by the charity providing them.

In summary, the impacts of charitable activities and services are significant for older people living in deprived areas. They improve quality of life by helping to tackle poverty, by providing opportunities and support to tackle isolation and by supporting and encouraging inclusion. The outcomes are generally achieved on minimal budgets, by charities relying on the commitment and passion of volunteers to supplement the stretched resources they have. The costs of these activities and services are low, certainly when compared to the costs of public health and care services, and independent funding can make huge impacts on relatively modest investments.

Section 5: Conclusions

Poverty, isolation and exclusion are major issues for many people growing older in deprived areas. The very nature of these problems makes people experiencing them less easy to identify and reach, but NPC finds a broad range of local organisations that have overcome these barriers to provide a vital life-line to those most in need. Charities take a flexible approach to dealing with the individual needs of older people – one that they are best placed to undertake and one that often cannot, and should not, be delivered by the public sector.

The older people's sector has traditionally not been a priority on the agendas of funders or the general public, although there are exceptions in both arenas. Charitable giving to causes supporting children and young people outweighs giving to older people's charities by a ratio of four to one. The lack of support to older people's charities results in older people from the most deprived backgrounds often being forgotten and neglected.



For older people living in deprived areas, the reality is often one of limited social and civic opportunities for participation in the activities that are taken for granted by most of the population. NPC finds that many charities are providing such opportunities, as summarised in **Appendix 1**, but that the poorest, most isolated and excluded individuals tend to be least likely to participate, even though they stand to benefit most. NPC believes that more support is required to rectify this imbalance. Furthermore, the

implications of changing demographics cannot yet be fully known and so charities, and the services and activities they provide, must continue to evolve to meet changing needs.

Many of the charities that work with older people in deprived areas achieve impressive outcomes with limited financial resources, and often struggle to survive despite their significant contribution to local communities and older people's lives. **NPC recommends that funders take action to support the older people's sector by:**

- **Funding the work of older people's charities in deprived areas** – they are on the front line of delivering activities and services to those that are hardest to reach but often face ongoing funding challenges.
- **Supporting a range of activities and services and encouraging holistic approaches** – older people in deprived areas can face complex linked problems and need solutions which integrate all available resources and services. Partnership working between charities and the public sector is likely to be central to such solutions.
- **Funding development programmes for charities to widen their scope** – many of the charities providing activities and services supporting the third age (e.g. education, active ageing and employment) have yet to reach the poorest and most excluded (e.g. BME groups, the over 75s, people in deprived areas). These groups stand to benefit most and funders can play a significant role by encouraging this widening of the net.
- **Supporting activities and services addressing both third age and fourth age needs** – charities providing traditional fourth age activities and services still require support, however independent funders can play a leading role in balancing this with shifting investment towards the preventative third age interventions that delay the onset of fourth age needs.
- **Facilitating the ongoing development of charities** by providing support and advice as well as funding – too many charities face uncertain futures and high staff turnover because they do not have the resources to develop sustainably.

General NPC recommendations throughout all charitable sectors:

- Unrestricted, long-term funding, including ongoing support to aid development, sustainability and capacity-building
- Full cost recovery by charities – see NPC's report ***Full Cost Recovery: A guide and toolkit on cost allocation***
- Surer funding arrangements for contracted-out services – see ACEVO and NPC's ***A Surer Funding Framework for Improved Public Services***

Over the course of this research, NPC has identified a large number of high-impact projects and charities that need more funding from private donors and funders. Those interested in supporting work with older people are encouraged to contact NPC to take advantage of the detailed reports compiled on a wide range of exciting opportunities. While these opportunities are not all outlined here, some examples are given below of recommended projects which have been included in the 2004 Christmas Appeal by The Guardian, The Observer and Guardian Unlimited.

Catholic Welfare Societies is based in Collyhurst in Manchester and supports around 800 older people in the community on a regular basis, through a dedicated team of mostly volunteers. Although the volunteers are all Catholics, the older people who benefit from their support are from all backgrounds and are referred from multiple local sources. Catholic Welfare Societies supports older people by:

- *Home visits* – Visits are made to isolated and/or housebound older people – referrals are made from a number of services, including social services.
- *Practical support* – Catholic Welfare Societies has a handyman service which carries out odd jobs such as gardening and plumbing.
- *Providing transport* to essential appointments (e.g. doctor, dentist) and escorting older people to regular activities (e.g. shopping).
- *Providing post-discharge support* to older people coming out of Accident & Emergency. Volunteers pick people up from A&E and settle them back in to their homes.
- *Benefits checks and assistance* with completion of forms.
- *Monthly congregations* – Over 230 older people attend monthly church events.

