Needs Assessment for Older People in Oxford

A research project for

Oxford City Council

October 2013

Prepared by Insight Oxford (Consulting) Ltd

INSIGHT
OXFORD
RESEARCH & COACHING

CONTENTS

1. INTRODUCTION

In response to the increase in the number of older people living in Oxford, and in the associated issues around isolation of members of the elderly population, Oxford City Council has established a strategic partnership group. A key aim of this multi-agency partnership is to support isolated older people. The City Council has commissioned a review of the needs of the older population of Oxford in respect of employment and income, health and well-being, safety and security and access to information.

In commissioning this project Oxford City Council required an external consultant to:

- Provide a snapshot of current needs of older people in Oxford, to inform the short and longer term spending strategies of Oxford City Council

Alongside this needs assessment, an additional piece of work was commissioned to:

- Evaluate an area-specific pilot project called 'Tackling Isolation' conducted jointly by Age UK Oxfordshire and Citizens' Advice Bureau Oxford. This has been reported in a separate document but some of the relevant data collected, especially that provided by older people participating in the project, have been included in this needs assessment.

This report aims to consider the breadth of needs of the older population in Oxford as defined through consultation with the Partnership Team at Oxford City Council and according to the objectives set out below.

2. OBJECTIVES

The objectives and scope of this needs assessment were defined in consultation with Oxford City Council's Partnership Team and focus on the areas that Oxford City Council can directly influence. Objectives were agreed as follows:

- Provide a comprehensive snapshot of the needs of older people in the city focusing on:
  - o A Picture of Oxford: older population in numbers
  - o Employment & Income
  - o Housing & Safety
  - o Health & Wellbeing
  - o Access to Information
  - o Isolation
- Assess, based on existing data, the impact of policy change linked to welfare reform
- Provide a summary of local, national and international best practice relevant to the areas of need identified

3. APPROACH

The following outlines the approach used to conduct the needs assessment:

Review and Analysis Phase

- Review of qualitative evidence available gathered through:
  - Desk/on-line research focusing on local, national and international research data;

  - Liaison with relevant data analysts within Oxford City Council and Oxfordshire County Council;
  - Collating relevant data sets and documents for review and analysis.

- Carrying out qualitative interviews with key individuals and stakeholders covering various areas of expertise including healthcare; community engagement; charity and community groups; benefits and welfare; community safety; housing and homelessness, employment and sports and leisure. Interviews were also conducted with older people within the City.

- Assessment of the impact of policy change: desk research (on and off-line); client liaison; consultation with relevant organisations and/or individuals.

- Review and analysis of national and international best practice: Desk research (on and off-line); client liaison; consultation with relevant organisations and/or individuals via Insight Oxford's network and that of Oxford City Council.

- Make recommendations to help inform decisions relating to future strategies and budget allocation.
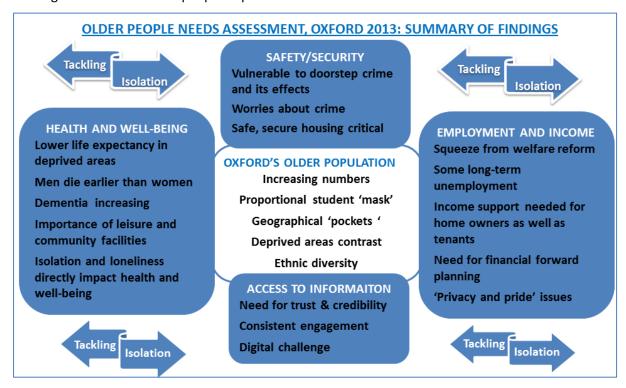
Definition of Older People

For the purpose of this needs assessment it was agreed that the term 'older people in Oxford' would be defined as all those living in Oxford City aged 50 or over.

Reporting

- Interim reporting was presented to the commissioning team on 5th September 2013
- Top line findings were presented to the Ageing Successfully Group on 10th October 2013
- Final written draft report delivered last week October 2013
- Final Report delivered within a week

4.   SUMMARY OF FINDINGS & RECOMMENDATIONS

To summarise the key findings of the needs assessment, and show the relationship between them, a model has been provided below. It is hoped that this represents an initial 'road map' from which to work when planning to address each need. The aim is also to highlight the way that the issues relating to isolation of older people impact on all the areas of need identified.

OLDER PEOPLE NEEDS ASSESSMENT, OXFORD 2013: SUMMARY OF FINDINGS

Tackling Isolation

Tackling Isolation

SAFETY/SECURITY
Vulnerable to doorstep crime and its effects
Worries about crime
Safe, secure housing critical

HEALTH AND WELL-BEING
Lower life expectancy in deprived areas
Men die earlier than women
Dementia increasing
Importance of leisure and community facilities
Isolation and loneliness directly impact health and well-being

OXFORD'S OLDER POPULATION
Increasing numbers
Proportional student 'mask'
Geographical 'pockets '
Deprived areas contrast
Ethnic diversity

EMPLOYMENT AND INCOME
Squeeze from welfare reform
Some long-term unemployment
Income support needed for home owners as well as tenants
Need for financial forward planning
'Privacy and pride' issues

ACCESS TO INFORMAITON
Need for trust & credibility
Consistent engagement
Digital challenge

Tackling Isolation

Tackling Isolation

4.1   Key themes and learning

According to the evidence provided in this report, the key themes and learning points can be summarised as follows:

- **Unemployment and income**

    o   According to representatives of the Citizen's Advice Bureau (CAB) Oxford and Age UK Oxfordshire (AUKO) many older people are reluctant to ask for support and this links to a sense of pride and privacy, particularly about financial matters. It is particularly characteristic of the post war generation who demonstrate a strong belief in 'making do' and a determination to cope independently.

    o   Debt and lack of future financial planning are increasing problems within the older generation according to those involved in benefits provision and other charitable organisations

    o   Information provided by DWP shows that some long-term unemployment is evident in the more deprived areas of Oxford leading to issues around income and physical and mental well-being

- **Access to information, IT skills and support:**

  o Lack of IT skills has been identified by local representatives of Jobcentre Plus as a common barrier to getting back into work

  o Interviews with older people and AUKO demonstrate that the lack of access to the internet and email compounds issues of isolation from family (both geographical and emotional), social interaction, community and services

  o Similarly older people can miss out on important information about events, health, advice, and ways to improve income (e.g. fuel deals and benefits available) even online grocery shopping

- **Health and well-being:**

  o National research clearly shows that the incidence of dementia is increasing across the UK and is more prevalent in the ageing population.

  o In Oxfordshire, according to the Older People's Joint Commissioning Strategy, well over half of the spend on older people's mental health services is focuses on those with dementia

  o Data provided by Pubic Health England shows that, in Oxford on average, men die earlier than women. Also, residents in deprived areas of the city tend to die at a younger age than those living in other areas.

  o In Oxford the take up of recently upgraded public leisure and exercise facilities by older people has increased year on year since 2010

  o Feedback from a wide range of Oxford-based interviewees provided a strong sense that mental health issues among the older population are very often directly linked to isolation and loneliness. Conditions include depression as well as dementia and Alzheimer's disease.

- **Safety and security**

  o In terms of crime, older people are most vulnerable to distraction burglary and rogue traders, according to those responsible for community safety.

  o Interviews with older people underlined the fact that feeling safe and secure in their home is a fundamental need and while crime levels are reasonably low in Oxford, findings from Oxford City Council's recent 'TalkBack' Survey showed that older people worry about burglary and being mugging.

- **Isolation:**

  o This research demonstrates that tackling isolation is fundamental to fully addressing all other need relating to income, employment, health, safety, security and access to information

  o Currently, there is no comprehensive mapping process in place to identify and monitor where and who isolated older people are in Oxford

  o Feedback from older people themselves confirmed that they have a huge variety of interests and social preferences. Those observing and delivering some current social and community initiatives warned against the dangers of focusing on the delivery of a 'one size fits all' model.

o An understanding of the 'slow burn' build-up of older people's confidence in, and commitment to, activity and interest groups was identified as important by community development workers. Consistency and dependability of provision was also identified as critical to gaining momentum and stability around these services.

o Community and volunteer roles were identified as key but provision of some core community development/engagement staff 'on the ground' is also vital – to provide support, continuity, succession planning and team development

o The current emphasis on building financial sustainability of Community Centres appears to be pushing admission prices up with older people on tight budgets being unable to attend

o Charitable organisations, including AUKO and CAB Oxford, highlighted that a shortage of volunteers can jeopardise the provision of much needed support and services.

4.2   Recommendations

The recommendations emanating from the findings of the needs assessment reflect the importance of addressing the primary or basic needs of older people in Oxford City.   All connect to the importance of addressing isolation and the impact that it has upon employment and income, health and wellbeing, safety and security. The recommendations also recognise that there is limited budget to address the needs identified and, therefore, the importance of a joined up approach harnessing the skills and resources of existing agencies and supporting communities to meet the needs in the long and short term.

It is important to continue to harness and build on the current 'joined up approach' of existing initiatives and partners. Three core areas were identified for future focus:

- **Pre-emptive Measures:** Especially to combat long term unemployment of 50+ , forward planning (financial) care and community, this includes:

  - Building strong community-led interventions

  - Tackling long term unemployment of 50+ - particularly maximising IT training available and support to overcome confidence issues

  - Encouraging and supporting financial forward planning for those aged 40+ to ensure adequate provision for old age

  - Encouraging and supporting financial forward planning to facilitate independent living

- **Protecting the Vulnerable**: this includes health and well-being measures, community activities, safety, maximising income, tackling isolation and working closely with key partners

  - Working closely with all the other charity and community groups specifically supporting older people in Oxford to map out and clarify the resources available. Create a forum to engage with them.

  - Learning from best practice and pilots in this arena .e.g. adopting 'no cold calling zones' throughout the city

  - Placing protection of the elderly centre stage on Community Networks' Agendas

  - Creating a goal to make Oxford a 'Dementia friendly City'

  - Work with agencies such as CAB to ensure that all older people have access to benefit checks

- **Mapping and Monitoring Isolation** currently a major challenge to implementing any strategy is gaining a clearer understanding of where and who the isolated older people are. This could be addressed by:

  - Creating and maintaining an up-to-date register of older people in each community with the aim of supporting those who are vulnerable or in danger of becoming vulnerable through isolation, ill-health, low income or inappropriate housing

    - Potential to map via existing resources:
      - Community safety teams
      - GPs / health workers/care workers
      - Residents (especially older people)
      - Community groups
      - Good neighbour schemes

    - Key Challenges
      - Data protection (holding details/consents)
      - Building trust
      - Finding everyone
      - Identifying provision and gaps in transport provision
      - Keeping up to date

5. A PICTURE OF OXFORD: OLDER POPULATION IN NUMBERS
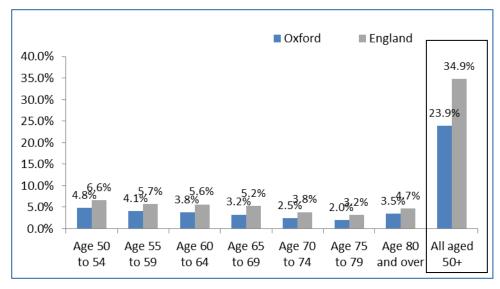
5.1 Oxford in Numbers – Summary

The following table summarises the total number of older people in Oxford city from a range of indicators used in this report:

Indicator	Count	Source and date
All aged 50+	**36,507**	ONS 2012 mid-year estimates
Aged 50 to 59	13,595	ONS 2012 mid-year estimates
Aged 60 to 69	10,771	ONS 2012 mid-year estimates
Aged 70 to 79	6,856	ONS 2012 mid-year estimates
Aged 80 to 89	4,246	ONS 2012 mid-year estimates
Aged 80+	1,039	ONS 2012 mid-year estimates
Job Seeker Allowance claimants aged 50+	410	ONS 2013 (Nomis)
Pension Credit Guarantee Claimants aged 60+	1,507	ONS 2013(Nomis)
Living in own property: Aged 50+	15,548	ONS Census 2011
Living in rented property – social: Aged 50+	5,635	ONS Census 2011
Living in rented property – private: Aged 50+	2,260	ONS Census 2011
Housing register applicants: Aged 50+	1,233	Oxford Housing Register 17/09/13
Rough sleepers: Aged 50+	12	Oxford City Council 17/09/13
In hostel/similar accommodations: Aged 50+	55	Oxford City Council 17/09/13

5.2 Older Population by Age

The ONS 2012 mid-year population estimates show the total population of Oxford to be 152,527. Of those, 36,507 are aged 50+ representing 24% of the total population of the city. This is lower than for England as a whole, where this older age group make up 35% of the total population. Within the 50+ age group, 5,285 people are aged 80+ representing 4% of the city's population; the corresponding figure for England is 5%.

While Oxford has a lower proportion of older residents than the national average, the difference becomes less pronounced for those aged 80+.

Older people by age as percent of population

The Nearest Neighbours model (CIPFA 2009) has been developed to aid local authorities in comparative and benchmarking exercises. It identifies 15 districts that are closest, statistically, to Oxford. The following table shows Oxford's population compared with its 6 nearest statistical neighbours for total population, ranked by total population aged over 50.
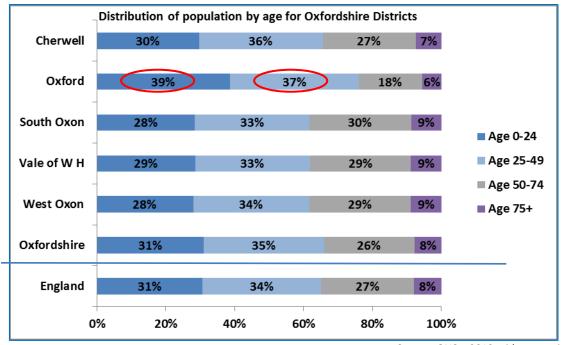
In terms of the 50+ population, Cambridge has the most similar statistical profile to Oxford both in terms of the total number of people aged 50+ and the proportion they make up of the whole population. After Cambridge, Preston and Guildford are similar districts to Oxford.

