



AGE OF OPPORTUNITY

Transforming the lives of older people in poverty

THE CENTRE FOR
SOCIAL
JUSTICE

Executive summary

This is the Executive Summary of *Age of Opportunity: Transforming the lives of older people in poverty*. This, the second and final report of the CSJ Older Age Review, offers solutions to the problems we identified in our first report, *The Forgotten Age*. To download the full report, please visit www.centreforsocialjustice.org.uk.

I. A call to action

Life expectancy in Britain has increased dramatically over the last 80 years. This is an achievement that should be celebrated unequivocally as many older people have been able to realise the opportunities a longer life has afforded. Home ownership has reached unprecedented levels and civic participation is widespread.

Yet there is another side of the coin. This review's interim report, *The Forgotten Age*, identified another group of older people in Britain for whom increased life expectancy has not yet afforded greater opportunities. With one in five pensioners living below the poverty line, we analysed the wide range of challenges facing older people in our most deprived communities: stubbornly high levels of social isolation, not helped by poor transport routes particularly in rural areas; the poor housing conditions in which many (and even many homeowners) live; the poor health from which many suffer; the lack of access to good, independent financial advice and a faltering social care system.

We believe, however, that for this group later life does not have to be this way. We believe the challenges identified in *The Forgotten Age* are not insurmountable and that for these individuals later life can be the 'time of gifts' it is for so many others. *Age of Opportunity* focusses on reforms to bring about this change.

Tomorrow's demographic trends are yesterday's news. For years we have been inundated with stark population projections and alerts of an ageing society. By 2024 one in five people will be of pensionable age, and the number of people living with dementia will increase to one million by 2025.^{1,2} Yet awareness of the trends has not spurred sufficient action.

1 Office for National Statistics, Ageing in the UK datasets, Table 8: Percentage of the population aged 65 and over

2 King's College London and the London School of Economics, *Dementia UK: The Full Report*, London: Alzheimer's Society, 2007, p1

Worse, an obsession with the demographic projections has led to a neglect of today's pensioner poverty. In our concern about the future we have forgotten about the present – the large number of older people currently living in poverty; with next to no human contact; neglected care needs; in houses which were never designed for them to age in and which they no longer have the income to maintain. They demand our urgent attention now.

2. Dynamic communities

The first priority for any strategy to tackle pensioner poverty must be to re-engage the most isolated older people and build dynamic communities.

Social isolation has received a lot of attention both in the media and in policy discussion. Yet despite widespread acknowledgement of the problem, as a society we are largely failing to tackle it. According to a recent estimate, the extent of loneliness in later life for those aged 65 and over has remained broadly static over the last six decades.³ Over a million people aged 65 and over report feeling lonely often or always and a similar number feel trapped in their homes.^{4,5}

2.1 Identification and outreach

Social isolation is an aspect of poverty the Government cannot be expected to tackle alone. But we believe that there is a role for the state, namely, to take the lead in identifying and engaging society's most isolated older people. One reason for this is because many are already known to statutory bodies, be they district nurses, social workers or the police. The urgent priority must be for those professionals to link those individuals in with the charities and community groups which can provide the relational support they need.

Case study: Brian and Gladis

Brian, 41, is a photographer who lives in Margate in Kent. Wanting to give something back to society, he was 'matched' by a local befriending charity to Gladis, 88, who lives alone, has no family and is housebound. Before she signed up to the scheme, as she told the CSJ, 'I never went out and had fallen four times in two months.' Initially Brian agreed to take Gladis shopping, since her deteriorating eyesight had made that difficult. Over time the friendship has flourished. Brian now spends around four hours a week with her; opening her post and reading it to her; talking about her memories; fixing things in the house. 'The only person I have is Brian', Gladis told us.

Connecting the most isolated older people to befriending charities is no easy task. But we passionately believe that the new, 'unlikely' friendships these charities can provide are

3 Campaign to End Loneliness, *Safeguarding the Convoy: A call to action from the Campaign to End Loneliness*, Abingdon, Oxfordshire: Age UK, p30

4 Spotlight 2006 survey (unpublished), GfK NOP for Help the Aged, 2006

5 Victor C and Scharf T, *Social Isolation and Loneliness*, (eds) Walker A and Hennessey CH, *Growing Older: Approaches to Quality of Life in Context*, Maidenhead: Open University Press, 2005, cited in Social Exclusion Unit, *A Sure Start to Later Life: Ending Inequalities for Older People*, London: Office of Deputy Prime Minister, 2006, p55

indeed possible. What they require, though, are far more personal referral processes. Merely supplying someone with a phone number of a local charity, or pointing them to a website, is not enough. Instead what we need are the kind of face-to-face introductions by professionals to voluntary sector groups, such as we encountered in one inner-city ward in Manchester.

Case study: Healthy Ardwick, Manchester

Healthy Ardwick is a local charity creating more social opportunities in Manchester's fourth most deprived ward. Its vision is to reach the most isolated older people and to raise expectations of later life. This begins with outreach. 'Until we've knocked on every door we won't know we've gotten to people,' founder and Chair Nick-Carr Brown told the CSJ. But given the fear of crime in the area, credibility on the doorstep is a real hinge factor. For this reason Healthy Ardwick has partnered with the local police so that volunteers accompany Police Community Support Officers as they walk the streets and knock on doors in order for police officers to make face-to-face introductions of older residents to the charity.

