Age Scotland strives to represent all of Scotland's older people and provide a united voice to articulate their concerns, wishes, worries and expectations. We have a positive, forward-looking vision of our ageing society as "a Scotland and a world where older people flourish as valued and equal citizens". We understand the change that is needed to transform people's lives for the better.
This document has been drafted in partnership with a number of organisations that share Age Scotland’s vision of “a Scotland and a world where older people flourish as valued and equal citizens”. Each of the organisations below have worked with Age Scotland to draft the content for asks specific to their respective organisations and their endorsement of the relevant portfolio does not necessarily signal their endorsement of the document as a whole.

- Alzheimer Scotland is the leading dementia charity in Scotland; Age Scotland recognises its lead role and will work alongside it in campaigning for the rights of people with dementia and their families (section 3.2).
- The British Red Cross helps people in crisis, whoever and wherever they are. They are part of a global voluntary network, responding to conflicts around the world they also tackle major health issues and offer social care and support to vulnerable people, in the UK (sections 1.1, 1.2 and 2.2)
- Carers Scotland, as part of the Carers UK Family, helps support thousands of people who care for an elderly relative, a sick friend or a disabled family member (section 1.3).
- Community Transport Association Scotland is the lead body for voluntary and community transport across Scotland. Its members are organisations embedded in the communities they serve responding to both individual and collective needs and driving forward social regeneration in their communities (sections 7.2 and 7.3).
- Energy Action Scotland (EAS) campaigns for an end to fuel poverty in Scotland and is the only national body with this sole remit. EAS seeks to develop and promote effective solutions to the problem of cold, damp and expensive to heat homes. (Section 2.1)
- Leonard Cheshire Disability exists to change attitudes to disability and to serve disabled people around the world. Its principal activity is the provision of services in support of disabled people in the widest context.
- The Scottish Federation of Housing Associations is the national representative body for Scotland’s housing associations and co-operatives (section 2.1-2.4)
- The Scottish Pensioners’ Forum was set up in 1992 as an umbrella organisation for groups and individuals working and campaigning for a better deal for older people.
Contents

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Age Scotland’s five year public policy agenda sets out the charity’s policy priorities for 2011-2016. The paper is influenced by the charity’s engagement with older people across the country and draws on the findings of Age Scotland’s April 2011 poll. The paper is based on independent research, supported by partners across civil society, and has been approved by the Age Scotland board.

The document, in seven policy areas, covers twenty distinct issues and details:
1. Age Scotland’s principle policy objectives for older people over this Parliament (2011-2016);
2. Actions the charity believe the Scottish Government must take to meet these objectives, and;
3. Measurable policy targets to be adopted by the Scottish Government to demonstrate that progress is being made.

Each year, Age Scotland will assess the performance of the Scottish Government across these policy targets and report on the progress being made to improve the quality of life for Scotland’s older people. Our policies are based on our principles that:
● Ageism is unacceptable;
● All people have the right to make decisions about their lives;
● People less able to help themselves should be offered support.
The population of Scotland is likely to increase by 7% by 2033, and there will be a greater proportion of older people. The number of people aged 75 and over is projected to increase by 23% between 2008 and 2018, and by 84% between 2008 and 2033. In the same 25 year period, the number of people aged 60 -74 is projected to increase by 33%. The growth in numbers of older people, and particularly those over 75 years, will be accompanied by higher levels of dementia, restricted mobility, sensory impairments and associated costs.i

For Scotland’s politicians, these changing demographics present an opportunity to satisfy both the demands of older people who want services delivered personally; and those of the taxpayers, who want to see overall costs decrease. For example, there are currently 44,600 people receiving Free Personal Care in their own homes in Scotland at an average cost of £5,750 per year. By contrast, the average cost of a residential care home place is £23,000 a year. By effectively re-shaping the current care agenda to invest more in care at home instead of residential care, politicians could achieve significant savings and deliver better services for older people.

Older people must not however be regarded simply as passive recipients of public services. While 3,000 older people in Scotland receive 20 hours or more of care at home each week, 40,000 older people actually provide the same level of care for friends and family. This is a service which, if not provided by older people would need to be delivered by the state at a far greater expense.

Encouragingly, over 50s are an increasingly active group within the labour market (27% of the total Scottish workforce). Indeed, their higher levels of participation out-stripped the general growth in employment rates as the UK economy grew in the 2000s. The UK Government’s abolition of the Default Retirement Age, which allowed employers to retire someone once they reached 65, has made stopping work a matter of choice rather than a matter of age and should provide a huge boost to the economy. According to the Chartered Institute of Personnel and Development, more than 40% of workers now plan to continue into employment past the age of 65.

If older workers are to extend their working lives, policies are needed to support them in and back into the workplace. Government and employers must take into account the attitudes, needs and expectations of the older worker. With increasing health and life expectancy, as well as fears about poverty in later life, many older people are re-thinking plans for retirement and planning to continue their working life well into their seventies and eighties.

Some older people are not in a position to work into later life or provide care for friends or families. It is also true that with increasing age, many more of us will suffer failing health such as dementia, hearing loss, loss of sight and impaired mobility. Supporting anyone who suffers from these ailments will cost money. The challenge we face is to design new delivery models that produce high quality public services and ensure better value for money for the taxpayer.