Help the Aged's SeniorLine is a free telephone advice and information help line (0808 808 7575) providing older people with a single point of contact on a wide range of issues. SeniorLine has UK-wide coverage (with a separate phone number for Northern Ireland) and lines are open Monday to Friday 9am to 4pm.

SeniorLine has taken more than a million calls since it was established ten years ago, answering approximately 5,000 calls per month. Due to over-stretched resources, only 75% of calls are answered, falling to as little as 35% on particularly busy/under-staffed days. The calls are spread across a broad range of questions: 44% concerning financial matters (benefits, bills, debts, pensions); 30% about community issues (health and social services, transport); 18% about general matters (age discrimination, employment, insurance, tradesmen) and 9% about housing (heating, repairs, home safety, tenancy).

SeniorLine's advisers provide both advice and reassurance, and will signpost callers to alternative sources of help if they are unable to provide answers or support themselves. The importance to older people of getting advice on all manner of issues, from a well-known brand name that they can trust, cannot be understated. Older people can mistrust local council information services, and so are much more likely to call SeniorLine. By advising people on how to access services and benefits, it tackles both exclusion and poverty.

Magic Me, based in Tower Hamlets in London, specialises in running intergenerational arts projects which bring together young people (aged nine and over) and older people for mutual benefit and enjoyment. All projects are led by experienced community artists with skills in the visual, performing, literary or media arts. Magic Me supported over 360 people last year, and current projects include:

- *The Bigger Picture Project* – A two year project based in the Ocean Estate, East London, bringing together young people from Sir John Cass School and local older people to share and explore their visions for the future of their community. This ethnically diverse group will create a presentation to share their ideas with neighbours and local policy makers in March 2005.
- *Sense of Place* – Hawthorn Green Care Home residents will host storytelling, drama and visual arts workshops working with Osmani Junior School pupils, to exchange experiences about places they have lived and create an exhibition.
- *Inside Out* – Artist-led workshops for groups of older people living in sheltered housing schemes, for complete beginners and those with some experience, encouraging creativity and socialising.

SubCo Elders Day Centre is based in a centre in Newham, London, and provides a range of culturally sensitive services to frail Asian elders – particularly those who have dementia, are physically weak, housebound or isolated. Last year, SubCo provided services to over 700 Asian elders and a further 500 carers. It sees around 200 users per week and is one of the largest organisations in the country specifically working for Asian elders. Key activities include:

- *Mental health advocacy and support* – One of the groups is a Dementia Support Group which was set up to support Asian elders with the onset of mental health issues and dementia. The group uses reminiscence for mental stimulation which reduces restlessness and agitation because it provides comfort and focus.
- *Drop-in activities and advice surgeries* - SubCo provides a range of drop-in and health promotion activities such as advice surgeries (for example on housing and welfare rights), physical exercise and workshops.
- *Bilingual counselling sessions* – This service helps clients alleviate immediate distress, and assists clients towards emotional strength in order to fully participate in social and family life. The service is provided by trained counsellors who are fluent in at least one Asian language including Bengali, Hindi, Gujarati, Punjabi and Urdu.
- *Asian meals service* – SubCo runs a luncheon club four days a week at the centre and a meals-on-wheels delivery service seven days a week. The meals provide a well balanced nutritious diet and all are prepared and cooked at SubCo.

The Search Project is a community-based resource centre for older people and their carers based in Benwell, in Newcastle. The Search Project has its own building, consisting two connected shop-front premises. Last year there were a total of 1,695 visits at the advice service which dealt with roughly 3,000 enquiries. Search had approximately 5,400 visits from older people attending activity groups, complementary therapy sessions, training sessions and seeking one-off support. Its current services include:

- *Community health & leisure activities* – A range of ongoing activities includes a weekly led walking group (Wonderwalks), a range of one-to-one complementary therapy sessions, gentle exercise classes at different levels for all abilities (e.g. the Gentle Exercise Group which has members from a nearby tower block), arts and crafts sessions and IT for beginners at the centre and at other local venues.
- *Advice and information* – Search provides free and confidential advice and information to older people and their carers at the drop-in advice desk. Other advice sessions are held at venues in the community and at people's homes for those who have difficulty getting out. Search also overcomes language barriers to offering support by providing a translation service to all advice work where needed.
- *Consultation* – Search enables local older people to play an active role in decisions that affect their lives, and also the development of the project. Local research and ongoing consultative work informs the project of local needs and priorities.