Only through such dynamic partnerships between the voluntary and public sector do we stand any chance of reversing social isolation. And in many cases it seems the ignition key is partnership with the police.

Recommendation:

Neighbourhood policing teams should work within their community to identify ways of working with charities to engage extremely isolated older people living in poverty. This will require leadership from their Chief Constables and should become an urgent priority for Police and Crime Commissioners if established or Police Authorities as current structures allow.

2.2 Greater coordination at a local level

As well as more active outreach, any strategy to make later life an age of opportunity for the poorest pensioners also depends upon a far greater level of local coordination between services and charities.

Case study: Valuing Older People 'Networks', Manchester

The Valuing Older People (VOP) team, based at Manchester City Council, was established in 2003 to improve the quality of life for older residents in Manchester. One key way it has sought to achieve this has been by establishing 'networks' at a neighbourhood level, bringing together every kind of agency, charity and community group focussed on older people.

VOP networks, currently covering 17 of Manchester's 32 wards, typically convene on a monthly basis, are facilitated either by a member of the team or by a local stakeholder, and aim to:

- Map the supply of 'provision' for older people (both from services and community groups) and avoid duplication. As well as to work out where there are gaps, the network provides the opportunity for groups to work out precisely what is on offer in a local area.
- Share venues. By using each other's facilities the various groups can increase the number of places older people can go to locally.
- Improve communication. Given the low usage of the internet, often a newsletter is an absolutely crucial means for communication.



On the basis of this model the CSJ recommends that:

Recommendation:

Every local authority, at Chief Executive Office level, should establish VOP teams with urgency in order to establish networks to bring stakeholders together to map provision at a local level.

While VOP teams need to respond to local needs, and therefore vary in terms of their membership, it is also important that central government, preferably the Department for Communities and Local Government, sets clear national objectives to ensure consistency from VOP teams and that combating isolation remains their top priority. We believe that Manchester City Council's VOP team constitutes precisely the kind of replicable, scaleable model we need.

Recommendation:

The VOP team at Manchester City Council should receive a small grant to develop a toolkit for all local authorities to build VOP teams effectively.

2.3 Community development

To re-engage the most isolated older people in society not only requires more active outreach, we also need regenerated communities for them to be linked back into. To such

an end, once again we cannot look solely to the state. Yet, as polling for this review suggests, there is public appetite for local government to have an increased role.

Over 60 per cent of people polled think local authorities should have a role in encouraging and incentivising neighbourhood initiatives and community projects.

YouGov for the CSJ Older Age Review, May 2011

During the CSJ's visit to Seattle we identified an approach to community development the City Council's Department of Neighbourhoods (DON) has pioneered over the last 20 years. Its approach is based on a conviction that, as founding director Jim Diers told the CSJ:

'There's a role for government. There's a role for charities. But there's no substitute for community.'

Jim Diers, founder of the Department of Neighbourhoods, in evidence to the CSJ

There are four main elements to the community development work we saw in Seattle:

- **Neighbourhood Service Centres:** To bring power and services closer to residents the DON has established 'little city halls' across the city. Located in prominent, easily accessible public spaces, people can pay bills, find out information about events and opportunities happening locally, and visit the District Coordinators.
- **Neighbourhood District Coordinators:** Essentially community organisers, District Coordinators are the service centres' 'most cherished resource'. Described as 'overt double agents', they are designed to be the city council's eyes and ears, to build community groups, trouble-shoot residents' difficulties and network across neighbourhoods to organise people so they can take action on what matters to them.
- **Neighbourhood Matching Fund:** The Matching Fund revolves around the idea of a community match, whereby the City Council commits to match financially whatever community groups can generate for specific projects in their neighbourhood, whether physical projects such as renovation of community buildings or community events. The Matching Fund is particularly geared towards lower-income neighbourhoods for the reason that the community match doesn't have to be financial but rather can be volunteer labour or 'sweat equity'.
- **Ageing Your Way neighbourhood gatherings:** Specifically engaging older people, since 2010 King County (in which Seattle is situated) has initiated a number of evening gatherings, hosted at local community centres, to bring together people at or approaching retirement age to develop a vision of a community that would support them as they age. Participants separate into small groups to discuss what kind of a city they would like to live in as they age, before proceeding to imagine local projects which might go some way towards realising that vision.

“We want to say ‘yes’. And we will work with a group until we can get to ‘yes’.”

Bernie Matsuno, Acting Director, Department of Neighbourhoods, City of Seattle, in evidence to the CSJ

In terms of efforts to develop community at a local level, the CSJ welcomes both the Government's Community Organisers programme – its intention to train 5,000 community organisers, recruited locally by partnering charities – as well as its Community First project, promising to provide £80 million of investment ‘to encourage more social action in neighbourhoods of significant deprivation and low social capital.’⁶ In terms of implementation, we recommend that both programmes learn the vital cultural lessons of the sustained, mature and highly effective approach to community development pioneered by Seattle's Department of Neighbourhoods.

Recommendation:

Learning from the Neighbourhood Service Centres, community organisers should identify appropriate venues within their communities and draw upon them to connect together local organisations and efforts, particularly via the new VOP teams.

Recommendation:

The key elements of the District Coordinator role – particularly the way it provides a bridge between community and local government – should inform the Government's Community Organisers' programme. Of particular importance is the necessity of community organisers achieving visibility in their local community by being closely attached to community hubs.