There are, undoubtedly, challenges presented by our increasingly ageing population. However, with appropriate polices in social care, health provision and labour supply, the Scottish Government can plan for the changing economic and social needs of the country.
1. The Care System

1.1 Social Care Reform

The lack of an integrated health and social care service can have negative consequences for elderly patients; the evidence speaks for itself. Audit Scotland’s 2011 ‘Review of Community Health Partnerships’ identified widespread failure by Community Health Partnerships (CHPs) to deliver on their remits to help bridge the gap between primary and secondary healthcare, and between health and social care (although much of this failure comes from the lack of support and leadership from NHS boards and councils).

Furthermore, two-thirds of patients cared for in hospitals are people aged 65 and over, and the three principal causes of unplanned readmission within 28 days of discharge are (i) a relapse of, or complications with, the original condition, (ii) the development of a new problem and (iii) additional unaddressed medical or social problems. Coordinated support and referrals at discharge from GPs, ward/A&E staff, paramedics, carers, service users and others, in addition to the appropriate through-care once back in their own home, could have very positive outcomes for older people and offer excellent value for money.

Given that there are thirty two separate local authorities delivering social care in Scotland, each with its own services and charging regime, it is inevitable that there will be differences in the delivery and even quality of social care for users, depending on where they live. However this service delivery flexibility can, at times, undermine the desires of older people who need care services but are penalised by inequitable

<table>
<thead>
<tr>
<th>Issue</th>
<th>Statistics</th>
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| Health and social care delivered by two separate bodies | ● 57% of over 50’s would prefer social care services to be delivered by a national health and care body rather than any other system.  
● Only 26% of over 50’s want to see health and social care continue to be delivered by NHS boards and councils separately. ii |
| Ageing population | ● The number of people aged 75 and over is now projected to increase by 23% between 2008 and 2018, and by 84% between 2008 and 2033. In the same 25 year period, the number of people aged 60 – 74 is projected to increase by 33%. iii |
| Local Authorities offering Self Directed Support (SDS) | ● All but 4 Local Authorities had more people receiving payments in 2010 than in the previous year.  
● 3,678 clients received SDS in 2010 compared with 207 in 2001 iv |
| Number of older people who have heard of Self Directed Support | ● Over four-fifths of all people over 50 (84%) had never heard of Self Directed Support (SDS). The figure for those who had not heard of the system increased across each age group. Those over 70 were least familiar – nearly 9 out of 10 (89%) had never heard of SDS vi |
| Number of carers | ● 657,300 carers in Scotland |
| Value of caring | ● The care provided by friends and family members to ill, frail or disabled relatives is now worth £10.3 billion every year, up from £7.6bn in 2007 vi |
| Desire to die at home | ● Two thirds of people would want to be cared for at home if they were terminally ill, with a sizeable minority opting for hospice care vii |

1.1 Social Care Reform

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Given that there are thirty two separate local authorities delivering social care in Scotland, each with its own services and charging regime, it is inevitable that there will be differences in the delivery and even quality of social care for users, depending on where they live. However this service delivery flexibility can, at times, undermine the desires of older people who need care services but are penalised by inequitable
Pricing and standards across the country. Polling conducted for Age Scotland demonstrates unequivocally that older people in Scotland support structural change within health and social care as the means to deliver better services: only a quarter (26%) of those over 50 believe that the current structural delivery of health and social care by separate organisations should remain. The starting point for discussion about how to deliver more effective health and social care should be what the people using these services want.

The need for integration has become even more important as, if left unchecked, the cost of meeting our future care needs alone will equal an extra £1 billion by 2016 and an extra £3.5 billion by 2031 - at the same time the Scottish Budget is being reduced. Demographic and economic trends mean that more care and more complex care packages will need to be delivered in the community. Given the joint challenges posed for both health and social work by an ageing population, the case for an integrated health and social care service – underpinned by a care model that ensures equity of standards across the country – is now overwhelming. The integration of health and social care must be a priority for the Scottish Government.

The Scottish Government has already identified performance in unscheduled admissions to hospitals and care homes as an area in which improvement to both quality of care and costs may be obtained. Currently, this accounts for £1.3bn in spending, the biggest single cost in the care of older people in Scotland. In this respect alone, there is an obvious need to change the way care is planned and delivered.

“The need for integration has become even more important as, if left unchecked, the cost of meeting our future care needs alone will equal an extra £1 billion by 2016 and an extra £3.5 billion by 2031”

Where a single body takes responsibility for commissioning both health and social care, older people not only receive care packages promptly, there are also reductions in delayed discharges and the length of stay in acute hospitals as well as fewer unplanned emergency admissions to hospital. This is the way to ensure that no older person with care needs falls through the gap between the NHS and local authorities or becomes caught up in budget disagreements.
1.2 Self Directed Support

There has been a growing shift towards personalisation of social care, putting people at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives. The launch, last year, of the Self Directed Support Strategy and draft legislation, as well as the emphasis on rolling-out personal budgets (especially direct payments) for all people using adult social care, was a clear signal that this remains the direction of travel.