For more information and on how you could support organisations working with older people, please contact NPC or visit www.philanthropycapital.org

Appendix 1: Charitable sector delivery

The following charities were visited during NPC's research:

Organisation	Description (sample of activities)	Expenditure (2002)
National charities		
Action on Elder Abuse	Membership organisation focusing on elder abuse – raising awareness, education, research, training	£340,820
Age Concern England	Research, campaigning, service development, information & advice (incl. help-line) and wide range of other services and activities	£34,239,000
Beth Johnson Foundation	Research, service development & evaluation – e.g. health, community development, intergenerational	£714,952
Contact the Elderly, London	Befriending isolated older people through monthly lunches	£459,195
Counsel and Care for the Elderly, London	Advice & advocacy around care & care homes, development of care standards & practice guides	£963,061
Friends of the Elderly, London	Care homes, home support and home visiting services	£9,557,690
Help the Aged, London	Research, campaigning, information & advice (incl. help-line), practical services, forums, project grants and wide range of other services and activities	£89,153,432
International Longevity Centre (UK), London	'Think and do' tank focusing on implications of longevity	£110,731
National Association of Citizens Advice Bureaux	Information & advice through local bureaux	£28,042,125
Older People's Advocacy Alliance (OPAAL), UK	Umbrella organisation investigating advocacy and standards across UK	£8,688
Royal UK Beneficent Association, London	Top-up funds and emergency grants	£12,159,570
RSVP (CSV)	Volunteering for over 50s – activities including hospital transport, reading assistants in schools	£1,181,000
Third Age Trust (University of the Third Age)	Lifelong learning opportunities through federation of local, independent, generally self-funded U3A groups	£470,761
Wales Pensioners, Swansea	Operates in TOPIC House (see above) and is a national organisation working for the benefit of all pensioners and future pensioners	N/A
WRVS, London	Range of services incl. meals-on-wheels, community transport, hospital and home services	£60,551,697
Local charities		
Age Concern Hackney	Range of activities and services including befriending, Silver Surfers, older people reference groups and a project to prevent hypothermia	£624,855
Age Concern Liverpool	Range of local services including social day care, lunch clubs, support for forums, Somali centre, Active Age centre, computing, good neighbour scheme	£2,353,903
Age Concern London	Range of services to London Age Concerns including fundraising support, co-ordination, policy, development	£392,972
Age Concern Manchester	Range of local services including day care, community care, advocacy, counselling, health promotion	£1,661,279
Age Concern Swansea	Range of local activities and services including a hospital discharge scheme, lunch clubs and IT training	£492,122
Castlehaven Community Association, London	Multi-purpose community centre providing drop-in, classes, health & keep-fit, tea dances	£510,982