Recommendation:

The Community First project should actively encourage and duly make awards to projects initiated by or including older people. The project needs to focus on creating *new* community groups, recognising the level of outreach required to encourage fresh applications from people coming together around a proposed project. Above all we need a shift towards a distinct ‘yes’ culture among local decision-making structures and whichever bodies award the Community First grants.

Recommendation:

The hosting of Ageing Your Way-type gatherings must be a primary task for VOP teams as they are established. In addition, Community First match-funding should be levered in to support practical projects which emerge from these gatherings.

⁶ Cabinet Office, *Giving White Paper*, London: The Stationery Office, 2011, p30

2.4 Intergenerational opportunities



John Cairns photography, on behalf of the CSJ

78 per cent of people we polled thought that interacting with older people should be part of a child's educational experience at school.

YouGov for the CSJ Older Age Review, May 2011

It is difficult to underestimate the mutual benefit of intergenerational connections. While intergenerational volunteering takes numerous forms, the outstanding examples we have encountered have involved either older people volunteering in schools – listening to children read; mentoring older students, etc. – or, conversely, younger people putting on pampering sessions and entertainment nights in residential accommodation for older people. Given the extraordinary impact of these kinds of projects, we need to increase the number of such opportunities offered to both older and younger people.

Recommendation:

Local authorities, ideally through VOP teams, should conduct a basic community audit to identify which local schools would be well placed to benefit from older volunteers.

Recommendation:

VOP teams should also identify local residential accommodation for older people (e.g. sheltered housing schemes, Extra Care housing schemes and care homes) which would benefit from visits from schools.

2.5 Transport

Creating dynamic communities in which older people can thrive also depends on making neighbourhoods physically accessible. Reliable and far-reaching local transport networks

become increasingly significant as people get older, with journeys for essential items and social activities sometimes becoming more of a challenge.

Bus travel provides a lifeline for many of the poorest older people who would otherwise be unable to leave their homes. Yet while concessionary bus travel has made a huge difference to some older people, the universal nature of the scheme means that it is poorly targeted. In truth, many people qualify for a bus pass who don't need it.

Recommendation:

The concessionary bus pass should be treated as a taxable benefit. Additional revenue raised by this measure should be placed in a fund administered by an independent agency to pay for other community transport aimed at older people.

Taxis are also of vital importance. Yet while many local councils operate taxi-card schemes offering discount to older people and those with disabilities, some schemes cannot be used for key journeys, such as to the GP, the hospital or day centres.

Recommendation:

Local authority-operated Dial-a-Ride schemes should be broadened to include other essential journeys such as to medical appointments or to day centres.

To help people travel in their communities the Government has signalled its intention to decentralise power to local authorities in order for them to organise their own transport infrastructure and day-to-day transport needs through Local Enterprise Partnerships (LEPs).⁷ LEPs will be partnerships between local authorities and businesses, with the Government stating its expectation that business representatives making up half the board and having a prominent business leader in the chair:

Recommendation:

Local authorities establishing LEPs should specifically include representation from older peoples' groups.

3. Managing money and planning for the future

As we identified in *The Forgotten Age*, money is an essential determinant of whether an individual lives in poverty or not.

⁷ Department for Transport, *Creating Growth, Cutting Carbon – Making Sustainable Local Transport Happen*, London: The Stationary Office Limited, January 2011, p 8

3.1 State pension income and benefits

The proposed introduction of a flat rate pension in 2015/16 will mean that future pensioners will not need to claim for means-tested benefits. Since this flat rate pension will not be available to people who have already retired, existing pensioners will require continued support. Accordingly, although the take-up of core means-tested entitlements like Housing Benefit (HB) has been historically high amongst the older population, a persistent number of people eligible for support with council tax and the Pension Credit Guarantee (PCG) fail to claim them. In 2008/09 non take-up of benefits translated to £3.9 billion going unclaimed by pensioners who were eligible for it.⁸

We found that potentially the most innovative model to increase the take-up of core benefits was a pilot scheme based on paying people PCG automatically, an evaluation of which is due to be published this year. Even though the Government has stated that the pilot will remain an information and data-gathering exercise only, we recommend that:

Recommendation:

If the evaluation of automaticity proves take-up has been significantly boosted, the Government should begin a full roll-out of automation for PCG. Early prioritisation within this should go to people aged 80 and above.

Recommendation:

There should be automatic communication between government agencies so that when someone is in receipt of PCG, their eligibility not to pay council tax or to receive HB is actioned on their behalf.

3.2 Winter Fuel Payment (WFP)

To help with rising energy costs, the Government's central strategy has been to boost income through the WFP, estimated to keep 200,000 households out of fuel poverty each year. Yet when the WFP was first paid, it accounted for over a third of the annual household energy bill. Due to inflation and rising energy prices, the same payment now amounts to less than 20 per cent of the average household energy bill.⁹ To address the falling value of the payment, we recommend that:

Recommendation:

The Government should introduce a 'double lock guarantee', whereby WFP is linked to inflation increases or energy price rises, whichever is higher.