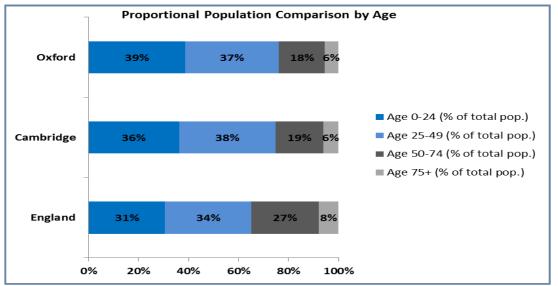|	Population aged 50+ (count)	50+ % of population	Population aged 80+ (count)	80+ % of total population	Total Population (count)
Cambridge	31,696	25%	4,979	3.98%	125,155
Oxford	**36,507**	**24%**	**5,285**	**3.46%**	**152,527**
Preston	42,704	30%	5,518	3.93%	140,540
Guildford	46,611	33%	6,624	4.74%	139,710
Dacorum	51,421	35%	7,218	4.92%	146,727
Colchester	59,260	34%	7,837	4.45%	176,008
Wycombe	59,337	34%	7,545	4.35%	173,306
Northampton	65,299	30%	8,271	3.85%	214,566
England	**18,646,592**	**34.86%**	**2,507,928**	**4.69%**	**53,493,729**

The following graph shows Oxford's population, by age, compared to other Oxfordshire districts and England. Figures are expressed as percentages of the total population for each district. Oxford has a markedly higher proportion of residents in the 0-24 age group (39%). This is mainly due to the large number of students who live in Oxford.

The proportion of 25 to 49 year olds in Oxford is also the highest across the Oxfordshire districts (37%). The effect of this atypical population distribution is that the proportion of those aged 50+ in Oxford is relatively low compared with other districts in Oxfordshire.

Distribution of population by age for Oxfordshire Districts

Source: ONS – 2012 mid-year estimate

The effect of Oxford's proportional 'bulge' in the 0-24 age group and the corresponding 'squeeze' is mirrored by Cambridge, its closest near neighbour (CIPFA 2009). This is illustrated in the following graph comparing Oxford and Cambridge to the whole of England:
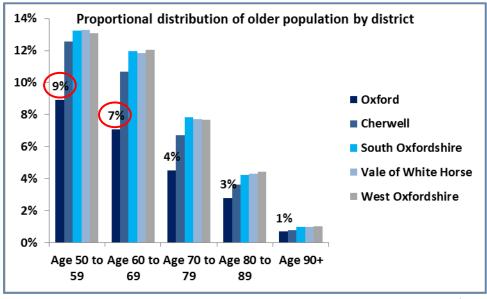
Proportional Population Comparison by Age

Source: ONS – 2012 mid-year estimate

Number of older people in Oxford, by age and percent of population

Looking specifically at the older population, this table provides a comparison of Oxford with England broken down by age groups within the 50+ population. It shows that Oxford has a lower proportion of people aged 50 to 79 than the national average but in the 80+ age range the difference becomes negligible.

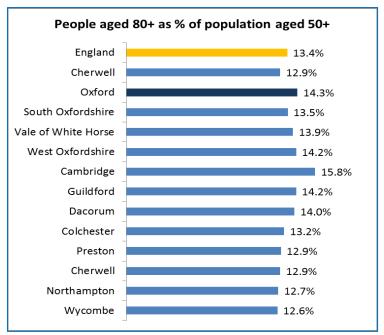| Older People Age Bands	Oxford (count)	Oxford (% total population)	England (% total population)	Difference in percentage points
Age 50 to 59	**13,595**	**8.9%**	12.3%	-3.4%
Age 60 to 69	**10,771**	**7.1%**	10.9%	-3.8%
Age 70 to 79	**6,856**	**4.5%**	7.0%	-2.5%
Age 80 to 89	**4,246**	**2.8%**	3.9%	-1.1%
Age 90+	**1,039**	**0.7%**	0.8%	-0.1%
All aged 50	*36,507*	*23.9%*	*34.9%*	-10.9%
All ages	*152,527*			

With the exception of Oxford, the proportional distribution of those aged 50+ across each district in Oxfordshire is reasonably similar. As shown in the graph below, there is a noticeably lower proportion of people in Oxford between the ages of 50 to 69. However, as age increases, the difference between Oxford and its neighbouring districts becomes less pronounced.
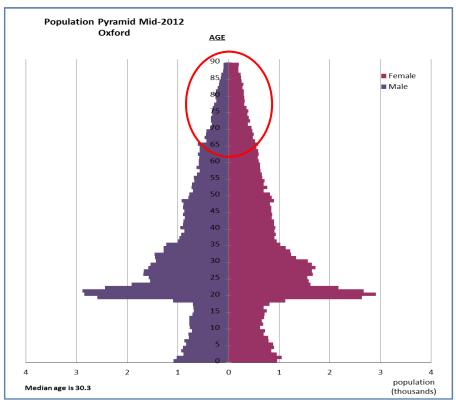
Comparing the proportion of those aged 80+, of the 50+ population as a whole, the graph below shows that this figure is higher for Oxford than the national average. Comparing it to other districts in Oxfordshire, and its nearest statistical neighbours, Oxford also has a relatively high proportion of residents aged 80+ within its older population.

People aged 80+ as % of population aged 50+
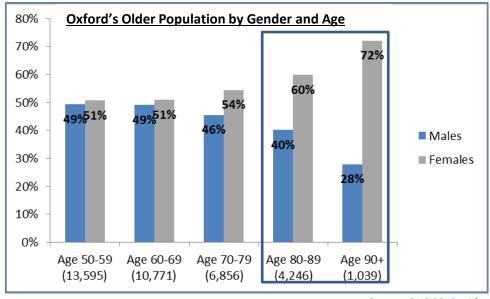
England	13.4%
Cherwell	12.9%
Oxford	14.3%
South Oxfordshire	13.5%
Vale of White Horse	13.9%
West Oxfordshire	14.2%
Cambridge	15.8%
Guildford	14.2%
Dacorum	14.0%
Colchester	13.2%
Preston	12.9%
Cherwell	12.9%
Northampton	12.7%
Wycombe	12.6%

5.3   Gender

The graph below shows that there are a notably larger proportion of women than men within the 65+ age range of Oxford's population. It also provides further evidence of the population bulge for residents in their late teens to mid-twenties created by the student population.
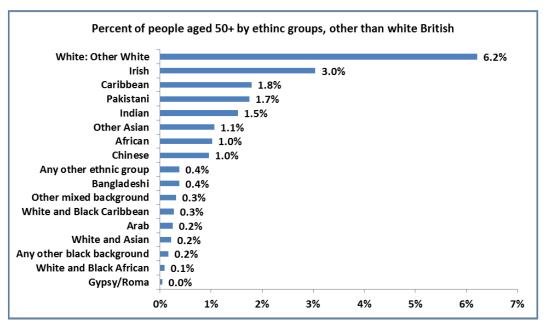
Overall, the 50+ population of Oxford is made up of slightly less males (47%) than females (53%). The graph below also shows that that within the 80+ age group, women account for an increasing proportion of the elderly population.

Oxford's Older Population by Gender and Age

Age group	Males	Females
Age 50-59 (13,595)	49%	51%
Age 60-69 (10,771)	49%	51%
Age 70-79 (6,856)	46%	54%
Age 80-89 (4,246)	40%	60%
Age 90+ (1,039)	28%	72%

Source: ONS 2012 mid-year estimate

5.4   Ethnicity

Proportionally, those of an ethnic background other than white British make up 19% of Oxford's older population.

Percent of people aged 50+ by ethinc groups, other than white British

Ethnic group	Percent
White: Other White	6.2%
Irish	3.0%
Caribbean	1.8%
Pakistani	1.7%
Indian	1.5%
Other Asian	1.1%
African	1.0%
Chinese	1.0%
Any other ethnic group	0.4%
Bangladeshi	0.4%
Other mixed background	0.3%
White and Black Caribbean	0.3%
Arab	0.2%
White and Asian	0.2%
Any other black background	0.2%
White and Black African	0.1%
Gypsy/Roma	0.0%

Source: ONS Census 2011 (Nomis Table DC2101EW)

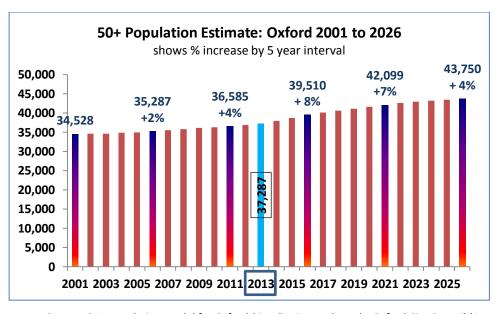## 5.5   Geographical areas within Oxford

Oxford is made up of 24 wards. The table below shows wards ranked by size of the 50+ population (highest to lowest). The number of residents aged 80+ are also shown for each ward with the top 10, by size of population highlighted in blue in the right hand column. Wolvercote is the ward with the largest number of residents aged 50+ (2,510) followed by Quarry and Risinghurst (2,264) and Marston (2,120). St Mary's has the least residents in this age group (690) followed by St Clement's (960) and Iffley Fields (1072).

RANKING (by size of 50+ population	Oxford's 50+ Population by Ward	All 50+ (number)	% of 50+ population of Oxford	All 80+ (number)
1	Wolvercote	2510	7%	279
2	Quarry and Risinghurst	2264	6%	323
3	Marston	2120	6%	360
4	Barton and Sandhills	2079	5%	239
5	Rose Hill and Iffley	2014	5%	283
6	Summertown	1974	5%	353
7	Lye Valley	1870	5%	189
8	Churchill	1768	5%	311
9	Headington	1761	5%	354
10	Hinksey Park	1723	5%	227
11	Blackbird Leys	1722	5%	216
12	Cowley	1683	5%	225
13	Littlemore	1681	5%	258
14	Headington Hill and Northway	1614	4%	293
15	North	1405	4%	133
16	Jericho and Osney	1385	4%	204
17	St. Margaret's	1365	4%	218
18	Northfield Brook	1312	4%	143
19	Carfax (& Holywell)	1162	3%	79
20	Cowley Marsh	1156	3%	140
21	Iffley Fields	1072	3%	132
22	St. Clement's	960	3%	163
23	St. Mary's	690	2%	89

Source: GLA population model for Oxfordshire districts and wards, Oxford City Council (August 2012)

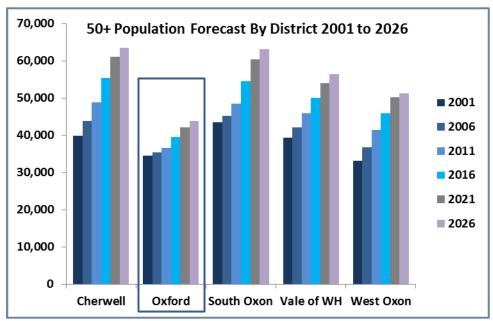## 5.6   Oxford's older population past, present and future

The following graph shows population estimates for 2001 up to 2026 for Oxford residents aged 50+. Population numbers have been highlighted at 5 year intervals. This shows that the older population of Oxford has been rising since 2001 and that trend is set to continue for the next 10 years.   The overall population increase forecast from 2013 to 2026 is 6,463, a 17% rise.

50+ Population Estimate: Oxford 2001 to 2026
shows % increase by 5 year interval

Source: GLA population model for Oxfordshire districts and wards, Oxford City Council (August 2012)

Oxford's predicted older population compared with neighbouring districts

The following graph compares Oxford's past and estimated future trends in its older population with other Oxfordshire districts. Although the number of 50+ residents in all districts is set to increase over time, this rise is estimated to be less pronounced for Oxford than in the other district.

50+ Population Forecast By District 2001 to 2026

Source: Oxfordshire County Council's 2012 Housing-led Population Estimates for 2001-2026

6.   EMPLOYMENT AND INCOME NEEDS

6.1   Long term unemployment

Proportion of Aged 50+ Job Seeker's Allowance Claimants Comparison

The proportion of Oxford residents aged 50+ claiming Job Seeker Allowance is currently just above the national average - unlike during the peak in the 1990s when Oxford remained below the national average.

It appears that the gap between Oxford and Cambridge has increased since 2009, with 1.1% of Oxford's population aged 50+ claiming Job Seeker Allowance in June 2013 compared with 0.8% in Cambridge.

Source: DWP (2013)

According to feedback from Jobcentre Plus, the longer people remain unemployed the greater the challenges for the individual; particularly in terms of maintaining mental well-being and the likelihood of securing paid work. This has a negative impact on confidence levels which, in turn, also makes securing a job more difficult.

Along with confidence issues, a lack of IT skills and the ability to acquire them were also identified as key contributors to long term unemployment in over 50s.

6.2   Insufficient income: Impact of welfare reform

Those involved in benefits management in Oxford, confirmed that the initial and recent phase of welfare reform has largely been confined to those of working age. This has included those aged between 50 and 64 while those aged 65+ have been less affected.

However, it is anticipated that the next phase(s) of reform will be less protective of the older population and that this is likely to impact negatively on those with low incomes. Feedback identified the following points of particular relevance:

- **Changes to disability allowance** tend to affect more older than younger people so do impact on the older population

- **Bedroom tax,** introduced in April 2013, reduced the amount of housing benefit people can claim if they are deemed to have a spare bedroom in their council or housing association home.

- **Older home owners on low income** may be in a 'black hole' – living in their own home means they do not qualify for housing benefit but they may still be struggling to pay bills and make ends meet.

6.3   Insufficient income: trend in guaranteed pension credit claims
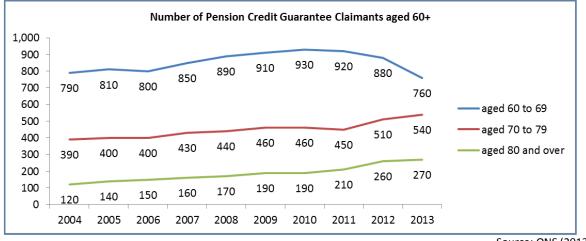
Pension Credit

Linking to the topic of welfare reform and needs of older people on low incomes is the subject of Pension Credit.   There are two types of Pension Credit. Guarantee Credit contributes towards a minimum guaranteed income, and is available to people aged 60 or over. Savings Credit is an extra payment for people who have saved some money towards their retirement such as a pension.

It is pertinent to note recent and upcoming changes to the criteria for Pension Credit in respect of couples:
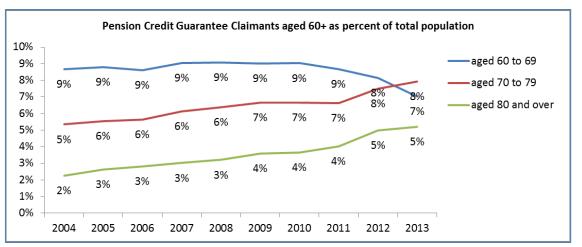
- From October 2013 both members of a couple will be treated as working age until both are eligible to claim Pension Credit. Previous to this, as soon as one of the members of a couple reached pensionable age, they were eligible to claim Pension Credit.

- The Pension Credit qualifying age is increasing to 65 alongside the increase in women's State Pension age.