Organisation	Description (sample of activities)	Expenditure (2002)
Castlemilk Pensioners' Action Centre, Glasgow	Community centre for older people providing social, recreational, arts, educational activities, info & advice	£197,017*
Catholic Welfare Societies, Manchester	Provides home visits, transport and practical support to older people in the community	£253,280
College of the Third Age, Manchester	Member-funded organisation providing educational classes and activities, including computing, exercise, arts, languages, digital imaging, local history	£46,633
Elders Council in Newcastle	A membership organisation promoting the benefit of social inclusion of older people by providing a voice for older people's groups	£7,500
Glasgow Old People's Welfare Association, Glasgow	A membership organisation co-ordinating 100+ social clubs (with more than 10,000 members), four day centres and three neighbourhood visiting services	£820,754*
Home Supported Living Services (Scotland) Ltd., Glasgow	Innovative provider of support and practical services in the community, based on mobile wardens	£101,748*
Indian Senior Citizens Centre, Manchester	A multi-purpose community centre for Indian elders providing social activities, health promotion, computing training, information & advice, languages and drop-in	£300,367
Irish Community Care Merseyside, Liverpool	A community care provider based on outreach, a drop-in centre, welfare information & advice, and social groups	£158,308
Latin American Elders Project, London	A multi-purpose day centre for Latin American elders providing information & advice, and healthy ageing opportunities	£36,620
League of Welldoers, Liverpool	A community centre with older people's club based around lunch clubs, social activities, reminiscence, day trips and holidays	£161,746
LinkAge, Manchester	Small advocacy provider dealing with a range of issues including benefits and social care (Currently applying for charitable status)	N/A
Liverpool Senior Citizens' Forum	Forum for representation of older people's views, inclusion in local service planning	N/A
Liverpool Voluntary Society for the Blind, Liverpool	Social & general activities to aid rehabilitation, build confidence & combat isolation after sight loss	£582,919
Longsight / Moss Side Community Project, Manchester	Care-related support South Asian older people, carers & women with mental health problems	£106,222
Magic Me, London	Specialises in running intergenerational arts projects – bringing younger and older people together	£103,002
Manchester Alliance for Community Care, Manchester	Health and care intermediary co-ordinating efforts to improve service provision, standards and accessibility; co-ordinates older people's network	£90,000
Manor Gardens Centre, London	Provides a range of health and welfare services for all ages including befriending and respite services to older people and their carers.	£989,647
Merseyside Caribbean Centre, Liverpool	Multi-purpose community centre providing social activities, drop-in and meals (Currently applying for charitable status)	£81,000
Mobile Repair Service, London	Provides help, repairs and safety & security services in the homes of older people and disabled people	£403,859
Multi-cultural Elderly Care Centre, Glasgow	Multi-purpose community centre for older people in the community, including day care, health checks & promotion, meals, information & advice	£180,939
REU, London	Promotes equality within social care, researches and represents needs of BME older people	£500,000
Ruchill Care Concern, Glasgow	A multi-purpose community centre providing drop-in facilities, lunches, practical support, info & advice	£26,000

* 2003

Organisation	Description (sample of activities)	Expenditure (2002)
Search Project, Newcastle	A one-stop shop for older people providing advice, support, social activities and complimentary therapy	£232,990
Subco Elders Day Centre, London	Provides culturally appropriate services to housebound Asian elders and their carers, including advice, advocacy, counselling, home visits and an Asian meals service	£316,562
Swansea Care and Repair	A home improvement agency providing home maintenance, improvements, information & advice	£244,607
The Food Train, Dumfries	Provides home shopping delivery service and practical support to housebound older and disabled people	£39,520
The Sharp End, London	Provides a range of activities with a focus on mental and social health. Activities include keep fit, relaxation classes and reminiscence groups	£77,363
The Older People's Information Centre (TOPIC) House, Swansea	Provides information on benefits, links with other local agencies, social and educational activities (e.g. lunch club and garden project) and carer support	£58,702
Toxteth Health Forum, Liverpool	Community health and social care centre providing drop-in, information & advice, local health promotion newsletter, facilitates local BME groups	£154,850
Well and Wise, London	Innovative health-promotion and active ageing services – provides info & advice, outreach, training and recruits volunteer 'networkers' to stimulate community and activity development. (Currently planning independent charitable status)	£264,419
West End Befrienders, Newcastle	Provides a befriending service to both the ethnic minority and White older people populations	£55,142

Please note that NPC will continue to be active in this field and will visit other organisations in the future.

Appendix 2: Definitions

Poverty – narrow definitions often focus on the financial element of poverty (low income), whereas broader definitions include a number of other factors, such as:

1. Poverty proper (lack of income and assets)
2. Physical weakness (malnutrition, sickness, disability, lack of strength)
3. Isolation (ignorance, illiteracy, lack of access, peripheral location)
4. Vulnerability (to contingencies, natural disasters, to becoming poorer)
5. Powerlessness (unable to control one's own destiny, lack of political power or organisation)

Source: Chambers – Institute for Development Studies, Sussex University¹³⁵

Isolation – defined as a person having less than weekly direct contact with friends, family or neighbours. Severe isolation is defined as a person having less than monthly direct contact with family or friends.

Source: Victor, Bowling, Bond, Scambler – Growing Older Programme, ESRC¹³⁶

Exclusion – defined as a complex situation in which people are excluded from a number of dimensions of participation in society, including:

- Income
- Employment
- Health deprivation and disability
- Education, skills and training
- Barriers to housing and services
- Crime
- Living environment

Also defined as a 'shorthand label for what can happen when individuals and areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown'.