⁸ Department for Work and Pensions, *Income Related Benefits: Estimates of Take-Up in 2008-09*, London: Department for Work and Pensions, 2010, (2009/10 figures delayed by DWP due to new method of calculation. They are due to publish a technical note in summer 2011 and to publish the results for 2009/10 thereafter)

⁹ House of Commons Environment, Food and Rural Affairs Committee, *Energy efficiency and fuel poverty, Fifth Special Report of Session 2007/08*, London: The Stationery Office Limited, 6 November 2008, p72

Furthermore, to increase the value of the payment, we also recommend that the Government take the difficult but necessary decision to:

Recommendation:

End the universal payment of the WFP to ensure that the poorest receive more support.¹⁰

Recommendation:

The Government should investigate mechanisms of removing the universality of the WFP in order to increase its effectiveness in fighting fuel poverty for the poorest older people. Within these deliberations, we urge policymakers to ensure that it is spent on what it is designed for – fuel costs or improving homes' energy efficiency.¹¹

The savings made by ending the universality of WFP could be used to increase payments to people on the lowest incomes. This would make a substantial difference for older people who currently enter debt to heat their homes, or are forced to live in dangerous cold. In addition, policy-makers need to consider how to ensure that the payment is used for its stated purpose – reducing fuel poverty by reducing energy bills.

3.3 Planning and advice

88 per cent of people we polled thought that financial education should be taught and assessed in schools.¹²

Polling for *The Forgotten Age* found that a third of older people thought that the guidance and support they had received approaching retirement was 'poor' and a third said it was 'adequate'.¹³

Basic financial literacy and effective planning for the future can make a significant difference to the quality of an individual's life in retirement. The value of beginning this early is well-established and should form a compulsory element within the school curriculum. Polling for this review found overwhelming support for financial education being taught and assessed in schools.¹⁴

For older people on low incomes approaching or having reached retirement, it is also essential that they have easily accessible and clear information in order to maximise their income through accurate independent advice.

¹⁰ This recommendation was not endorsed by Working Group Member Andrew Harrop, Director of Policy and Public Affairs at Age UK

¹¹ This recommendation was not endorsed by Working Group Member Andrew Harrop, Director of Policy and Public Affairs at Age UK

¹² YouGov, *Older Age*, May 2011

¹³ YouGov, *Attitudes of People over Retirement age*, June 2010

¹⁴ Ibid

We have found that it is the voluntary sector which is able to provide information to people in a personalised and tailored way. We would like to see small community-based voluntary advice services supported by local authorities, and for partnerships between smaller, specialist agencies and larger providers of advice to ensure a broad provision of services that caters for the diversity of older people and their financial circumstances.

Recommendation:

The teaching of financial education should be compulsory in schools and should incorporate planning for later life, including pensions and health insurance.

Recommendation:

People should automatically be offered a free financial health check between the ages of 55 and 60.

Recommendation:

Local authorities should explore the possibility of partnering with different not-for-profit agencies in order to provide information for people on areas such as benefits, housing, care and finance. Furthermore, private sector initiatives to educate both children and adults in personal finance should be encouraged, strengthened and expanded.

4. Housing and homes

Any attempt to tackle pensioner and isolation poverty in Britain must take into account housing, as the condition of the accommodation an older person lives in plays a huge role in determining their experience of later life.

To ensure that suitable housing is available for all older people a preventative strategy must be in place to help older people remain independent for as long as possible. This can be achieved first by improving existing housing stock in order to make homes suitable for people to live in as they age, and secondly by building new stock in order to tackle the chronic shortage of affordable homes purpose-built for older people.

4.1 Existing stock: low-income older home-owners

In 1971 the national level of home ownership was 50 per cent. Today it is over 70 per cent.¹⁵ Yet the majority of these homes were not designed to be grown old in and are now proving unaffordable to repair and maintain for many older people. The result is significant housing poverty among older homeowners especially in the private sector. Currently there are 3.2 million older householders living in non-decent private sector homes.¹⁶

¹⁵ Adams S and Ellison M, *A Perfect Storm: An ageing population, low income home ownership, and decay of older housing*, Nottingham: Care & Repair England, 2010, p6

¹⁶ Department for Communities and Local Government, *English House Conditions Survey 2007*, London: Department for Communities and Local Government, 2009

Case study: Mrs Thomas



Mrs Thomas in her home in Leeds

Catherine Thomas (above), 78, lives in Leeds in a home which she owns. Mrs Thomas told the CSJ of the struggles of living by herself in a home she no longer has the income to manage. From the combination of her state pension and a small occupational pension she pays for meals-on-wheels, with little left over. And having exhausted her modest savings on re-wiring, new taps and a new sink, as she told us, 'I'm down to my last £1,000. There will be no more repairs until more money is forthcoming.' Yet bare floorboards and masses of debris (not least, a huge fire risk) revealed a house clearly no longer fit for purpose.

In terms of recent policy, a number of distinct developments have conspired to create what is now 'the perfect storm' facing the poorest older homeowners. Seen in isolation, each of the developments discussed below may seem innocuous; viewed together they constitute a crisis. They are:

- **Loss of Private Sector Renewal (PSR):** In Autumn 2010's spending review the Government withdrew the PSR budget, the major source of national funding for repairs and regeneration of housing in the private sector. This is the first time since 1949 that there has been no central funding for the poorest homeowners.
- **The size of an equity release market:** Despite the development of reputable equity release products to help people release small amounts of equity from their homes, take-up remains low and coverage patchy. A fully competitive and accessible market has yet to emerge.
- **A Disabled Facilities Grant (DFG) system in disarray:** The main state grant given to people to adapt their homes is the DFGs. They are currently means-tested on savings up to £6,000 but disregard equity, so that 70 per cent of grants go to homeowners. Though approximately 40,000 grants are made nationally – 70 per cent of which to older people – the DFG system has become disjointed, complex and inefficient, often resulting in huge delays.
- **Fuel poverty:** Even though increasing the energy efficiency of people's homes is the most realistic way of preventing fuel poverty, successive Governments have not done enough to incentivise people on low incomes to undertake the necessary essential improvements.