The rebalancing of the relationship between the state and individual is key to giving people more control over their lives, promoting confidence and well being. When empowered to direct their own support, families effectively combine state resources around their own support systems – creating a truly personalised care package. Age Scotland believe that ageism and unequal patterns of local authority support are denying many older people the opportunity to benefit from choice and control and that this will continue unless personalisation becomes the system, not an add-on or peripheral option.

Although Age Scotland supports the idea of personal budgets, the charity has warned against people being pressurised into receiving their budget as a Direct Payment. Direct Payments can support some disabled older people very well, but will not suit everyone, particularly those who have fluctuating or emergency needs. Age Scotland wants to see the numbers receiving Self Directed Support grow steadily, certainly at a faster pace than over the past five years. The charity however does not believe this means it should become the default model for all older service users.

Self Directed Support must be a matter of choice for all service users (where possible), in full knowledge of both its positive and potentially negative aspects, such as financial or employer responsibilities that

<table>
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<th>Policy Objective</th>
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<tr>
<td>● To improve the patient experience of social care in their community.</td>
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<td>● To abolish delayed discharge as far as reasonably practical.</td>
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<td>● To significantly reduce the number of unscheduled admissions to hospitals.</td>
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<th>Action to be taken by Government</th>
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<tr>
<td>● Integrate health and social care services, and underpin changes by statute.</td>
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<td>● Introduce minimum care standards that ensure transparent and equitable delivery of service, regardless of location.</td>
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<td>● Inspection agencies to prioritise monitoring standards in the home and community.</td>
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<td>● Funding formulae to be based on delivery of core minimum standards at national and local level.</td>
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<tr>
<td>● Work with health boards to ensure coordinated support and referrals at discharge from GPs, ward/ A&amp;E staff, paramedics, carers, service users and others.</td>
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<th>Government Policy Targets</th>
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<tr>
<td>● The number of patients still in hospital six weeks after being ready for discharge to decrease from 62 to zero.</td>
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<tr>
<td>● The number of patients still in hospital within the six-week planning period, to decrease from 708.</td>
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<tr>
<td>● Unscheduled admission to hospitals to fall and costs to decrease from £1.3bn.</td>
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not all service users want. The choice should be informed by an understanding of the support that will be available to the person to help them manage the Self Directed Support, should they be interested in receiving support in this manner. The system is extremely complicated for individuals and families to manage; local authorities, centres for independent living and service providers should be encouraged and supported to provide information to individuals and families about their options in a clear and simple way.

**Policy Objective**
- To ensure relevant older and disabled people are aware of and understand Self Directed Support.
- To give relevant older and disabled people the choice to design their own care package.
- To give people more control over their lives and promote confidence and wellbeing.
- To improve health and prevent longer term conditions through an emphasis on self-help and support that is continuous, integrated and individualised.

**Action to be taken by Government**
- Self Directed Support (SDS) legislation placing a responsibility on local authorities to offer SDS to all service users.
- Government to work with local authorities to overcome blockages in systems promoting SDS.
- Local authorities or other appropriate bodies to provide advice and support on SDS, including a directory of services available from public, private and third sector organisations with peer recommendations.
- Support the sustainability of third sector care providers to fill the gap left by reduced local authority provision.

**Government Policy Targets**
- An increase in SDS uptake in each local authority area.
- Increase awareness of SDS amongst older people, from 16% of over 50s to 30%.

### 1.3 Carers

Carers play a crucial role in the delivery of health and social care provision in Scotland. The identified 657,300 carers in Scotland are an essential part of the workforce, contributing savings to health and social care services amounting to an estimated £10.3 billion every year. While 3,000 older people in Scotland receive 20 hours or more care at home each week, 40,000 older people provide the same level of care for friends and family.

The majority of older adults who provide sole care are more likely to provide continuous care, and the provision of sole care has increased overall. This suggests that levels of caring intensity are becoming greater in Scotland among sole carers within the household.

The Scottish Government acknowledged the role that older carers play in its Carers Strategy paper for 2010-2015, in particular detailing that as carers get older they take on more caring responsibilities. Society at large will become even more dependent on carers’ contributions to health and social care delivery, with the number of carers expected to grow to an estimated 1 million by 2037.
Carers repeatedly identify the right to regular high quality breaks as their top priority. While the Scottish Government allocated £1 million in 2010-11 towards the provision of innovative, personalised and flexible short breaks, there is a requirement to ensure that these national priorities are turned into local actions that meet the needs of carers.

Research shows that three quarters of carers do not have a life outside of their caring responsibilities. They cannot take up employment or leisure opportunities that most people take for granted but getting the right support could enable them to stay in employment and continue caring. Public and private sector employers offering flexible working opportunities could make all the difference to the quality of a carer’s life.

The needs of older carers must be built into long-term policy-making, by ensuring that carers’ needs feature in any structural changes to social care delivery and by working with local authorities to ensure local support is available across the country.

**Policy Objective**
- To reduce carer poverty.
- To increase leisure opportunities for carers.
- To improve the physical and mental health of carers.

**Action to be taken by Government**
- Implement a carers’ rights charter.
- Work with public and private sector employers to offer flexible working opportunities.
- Prioritise the needs of carers in all health strategies.
- Invest in providing flexible, high quality short breaks.