The number of Pension Credit Guarantee claimants for Oxford, between 2004 and 2013 are shown below. While the number of claimants in the 60 to 69 age group has dropped quite sharply comparing the level to Feb. 2013 with Feb. 2012, there has also been an increase in the number of claimants in the two older age groups.

Source: ONS (2013)

Looking at the proportion of Pension Credits Guarantee claimants, for the different age groups, within the total population of Oxford, the following graph shows that the overall trends are similar to those discussed above with the percentage of claimants decreasing for the youngest age group and increasing for those aged 70+.
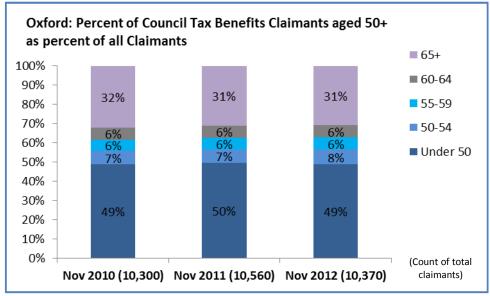
Pension Credit Guarantee Claimants aged 60+ as percent of total population

Source: ONS (2013)

6.4 Insufficient Income: Trend in Council Tax Benefit Claims

Council tax benefit has, until recently, been available for those who qualify as a result of low income or various other medical criteria. It should be noted that this area of benefits is undergoing changes as a result of the on-going welfare reform.

The following graph shows the trends, by age, between 2010 and 2012, for Council Tax Benefits claimants in the 50+ age group in Oxford. Approximately half the claimants were aged 50 or over with the vast majority of older claimants aged 65 or over. The proportions across the age bands were very consistent across the three years.
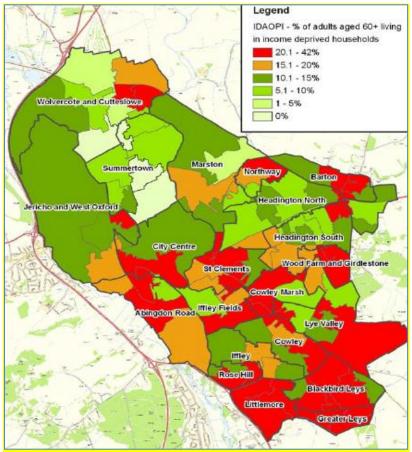

DWP (Feb 2013)

6.5 Insufficient Income: Income Deprivation

Communities and Local Government published an updated version of the Indices of Multiple Deprivation (IMD) in 2010 providing a relative measure of deprivation in small areas across England. It defines deprivation as a general lack of resources and opportunities – not just poverty.

Alongside this a supplementary indices was published - the Income Deprivation Affecting Older People Index (IDSOP). This index represents income deprivation affecting older people, expressed as a proportion of adults aged 60+ living in families claiming Income Support; Income based Jobseeker's Allowance or Pension Credit (Guaranteed)

6.6 Areas of Deprivation in Oxford City

The IDSOP identified that, for 32 out of Oxford's 85 LSOAs, 20% to 40% of the population aged 60+ were income deprived.   These areas are shown in red on the map below. It should be noted that the indices mainly based on 2008 data, i.e. pre-recession.

Reproduced with permission from Public Health England

According to the IDSOP, the wards in Oxford that contain LSOAs with 20% or more income deprived older people (aged 60+) are:

Carfax	Hinksey Park
Barton and Sandhills	Jericho and Osney
Northfield Brook	Blackbird Leys
Iffley Fields	Cowley
St Mary's	Headington Hill and Northway
Cowley Marsh	Northfield Brook
Rose Hill and Iffley	Summertown
St Clement's	Lye Valley
Churchill	Quarry and Risinghurst
Littlemore	

Source: Department for Communities and Local Government, Indices of Deprivation (2010)

The IDSOP shows Carfax 22 LSOA as the most income deprived in Oxford - 42% of the adults aged 60 or over living in this LSOA are on Income Support or income based Jobseeker's Allowance or Pension Credit (Guarantee). However, it should be noted that Carfax is atypical and figures can be misleading due to the low volume of residents overall and the presence of number of homeless hostels in the area.

6.7   Insufficient Income: Debt and Fuel Costs

According to the Joseph Rowntree Foundation report 'A minimum income standard for the UK in 2013', over the past decade the minimum budget needed for a UK household has risen by 45%.

Feedback from a range of organisations, including local authorities and CAB Oxford, highlighted that debt is becoming an increasing problem for the older population resulting from:

- The increasing cost of living

- Particularly steep increases in fuel costs

- Benefits not keeping pace with the Consumer Price Increase (CPI)

- Generational obstacles - attitudes and perceptions of older people

- Too little or no future financial planning for one's older age

Interviews, particularly with representatives from CAB Oxford, highlighted the importance of introducing preventative measures and the need to encourage and support financial forward planning before people reach older age.   'Problem debt among older people', a summary of national research by the International Longevity Centre (Age UK, 2013) shows that the younger people in the 50+ age group are more likely to use credit and have debt than those in the older age groups.

6.8   Insufficient Income: Fuel poverty

According to uswitch the average annual dual fuel bill in the UK rose from £522 in January 2004 to £1,309 in November 2012 - up 156% in just under 9 years. This was based on 3 leading energy suppliers.

With the continued and pronounced increase in fuel bills in the UK, fuel poverty is likely to continue to be a critical factor in assessing and meeting the needs of older people in Oxford. According to the Department of Energy and Climate Change (July 2013), the key influencing factors in terms of fuel poverty are:

- Household income

- Energy prices

- Thermal efficiency of dwelling (inc. type and quality of heating system)

Source: Fuel Poverty: A Framework for the, the future, DECC July 2013

An estimate provided by Oxfordshire County Council, based on 2010 data taken from the Department of Energy & Climate Change (January 2013) suggested that about 7,086 (13%) of all households in Oxford were fuel poor.

It is difficult to construct a clear picture of the extent of fuel poverty among the 50+ age group within Oxford. There appears to be very limited data available to confirm and/or monitor the numbers of older people in fuel poverty in Oxford.   This creates an ambiguous picture when assessing the needs of potentially vulnerable older people. There may also be links between fuel poverty and Excess Winter Deaths (EWD) – covered in section 8 of this report - but it seems that this is yet to be fully explored.

Monitoring figures relating to fuel poverty over time is further complicated by the Government's change in the definition of 'fuel poor' from August 2013 as follows:

- **Pre-August 2013**: those spending 10% or more on fuel bills were defined as fuel poor.

- **Post-August 2013:** the new low income, high cost model (LIHC) states that, to be defined as fuel poor, the household must spend more than the UK median on energy bills and that this expenditure must push it below the poverty line.

Source: Department of Energy and Climate Change, Sept 2013

> **BEST PRACTICE: Oxfordshire Warm Homes Healthy People (WHHHP) is a collaborative project set up with the aim of tackling the adverse effects of cold housing during the winter months**.
>
> A whole range of partners, including local authorities, charities and community groups have been involved in various activities including provision of fuel vouchers, advice via a free phone line, outreach activities, arranging access to small refurbishment grants and free membership of an oil bulk-buy scheme
>
> **BEST PRACTICE: Oxfordshire Affordable Warmth Network: a project run by the National Energy Federation and funded by the district authorities and the NHS across Oxfordshire.**
>
> The core aim is to enable Oxfordshire residents to achieve affordable warmth. It provides a whole range of advice and support to help those who struggle to keep warm and/or pay their energy bills. It provides a free phone advice line and email service.

6.10   Generational Obstacles

> *"This is the generation who coped through the war and adopt a "we can manage" mantra. They are dignified, private and wish to be self-suff*icient".

Interviews with Oxford- based Community Development Workers and CAB Oxford advisors confirm that a major obstacle to engagement and provision of financial support and advice is a strong sense of independence, pride and a desire for privacy. Older people are particularly reticent about discussing personal finances which is seen as a very sensitive or even taboo topic for some older people.

Additionally, where key individuals in a community act as 'gate keepers' it can becomes tricky, when seeking access to support other older residents, as they often share that same generational and accompanying beliefs. This can create an additional protective layer to negotiate, as assumptions are made about the willingness of isolated individuals to discuss their financial situation or seek help.

Recent reporting in the media relating to people claiming benefit fraudulently, contributes to a perception that stigma is attached to claiming benefits, coupled with commonly experienced *" fear of doing something wrong, especially in relation to anything 'official'*, - where the local authorities are seen as 'official'.

> *"This is not a generation that asks for help easily."*

6.11   Debt and future financial planning

CAB Oxford advisors and Age UK Oxfordshire Community Development Workers reported that they had observed an increasing problem of debt within the older age groups. Those administering benefits also confirmed this trend and see the rising cost of living, especially fuel, as being the significant factor as well as the fact that the level of benefits is not keeping pace with inflation.

Debt is now perceived as a new and growing challenge facing older people and information provided in 'Problem debt among older people', a summary of national research by the International Longevity Centre (Age UK, 2013), suggests this is likely to increase over the coming years. This is because it is the younger element of the current older population who are more likely to have debt and use credit. As they become older and they cease to be in paid work, the problem is likely to increase.

Feedback from interviews also confirmed that older people are more likely to be borrowing money and access equity release schemes than was the case 10 or more years ago. There is also evidence of a worrying lack of financial planning to ensure a secure income post-retirement.

From this research, the clear consensus is that the growing issue of debt for older people presents a serious long term problem, on a personal, local and national level. The repercussions will demand significant financial resources from local and national government, as well as diminishing the ability of older people to retain the independence and dignity central to their wellbeing.

7.   SAFETY AND SECURITY

Integral to feeling safe and secure is the need for shelter, security and warmth. This incorporates basic housing needs and links to the other key themes around the needs of older people including income and financial security and physical and mental wellbeing and isolation.
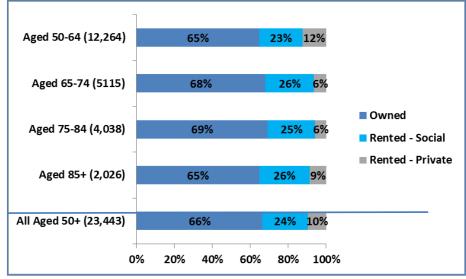
7.1   Housing Needs

In Oxford city, approximately 66% of those over 50 living in households own their own homes. 15,548 of the 50+ population lived in their own home at the time of the 2011 census. Over half of these (51%) were in the youngest, 50 to 64, age range; a further 5,635 (24%) of the 50+ population lived in rented social housing and 2,260 (10%) in privately rented accommodation.

Housing Tenure – Population Aged 50+: Oxford

	Total	Owned	Rented: Social	Rented: Private
Aged 50-64	12,264	7,965	2,774	1,525
Aged 65-74	5115	3,472	1,319	324
Aged 75-84	4,038	2,795	1,009	234
Aged 85+	2,026	1,316	533	177
All Aged 50+	*23,443*	*15,548*	*5,635*	*2,260*

Source: Census 2011, (Table DC4201EW)

Housing Tenure – Population Aged 50+: Percent breakdown by age group

Aged 50-64 (12,264): Owned 65%, Rented - Social 23%, Rented - Private 12%
Aged 65-74 (5115): Owned 68%, Rented - Social 26%, Rented - Private 6%
Aged 75-84 (4,038): Owned 69%, Rented - Social 25%, Rented - Private 6%
Aged 85+ (2,026): Owned 65%, Rented - Social 26%, Rented - Private 9%
All Aged 50+ (23,443): Owned 66%, Rented - Social 24%, Rented - Private 10%

Source: Census 2011, (Table DC4201EW)

Oxford's Housing Register

At the time of reporting (17/09/13), a quarter of all housing register applicants in Oxford were aged 50 or over.

Oxford Housing register applicants: 17/09/13 by age band

Age Band	Count	% of All
Under 50	3,612	75%
50+	**1,233**	**25%**
All on Housing Register	*4,845*	-

Source: Oxford City Council, Housing Services (17/09/13)

The graphical breakdown below shows that 682 (over 50%) of those on the housing register aged 50+ are in the 50 to 59 age band. The figures in brackets show the number on the register. This confirms that 230 people, aged 70 or over, were on the register on 17/09/13 with 79 of them aged 80+.

Percent distribution of those aged 50+ on Oxford's Housing Register - 17/09/13

■ 50-59 (682) ■ 60-69 (321) ■ 70-79 (151) ■ 80+ (79)

55%   26%   12%   6%

Source: Oxford City Council, Housing Services (17/09/13)

A Snapshot of Oxford's housing register Sept '13

Data provided (17/09/13) confirms that a quarter of all housing register applicants were aged 50 or over. Of those:

- 828 (67%) were living alone

- 220 (18%) are of BME ethnicity

- 125 (10%) had dependent children

- 119 (10%) were currently living in overcrowded accommodation

- 246 (20%) had special requirements due to mobility issues (however the majority of these (167) just needed level access throughout the property (Level 1) rather than more involved adaptations. (Levels 2 to 4).

Source: Oxford City Council, Housing Services (17/09/13)

Housing for homeless aged 50+

According to Oxford City Council's housing register, 6 homeless applicants, aged 50+ were rehomed between 2011 and 2013. This represents 3% of all accepted applicants in that period.   Their primary housing needs were:

- Dependent children (2)

- Physical disability (2)

- Alcohol dependency (1)

- Mental illness/disability (1)

Housing Needs: Homelessness among the 50+ population of Oxford

There are 12 people aged 50+ who are known to be sleeping rough in Oxford.

- 9 aged 50-59

- 3 aged 60-69

There are currently no people over the age of 69 sleeping rough in Oxford.

There are a further 55 people aged 50+ using hostel or similar accommodation because they have nowhere else to live:

- 38 aged 50-59

- 15 aged 60-69

- 2 aged 70+

Source: Oxford City Council, Housing Services (17/09/13)

7.2   Crime

Figures provide by Thames Valley Police show that of the 15,166 crimes committed and reported in Oxford?*(recorded year ending 31.03.13),* 9,707 victims provided their age. Of those, 1,579 (16%) were aged over 50.

Crimes against older people (2012/13)	Count	% of those over 50
Aged 51-60	843	53%
Aged 61-70	440	28%
Aged 71 and over	296	19%
Total	**1,579**	**100%**

Source: Thames Valley Police

The most common crimes reported include:

- Theft

- Damage to and theft from vehicles

- Burglary

Those responsible for managing community safety in Oxford identified, through their experiences, that the following posed the biggest threats to older residents:

- Distraction burglary / doorstep crime

- Rogue traders

- Isolation – older people being "off the safety radar"

Also worth noting are the findings from a study carried out in Flintshire (Wales) by the Research, Development and Statistics Directorate for the Home Office: 'Experiences of older burglary victims' (2003) which suggest that older victims of burglary have a tendency to experience a decline in health or die as a result.