In view of these factors we recommend that:

Recommendation:

An integrated system should be established for both disability adaptations and home repair. This system should be clear in terms of entitlement and efficient in terms of delivery. Vital, preventative minor works – i.e. handyperson services, paring down carpets, grab-rails, ramps, or contribution towards disability-related adaptations – should be freely available and universally provided at the local level. (Such a system could thus be free of the current means-testing which makes the system extremely complex to navigate and slow to operate.) Major works, by contrast – whether adaptations such as installing through-floor stair-lifts, house extensions or repairs such as installing new roofs, electrics or heating systems – should increasingly be funded by contributions from homeowners who can afford it, by accessing appropriate amounts of their property's equity.

The creation of such a system depends upon a number of key developments:

First, the significant expansion of the equity release market, underpinned by a cultural 'sea change' in attitudes towards people in later life drawing upon capital to fund lifeline housing repairs. It is tragic that many older people have to live out the last years of their lives in houses falling around them solely because they are trying to preserve the inheritance they pass on to their children. While for some older parents we recognise that this is a genuine choice, we have heard that there are others who may feel forced by convention to sacrifice their health and their living conditions for the sake of bequeathing an asset to their children or family. The cultural aversion to older homeowners using equity release to improve their quality of life and housing needs to be challenged at every level.

Recommendation:

Local authorities should give greater profile to specific products developed to allow low income older homeowners to release equity.

Recommendation:

Given the relative underachievement of the equity release market to date, we believe the Government may need to consider direct market stimulation in order to redress a lack of take up. Such action, which should be a time-limited interim measure, could begin to drive up the competition of product offers, including making interest rates more affordable.

Secondly, the effective administration of any new system for repairs and adaptations will require greater leadership at a local level. Given the well-established connection between health and housing, we believe that the new health and wellbeing boards at local authorities, if legislated upon, could be well placed to deliver this new integrated system. This would also help to protect financially funding for the system, given the proposed ring-fencing of public health grants to local authorities.

Recommendation:

Local authorities' new health and wellbeing boards, if forthcoming, should take responsibility for the delivery of this new integrated system for repairs and adaptations.

Thirdly, any shift from the inefficient system we have today to a new, integrated system will require a proper transition period. For this reason, in terms of repairs, we urge the Government to reconsider the removal of the PSR budget and then to phase out this funding stream as equity release becomes a real alternative.

Recommendation:

As a temporary measure the Government should immediately restore funding for PSR.

And in terms of adaptations, until equity release becomes a viable alternative, in order to make the DFG system more manageable and faster within the current budget, we recommend that:

Recommendation:

The maximum threshold for a Disabled Facilities Grant should be reduced from its current level to the average value of a grant: £6,500.

Furthermore, whilst it might be fair to expect a homeowner of a house worth £200,000 to release equity to fund a through-floor stair-lift worth £10,000 or a new roof worth £15,000, to expect the same from someone whose ex-council flat has halved in value over time may be less practical. We believe extra support for these people will be required.

Recommendation:

The creation of a small emergency and exemptions fund, particularly designed for those with low value equity.

Finally, in terms of fuel poverty, the Green Deal, the Government's new strategy to improve the energy efficiency of people's homes by providing loans for related improvements, has been criticised for being inadequately targeted on the fuel poor, and for being likely to benefit only middle and high income households.¹⁷ Whilst we hear calls from others asking the Government to consider underwriting the costs of this scheme for some low income households, in the current climate this is not feasible. However, we believe that:

Recommendation:

The Government should consider the merits of a fixed rate Green Deal loan for the poorest older homeowners.

4.2 New stock: buildings for the future

At present the housing market in the UK simply doesn't reflect the types of choices older people aspire to. As well the problems with existing stock, there is also serious shortage of new housing

¹⁷ House of Commons Library, *Energy Bill [HL] Research Paper 11/36*, 4 May 2011, p9 [accessed via: <http://www.parliament.uk/briefingpapers/commons/lib/research/rp2011/RP11-036.pdf>, (01/06/11)]

specially designed for older people. Given the demographic projections, building affordable new homes for older people must become a far greater priority for both central and local government.

For central government a key priority should be building affordable housing specifically designed for older people, not least because it also frees up much-needed general needs housing for poorer families. Government can take the lead here both through nationally-determined planning policy and through its distribution of the capital grants still available for new affordable homes.

Recommendation:

A greater proportion of the capital grants the Government makes available to build new affordable homes needs to be allocated to housing specifically designed for older people, whether in the mainstream or specialist sectors. Even in an era of reduced public expenditure there are capital grants available for new housing: how the Government uses these grants is of critical importance.

Recommendation:

Through the 'ground rules' it sets for planning policy, central government needs explicitly to include older people's housing within its priorities. It is vital that the new National Planning Policy Framework takes into special consideration the realities of an ageing population so that, at a local level, all planning authorities who consult it are without any doubt as to what their priorities should be.