Sources: Social Exclusion Unit, Office of the Deputy Prime Minister^{137,138}

Quality of life – traditional definitions for older people's quality of life often focus purely on health indicators – high quality of life is equated with good health. Alternative definitions are much broader – one measures quality of life based on the satisfaction of needs within four domains: control, autonomy, self-realisation and pleasure. The table below shows the survey questions used to measure quality of life in early old age in the CASP-19 scheme.

Dimension	Indicator / survey question
Control	My age prevents me from doing the things I would like to
	I feel that what happens to me is out of my control
	I feel free to plan for the future
	I feel left out of things
	I can do the things that I want to do
Autonomy	Family responsibilities prevent me from doing what I want to do
	I feel that I can please myself with what I want to do
	My health stops me from doing the things that I want to do
	Shortage of money stops me from doing the things that I want to do
Pleasure	I look forward to each day
	I feel that my life has meaning
	I enjoy the things that I do
Self-realisation	I enjoy being in the company of others
	On balance, I look back on my life with a sense of happiness
	I feel full of energy these days
Self-realisation	I choose to do things that I have never done before
	I feel satisfied with the way my life has turned out
	I feel that life is full of opportunities
	I feel that the future looks good for me

Source: Hyde, Wiggins, Higgs, Blane – Aging and Mental Health¹³⁹

Appendix 3: Population statistics

Population

- **Pensioners / older people**

Total number of UK pensioners = 10,800,000

Total number of UK 60+ (older people) = 12,200,000

(Sources: Office for National Statistics 2002 (pensioners); UK Census 2001(older people))

By age and gender (All data in thousands)

Ages	Male	Female	Total
60 - 64	1,410	1,470	2,880
65 - 69	1,241	1,356	2,597
70 - 74	1,059	1,280	2,339
75 - 79	818	1,149	1,967
80 - 84	483	831	1,314
85 - 89	227	526	752
90+	83	289	372
Total	5,321	6,900	12,221

Source: UK Census 2001

By ethnicity and age (All data in thousands)

	Age 65-84	Age 85+	Total
White	8,069	1,137	9,206
Mixed	18	2	20
Asian or Asian British	115	6	121
Black or Black British	71	3	74
Chinese	12	1	13
Other	6	0	7
Total BME	223	12	235
Total	8,292	1,149	9,441

Source: UK Census 2001

By age and disability (Data show those with moderate or severe disabilities, in thousands)

	Male	Female	Total
65 - 74	782	843	1,626
75 - 84	559	1,010	1,569
85+	223	594	817
Total	1,565	2,448	4,012

Source: Health Survey for England 2001

Population forecast

Data in millions						
Ages	2001	2011	2021	2031	2041	2051
0-19	14.8	14.2	14.0	14.2	13.9	13.8
20-64	34.7	36.1	36.2	35.1	34.7	34.8
65+	9.4	10.3	12.2	14.4	15.3	15.1
UK Total	58.8	60.5	62.4	63.7	63.9	63.7
60+	12.2	14.0	16.0	18.5	18.8	19.0

60+ data included as it forms the basis of this report (older people defined as 60+)

Source: Government Actuary's Department¹⁴⁰

Appendix 4: Acknowledgments

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This report is in loving memory of Phyllis Lydia Allen, Claudia Botham's grandmother, who recently died aged 90.

Appendix 5: Glossary

AEA	Action on Elder Abuse
BGOP	Better Government for Older People
BJF	Beth Johnson Foundation
BME	black and minority ethnic
CAB	Citizens Advice Bureaux
CSV	Community Service Volunteers
DWP	Department for Work and Pensions
ELSA	English Longitudinal Study of Ageing
ESRC	Economic and Social Research Council
GP	General Practitioner
ICT	information and communication technology
MIG	Minimum Income Guarantee
NIACE	National Institute of Adult Continuing Education
NME	National Mentoring Network
NPC	New Philanthropy Capital
NSF	National Standards Framework
OPAAL	Older People's Advocacy Alliance (UK)
OPWC	Old People's Welfare Committee
PCT	Primary Care Trust
PRA	Pre-Retirement Association
PSA	Public Service Agreements
REU	formerly the Race Equality Unit
RSVP	Retired and Senior Volunteer Programme
RUKBA	Royal United Kingdom Beneficent Association
SEU	Social Exclusion Unit
TAEN	Third Age Employment Network
U3A	University of the Third Age
VE	Volunteering England
VOP	Valuing Older People programme

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