BEST PRACTICE: No Cold Calling Zones were created in Wolvercote and Cutteslowe in 2006 /07 within 15 streets in each location

Surveys before and after the pilot showed that around 98% of respondents would prefer traders not to call uninvited at their house, a figure remaining constant between the two surveys.

The two zones have been successful in halving the number of unwanted callers and do seem to have had an impact on distraction burglaries. There is evidence from other studies linking a reduction in callers with a reduction in distraction burglaries. There has been no significant increase on burdens on the police or trading standards in enforcing the zones. In general support for the zones has remained high as has a desire to stop unwanted callers.

"This is a no cold calling area and it seems much safer."

"Keep this system in practice, it seems to work!

The findings from Oxford City Council's Talkback Survey (2012) in the following table show that the views of older people mirrored some of the 'actual' threats identified above but the fear of physical assault was also noteworthy, especially for those aged over 65. It is suggested that these results could be affected by the area in which respondents lived.

Question: *How worried are you about these issues in your area*

% of respondents answering 'very/fairly worried'	Aged 55-64	Aged 65+
Domestic burglary	41%	58%
Being mugged	28%	44%
Being insulted or pestered in public	33%	30%
Being assaulted	24%	35%
Theft from a vehicle	22%	33%
Theft of a vehicle	18%	34%
Hate crime	10%	6%

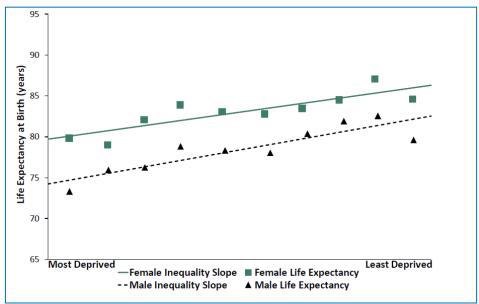Source: TalkBack Survey 2012, Oxford City Council

8.   HEALTH AND WELL BEING

8.1   Life Expectancy: Oxford at a Glance

Overall the health of people in Oxford is mixed compared with the England average

- Life expectancy for men and women is similar to the England average

- However, life expectancy **is 8.3 years lower for men and 6.6 years lower for women** in the most deprived areas of Oxford than in the least deprived areas.

The lines on the following graph, reproduced from the Oxford Health Profile 2013 represent the Slope Index of Inequality which is a modelled estimate of the range in life expectancy at birth across the whole population of Oxford from most to least deprived.   Based on death rates in 2009-2010, the points on the chart show the average life expectancy in each tenth of the population of this area.

Source: Oxford Profile of Health 2013 (Public Health England)

- Deprived areas in Oxford, include:
  o Blackbird Leys
  o Barton
  o Carfax
  o Rose Hill
  o Littlemore

8.2   Excess Winter Deaths (EWD)

According to the ONS bulletin 'Excess Winter Mortality in England and Wales' (2012) the majority of EWD occurred among those aged 75 and over. Excess Winter Deaths are defined as the ratio of extra deaths from all causes that occur in the winter months compared to the average of the number of non-winter deaths of the same period.

The average number of Excess Winter Deaths (EWD) for Oxford, based on the period August 2008 to July 2011, was 53.

Source: EWD Index, Public Health England (2013)

The ONS bulletin identified that the underlying causes of EWD, for the period 2008 to 2011 included:

- Circulatory diseases
- Respiratory diseases
- Dementia and Alzheimer's disease
- Injury and poisoning

However, it also points out that, while there are undoubtedly links between EWD and colder weather, the subject is complex and that temperature is only part of the 'story'. Further, that the level of influenza circulating in the population, which typically increases in Winter, also plays a significant part in EWD.
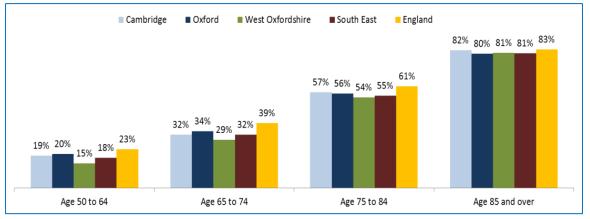
8.3   Incapacity Oxford at a Glance

Age and ill-health

As might be expected (and similar to the national average) the oldest age groups in Oxford are more likely to report day to day activities limited "a little" or "a lot" due to ill health or disability.
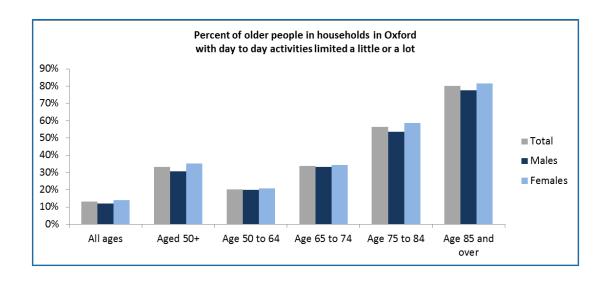
In each age group the older population in Oxford appears to be healthier than the England average. As shown below, compared with the regional average and the comparator local authority of Cambridge, Oxford's oldest age groups are slightly healthier and those aged 50 to 74 are slightly less healthy.

Percent of people living in households with day to day activities limited a little or a lot due to health or disability

ONS Census (2011)

Within the oldest age groups (75 and over) women are more likely to report day to day activities limited "a little" or "a lot" due to ill health or disability than men as shown below.

Percent of older people in households in Oxford with day to day activities limited a little or a lot
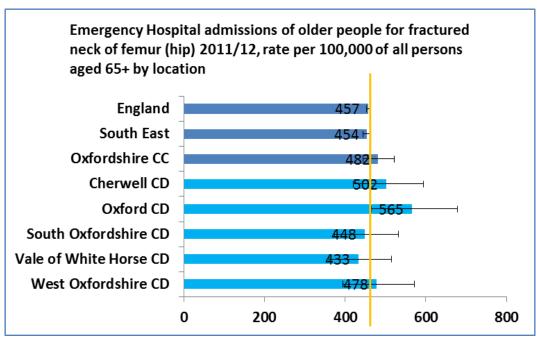
BEST PRACTICE: Greenagers was launched in Dudley - a project to improve older people's physical fitness through gardening and encouraging healthy eating.

It offers older people opportunities to enjoy gardening and growing their own food, including the chance to socialise such as 'Gardening Circles', where a group of people share a garden.

Greenagers, within Dudley set a plot aside at a nearby Allotment Age UK Greenagers Project. Although small, this plot was still three times bigger than Walter's growing area in his garden at home. This plot was available rent-free, including even the provision of tools and manure.

High rate of hip fractures

While the scope of this report does not include an in-depth review of hospital admissions and analysis of health issues by condition, there is value in highlighting that the incidence of hip fractures (fractured neck of femur) in the 65+ population of Oxford is significantly worse than for England as a whole. The graph below compares rates for Oxford with those for other Oxfordshire districts, Oxfordshire, the South East and England.

Emergency Hospital admissions of older people for fractured neck of femur (hip) 2011/12, rate per 100,000 of all persons aged 65+ by location

Location	Rate
England	457
South East	454
Oxfordshire CC	482
Cherwell CD	502
Oxford CD	565
South Oxfordshire CD	448
Vale of White Horse CD	433
West Oxfordshire CD	478

Source: Public Health England (2013)
Bars at 95% Confidence Intervals

Impact of hospitalisation

Recent research into the impact of hospitalisation on older patients (published in **'Age and Ageing'**, Sept 2013) identified that:

- Outcomes for older patients admitted to hospital with a co-morbid mental health problem are variable, but often poor.

- Thirty-one per cent die, 42% are readmitted and 24% of community residents move to care homes within 6 months.

- Abilities in activities of daily living return to pre-acute illness levels in fewer than half.

- Behavioural and psychiatric symptoms persist in 71% and new ones develop.

- A wide range of healthcare services, including acute, mental health and community services and social care provision is needed to meet the needs of this group.

8.4   Mental wellbeing:

The Older People's Mental Health Strategy for Oxfordshire 2010-2015 identified that:

> *"Dementia and depression amongst older people are the 2nd and 6th most important contributors to acute inpatient bed days in Oxfordshire"*

Source: Older People's Mental Health Strategy for Oxfordshire 2010-2015 (2010)

Linking to the national picture - According to a recent study, 'Measuring National Well-being - Health: Evidence of mental ill-health' (June 2013), part of the ONS Measuring National Wellbeing programme:

- The highest incidence of mild mental illness is in the 50-54 age group with more women affected than men

- Overall, a high proportion of women than men reported suffering from anxiety or depression.

- Notably higher levels of those not in paid work (23%) reported they were experiencing mental health issues, compared with 15% of those in paid work.

- Those who are carers of someone who is elderly/sick/disabled in their household are more likely to report mild to moderate mental health issues (25%) than those who are not carers (17%).

- Across all of Oxfordshire, Mental health problems exist in around 40% of older people attending their GP, 50% of those who are general hospital inpatients, and 60% of older care home residents.

- Two-thirds of NHS beds are occupied by people age 65 or over and up to two-thirds of some inpatient groups either have mental health problems already, or will go on to develop them during their inpatient stay.

- Nationally, depression is present in around 15% of older people, and is considered a strong predictor of mortality as well as a risk factor for the development of Alzheimer's disease and other dementia

Source: Needs Analysis for Oxfordshire Older People Joint Commissioning Strategy 3013-15, Appendix 3 (May 2013)

Recent estimates provided by Oxfordshire Mind (based on their current working figures) **suggest that**:

- There are likely to be 2,499 people aged 65+ in Oxford city affected by depression

- 5,547 people aged 65+ in Oxford city are likely to experience some form of common mental health problem.

Research by the Kings fund 'Long-term conditions and mental health: The cost of co-morbidities' (2012) also identified that mental health issues are often more prevalent in areas of socio-economic deprivation.

> **BEST PRACTICE: Oxfordshire Mind provide support geared specifically to those in the 65+ age group as part of their Well Being Service.** Through this they can access information as well as other agencies and support in this area). They participate in peer support groups/short courses and one-to-one recovery planning for anxiety and depression.
>
> Older people with diagnosed depression can also access their Talking Space Psychological Therapies service to support and help overcome their anxiety and depression.
>
> *www.oxfordshire-mind.org.uk*

Dementia

The following point were highlighted in the report 'A Tale of Two Cities' published by Age UK Oxfordshire (2012)

- Only a third of individuals have a proper diagnosis

- Dementia is more prevalent in an ageing population
  - Incidence rises with age to a risk of 1 in 5 at the age of 80

- Some 750,000 people in the UK have dementia - predicted to double in 30 years.

- National cost is circa £20 billion a year - expected to treble in that same time period.

- In Oxfordshire about 7,300 people have dementia
  - 98% are older people

Further, the 'Needs Analysis for Oxfordshire Older People Joint Commissioning Strategy 2013-15, Appendix 3' (May 2013) highlights the following:

- In Oxfordshire, around 60% of the spend on older people's mental health services is spent on people with dementia.

- Nationally, 20% of people with dementia are being prescribed antipsychotic medication, while in Oxfordshire the figure is 7.4%.

The National Dementia Strategy (2009) aims to ensure that significant improvements are made to dementia services across three key areas:

- Improved awareness
- Earlier diagnosis and intervention
- A higher quality of care

The Strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia. The aim is also to promote a greater understanding of the causes and consequences of dementia. This Strategy is intended as a catalyst for a change in the way that people with dementia are viewed and cared for in England.

> **BEST PRACTICE: First Group plc are providing 17,000 of their bus drivers with dementia awareness training.** The aim is to improve understanding of dementia and some of the challenges people with dementia face in using public transport. They are developing a new training module component on dementia for their Driver Certificate of Professional Competence.
>
> They are also developing their safe journey cards for passengers with dementia. This means that their staff will be aware of people with dementia using their buses and can ensure that they can use the bus service safely and get to their destination.

Why the dementia challenge?

"One of the greatest challenges of our time is what I'd call the quiet crisis, one that steals lives and tears at the hearts of families, but that relative to its impact is hardly acknowledged. We've got to treat this like the national crisis it is. We need an all-out fight-back against this disease; one that cuts across society."

<div align="right">Prime Minister David Cameron, speaking at the Alzheimer's Society Conference, March 2012</div>

Creating Dementia Friendly Communities

Definitions of a 'dementia friendly community' is one that shows a high level of public awareness and understanding so that people with dementia and their carers are encouraged to seek help and are supported by their community. Such communities are more inclusive of people with dementia, and improve their ability to remain independent and have choice and control over their lives.

Already groups in over 20 areas, including Leeds, Sheffield, Bradford, Liverpool, Wakefield, Plymouth, Wolverhampton, Northamptonshire, York, Wokingham, Torbay, Salford, Falmouth, Hampshire, Tavistock, Thurrock, Crawley, Bracknell Forest, Oxfordshire, Leicestershire, Nottingham and Lincoln have now committed to working towards becoming dementia friendly villages, towns and cities.

30 new members have signed up to the Dementia Action Alliance (DAA), taking the number of bodies and organisations to nearly 140. Each organisation has produced an action plan on what they will do to become more dementia friendly. The DAA is a membership body committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them.

> **BEST PRACTICE: Neighbourhood Return is an Oxfordshire based charity that has been set up as a first response service to help address the problem of people with dementia getting lost.** 40,000 dementia sufferers get lost for the first time each year. By recruiting a network of volunteer searchers across the country Neighbourhood Return aims to:
>
> - find missing people quickly and reduce the risk of harm
> - give carers greater peace of mind
> - build community support for people with dementia
>
> Neighbourhood return contact searchers in the area who can help. Searchers are all local volunteers who keep in touch with the caller by phone and text. They monitor who is searching and where they've looked. Neighbourhood Return was created by the Oxford Health NHS Foundation Trust and is now part of the Neighbourhood Home & Watch Network (NHWN).
>
> *"Up to 70% of people who go missing are found within two-and-a-half hours"*
>
> *www.ourturn.org.uk*

There are a number of charities and organisations working across Oxford city that provide support for those experiencing feelings of isolation, loneliness, loss of independence or challenges such as bereavement, disability and dementia. These include, but are not limited to:

- Age UK Oxfordshire   -   www.ageuk.org.uk/oxfordshire
- Contact the Elderly   -   www.contact-the-elderly.org.uk
- Guideposts Trust, Oxfordshire   -   www.guidepoststrust.org.uk/oxfordshire
- Oxfordshire Advocacy   -   http://gettingheard.org

A more comprehensive list of charities and community groups that focus on support and information for the elderly can be found on the OCVA website: www.ocva.org.uk

8.5   Physical & mental health needs and priorities

The needs and priorities of older people, in terms of physical and mental well-being, have been identified by Oxford Clinical Commissioning Group and Oxfordshire's Joint Health & Wellbeing Strategy 2012-16 as follows:

Oxfordshire's Joint Health & Wellbeing Strategy 2012-16
- **Priority 6:** Support older people to live independently with dignity whilst reducing the need for care and support
- **Priority 8**: Preventing early death and improving quality of life in later years

Oxford Clinical Commissioning Group and Oxford County Council's Joint Priorities:
- **Priority 1:** I can access a range of preventative activities that help me stay well and be part of a self supporting community
- **Priority 2:**   I get the care and support I need in the most appropriate way and at the right time, in a place I consider to be home
- **Priority 3:** When I need to be in hospital, or longer term care, I need to receive high quality care and I am discharged home in a timely way
- **Priority 4:**   As a carer, I am supported to continue my caring role
- **Priority 5:**   Living with dementia, I receive advice and support early on and get the right help at the right time to live well

8.6   Health and isolation

Interviews with key health professionals, including members of the CCG, identified an important link between hospital admissions and isolation. They highlighted that depression, linked to loneliness, adds to a series of factors that can spark hospital admission. The importance of pre-emptive support to minimise isolation and the associated health impact was stressed. Key issues identified included:

Pre-emptive support

"Have we got adequate support for people at home to avoid an exacerbation of their problems and unnecessary admission? Problems frequently start with isolation – which means they become depressed and ill quicker."