At a more local level, we need to move towards a distinct 'yes culture' among planning authorities. Despite the considerable shortage of new housing for older people, local planning authorities often fail to recognise its value, resulting in a cumbersome planning process which paralyses market activity. Without any kind of overall strategy for older people's housing, too many planning authorities treat each application on an isolated, case-by-case basis, with no real understanding of what provision is needed in their locality. To combat this we recommend that:

Recommendation:

All planning authorities should be required to produce an older person's housing strategy based on their assessment of predicted demand in their area.

Despite its clear benefits, owner occupied retirement housing is currently unaffordable for many older owners of (relatively) low value homes. Having heard calls from developers to ease the Section 106 stipulation, we believe that temporarily making retirement housing exempt from the presently required affordability contributions (which essentially seek to secure money and/or a proportion of the development for social use) could be needed in order to change the market in the short term and offer choice. But this contested theory needs testing for outcome and impact.

Recommendation:

An independent impact assessment should be carried out for a proposed pilot of a time-limited period to suspend Section 106 affordability contributions required of retirement developments.



Joyce Catt, right, is a resident of Swan Field Court Extra Care facility

Finally, Extra Care housing holds out great promise for older people with care needs to maintain their independence for as long as possible. Extra Care (essentially, sheltered housing with on-site care facilities) is specifically designed to allow for independent living. Residents live in their own flats and have their own front doors, but care staff, located in the building, are permanently available. Despite the clear benefits of Extra Care housing and the distinct need it caters for, its pace of development has been glacial. At 30,000 units, it constitutes a tiny percentage of accommodation for older people nationally. The CSJ believes that as a country we have not yet realised the potential of Extra Care.

Recommendation:

Councils should take the initiative to bring on-line a greater supply of specialist housing such as Extra Care. In an era of reduced capital expenditure by government, councils need to consider other ways of developing specialist housing products such as offering land and asset transfer arrangements.

5. Transforming care

There is widespread acknowledgement that the social care system in this country is in urgent need of increased financial resources. For the poorest older people underfunding has had two main results:

- Fewer people receiving care, with local authorities restricting the social care they provide to those with the very highest needs;
- Inadequate care for those who are eligible, whether insufficiently short home care packages ('flying visits') or underfunded placements in care homes.

Funding structures are key to the long-term future of care provision in this country. Society at every level – individuals, families, as well as government – needs to ask itself what it is prepared to pay to support an ageing society. Yet while individuals and their families should

not consider housing wealth 'sacrosanct', it is also clear that public investment must keep pace with our ageing society. With the Dilnot Commission on the Funding of Care and Support shortly due to report, it is vital that after a decade of indecision policy-makers respond with conviction and reform. The importance of building a cross-party consensus to map out a strategy to secure a sustainable financial settlement for social care in the coming decades cannot be overstated.

Yet the question of *how* to fund social care is not the only one we face. The often neglected question of *what* to fund is equally important, since funding systems cannot be revised whilst keeping the models of care the same.

In terms of policy, the two objectives of (a) preventing older people from admission to care homes and (b) improving the quality of care homes are usually considered alternatives. We think this assumption should be challenged. Efforts must be focussed simultaneously on maintaining the independence of the frailest older people – through supporting their unpaid carers, providing lower level support and creating integrated, multidisciplinary teams for the most vulnerable – as well recognising that, since the need for care homes is not going to go away, the long-term care sector requires radical reform.

5.1 Unpaid care

'Regardless of how little I've slept I have to get up in the morning.'

A family carer, aged 70, in evidence to the CSJ

A huge number of people in the UK care, unpaid, for their relatives and loved ones. It is calculated that this group of six million people, of whom 2.8 million are over 50, save the state an estimated £87 billion a year.¹⁸

Yet while for many caring is a responsibility few would want to give up, there is also evidence that caring takes its toll. The physical dispersal of families, combined with high levels of family breakdown, has led to the increasing intensity of caring roles, with many one-on-one caring relationships becoming increasingly unrelieved and isolated. For this reason far more needs to be done both to identify and to support carers before they reach breaking point.

In terms of identification, GPs have a crucial role to play, given that statistically they the professionals most likely to come into contact with a carer. Currently, however, GPs are incentivised through the Quality Outcomes Framework merely to retain a list of carers. We believe, however, that:

¹⁸ Carers UK, ACE National and the University of Leeds, *Valuing carers – Calculating the value of unpaid care*, London: Carers UK, 2007, p3

Recommendation:

There should be much stronger incentives for GPs to identify and refer carers to appropriate support.

In terms of supporting carers, it is of critical importance that the £400 million the Government has recently allocated for respite care actually reaches carers. To facilitate this we believe innovative delivery mechanisms are required on the ground.

Recommendation:

GPs should be allowed to write 'social prescriptions' for respite care directly to carers they identify as overburdened.

But providing more carers with the support they need also depends upon more carers assessments being carried out since, at present, only around seven per cent of all carers have been offered an assessment. To facilitate this change this we recommend that:

Recommendation:

Carers' Centres and agencies other than Social Services should increasingly undertake carers' assessments on behalf of councils.