**Government Policy Targets**
- Reduce the number of carers financially worse off due to caring role from current 72%.
- Increase short break relief for carers over 65 from 105,690 weeks to 110,000 weeks.
- Reduce fuel poverty amongst carers from the current 75% to 50%.
1.4 End of Life Care

When the time comes, most of us would like the opportunity to die at home; to remain comfortable and without pain; to be able to spend more quality time with our friends and families; and to not be rushed into hospital every time our symptoms change.

Everyone who needs it should have access to palliative care, regardless of age, medical condition, postcode or preference over place of death. Older people currently experience unequal access to specialist palliative care and hospices.

Published in 2008, ‘Living and Dying Well’ is Scotland’s first national action plan for the provision of palliative care. The plan is designed to ensure that palliative and end of life care are available regardless of diagnosis or location and, wherever possible, to allow for the patient to be treated at the location of their choice. This also means that patients can choose to die at home if this is their wish – and where it is practicable – in accordance with their clinical need. Marie Curie research shows that about two thirds of people would want to be cared for at home if they were terminally ill, with a sizeable minority opting for hospice care.\textsuperscript{x}\hspace{1cm}

The Scottish Government has made significant progress in improving end-of-life care and all NHS Boards have a delivery plan against each of the actions. However, there is still a long way to go. End of life care needs to be considered as an integral part of care planning for all older people with chronic and long term conditions. Too often access to good quality palliative care can vary across the country. Generalists who are involved in palliative care need the support and guidance of specialists so that they can recognise palliative care needs and improve the quality of care they give to patients and their families.

Policy Objective
● To allow, as far as is practically possible, everyone the opportunity to die in the place of their choosing.

Action to be taken by Government
● To report on the national picture of palliative care.
● To monitor nationally where over 65s in Scotland die.
● NHS health boards to invest in specialist nurses to give everyone the option of dying in their own home.

Government Policy Targets
● Increased numbers of terminally ill people given the option to be cared for at home.
2. Housing

<table>
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<tr>
<th>Issue</th>
<th>Statistics</th>
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<tbody>
<tr>
<td>Fuel Poverty amongst older people</td>
<td>● Fuel poverty for single pensioner household has risen to 65% from 58% since 2008.</td>
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<td></td>
<td>● Fuel poverty for smaller older household has risen to 49% from 34% since 2008.xii</td>
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<tr>
<td>Concern about energy bills</td>
<td>● Almost 3/5 of older people (58%) were forced to turn down the temperature in their own home in order to save money last winter.</td>
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<td></td>
<td>● Almost 1/3 (31%) are worried about paying their heating bill.xiii</td>
</tr>
<tr>
<td>Social Housing Units in being built</td>
<td>● 4,642 units of social housing were built in 2010/11, down from 6,219 2007/08.xiv</td>
</tr>
<tr>
<td>Number of older people in care homes</td>
<td>● 31,280 long-stay residents aged 65+ supported in care homes in living 2008-09 down from 31,890 in 2003-4.xv</td>
</tr>
<tr>
<td>Desire to stay at home</td>
<td>● The wish to remain in their own home emerges as the top priority for older people across all ages, with over half of respondents (52%) highlighting it as one of their primary housing needs and concerns. This rises to nearly two thirds (63%) amongst the over 70s.xvi</td>
</tr>
<tr>
<td>Number of older people's homes needing adaptations</td>
<td>● Pensioner households requiring adaptations are projected to rise by 62% to nearly 110,000 by 2033, from under 70,000 in 2008.xvii</td>
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2.1 Fuel Poverty

The phrase ‘fuel poverty’ has become increasingly prominent in recent years as substantial energy price rises have undone the positive effects of rising incomes and greater energy efficiency in Scottish homes. These factors have left ever increasing numbers of Scottish households unable to affordably heat their homes to a comfortable level.

Although householders of all ages have felt the impact of increasing energy prices, it is pensioners who have borne the brunt of the increase and are most affected by fuel poverty. Part of this is due to their typically lower incomes than other, younger, households – but a large part of the increased impact on older people is because they are likely to spend more time at home than younger people. Older people are also more likely to require a slightly warmer room temperature in their homes in order to be comfortable, healthy and safe.

Although the measure of fuel poverty demonstrates how much it would cost a household to heat their home to a comfortable temperature, it does not necessarily mean that the household will actually spend that much on their energy costs. Research commissioned by Age Scotland showed that in March 2009 almost a third of people aged 55 or over had turned down their heating in the past six months due to concerns about the cost. In economic social groups D and E, which includes many of the most deprived households, the percentage rises to 43%.

While Age Scotland supports the holistic approach of the Energy Assistance Package (EAP) and its focus on supporting fuel poor homes regardless of the type of household, the charity is concerned that the
scheme is (a) not locating and supporting fuel poor consumers and (b) not providing data about the effectiveness of the programme. One of the reasons tackling fuel poverty is so difficult is that many of the remaining fuel poor households are not identified, live in hard to treat homes, off the gas grid or have such low incomes that even central heating and insulation are unable to remove them from fuel poverty. The EAP must better identify and assist all households in, and at risk of, fuel poverty.