Reasons for admission:

"Depression is one of a multiplicity of reasons for admissions, including UTI, loss of partner or carer, fragility fracture, this can be closely associated with dementia – a recent audit on admission numbers showed many have cognitive behaviour problems"
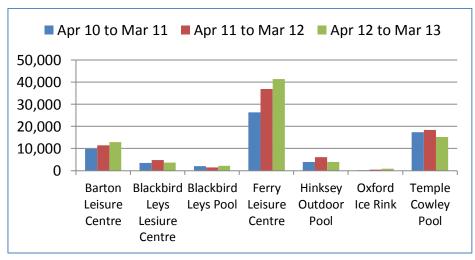
Key Challenge:

"What could be done at an early stage? We need more leverage – Oxford City could become a dementia friendly community (like York) enabling people to feel safe. There is an evidence base* that shows that "a dementia friendly environment can hold people out of care homes for two years".

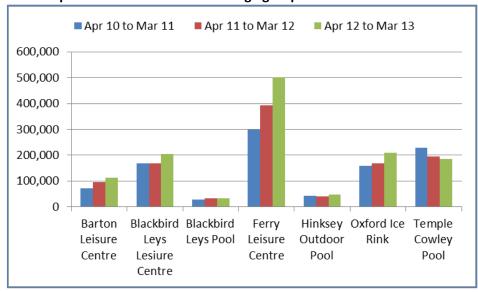## 8.7   Keeping well: Physical sport and leisure

The following graph shows usage (in numbers of users) for each of the main public sports and leisure facilities. Over the period between April 2010 and March 2013, an increasing number of older people have used Barton and Ferry leisure centres year on year. Use of Blackbird Leys leisure centre and Temple Cowley pool has declined for this age group in the last year. This is also the case for Hinksey outdoor pool.

Usage of Oxford's Sport and Leisure facilities by those aged 50+

Source: Oxford City Council Leisure, Parks & Communities Department, Sept 2013

Usage of Oxford's Sport and Leisure facilities: all age groups

Source: Oxford City Council Leisure, Parks & Communities Department, Sept 2013

The increasing year on year usage by the 50+ age group, of Barton and Ferry leisure centres, is a trend that is evident across users of all ages. This is thought, primarily, to be the result of the significant investment in, and upgrading of, both centres recently.

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BEST PRACTICE: Activities Available in Oxford:

There is a wide variety of activities organised by a range of organisations including Oxford City Council leisure facilities and Age UK Oxfordshire including:

Active Oxford	Health Walks	Games mornings
Seated Exercise Classes	Tai Chi	Zumba
Pilates	Yoga	

</div>

Over £2.1 million of investment has been completed across all 7 of the City's public facilities since 2009. Barton leisure centre has had extensive improvements with the introduction of a gym and indoor cycling facility. Also Ferry leisure centre has had a gym extension, improvements to changing facilities, creation of a cafeteria and improvement to reception areas.

The decline in use of Temple Cowley pool is likely to be due to the announcement of permanent closure plans and the introduction of a new competition-standard pool in the area.

 Increased uptake is also attributed to an increased uptake in memberships and the introduction of a customer loyalty 'Rewards' card.

Source: Oxford City Council Leisure, Parks & Communities Department, Sept 2013

<div style="border:1px solid #888; background:#cccccc; padding:1em;">

BEST PRACTICE: In Nottingham and Liverpool the Older Men's Fit as a Fiddle projects enlisted local football clubs to deliver football related sessions.

Participant Ant commented: '*I did not know that salt could affect my blood pressure, I'm on tablets but never heard anything about salt. Makes sense really I have a good lot of salt on everything really, especially on boiled eggs which I have for breakfast every day, but I have changed that to some high fibre stuff and I do feel better and happier*'.

</div>

8.8   Keeping well: Community-based activities

Interviews with representatives of Age UK Oxfordshire and others involved in achieving engagement in Oxford-based communities highlighted some of the challenges to providing and sustaining community-based activities as follows:

- Isolation versus engagement
- Demographic differences
- Difficulty recruiting volunteers in specific locations
- Consistent delivery to ensure short and long term take up
- Communication heavily reliant on word of mouth and print
- Impact of digital/internet format limited

They also highlighted that:

- Faith organisations play an active and important role in reaching out to older people within their communities

- A number of active, established Community Associations provide an excellent, low-cost range of activities. Barton and West Oxford were mentioned as good role models in this area.

- Community Associations generally have a significant online presence but this relies on internet access and relevant digital skills to access information – something that cannot always be relied on with almost a quarter of those aged 65+ not being on-line and this becomes even more pronounced for the over 70's.

Source: Adults' Media Use and Attitudes, OfCom April 2013

BEST PRACTICE: The Men in Sheds movement began in Australia where there are large numbers of disengaged men not joining in community activities and frequently living alone

Men often expect to be self-reliant and meet their own needs, additionally being unemployed can present particular challenges linked to loss of role, status, workmates, income etc.   Working alongside others and with a common purpose, but without imposed demands, can be exactly what some men need.

The Men in Sheds movement grew by providing the right resources, informal learning and companionship in a Shed context which took men's characteristics into account.

There are now more than 900 Sheds in Australia with increasing numbers in New Zealand, Ireland, Canada and in the USA where they are called 'men's dens'.

Members worldwide point in particular to the health and well-being benefits of men coming together

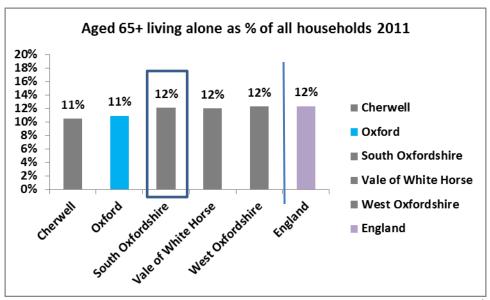## 9.   ISOLATION: THE NEED FOR CONNECTION

Evidence provided in earlier sections of this report have highlighted the problems caused by isolation of older people in respect of income and employment, health and well-being, safety and security and access to information. This demonstrates that the need to tackle isolation of older people in Oxford is paramount if all other needs of this group of the population are to be met.   In short, where older people are isolated they are 'off the radar' and any needs they may have go unnoticed and unmet. The importance of older people in Oxford being engaged with and connected to their community can be summarised as follows:

Theme	Link to Isolation
Income and employment	Isolated people are less likely to have access to help with benefits, debt and unemployment
Safety and security	Isolation means increased vulnerability to crime and is a barrier to provision of help and support from Community Safety teams
Health and well-being	Isolation impacts negatively on mental and physical well-being
Access to information	Isolation means reduced/no access to information, advice and support

9.1   Older People living alone in Oxford

Those who live alone are clearly more pre-disposed to isolation than those who live with one or more other people. The graph below shows the proportion of people aged 65+ living alone expressed as a percentage of all households at the time of the 2011 census. The comparison with Oxford's neighbouring districts, and England as a whole, shows that those aged 65+ living alone consistently make up 11% to 12% of households.

Data was not available specifically for the 50+ age group. Due to a change in definition, a meaningful comparison could not be made for the same measure for 2001.

Source: ONS Census 2011(Table KS105EW)

9.2   Location of older people living alone

The following table shows the distribution of those aged 65+, living alone within Oxford, by Ward, ranked by the percentage they represent of all households in that ward. The ten highest ranking wards are shaded blue and their residents aged 65+ living along make up between 12% and 16% of the ward population as a whole.

RANKING by % of all households	Ward	Count	% of all households
1	Summertown	447	16%
2	Wolvercote	408	16%
3	Marston	368	15%
4	Headington	359	14%
5	Quarry and Risinghurst	358	14%
6	Rose Hill and Iffley	328	13%
7	Cowley	316	13%
8	North	224	12%
9	Headington Hill and Northway	228	12%
10	St Margaret's	226	12%
11	Churchill	285	11%
12	Hinksey Park	286	11%
13	Jericho and Osney	297	10%
14	Holywell	17	10%
15	Littlemore	268	10%
16	Barton and Sandhills	269	9%
17	St Clement's	205	9%
18	Blackbird Leys	214	9%
19	Lye Valley	231	9%
20	Northfield Brook	227	8%
21	Iffley Fields	170	8%
22	Carfax	80	6%
23	Cowley Marsh	155	6%
24	St Mary's	83	4%

BEST PRACTICE: Oxfordshire Advocacy, an Oxfordshire-based charity, provides a confidential service for people who need an advocate (partner).
An advocate may help in a number of ways – they will either speak up as a representative or give people the support needed to speak up for themselves. It helps many older people including those with dementia.

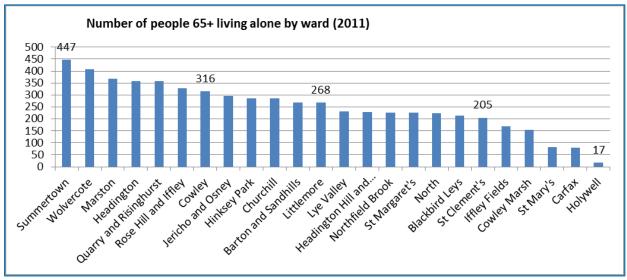**BEST PRACTICE: 'Talking Tonics' Telephone Group, Devon**

Leslie joined the Fit as a Fiddle Talking Tonics Active Health Telephone Group which is run by Community Network. The group engages isolated older adults to help improve their health and well-being.   She said, '*It has enhanced my health' …. 'I have been living alone for the last 13 years and feel very lonely - which is not a good feeling. The groups have been fantastic and talking about my condition with others in similar situations helps me to overcome things.'*

'*It has enhanced my health through learning different tips and given me a different viewpoint on arthritis and what you can do about it. In many circumstances people with different health conditions tend to isolate themselves as they feel they are the only one going through it but the group has helped me to overcome this*.'

It is important to note that the total number of households within each ward differs considerably. For example Littlemore, has the largest number of households (3,272) while Carfax has the least (809).

The graph below plots the actual numbers of those living alone in the 65+ age group in each ward – highest far left, lowest far right. The wards with the greatest numbers of people aged 65+ living alone are

Summertown, Wolvercote, Marston, Headington, Quarry and Risinghurst and Rose Hill and Iffley.

Source: ONS Census 2011 : Table : KS105EW

9.3   Isolation and Loneliness

Isolation and loneliness are inextricably linked although there is on-going debate about how each should be defined and the interplay between the two. It is generally accepted that someone can be isolation but not feel lonely while, equally, someone can feel lonely even when they don't appear to be isolated ('Loneliness – The state we're in' Age UK Oxfordshire, 2012)

The social impact and extent of loneliness, especially in respect of older people, is gaining increased attention from the media, particularly since the Campaign to End Loneliness published evidence that:

> *"Loneliness is as harmful for our health as smoking 15 cigarettes a day and has a destructive impact on our quality of life. There are 800,000 people in England who feel lonely all or most of the time."*

Source: www.campaigntoendloneliness.org

BEST PRACTICE: Views of older people taking part in IT sessions at Northway Community Centre, Oxford

"I feel like I am in the real world again" (aged 99)

"I have been coming to IT for 1.5 years – I live alone and this is good because it stops me feeling sorry for myself"

"Sharing information on the internet means older people can help other older people in separate parts of the world. It's quite powerful".

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10.   ACCESS TO INFORMATION

Information was identified by all participants in this Needs Assessment as central to addressing the requirements of older people in Oxford.   This includes access to information about health, finance, support and social care, as well as about social, community and leisure activities.

It is important to note that participants underlined the marked preference that this generation has for word of mouth and personal recommendation when accessing services and support.

Conversely, most businesses and organisations are becoming increasingly reliant on access to the internet. They frequently assume some degree of computer literacy and access which can alienate some older people.

Whilst some older people have embraced new technology and, as a result, are accessing information and services, many are not. This creates a great sense of isolation and a perception of 'being left behind'.

Key components of effectively disseminating information to the older population:

- Establishing credibility (word of mouth or peer confidence)

- Building trust and rapport

- Providing accessible IT training and access where possible
    - Creating strategies that incorporate individual preferences and learning styles

IT could be harnessed to help keep the older population informed but it is highly dependent upon internet access, availability of IT equipment and the skills and knowledge to use them.

- Those over 65 are the most likely not to have home access to the internet (56% of 65-74s)

- 28% of those aged 75+ currently have internet access (compared to 79% of all adults) and are more likely to say they do not intend to get access (38% for 65-74s and 67% among over-75s).

- The reasons most often cited for not intending to get the internet continue to be 'lack of interest' (85%), followed by cost (23%) and reasons relating to ownership / availability, for example not having a computer (19%).

Source: Adults' Media Use and Attitudes, OfCom, April 2013

Ofcom's recent research into Adults' Media Use and Attitudes (April 2013) included the following table which shows that, nationally, the proportion of internet non-users increases with age. Almost a quarter of those aged 56 to 74 do not use the internet. This proportion rises to almost a third for those 75 and over.