5.2 Lower level support

The poorest older people with care needs, particularly the 'oldest old', need to be properly empowered to remain independent in their own homes. For this to happen, the trend of councils withdrawing care and support for those with 'low' and 'moderate' needs has to be reversed, depending on a new funding settlement for social care. Yet there is also a distinct need for lower level support to prevent or postpone the onset of care needs in the first place.

We believe this distinct need corresponds to a distinct professional role. The CSJ has long advocated an enhanced role for health visitors at the beginning of life, and thus welcomes the Department of Health's intention to increase the health visitor workforce by 4,200 by 2015. But we believe that health visitors can play just as vital a role in later life. We therefore recommend that:

Recommendation:

Health visiting should be expanded for older people targeted to the areas of most deprivation.

While the role of these health visitors would be multi-faceted – including helping to identify isolated older people and linking them in with befriending agencies – their primary focus

should be advising and supporting older people to maintain healthy lifestyles, given the strong evidence of the connection between diet, nutrition, physical activity and maintaining health in later life.

78 per cent of people would support the introduction of health visitors for older people, funded by the taxpayer.

YouGov for the CSJ Older Age Review, May 2011

5.3 Multidisciplinary care teams

A major consequence of acute health inequality is high rates of unplanned admission to hospital from older people. Since 2005 emergency admissions for those aged 85 and over have risen by 48 per cent.¹⁹ Unhealthy lifestyles, healthcare managed ineffectively in the community, social factors which impact upon an individual's resilience, the fragmentation between health and social care – all these factors conspire to ensure that many older people suffering from chronic conditions are forced to present regularly at accident and emergency departments. During the course of our evidence gathering we have heard from many consultants, therapists and nurses working in secondary care about the prevalence of 'frequent flyers', older people living in poverty who yo-yo in and out of hospital.

Urgently required, therefore, is a more preventative approach to managing the healthcare of this very specific group of older people living in both poverty and ill health.

Recommendation:

The NHS and local authorities should jointly commission preventative care teams to proactively and intensively 'case manage' identified groups of older people living with ill health and at high risk of hospital admission.

Instead of a reactive, disjointed system for dealing with this specific population we need a proactive and integrated one. Such teams would be multidisciplinary, though GP-led, and would sit alongside the primary care system. And given that many from this group are likely to be receiving social care from their local authority, these teams must be properly integrated with social care, operating under pooled budgets rather than relying on ad hoc 'loose partnership' as in the past.

71 per cent of people would support councils and doctors forming teams, working under a single budget, to manage the care of older people at risk of hospital admission.

YouGov for the CSJ Older Age Review, May 2011

¹⁹ Humphries R, *Social care funding and the NHS: An impending crisis?*, London: The King's Fund, March 2011, p10

5.4 Care homes

Given that the need for care homes is not going to go away, there is need for a significant reform to the sector. To begin with, the basic distinction between residential and nursing homes is one which was designed for another era when residential care was often used as a substitute for poor housing or social isolation. Given the dramatically altered profile of people entering long-term care (with residents far frailer and more clinically complex) we recommend that:

Recommendation:

The now out-of-date distinction between residential care homes and care homes with nursing should be removed. The money the NHS makes available to nursing homes should also be allowed to follow the patient into *residential* care to prevent them having to undergo another move into nursing home or hospital.

Secondly, the biggest single failing of long-term care in this country is the frequent difficulty many residents experience in seeing a GP²⁰. Care homes are often subject to multiple GPs going (or not going) into care homes, or else GPs who (unrealistically) expect residents to come to them.

'People in care homes get substandard health care. It's as simple as that.'

Medical Director of a London primary care trust, in evidence to the CSJ

In terms of delivering primary healthcare in this context, the best arrangement we have seen involves a particular GP or practice being aligned with one specific home and committing to provide regular sessions in the home. The outstanding results Dr Gillie Evans has achieved in The Gables Specialist Nursing Home in Cambridgeshire illustrates this.

Case study: Dr Gillie Evans, The Gables Specialist Nursing Home, Cambridgeshire

'I was ashamed of the quality of care I was providing.' That's the explanation Dr Gillie Evans cited as what motivated her to transform the way her local Peterborough practice has delivered health care for the care home residents in its area. In 2000 Dr Evans went to colleagues in her practice and persuaded them to 'adopt' one local care home each, assigning for herself coverage of the care home not only furthest from the surgery, but also the one with the most clinically complex

20 Centre for Social Justice, *The Forgotten Age: Understanding poverty and social exclusion in later life*, London: Centre for Social Justice, 2010, pp221-222

residents. She took on The Gables, a 55-bed specialist nursing home where the majority of residents have advanced dementia, committing to intensively and proactively case manage this group of people, providing one half-day session a week, held in the home itself, as well as a monthly significant event meeting for staff.



79 per cent of people think that an individual GP should take responsibility for all residents in a care home, allowing all residents to see a GP on a regular basis.

YouGov for the CSJ Older Age Review, May 2011

This model of 'managed care', however, currently remains merely irregular best practice, whether initiated by the care home provider (paying a retainer to a local GP practice) or specifically commissioned by a primary care trust. We think this should change:

Recommendation:

The NHS, through appropriate commissioning bodies, should specifically require GPs to take responsibility for coordinating healthcare in care homes.²¹ Single GP practices should be aligned with specific care homes, committing to visit on a regular basis and proactively to 'case manage' the often complex medical conditions of residents.