The Scottish Government has an obligation to eradicate fuel poverty as far as is practicably possible by 2016.\textsuperscript{xviii} The lack of progress on an integrated Government strategy towards the 2016 target in this regard (one incorporating climate change strategies and UK Government’s energy initiatives), coupled with current upward trends in energy prices suggest that it is increasingly unlikely that this target will be met.

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\begin{tabular}{|l|}
\hline
\textbf{Age Scotland Policy Objective} \\
\hline
\begin{itemize}
\item To abolish, as far as is practical, fuel poverty for all pensioner households in Scotland by 2016.
\end{itemize}
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\textbf{Action to be taken by Government} \\
\hline
\begin{itemize}
\item Continue with a holistic approach to tackling fuel poverty in Scotland.
\item Have Audit Scotland monitor the effectiveness of the Energy Assistance Package.
\item Roll out the Universal Home Insulations Scheme across Scotland.
\end{itemize}
\hline
\textbf{Government Policy Targets} \\
\hline
\begin{itemize}
\item Reduce fuel poverty for single pensioner household from 65% to zero by the end of the Parliament.
\item Reduce fuel poverty for older smaller households from 49% to zero by the end of the Parliament.
\item Reduce the number of older people living in housing which is Poor-to-Moderate on the National Home Energy Rating band, from 48% to 30%.
\end{itemize}
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\caption{Age Scotland Policy and Action Plan}
\end{table}

\subsection*{2.2 Adaptations and Telecare}

Adaptations and the use of telecare are central to enabling older people to remain in their own homes for as long as possible and out of higher level care. These can range from ramps and wider door frames to assist individuals in accessing their homes, to accessible bathrooms and winches to allow them to move around their homes independently. Pensioner households requiring adaptations are projected to rise by 62% to nearly 110,000 by 2033, from under 70,000 in 2008.\textsuperscript{xix}

Age Scotland has carried out research into the role of technology and prevention for older people. It specifically looked at the role of “smart technologies” in increased independence. The cost of a care home place in West Lothian was calculated by the Council to be £21,840 per annum. A ‘Housing with Care’ tenancy cost £16,400 - including a technology package, personal care and housing support; and support in the community, including a technology package and ten hours of care, cost £7,121.\textsuperscript{xx} By investing in these technologies today, local and central Government can better support older people in a manner that is more personal, desirable and cost effective. Age Scotland notes the hugely important role of volunteers who can monitor and respond to telecare issues within a community. Particularly in remote and rural areas, where friends, family and medical professionals are often based elsewhere, these local volunteers are a vital to ensuring the successful roll out of telecare services.
Greater investment is therefore required to provide adaptations across housing tenures to support older people living independently. Clearly any reductions in housing support, repairs and adaptations will increase pressure on the health service and social care budgets. In order to plan for this, there is a need for co-ordinated and strategic local services that promote independent living for more older people. The Scottish Government’s announcement that it will conduct a formal review and consultation on how RSLs access funding for adaptations, is to be welcomed. Through the charity’s membership of the Adaptations Working Group, Age Scotland is involved in developing the policy on how the RSL adaptations budget can be best utilised.

**Policy Objective**
- To increase the number of older people living in their own homes in later life.

**Action to be taken by Government**
- Invest in research and development in technologies that can increase independence at home.
- Work through CoSLA to share best practice on adaptations for local authorities.
- Establish and expand an effective, national network of preventative services such as Care & Repair to enable older people to remain at home for longer across all housing tenures. Develop a national framework on adaptations policies that compels local authorities to fully implement the recommendations of the Older People’s Housing Strategy.
- All applicable older people to be offered a telecare package in line with their assessed needs.

**Government Policy Targets**
- Increase the number of 60-74 year old and 75+ year olds with adaptations in their homes from 41% to 55% and 56% to 70% respectively.
- Reduce the number of over 65s living in care homes from 38,000 to 30,000.

2.3 Support older people to improve their own homes

Whilst adaptations represent significant value for money savings in the long-term, it is appropriate - and necessary given the current financial climate - for those who have sufficient assets to contribute towards the cost of their adaptations. Co-payments from those that can afford it will help ensure the future sustainability of adaptations budgets.

Age Scotland is working closely with the Government through the development of the Older People’s Housing Strategy and our Local Housing Panels. The purpose of this engagement is to discuss the best options for the development of a scheme which will enable older people to remain at home for as long as possible by making use of their personal resources.

Many of the concerns older people have on this subject relate to the negative perception of some of the equity release models available on the market. These risk dissuading people from engaging with proposals ultimately designed to support their needs.
Policy Objective
● To enable older people to make best use of their personal resources in supporting them to live longer in their own homes whilst protecting them from unscrupulous lenders.

Action to be taken by Government
● Establish a Government-backed equity release scheme to encourage people to access their personal resources for adaptations.
● Ensure that a comprehensive programme of information and advice services to enable older people to make the right decisions on their housing needs – as proposed in the Older People’s Housing Strategy – is achieved by 2016.

Government Policy Targets
● Reduce the number of over 65s living in care homes from 38,000 to 30,000.