> **BEST PRACTICE: TV presenter Esther Rantzen is highlighting and tackling the issue of loneliness in older age through the launch of her new national charity The Silver Line. They also focus on ensuring older people know where to obtain important information:**
>
> It provides three functions to support older people:
>
> - A sign-posting service to link them into various services
> - Befriending service to combat loneliness
> - A means of empowering those who may be suffering abuse and neglect, if appropriate, to transfer them to specialist services to protect them from harm

Age Profile of all UK adults users and non users of the internet

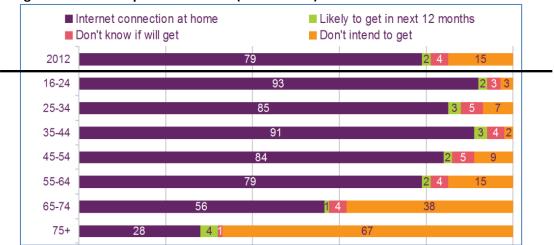|	All UK adults aged 16 and over	Users of the internet	Non-users of the internet
Aged 16-24	14%	18%	1%
Aged 25-34	18%	21%	7%
Aged 35-44	20%	24%	7%
Aged 45-54	14%	15%	11%
Aged 55-64	16%	14%	19%
Aged 65 -74	10%	6%	24%
Aged 75 and over	7%	2%	31%
Total population	100%	100%	100%

Source: Adults' Media Use and Attitudes, OfCom April 2013

10.1   Attitudes of the elderly regarding access to information

The same research also asked the question(s)

'Do you or does anyone in your household have access to the internet at home through a laptop or computer? Can you tell me if you intend to get internet access at home in the next year or so?'

Percentage Internet take up and intentions (Ofcom 2012)

Source: Adults' Media Use and Attitudes, OfCom April 2013

Further recent research conducted by OfCom this year, Disabled Consumers' Ownership of Communications Services' (Sept.2013) recorded that:

"For older (65+), less affluent disabled people, internet access levels are at their lowest (23%), which is significantly lower than among non-disabled people of the same age and socio-economic group (37%). Across all age groups, internet ownership is 55% for disabled consumers, compared with 83% for non-disabled consumers. This can partly be explained by their older profile as half of disabled people are aged 65+."

Source: Disabled consumers' ownership of communications services, OfCom Sept. 2013

11.   LIMITATIONS OF THE RESEARCH

Limitations of this needs assessment have been identified as follows:

- Availability of data that is specific to Oxford City, rather than the County

- Some data, whilst the most up to date available, is several years old.

- Some data reported is based on informed estimates, for example, the belief that only a third of dementia sufferers are formally diagnosed.

- Availability of data sets that consistently focus on the 50+ age group. For example, some data sets relating to older people are based on those aged 60+, others on those aged 65+ and so on. This has limited the opportunity to compare some data sets with others.

12.   CONTACT DETAILS

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ANNEX A:

LITERATURE AND WEBSITE REVIEW OF BEST PRACTICE: MEETING THE NEEDS OF OLDER PEOPLE

Conducted by Insight Oxford, on behalf Oxford City Council to inform the Needs Assessment of Older People in Oxford (2013)

PART ONE: ORGANISATIONS

1.   Older People's Commissioner for Wales

http://www.olderpeoplewales.com/en/Home.aspx

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf. The Commissioner works to ensure that those who are vulnerable and at risk are kept safe and ensures that all older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services they need. The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that s/he does. The Commissioner works to make Wales a good place to grow older - not just for some but for everyone.

The Older People's Commissioner:
- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.

It is worth noting that, while there is an equivalent position in Northern Ireland (http://www.copni.org/) there are no Commissioners for Older People in England or Scotland, although there have been calls to establish such a post (e.g. http://www.theguardian.com/commentisfree/2012/feb/14/need-commissioner-for-older-people)

2.   Australian Government. Department of Health and Ageing

http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-aged-care-information.htm

This website provides information on contacts and services available to assist Australians with ageing and aged care issues. The range and scope of information provides a good model at a national level and also contains links to information at State-level. Although not designed with local community care in mind, there may be some examples relevant to the needs of Oxford City Council in terms of information provision.

3.   Age UK Knowledge Hub

http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/

Age UK "*aims to be a centre of expertise on ageing issues and a knowledge hub for all information relating to older people*." The information contained within its Knowledge Hub includes short articles, for example, on falling: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/C%20Lee%20falling%20blog.pdf) and lengthier research reports, for example, the 'Men in Sheds' project which is now being copied in the UK following success in Australia http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/C%20Lee%20falling%20blog.pdf and numerous other guides and resources.

Note: the search tool for the Age UK Document Library was unavailable at the time of accessing the website but should provide a means of searching for documents in specific subject areas.

4.   Centre for Policy on Ageing

http://www.cpa.org.uk/index.html

The Centre for Policy on Ageing, established in 1947 by the Nuffield Foundation, has a long and distinguished record as an independent charity promoting the interests of older people through research, policy analysis and the dissemination of information.

The Centre aims to raise awareness of issues around all aspects of ageing and to support good practice. Its overarching focus is to discover and advocate what older people themselves want and need.

 An important and unique aspect of the Centre's work is to act as a hub to encourage the creative exchange of thinking and information on ageing issues. A key element of this work is making knowledge on ageing issues widely accessible to share learning and underpin policy initiatives to support older people. CPA collaborates with national and local government, practitioners, the academic community, voluntary groups and older people to sustain a network of learning around ageing.
- **Information Service** – The Centre's information experts collect, summarise and disseminate research evidence and good practice for users in all sectors through a unique group of online databases and customised services. CPA has built up an unrivalled international reference collection that is a vital source of knowledge on ageing issues and it is currently the only organisation in the UK systematically collating this data. Reliable information is essential to underpin more effective ways of working, making the most of funds to support an ageing population.
- **Policy and Research** – CPA's policy and research work covers a broad range of issues having an impact on ageing and old age, including health and social services, residential and community care, living arrangements, financial inclusion, independent living, citizenship, and rights and risk. In particular it is concerned with the analysis of public policy as it affects older people, research into related issues and the promotion of good practice in service design and provision. The Centre has a reputation for innovative thinking and backing pioneering work.

- **Publishing** – CPA Publishing produces books, reports, briefing papers, seminar papers, codes of practice, occasional papers and selected reference titles from the Information Service.
- **Networks** – The Centre works in partnership to influence policy and encourage debate on issues affecting older people. It is engaged with many statutory and voluntary groups concerned with older people and contributes to advisory groups, expert working parties and forums on a diverse array of issues.
- **Conferences, workshops and seminars** – CPA brings together people from different backgrounds to discuss topical issues in small and informal settings -the involvement of older people in influencing policy development is one of the Centre's primary objectives.

5.   Community Champions

http://communitychampionsuk.org/

The London-based Community Champions programme builds on the skills and knowledge of local communities, seeking to bring local people and services together to improve health and wellbeing and to reduce inequalities.

The work of Community Champions is focused on 'health and wellbeing' of local communities and is not specific to older people. However, some elements of the model could form the basis of publicising and organising local provision of support and services to older people, including overcoming some of the barriers associated with particular groups and communities with Oxford City.

PART TWO: PUBLICATIONS

6.   *Older People's Inquiry into 'That Bit of Help'*, Joseph Rowntree Foundation (2006)

http://www.jrf.org.uk/sites/files/jrf/9781859354612.pdf

   Evidence submitted to the Older People's Inquiry into 'That Bit of Help' **(2006)**
http://www.jrf.org.uk/sites/files/jrf/9781859355022.pdf

This report documents the experiences of older people and professionals working together to identify gaps in service provision for older people living in their own homes. The report focuses on how to involve older people alongside the professionals, as equals, in identifying what services they want and value. It notes that older people are able to take account of costs of service provision in an environment where resources are limited, and with this information they are able to prioritise the service provision which they require. A sound model is provided to ensure the central involvement of older people in prioritising valued services; the methods used would be easily transferred to local level. The chosen 'baker's dozen' of small ways in which life can be made better for older people gives ideas of what services might be developed.

This report is about two innovations in the development of policy and practice to promote independence, choice and well-being for older people:
- It is produced by older people and senior representatives of national organisations.
- It recommends the adoption of examples of 'that bit of help' which older people value, along with the unit costs of these and the order of importance Inquiry members place on the examples.

A fundamental point made by this report is that older pople must be involved in developing the care and support options. The 13 small-scale services that were identified in this report were:

1. Handy Help

This service is provided through a local voluntary sector Home Improvement Agency, Trafford Care & Repair. One section comprises a local charitable trust that provides help with small repairs around the house. It is funded by grants from the business sector: Lloyds TSB Foundation, Messenger Newspapers and the Rank Foundation. Available two days a week, the handyperson undertakes small jobs such as mending broken windows or dripping taps, or fixing shelves, locks and bolts. They also have a list of reputable contractors if the job is too large for Handy Help to undertake. In 2003/4 Handy Help carried out 402 small jobs for 161 people with 29 people requesting the service twice and seven people requesting it three times or more: approximately 205 visits per year. There is a charge of £10 per visit from the handyperson and the user also pays for materials, which can be bought at cost price through Handy Help. An estimate for the work is given and all staff carry identification.

2. Welcome Home

Provided by the Cotswold Council for Voluntary Service, volunteers help people return home from hospital. Volunteers get any shopping required and can give people a lift home. They also help the user to settle back at home by tidying up, putting the heating on, sorting the post, etc. The volunteer also visits on the second day to check everything is all right, then hands on to social services. The hospital social worker or home care organiser makes referrals to Welcome Home for people who do not have anyone to help them immediately on discharge. No charge is made for the service.

The scheme has been running for about five years and they find that four volunteers are able to cover Cirencester with a population of 20,000. Volunteers are specially recruited. They are checked with the Criminal Records Bureau (CRB) and references are taken up. Their training includes issues relating to client choice as to where food is purchased, disability awareness, personal and household safety, listening and communication skills, and the importance of confidentiality, responsibility and reliability. All volunteers carry identity cards.

The co-ordinator is a volunteer who works from home for four hours a week. As an example of the replacement costs for a volunteer, if we assume that organising this support might be done by a social worker, the cost per hour would be £27 (Curtis and Netten, 2004).

3. Help at Home

Help at Home is a non-profit-making service providing domestic help. It is managed by the Amber Valley Community Volunteer Service which provides a number of services and supports for children, families and older people. Workers and volunteers alike often refer clients to other services within the organisation. Following an assessment, clients' preferred cleaning times are matched to a paid worker. The worker provides services as required including cleaning, ironing, (accompanied) shopping, collecting pensions, etc. The service aims to provide the same worker at the same time each week. Users are charged £8.25 per hour for domestic support (2003/4 prices).

The service started in March 2003 and by April 34.5 hours of cleaning were provided. The demand for the service was such that in March 2004, 12 workers were providing over 650 hours of service. Fee income for the year was nearly £33,000 for just under 4,200 cleaning hours. The demand continued to rise so that by October 2004, the service employed 31 cleaners with a revenue spend during the seven months of the 2004/5 financial year of £52,000. By May 2005, the user charge for Help at Home was £8.60 with workers paid above the minimum wage and slightly higher travel expenses to help staff retention.

The Gardening and Home Maintenance Service was relaunched in March 2004 and by October of that year, 45 hours of support were being provided each week. By May 2005, users were charged £12.50 per hour for this service.

4. Primary Night Care

This is a newly developed service provided by the Home Care Services section of Blackpool Borough Council. After being assessed as in need, staff (14 for 2005/6) 'pop in' to people in their own homes during the night, maybe for toileting, to help with medication, or to check that everything is OK. Although the majority of visits are planned, staff can respond to emergency calls and can contact the out-of-hours nursing service if they have any concerns. People have been supported through the night when their carer has been taken ill. After the first two weeks of operation, the demand for the services was such that there were insufficient resources and another team was put in place. They are currently trying to get funds for a third team.

By March 2005, the service had made more than 10,600 visits with 26 visits planned each night as well as the response service for emergency calls. Emergency calls are rare and the service allocates only 0.5 visits each night for them. Users are charged for routine night visits; local authorities commonly charge for home care at around £8.50 per hour. Charges are not made for emergency calls to the Night Care Service as these are considered to be intermediate care.

5. Befriending service
Amber Valley Council for Voluntary Services also provides a befriending service. The website reports that the befriending service provides companionship and support through regular, usually weekly, visits to people's homes. Befrienders have undertaken training, are CRB checked, and are supported by the CVS. Volunteers are described as respectful of confidentiality, reliable, honest, discreet, having empathy with people in need, and enabling action. Following a visit from the organiser, volunteers are matched to the user.

In 2003/4, 29 volunteers provided 95 hours of befriending a week to 38 people who received one or two visits each week. Volunteers also provide a 'phone buddy' service in which 14 of the most isolated people in the area are telephoned once a week (104 hours per year). Total hours of service per annum = 4,854.

6. Sole Mates
This mainly home-based service is managed by the local Age Concern and has been operating since November 2002. Age Concern identified the need for this service during research undertaken into the needs of older people in rural areas. The county council, district councils, primary care trusts and others fund the work.

Volunteers provide a footbath in warm water with lavender oil, toenail cutting, and a foot massage for people over 50 who cannot cut their own nails safely. Most of their clients are older people: 87 per cent are over 70 years old and 55 per cent are over 80 years old.

After an assessment a matched volunteer visits every 6–8 weeks for 30–60 minutes. The same volunteer visits each time. Currently the service has 56 volunteers visiting 508 clients in four districts. A falls risk assessment is also undertaken which can highlight problematic areas.

Users are charged £3.50 per visit plus a one-off charge of £10 for their nail clippers. The service is not means-tested but the £10 charge can be spread over a period of time and occasionally is waived.

7. Cinnamon Trust

The Cinnamon Trust is a national charity helping older or terminally ill people care for their pets. Currently, there is a national network of around 7,000 'vetted' volunteers who are matched to the pets and who provide help by walking and grooming dogs, taking pets to the vet, cleaning cages or short-term fostering. Volunteers may take on other tasks such as shopping but are primarily there to help with the pet. About half of their volunteers are over 60 years old. The organisation appears to have no problem in recruiting volunteers, although it is more difficult in inner city areas, and has a target figure of 10,000 volunteers by 2008.

Lifelong fostering can also be arranged in the pet's community and the organisation provides support by paying vet bills and overseeing their care. There are also two sanctuaries, staffed by a manager and two shifts of animal care assistants. These sanctuaries provide a homely environment rather than kennels or cages and there are plans to increase the number as resources become available. The organisation also runs classes and clubs and fundraising dog shows.

In 2002/3, 5,465 registered volunteers helped 5,810 people and 7,800 animals. There are currently 6,373 animals registered for long-term care, and 54 and 44 residents at the two sanctuaries. In February 2005 there were 2,200 people receiving support and each owner had access to two volunteers. At the end of 2002/3, the organisation had 22 full-time employees (weekly average of 19 whole-time equivalent staff), ten of whom co-ordinate volunteers nationwide and attend to membership and administrative matters. Twelve are animal carers.