Transformation of care home culture also depends in large part upon improving the quality of life for those working in the sector: Care home staff are all too often undervalued, demoralised and poorly paid. As well as better pay, we also need to improve the evidence-base around the training which has the maximum impact.

One example of such training is the leadership support programme for care home managers developed by My Home Life (MHL).

Case study: Leadership Support Programmes, My Home Life

MHL is a UK-wide initiative aimed to transform care home culture in the UK. A crucial part of this vision has been the development of a leadership support programme for care home managers, piloted across several local authorities over the last two years. Rather than providing yet another tool kit, or hosting a one-off training day, managers – not only from different care homes but, significantly, from different care home organisations – were invited to a three-hour leadership support group once a month for a period of at least a year. The group was designed to be small – a maximum of 14 managers – and interactive. The facilitator wasn't there to lecture managers; his or her role was to create space and safety for managers to discuss between themselves aspects of the role and then, from there, to gain a deeper understanding of the issues they faced and generate their own solutions. 'We discuss situations on a case-by-case basis,' one manager reported, 'and together we work out together a better way of doing it.' The results of the MHL pilots have been outstanding. The 'refuelling' and solidarity which the support programme has provided have translated into a greater willingness to empower staff to make their own decisions; in turn resulting in better staff retention and improved quality of life for residents.

To allow programmes such as these to become a central part of the 'offer' for managers, we recommend:

Recommendation:

Care home providers should be required to offer independent, regular support and mentoring to managers. Local authority commissioners should reflect that requirement in the fees they pay for care home placements. Leadership support groups for managers should prioritise creating a volunteer-friendly culture in care homes. And in addition a professional body for Social Care Management, potentially in the form of a chartered institute, should be established and charged with ensuring adequate training and development standards within the sector.

21 At the time of writing the proposed transition to GP commissioning is still under negotiation, with recommendations such as the addition of hospital doctors and nurses being considered

Another key aspect of reforming the long-term care sector is the unleashing of greater innovation, creativity and vision for the future. To this end we recommend that:

Recommendation:

Commissioners and regulators together examine the possibilities and conditions in which more person-centred approaches in residential care can thrive.

Two final urgent areas for reform are better regulation and fairer commissioning. At present the national regulator for care homes, the Care Quality Commission (CQC) is in the midst of a significant transition. Despite the introduction in October 2010 of a simplified series of 'essential standards of care' and a commitment 'to look at the care you get rather than at systems and processes,' on the ground a 70 per cent drop in the number of on-site inspections by the CQC has in fact forced providers to revert back to providing more and more paperwork to corroborate processes.^{22,23} To change this we recommend that:

Recommendation:

Regulation should in practice change to become risk-based and proportionate ('right-touch') and should focus on the outcomes of care and not merely on the inputs or processes. In terms of inspection, the first and last parameter of whether a care home is providing a good service needs to be user-feedback. Regulators need to be spending far more time actually observing care in action.

But as well as better regulation we also need a fairer commissioning environment. It is of critical importance that any increased public resources are fairly channelled into the care home sector. We therefore recommend that:

Recommendation:

Local authorities should be required to substantiate the fees they pay for (independent) care home places via an agreed 'fair price for care' methodology. This should involve the fundamental disaggregating accommodation costs from care costs.

22 Care Quality Commission, 'Essential standards of quality and safety: How is the new system different?' [accessed via: <http://www.cqc.org.uk/usingcareservices/essentialstandardsqualityandsafety.cfm> (13/06/11)]

23 Community Care revealed that the number of on-site visits by inspections dropped from 2,008 from October 2010 to May 2011 from 6,840 over the same period in 2009-10. Pitt V, 'Care Quality Commission visits drop by 70%', Community Care, 3 May 2011 [accessed via: <http://www.communitycare.co.uk/Articles/2011/05/03/116741/care-quality-commission-visits-drop-by-70> (09/05/11)]



Members of the CSJ Older Age Working Group

Sara Mckee (Chairman)
Dr Nori Graham (Interim chairman)
Andrew Harrop
Roger Davies
Harry Cayton
Stephen Burke
Richard Furze
Janet Morrison
James Reilly
Susan Kaye
Donna Payne
Dr James Mumford
Paul Langlois
Christian Guy

About the Centre for Social Justice

The Centre for Social Justice (CSJ) aims to put social justice at the heart of British politics.

Our policy development is rooted in the wisdom of those working to tackle Britain's deepest social problems and the experience of those whose lives have been affected by poverty. Our Working Groups are non-partisan, comprising prominent academics, practitioners and policy makers who have expertise in the relevant fields. We consult nationally and internationally, especially with charities and social enterprises, who are the champions of the welfare society.

In addition to policy development, the CSJ has built an alliance of poverty fighting organisations that reverse social breakdown and transform communities.

We believe that the surest way the Government can reverse social breakdown and poverty is to enable such individuals, communities and voluntary groups to help themselves.

The CSJ was founded by Iain Duncan Smith in 2004, as the fulfilment of a promise made to Janice Dobbie, whose son had recently died from a drug overdose just after he was released from prison.

Executive Director: Gavin Poole

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The Centre for Social Justice
1 Westminster Palace Gardens, Artillery Row, London SW1P 1RL
t: 020 7340 9650 | e: admin@centreforsocialjustice.org.uk
www.centreforsocialjustice.org.uk

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