2.4 Supply of New Build Housing & Maximising the Suitability of the Existing Stock

Housing must play a central role in meeting the changing needs of our ageing population and ensuring that they remain valued and active members of our communities. Enabling older people to remain at home is not only the most cost-effective means of delivering care, older people consistently tell us it is also what they want.xxi

The supply of new-build housing is not keeping pace with demand or current population projections. While the provision of sheltered accommodation has increased, overall the availability of housing for older people with varying needs has remained static. This comes at a time of a rapidly ageing population which will in all likelihood have greater needs while being expected to receive care and support at home and out of higher-level care services.xxii

“The lack of sufficient house building makes it imperative that what new-build housing is developed must be adaptable to suit the needs and demands of residents of all ages”.

The Scottish Government acknowledges “the overall picture is bleak” and concludes “...to maintain the current stock to disabled pensioner ratios a major building or extensive adaptation programme would be required”.xxiii

The lack of sufficient house building makes it imperative that what new-build housing is developed must be adaptable to suit the needs and demands of residents of all ages. Local Authorities must consider the need for bespoke private retirement buildings, social housing and all other housing options for older people.

Given the expectation that relying on new-build housing will be less of a priority for the Government, in order to meet the needs of our ageing population it will be necessary to place a far greater reliance on the existing housing stock. Much of the existing housing stock is however not fit for purpose and significant work will be required to bring it to an acceptable standard in order that older people can remain at home for as long as possible and out of higher level care.
Policy Objective
● To have more older people living longer in their own homes.
● To have fewer older people living in care homes.

Action to be taken by Government
● Provide a comprehensive programme of information and advice services to enable older people to make the right decisions on their housing needs.
● Work with CoSLA to ensure local authorities develop housing strategies through genuine consultation with older people.
● Establish a national picture of older people’s housing conditions by undertaking mapping of Scottish Housing Quality Standards against household type.
● Support councils to bring empty housing units back into use and establish an effective national policy for making best use of under-occupied housing.
● Increase funding available to Housing Associations to build social housing.
● Ensure all new social housing meets the Lifetime Homes Standard in terms of flexibility and adaptability.

Government Policy Targets
● Increase the number of social housing units available annually from 5,000 in 2010 to around 7,000 by 2016.
● Cut the number of over 65s living in care homes from 38,000 to 32,000.
● Reduce the number of older people living in housing with a level of disrepair (as this is not currently collated, we could set a standard target along the lines of those proposed below).
● Reduce the number of dwellings in Scotland with a level of urgent disrepair from 44% to 35%; the number of dwellings with disrepair to critical elements from 71% to 60% and the number of dwellings with extensive damage from 31% to 25%.
3. Health & Fitness

<table>
<thead>
<tr>
<th>Issue</th>
<th>Statistics</th>
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</thead>
<tbody>
<tr>
<td>Level of Malnutrition</td>
<td>Malnutrition level for those entering hospitals is 27% for those under 30 years old and 34% for those over 80 years old. xxiv</td>
</tr>
<tr>
<td>Length of stay in hospital</td>
<td>The mean length of stay per episode for all speciality in-patient facilities was 8.7 and 8.4 days in 2005 and 2006 respectively, but for the older population it was 36.5 and 35.8 days in the same years.</td>
</tr>
<tr>
<td>Fear of Dementia</td>
<td>18% of 50 to 54 year olds, and 27% of those aged over 70 are more afraid of advanced cognitive decline than of losing a spouse or even dying. xxv</td>
</tr>
<tr>
<td>Number of dementia sufferers</td>
<td>There are approximately 69,500 people with dementia in Scotland today; this number will increase to around 127,000 by 2031 as the population ages. xxvi</td>
</tr>
<tr>
<td>Cost of Dementia</td>
<td>The cost of dementia in Scotland was approximately £1.7 billion in 2007 (56% of these costs was in informal care). Costs are projected to increase to approximately £2.7 billion by 2031. xxvii</td>
</tr>
<tr>
<td>Gap between life expectancy and healthy life expectancy at birth</td>
<td>Healthy life expectancy at birth is 68.1 (m) and 70.8 (f). While average life expectancy at birth is 76 (m) and 80.6 (f). Gaps of 7.9 and 9.8 years respectively exist.</td>
</tr>
<tr>
<td>Meeting national guidelines for physical activity</td>
<td>Over the decade up to 2008, there was a significant increase for both men and women aged 16-74 in the proportions meeting physical activity recommendations; from 40% to 46% among men and from 29% to 35% among women.</td>
</tr>
</tbody>
</table>

3.1 Malnutrition

Age Scotland remains concerned about malnutrition amongst older people, both in hospital and in the community. Whilst there have been improvements, there is still a long way to go before the problem is resolved, because the risk and prevalence of malnutrition increases with age.