8. Digging Deep

Managed by the local Age Concern, this scheme involves older people teaching schoolchildren how to grow vegetables in school-based allotments. By the end of the first year, there were 12 schools in two local areas with working allotments (14 schools were targeted) although in different stages of development. There were 35 older volunteers, 27 of whom had received training by the end of year 1. Volunteers are recruited from information days, callers to the office and from the schools' parent teacher associations. All volunteers have to sign up with Age Concern and are CRB checked.

9. Reaching the Isolated Elderly (RISE)

RISE is a community outreach project managed by REGENERATE.com, a voluntary organisation based on one housing estate in the London borough of Wandsworth. REGENERATE.com works in partnership with health professionals, social services and other local agencies to provide a range of services. The organisation took part in a Participatory Needs Assessment in Roehampton and became aware that there were a number of older people who could be seen as isolated as they had become 'prisoners in their own homes' (Annual Report, 2005). RISE was to reach these people and was initially funded with a Health Improvement grant over three years and funding for a 17-seater minibus that could take wheelchairs.

RISE provides transport for people to attend the REGENERATE.com lunch club four days each week. It also provides transport, supported by volunteers, to give people the opportunity to take part in outings and other activities. RISE volunteers also visit people to provide friendship, support and practical help. There is an optional £10 membership fee and a £3 charge for eating at the lunch club.

There are currently 42 members, 30 of whom are over 80 years old. The service is provided 52 weeks of the year. Although some visiting takes place at weekends, the main services are available on all weekdays except for eight bank holidays (252 days per year).

10. SMILE

Developed by the Leisure, Cultural and Property Department of the Royal Borough of Windsor and Maidenhead the 'So Much Improvement with a Little Exercise' scheme aims to increase older people's access to exercise and leisure opportunities in a large number of venues. In this Borough, there are approximately 21,000 people over the age of 65, around 15 per cent of their total population. Table 7 shows the activities available, with the user charge per session.

11. Activity and Social Centre

This Activity and Social Centre is run by the Wimbledon Guild and provides the focus for their older people's support. It has its own transport and is run by the organisation's staff. A range of classes are held within the Centre from computing to art and the programme includes regular film showings. The website notes that 'The Centre offers access to the full range of Guild services and to clinics provided by the chiropodist, osteopath, just to name a few … and continues to be utilised by the University of the Third Age (U3A)'.

Typically, 23 people use the centre each day, ten of whom arrive using the centre's transport. A further six people attend for lunch.

Located in one London borough, the Wimbledon Guild is one of the larger charitable bodies and provides a variety of services, many based on a single site which is open all day. The Guild also provides accommodation for 100 residents at economic rents, a nursing home for 40 people, a counselling service, and clubs and groups for people with eating disorders or who have had strokes. Social work services can provide immediate practical help to individuals and families within the area, including small grants and advocacy. Their premises can also be used by other local organisations for meetings and the like. One hundred and twenty volunteers regularly work in this organisation.

12. Keeping In-Touch

In-Touch (Malton, Norton and District) is developing their service for visually impaired people. Volunteers are recruited to help people with practical jobs (excluding personal care), including shopping for colour-matched clothing, filling in simple forms, labelling foodstuff, accompanying people, or reading letters. A co-ordinator working nine hours a week is employed to identify a previously untapped volunteering resource; people who want to volunteer but who cannot commit themselves to a set time or quantity of hours. The administrative assistant (three hours a week) maintains a database of volunteers to call on when needed. The aim is for a team of at least new 15 volunteers.

By the end of October 2004, four months into the project, both money spent and volunteers recruited were in line with the initial proposal. Following the recruitment of the co-ordinator, nine volunteers have been recruited, six of whom have undertaken volunteering activity in the four months to the end of October. Over that period there have been 25 hours of volunteer activity, probably from five volunteers, with 11 people benefiting from oneto- one contact with them (First Report to the Department of Health, November 2004).

In-Touch (Malton, Norton and District) is an independent registered charity and has been running for about ten years, currently funded by social services, the district council and the Nationwide Foundation. There are about 200 users and about 15 volunteers who are trained and CRB checked. In-Touch provides regular fortnightly meetings, monthly specialist meetings, advice, support and befriending services, transport and outings, and undertakes research. There is a small membership fee.

13. Retail Stores: An Ideal
A list of attributes that make shopping easier for older people was distilled from current practice in a range of large stores. This included accessibility, provision of seating, delivery services, provision of information and advice, connection services, storage for packages and smart trolleys.

More information on the stores' response to our survey and the Inquiry members' findings is available in Chapter 3. Here we report the information sent by one of these organisations on the costs of putting three of these items in place.

- Making all stores accessible to anybody who might want to use them. This organisation reports that all their stores have an auto door and ramp access. The cost of installing these items is estimated at around £40,000 per store.
- Seating in shops or prompt provision if there isn't a seat in the right place. This organisation reports that all their stores have seating available and space is left clear for this. They estimate the cost to be around £700 per store.
- A restaurant facility in all their shops. This organisation reports that 75 per cent of their stores have a restaurant. Build costs are likely to be about £175,000. Space in each store, for example those located in railway stations, is the main constraining factor. Toilets will need to be located close to the restaurant, again requiring space but also needing drainage to be in the right place.

7.   *Local delivery of joined-up services for older people*, DWP (2010)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214488/rrep713.pdf (full report)
http://socialwelfare.bl.uk/subject-areas/services-client-groups/older-adults/departmentforworkandpensions/144610713summ.pdf (summary report)

This report, based primarily on the output from the LinkAge Plus pilot initiatives, sets out to help inform both the development of guidance on joined-up working, and future policy development. It examines how local authorities, and their partners, are addressing the challenges and opportunities posed by an ageing society.

LinkAge Plus identified six core principles that underpin accessible and fully integrated services that put older people at the centre of policy making and service delivery. These are:

- engage and consult;
- reflect the needs and aspirations of current and future generations of older people;
- enable access by an increasing range of customers;
- ensure that isolated or 'difficult-to-reach' older people are enabled to access information and services;
- ensure that services promote independence, well-being and active ageing;
- maximise opportunities for efficiency and capacity building.

Each of the pilot areas implemented LinkAge Plus in different ways, tailored to the local needs of older people. The pilots established an evidence base to support the economic, as well as the social case for fully joined-up and holistic services for older people.

The report, noting that there are numerous examples and reports concerning what care and support needs should be delivered, concentrates on strategies addressing how these can be delivered. The underpinning principles identified in the report were:

- involvement of older people is right at the heart of the change (also one of the core principles of LinkAge Plus);
- local issues need local solutions and local people should be empowered to find and implement solutions, either on their own or in partnership; and
- the model needs to be flexible and able to evolve in light of better understanding and experience.

The report also notes important barriers to change, including:

- Governance structures and organisational culture are resistant to change.
- Continuous change makes sustaining effective partnerships difficult.
- Lack of innovative thinking.
- Public funding is tight and will come under increasing pressure and scrutiny.
- Lack of joined-up thinking.

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8. *How can local authorities with less money support better outcomes for older people?* Centre for Policy on Ageing: Joseph Rowntree Foundation (2011)

http://www.jrf.org.uk/sites/files/jrf/authorities-supporting-older-people-summary.pdf

This paper, which seeks to answer the question in the title, was issued by the Centre for Policy on Ageing and is based on reports by the Joseph Rowntree Foundation and others. The paper summarises much that is relevant to this study and, as it is a short and accessible paper, it is recommended that it should be read in conjunction with this review.

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9. *Older people – independence and well-being: The challenge for public services,* Audit Commission (2004)

http://archive.audit-commission.gov.uk/auditcommission/sitecollectiondocuments/AuditCommissionReports/NationalStudies/OlderPeople_overarch.pdf

This report summarises a series of papers that explore the nature of the change required from public services.

- Older people – a changing approach - Independence and well-being 1: http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studyPDF/3121.pdf
- Older people – building a strategic approach - Independence and well-being 2: http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studyPDF/3146.pdf
- Supporting frail older people - Independence and well-being 3: http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studyPDF/3147.pdf
- Assistive Technology - Independence and well-being 4: http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studyPDF/3116.pdf
- Support for carers of of older people - Independence and well-being 5: http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studyPDF/3181.pdf

The scope of the report is wide, so it can do no more than touch on many of the issues facing older people of all ages, from the majority who have no need for care services, but who have a wide range of other concerns, to the minority of frailer older people who may need support and care. There are numerous other potentially relevant publications listed in the Audit Commission archive at http://archive.audit-commission.gov.uk/auditcommission/subwebs/publications/studies/studies.xls and these include reports such as:

REPORT	PUBLICATION DATE
Forget Me Not - Mental health services for older people	19/01/2000
Fully Equipped - The provision of equipment to older or disabled people by the NHS and Social Services in England and Wales	29/03/2000
Improving Transport for Social Services Users	13/12/2001
Forget Me Not 2002 - Developing mental health services for older people in England	21/02/2002
Integrated Services for Older People - Building a Whole System Approach in England	30/10/2002
Living Well in Later Life : A Review of Progress Against the National Service Framework for Older People	28/06/2006
Don't Stop Me Now - Preparing for an Ageing Population	14/07/2008
Implementing telecare - Strategic analysis and guidelines for policy makers, commissioners and providers	unknown
Rehabilitation Services for Older People - A Bulletin for Trusts and Social Care Organisations	01/07/2002
The Way to Go Home - Rehabilitation and remedial services for older people	21/06/2000
Under pressure (Ageing population)	18/02/2010

10. *The support older people want and the services they need*, Joseph Rowntree Foundation (2007)

http://www.jrf.org.uk/sites/files/jrf/1954-older-people-services.pdf

This report, which was prepared in parallel with the preceding reference, looks at the services older people want to support them in their life at home. It looks at the barriers that prevent access to practical every-day services, and highlights ways in which improvements can be made in assessing people's needs and providing services.

In discussing the desire for general assistance with household and garden tasks (e.g. putting bins out, changing light bulbs, etc) the point is made that providing such support before they become a problem can prevent accidents (e.g. removing trip hazards) and improve the overall sense of wellbeing, safety and security.

"*Being safer as a result of attending to either minor household tasks or fitting equipment to prevent accidents was only part of the issue. Feeling safer around the house was also a product of having greater security. This was accomplished either by fitting alarms and locks or by maintaining the exterior of the house so that it did not give the appearance of being neglected or easy to enter, perhaps signalling the vulnerability of the occupant.*"

Among other things, the report provides evidence that information on unmet needs is not always collected in a way that facilitates action on care needs and that it does not necessarily assist in improving the identification and provision of care requirements. Key factors in developing better services were seen to be:

- involving older people
- involving the whole community
- working with workers
- flexible, individual-focused services – expanding choice; being responsive.

An extensive list of low-level support services is provided and includes many services which can make a significant difference to quality of life or contribute key support when specific problems are being faced:

- Advocacy.
- Day care.
- Hospital advocacy support.
- House management, repair and improvement.
- Falls prevention schemes (exercise programmes).
- Befriending schemes (telephone and visiting).
- Low-level domiciliary care and non-personal care.
- Information services.
- Equipment centre with advice for people who have low-level needs.
- Sitting service.
- Respite care.
- Daily driving.
- Decorating and handyperson service.
- Self-help support for people with mental health needs.

- Service user and carer empowerment group.
- Holiday and Opportunities Fund for carers.
- Social services department directly provided Community Support Workers for people with dementia and carers.
- Community meals services.
- Home bathing service.
- Laundry Service.
- Shopping and pension collection.
- Communication guide service for deaf/blind people.
- Home from hospital service.
- Funding to enable more people to have access to information technology.
- Luncheon clubs.
- Supporting People funds to develop floating support.
- Funded nurse working in residential care to promote health; fund carers' nurse to access and promote health needs of carers.
- Carers' grant allocated to a range of preventative and integrated day services.
- Short breaks in the home (frail older people).
- Black and minority ethnic outreach and support service.
- Benefit advice/debt counselling.
- Leisure and education services.
- Live at Home Schemes.
- Carers' Grant supporting low-level services for older people and their carers: chat line/telephone ring-out services, primary care information (link worker), health care work and carers' website.
- Good neighbour scheme.
- Housing-related support services for older people and the extension of community alarm services.
- Warden scheme in place; enhanced warden schemes.
- Community-based quality of life activities – e.g. healthy eating; exercise; lifelong learning; community engagement and volunteering; community based volunteer information and advice.
- Funding to voluntary sector for transport, welfare benefits advice, handyperson, safety in the home, lunch clubs, carers' groups, black and minority ethnic service user lunch clubs, gardening, shopping, visiting services.
- Assistive technology advice.

11. *Widening Choices for Older People with High Support Need*, Joseph Rowntree Foundation (2013)

   http://www.jrf.org.uk/sites/files/jrf/older-people-support-choices-full.pdf

This study examines the experiences of older people with high support needs involved in support based on mutuality and reciprocity. It shares the benefits and outcomes achieved for individuals, families, communities and organisations funding and providing this support. The findings are relevant to the future funding and delivery of long-term care, and the transformation of local services. It is worth noting that Oxford was one of four areas selected for fieldwork to allow older people with high support needs to share their experiences.

The report highlights how:

- A typology of mutual support describes the options covered; e.g. Shared Lives, Homeshare, cohousing, time banks, mutually supportive relationships, self-help/peer support networks, mutually supportive communities.
- Over 100 people across the UK shared their experiences of and outcomes achieved by these models.
- Such options work best when they are locally focused, personally delivered and connected to other services and networks.
- Significant change is needed in the way that services are commissioned and delivered so that current options for support are widened to include these models.

Categories of support based on mutuality & reciprocity are described and examples of how these work in practice are given. The categories are:

- Mutually supportive relationships
- Mutually supportive communities (including KeyRing Networks).
- Cohousing.
- Homeshare.
- Shared Lives.
- Time banking.
- Circles of Support.
- Face-to-face and virtual volunteering schemes.
- Self-help and peer support networks.

The report notes the importance of context in determining the best solutions in a given situation. Within different countries and cultures a different pattern of care and support exists within which specific alternative models appear to thrive. These differences are influenced by a number of variables as summarised below:

- The history of alternative approaches and models available in different countries.
- The length of time and experience within those countries of when and how different models became established and promoted.
- Prevailing cultural and social norms – and the extent to which these are diverse and inclusive, i.e., open to new ideas.
- The presence of political, financial and legal drivers and enablers (and consequently also the lack of certain obstacles and barriers).
- Experience in developing and sustaining models that value 'complementary currencies', e.g. Local Exchange Trading Systems (LETS), time banks and mutually supportive communities.
- Shared demographic and economic challenges and pressures.