Malnutrition has been identified as a major public health problem in hospitals, the risk of malnutrition is 27% for those less than 30 years old and 34% for those 80 years and older. xviii It is more likely to be a problem for people on low incomes, people who live alone and older people. Additionally older people are more likely to be undernourished when admitted to hospital and remain undernourished during their stay there. The cost of malnutrition across the UK in 2009 was £13bn. xxix

The Food, Fluid and Nutritional Care Standards (NHSQIS, 2003) require all patients admitted to hospital in Scotland to be nutritionally screened within 48 hours of admission to identify those at risk of, or already suffering from, malnutrition. There are no such standards available for people living in the community, although the British Association of Parenteral and Enteral Nutrition (BAPEN) recommends that a nutritional screening tool should be used with new patients attending their general practitioner, in vulnerable groups, and in those for whom there is clinical concern (e.g. those who are frail and elderly, the poor and socially isolated and those with severe diseases and disabilities). There is no published data from Scotland on current practices for nutritional screening.
The importance of good nutrition to a person’s mental health and well being, as well as to their physical health, cannot be underestimated. The appropriate screening and reporting in both a medical and residential environment is necessary to improve nutritional screening practices and tackle malnutrition in older people.

3.2 Dementia

Dementia is a global term used to describe a range of brain diseases characterised by a progressive decline in intellectual and other mental functions. Whilst Alzheimer’s disease and vascular disease represent the most common causes, there are a number of other less common forms of dementia.

Dementia is the second highest contributor to years lived with a disability in people aged over 60. An estimated 82,000 people have dementia in Scotland in 2011, around 3,500 of whom are under the aged of 65. As our population ages, the number of people with dementia in Scotland is set to double over the next 25 years.

The majority of people with dementia live at home, with an estimated 40% living in care homes. Up to 70% of the care home population may have dementia. Dementia has a major impact on our economy. The estimated costs associated with dementia are greater than cancer and heart disease combined, with the majority of contributions made by informal carers.

“Pressure on social care services means that people with dementia and their carers may not receive support at home until their needs are considered critical or substantial.”

Government and charity investment in research is 12 times lower than on cancer research. For every person with cancer £295 is spent each year on research; for dementia that figure is just £61.
Around 50% of people with dementia have received a diagnosis; fear of dementia and a reluctance to diagnose are part of the reasons for under-diagnosis.

There is a lack of support following diagnosis to assist people come to terms with and manage their condition and plan ahead. Pressure on social care services means that people with dementia and their carers may not receive support at home until their needs are considered critical or substantial.

Dementia is a degenerative condition; early-stage support is required to reduce the risk of future crisis intervention. There should also be choice and control for individuals and families to determine the support they receive, so it can be meaningful to their lives and make use of their community links and natural support networks.

**Policy Objective**
- To ensure implementation of the priorities and actions within the National Dementia Strategy.
- To focus on early diagnosis and improvement in the level and quality of post-diagnostic support.
- To encourage earlier intervention and a preventative approach to support people with dementia and their carers in the community for longer.
- To improve the response to dementia in general hospital settings.

**Action to be taken by Government**
- Allocate a greater proportion of the Change Fund to support people with dementia and their carers from an earlier stage in the illness.
- Ensure that people with dementia and their families are encouraged to develop and direct their own support and that the forthcoming Self-directed Support Bill increases their opportunity to do this.
- Ensure local authorities and NHS boards implement new standards of care for dementia in health and social care settings.
- Ensure local authorities and NHS boards implement the new knowledge and skills framework Promoting Excellence in all health and social care settings.
- Continue to support the development of Alzheimer Scotland Dementia Nurse Consultant in all 14 health boards and ensure that the investment in the development of the Dementia Champion Network leads to significant increases in staff understanding of dementia and standards of care.
- Monitor the NHS board HEAT targets on the percentage of people with dementia receiving a diagnosis.
- Provide annual progress reports under the National Dementia Strategy and a review of the Strategy by 2013.

**Government Policy Targets**
- Significantly increase awareness and understanding of dementia as an illness and risk reduction factors.
- Increase the number of people with dementia who received a diagnosis each year.
3.3 Healthy Life Expectancy

Although life expectancy (LE) and healthy life expectancy (HLE) have been increasing in Scotland in recent years, both tend to be lower in Scotland than in the UK as a whole. Indeed, Scotland has one of the worst levels of LE in Western Europe. However, increasing HLE is included as part of one of the five high-level ‘Purpose’ targets and as a specific national indicator set out by the Scottish Government.

- Government Economic Strategy Target 4: “To match average European (EU15) population growth over the period from 2007 to 2017, supported by increased healthy life expectancy in Scotland over this period.”
- National Indicator 21: “Increase healthy life expectancy at birth in the most deprived areas” (defined as the 15% most deprived data zones in Scotland, based on the Scottish Index of Multiple Deprivation (SIMD)).

Male and female Healthy Life Expectancy has, like life expectancy, demonstrated an overall upward trend. Healthy Life Expectancy in males increased from 62.6 years in 1980 to 68.1 years in 2008; an increase of 5.5 years overall. For females, Healthy Life Expectancy increased from 65.9 years in 1980 to 70.8 years in 2008; an increase of 4.9 years overall.xxxviii

Conversely, for both males and females in the most deprived communities, there is a shorter healthy life expectancy at birth and a longer period expected to be spent in ‘not healthy’ health. It is also clear there is an urban-rural divide in Scotland, with people living in the most remote and rural areas expected to live longest both generally as well as in a healthy state and to spend fewest years in ‘not healthy’ health. This may be partly due to the fact that rural areas tend to have lower levels of deprivation than urban areas, and deprivation has been shown to be strongly associated with both lower Life Expectancy and Healthy Life Expectancy.