The report also includes some clear guidance on how mutual support systems can best be implemented and maintained:

- For older people
  - Go for it – just do it, you won't regret it! It's better than the other 'care' alternatives on offer.
  - Equip yourself and plan ahead: arm yourself with knowledge and talk to others who have done it before you.
  - It's a difficult truth but families don't always 'get it'; it can be easier to be honest about your needs and your contributions, and to work out mutually beneficial solutions, with friends and others outside your close family whose concern for you can override your choices and decisions. Keep connected: wider networks and personal interests continue to be as important, if not more important, to your sense of self and well-being.

- For commissioners/funders
  - These models need a strong profile, i.e. better public and professional awareness of different opportunities and options.
  - More information and advice is needed about all of these models/ options: what they are, what they offer, what's involved and how to access them.
  - These models need sound and secure resources and flexible resourcing arrangements.
  - Economic modelling and evaluations are needed that demonstrate which models work best in different circumstances and for which groups of older people.

- For scheme organisers and co-ordinators
  - Accessible, arms-length support (e.g. helping people to recognise when they need a break and being there in a crisis) is a much-valued role of the schemes that sit behind more formal models (e.g. Shared Lives, Homeshare, time banks).
  - Familiarise yourself with the benefits and outcomes that can be achieved; use these to promote your scheme to older people and commissioners.
  - Capture the outcomes, costs and savings involved in running your scheme, and share these with funders and members.
  - Manage the tension between being clear about what's involved and being very flexible and open-minded (e.g. when to have a formal agreement or contract and when to have 'no house rules').

- For everyone involved
  - Mutual trust is essential and takes time to grow: don't expect miracles to happen overnight.

12. *Caring for Older Australians*, Australian Government: Productivity Commission (2011)
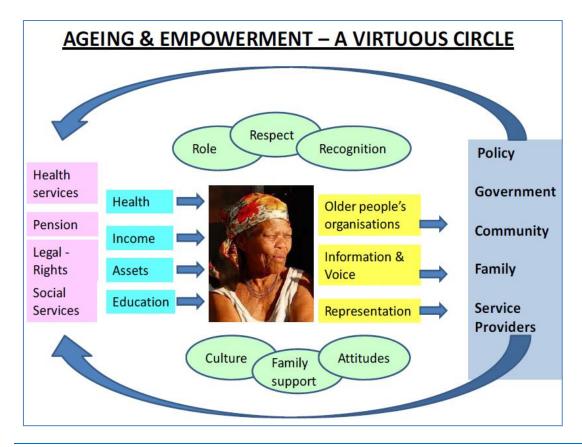
http://www.pc.gov.au/__data/assets/pdf_file/0016/110932/aged-care-overview-booklet.pdf

This report sets out possible reforms to provide:
- a simplified 'gateway' for:
    - easily understood information;
    - assessment of care needs and financial capacity to contribute to care costs;
    - entitlement to approved aged care services;
    - care coordination
- aged care services that address individual needs, with an emphasis on reablement where feasible
- choice to receive care at home, and choice of approved provider
- contribution, in part, to costs of care (with a maximum lifetime limit) and accommodation and living expenses (with safety nets for those of limited means)
- access to a government-sponsored line of credit (the Australian Aged Care Home Credit scheme), to help meet care and accommodation expenses without having to sell homes. A person's spouse, or other 'protected person' would be able to continue living in that home when an older person moved into residential care
- choice to pay either a periodic charge or a bond for residential care accommodation
- if they wish to sell their home, retain their Age Pension by investing the sale proceeds in an Australian Age Pensioners Savings Account
- direct access to low intensity community support services
- choice whether to purchase additional services and higher quality accommodation.

13. **Expert Group Meeting on** *Promoting people's empowerment in achieving poverty eradication, social integration and productive and decent work for all,* **HelpAge International , UN Headquarters, New York (2012)**

http://www.un.org/esa/socdev/egms/docs/2012/SylviaBeales.*pdf*

This short report highlights the importance of ensuring governments preserve autonomy and enhance social and economic empowerment for older people. These include policies that confer status and provide security of the person within families (such as the pension) and promote health, rights and well-being (responsive health care, livelihood support including credit and insurance, legal recognition). This is summarised in the following diagram taken from the report:

AGEING & EMPOWERMENT – A VIRTUOUS CIRCLE

14. *A Better Life: what older people with high support needs value*, The Open University / Joseph Rowntree Foundation (2011)

http://www.jrf.org.uk/sites/files/jrf/older-people-and-high-support-needs-full.pdf

This report explores what older people with high support needs want from and value in their lives, and suggests a model for exploring factors that are facilitatory or compromising in these terms.

People with high support needs in the UK are not a homogenous group, and although most are over 85 years old, there is considerable variation across age, ethnicity, health and social care needs, financial status and lifestyle. Little is known about what these people want and value, while negative assumptions are sometimes made about their ability to comment on and participate in decision-making and collective action. The report:
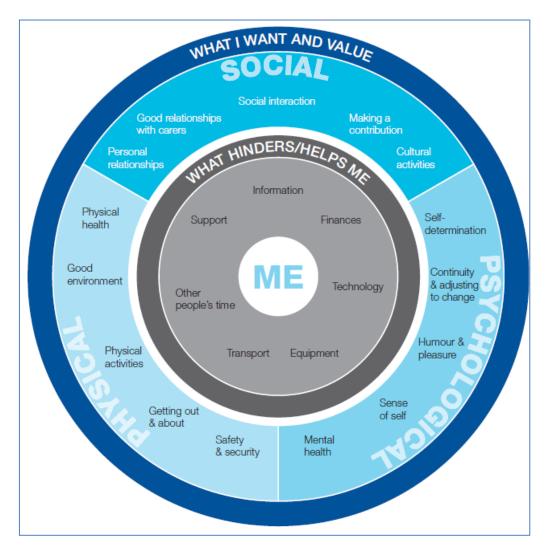
- Identifies current evidence relating to social, psychological and physical factors, barriers and enablers to accessing information, support and financial resources;
- considers everyday living with a small but diverse purposive sample of people with high support needs;
- suggests a framework for eliciting views from people with communication difficulties;
- presents emerging themes and identifies implications for older people themselves, policy makers and commissioners, practitioners and researchers; and
- recognises the importance of individuality for people with challenging lives.

The report presents a new model of the needs of older people (reproduced below) that distinguishes between the things that older people want and value (shown in the outer circle) and the factors that hinder or help them to access these things (shown in the inner circle). It focuses attention on what can be done differently to help older people with high support needs achieve and retain the things they value in life, rather than simply assuming that their individual social and/or medical conditions will inevitably place many experiences out of reach.

The older person is at the centre of this circle – a reminder that this is about people and what they want from their lives, not about what services and policies say they can have. The individual person (rather than the broader group of older people with high support needs) is at the centre, since one size will not fit all. Each individual will have different needs, values and aspirations; different assets and resources at their disposal to achieve these; and will encounter different barriers.

This person is represented as 'me', partly to give ownership of the model to the individual (rather than it forming part of an assessment being done to people) and partly as a reminder that this is – or will be – about all of us (not about 'them').

WHAT I WANT AND VALUE

SOCIAL

Social interaction

Good relationships with carers

Making a contribution

Personal relationships

Cultural activities

WHAT HINDERS/HELPS ME

Information

Physical health

Support

Finances

Self-determination

Good environment

ME

Technology

Continuity & adjusting to change

Other people's time

Humour & pleasure

Physical activities

Transport

Equipment

PSYCHOLOGICAL

Getting out & about

Sense of self

PHYSICAL

Safety & security

Mental health

This report again draws attention to the need for support and care services to be tailored to individual needs and circumstances. It should also be noted that, although the focus of the report is nominally on people with high support needs, much of the work is equally relevant to older people who only need low-level support. This is partly because the same principles underlie the provision of any support or care services and partly because there is an inevitable progression from low-level to high-level care requirements.

15. *Close to home: An inquiry into older people and human rights in home care*, Equality and Human Rights Commission (2011)

http://www.equalityhumanrights.com/uploaded_files/homecareFI/home_care_report.pdf

This report presents the findings of a study into the potential for abuse of the human rights of older people receiving care in their own homes as distinct from residential care. It is noted that, by its nature, home care is more difficult to monitor and therefore the potential risks are in many ways greater. While the subject of this report is not directly relevant to the scope of the project, it is a fundamental part of the context of care provision and raises issues which will need to be addressed in providing care and support to older people. For that reason, the key conclusions and recommendations are outlined below.

The study drew the following key conclusions from the inquiry evidence:
- Many older people are very happy with the home care service they receive and value the autonomy it gives them to carry on living the lives they want.
- However there were many instances of home care which caused us real concern, where human rights were breached or put at risk because of the way care was delivered.
- Many of these problems could be resolved by local authorities using opportunities to promote and protect older people's human rights in the way they commission home care and the way they procure and monitor home care contracts. However it appears that commissioning is not being consistently used to protect human rights effectively. Indeed some commissioning practices make the negative experiences that some older people described more likely to happen.
- There is a general lack of awareness among public authorities with responsibility for home care about what complying with the Human Rights Act (HRA), including their positive human rights obligations, actually means. Only around a quarter of local authorities train all elected members with lead responsibility for social care about their important role in protecting and promoting human rights. Our survey responses show that many local authorities commissioning home care would welcome practical guidance on human rights.
- There are acknowledged difficulties in regulating this sector which by definition is delivered in the home.
- Older people are very reluctant to make complaints, even when they are aware of how to do so. Therefore more sophisticated ways are needed to create an easy dialogue and flow of information between older people, care providers, local authorities and regulators so that any threats to human rights can be picked up and resolved as early as possible.
- The majority of older people using home care services lack the protection of the HRA.

A number of other interlinked factors contribute to the human rights risks identified in the findings:

- Age discrimination is reflected in ageist attitudes towards older people, and there are indications that less money is spent on their care compared to other age groups, with care packages unlikely to include support for activities outside the home.
- A lack of suitable information on the different processes and options for obtaining care and on the quality and different specialisms of care providers, so as to allow older people to make informed choices. Many older people and self-funders in particular require more guidance on local care providers.
- There is little or no advocacy or age appropriate brokerage support on offer to assist older people interested in self-directed personalised home care in some areas.
- There is a lack of investment in care workers, influenced by commissioning practice and the workforce being predominantly female and part time, leading to low pay and status, in sharp contrast to the level of responsibility and skills required to provide quality home care. Poor pay and conditions also affect staff retention, causing a high turnover of care workers visiting older people.

Finally, the report makes recommendations in the following area, including actions for the Equality & Human Rights Commission as the independent regulator of equality and human rights.

- To address gaps in the current legal and regulatory framework
- To address the lack of awareness among local authorities about what human rights obligations mean in practice
- To address the lack of awareness about human rights and care entitlements amongst older people and their families
- To ensure there are better arrangements in place to detect threats to human rights in home care
- To address the status of home care workers

PART THREE: ADDITIONAL REFERENCES – SOCIAL CARE AND SOCIAL WORK

The following publications, while focusing on areas not directly within the scope of this project, i.e. social care and social work, may provide some additional useful information:

16. *Adding Life to Years. Report of the Expert Group on Healthcare of Older People*, Scottish Government (2002)

   http://www.scotland.gov.uk/Resource/Doc/158645/0043038.pdf

This report is primarily concerned with issues directly relevant to the work of NHS Scotland. However, it does touch on some issues that are relevant to local authorities, for example the problems associated with discharge from hospital and the handover of responsibility from the NHS to the individuals themselves, families, local authorities and other care service providers.

17. *Co-ordinated care for people with complex chronic condition,* The Kings Fund (2013)

http://www.kingsfund.org.uk/projects/co-ordinated-care-people-complex-chronic-conditions

This project involves an in-depth examination of approaches to care co-ordination in primary care settings in different parts of the UK. Work has involved:

- an expert panel selecting five case study sites that are currently delivering effective care co-ordination programmes
- a showcase of the sites' care co-ordination work at a public event on achieving high-quality care for people with complex needs at The King's Fund
- content analysis of key documents, face-to-face interviews with staff and observational analysis with the sites to establish key care co-ordination lessons and markers for success
- setting up a learning network so that the case study sites can share experiences and examine key success factors.

The project has yet to report its findings but may be of some relevance to subjects examined in this project in due course.

18. *Local authority assessment for community care services*, AgeUK (2013)

http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS41_LA_assessment_for_community_care_services_fcs.pdf?dtrk=true

This fact sheet present information for users or potential users of community care services, including:

- assistance in the home - home help/care or a personal assistant
- respite in various forms
- day care
- night-sitting services
- care in a care home
- provision of aids and equipment to help with daily living tasks and for home safety
- provision of home adaptations
- pre-prepared meals delivered to an individual
- advice and information about services and welfare benefits
- preventive and rehabilitation services
- services to meet psychological, social and cultural needs
- assisting in placement in various types of supported housing
- community transport
- services in conjunction with health and other services where needs overlap.

19. *Improving Care for People with long-term conditions*, University of Birmingham (HSMC), and NHS, (2006)

http://www.improvingchroniccare.org/downloads/review_of_international_frameworks__chris_hamm.pdf

In January 2005, the UK government launched a bespoke NHS and Social Care Model designed to help local health and social care organisations improve care for people with long-term conditions. This model built on successes, experiences, and innovations in the UK and elsewhere and focused on helping health and social care communities use the tools they already had to develop a targeted systematic approach to care for people with long-term conditions.

This report provides the results of an evidence review commissioned as an early part of the NHS Institute's workplan to help gain a greater understanding of current international, national, and local thinking about the different approaches in use and to develop high-impact approaches, based on best evidence of 'what works.' The review suggests that there is a great need to test different approaches, understand which factors make the biggest difference, and spread the knowledge widely.

The report is focused on long term conditions rather than the care of old people and so is only indirectly relevant to the current project. The report outlines a number of national and international care models and concludes that it appears too early to say whether any of the models implemented are having an impact on chronic care.

20. *Empowering Social Workers for Practice with Vulnerable Older Adults*, Barbara A. Soniat & Monica, M Micklos, (2010)

http://www.naswpress.org/publications/aging/inside/vulnerable-adults-intro.html

This book, which was not reviewed, provides guidance for social workers who are assessing capacity and making intervention decisions involving older adults with diminished capacity.

21. *Introduction: Social Work Practice in Aging: A Competency-Based Approach for the 21st Century*, JoAnn Damron-Rodriguez

http://www.naswpress.org/publications/aging/inside/foundations-intro.html

This book, which was not reviewed, provides a strengths-based multisystemic orientation to foundation social work content for all social workers as well as those concentrating on the field of aging.