Policy Objective
- To increase healthy life expectancy across all demographic groups.
- To narrow the gap in healthy life expectancy between those in affluent and those in deprived communities.

Action to be taken by Government
- Put in place long-term monitoring of inequalities across a number of high level indicators including HLE.
- Improve mental wellbeing to tackle the high economic, social and health burden of mental illness.
- Invest time and resources in the “big three” diseases: (what is the third) cardiovascular disease and cancer.

Government Policy Targets
- Healthy life expectancy to increase from 68.1 (m) and 70.8 (f) to 71.5 and 74 respectively.
- Narrow the gap between healthy life expectancy at birth in the most deprived areas and average healthy life expectancy.
3.4 Active Ageing

The 2009 Scottish Health Survey illustrated that participation in sport and exercise was falling with age among both men and women. Only 19% of those aged 65-74 were meeting the recommended levels of physical activity (a fall of 2 percentage points from the previous year), while a mere 8% of those 75+ were doing the recommended level of exercise (static from the previous year).

These results were in spite of the evidence of the importance of physical activity for older people, including the immediate and long-term physiological, psychological and social benefits as well as its vital role in maintaining mobility and independence. It is acknowledged that physical activity can be particularly important for certain conditions directly associated with old age, for example:

- preventing and reducing falls through the promotion of muscle strength, improvement in balance and posture;
- reducing the risk of conditions and chronic conditions such as heart disease, obesity, diabetes, colon cancer, high blood pressure, heart disease, lung disease, osteoporosis and osteoarthritis;
- improving mobility, functional capacity and personal independence.

In addition to all this, regular exercise can also increase the opportunities for socialisation and social inclusion, as well as help in overcoming major depression.

Older people should be supported to make informed choices about maintaining and improving their health and independence. They should have access to information, services and activities that enable them to do this. Involving third sector partners would be a welcome step – indeed many Age Scotland member groups already provide opportunities to encourage physical activity in later life.

Unfortunately, older people have often been neglected in these initiatives more broadly and in order to make this approach to public health work, it must address issues that matter for people in later life, such as social isolation, malnutrition and falls prevention.

**Policy Objective**
- To increase the number of older people taking part in sport and exercise.

**Action to be taken by Government**
- Roll out a nationwide programme, supporting people aged over 50 with physical activity, healthy eating and mental well-being.
- Take advantage of the 8th World Congress on Active Ageing being held in Glasgow in 2012 to drive forward initiatives making it easier for older people across Scotland to become and stay more active.
- Build on the Commonwealth Games legacy to focus on getting people more physically active through the Active Nation campaign and the Community Sports Hubs programme.

**Government Policy Targets**
- Increase the percentage of those aged 65-74 doing the recommended levels of physical activity from 19% to 25%.
- Increase the percentage of those aged 75+ doing the recommended levels of physical activity from 8% to 18%.
4. Discrimination

<table>
<thead>
<tr>
<th>Issue</th>
<th>Statistics</th>
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| Instances of elder abuse             | 20,430 people in Scotland aged 66 and over have experienced mistreatment.  
                                       | xli                                                                          |
| Experiences of Age Discrimination    | Age Discrimination at work is a much more significant issue for younger-older people as more of them will still be in employment. Over 1/3 (35%) of those 50-54 have experienced age discrimination in the workplace compared with only 10% of those 70+.  
                                       | 39% of over 50s have experienced discrimination when accessing public services, rising to 48% for those over 70.  
                                       | 45% of over 50s have experienced age discrimination when buying goods, rising to 50% of those 70+.  
                                       | xli                                                                       |

4.1 Elder Abuse

Older people can sometimes be more vulnerable to abuse or to not having their rights fully respected, protected or fulfilled. Those who use health and care services and those who are at risk of harm can sometimes struggle to have their views heard and can be more vulnerable to neglect and ill treatment.

Yet, it is only in recent years that the public has started to become aware of the problem and that policy makers, practitioners and researchers have begun making a concerted effort to understand and address the issue. The 2007 Adult Support and Protection Bill sought to protect adults at risk of being abused. It introduced investigative rights and duties on local authorities and other public bodies, as well as a range of post-assessment interventions, including banning orders and removal orders. The Bill also created local multi-disciplinary Adult Protection Committees (APCs) to both oversee and coordinate the work of various agencies involved in abuse investigations and to develop prevention strategies.

Despite this legislation, it is estimated that elder abuse still affects over 20,000 people in Scotland each year. Overall, 2.6 per cent of people aged 66 and over living in private households (including sheltered housing) have reported experiencing mistreatment involving a family member, friend, or care worker during the past year. This equates to around 1 in 40 of the older population. The use of the definition “abuse” can mask the reality that these are very often criminal acts causing serious harm, and at times permanent damage or death, to an older person.

Where family members perpetrate such acts there is a great reluctance to involve the police, which often results in incidents going unrecorded and unresolved. In addition, where an older person lacks full capacity, there is a perception that it is much harder to secure a prosecution. All too often, this results in perpetrators of serious crimes, including sexual assault, going free to perhaps offend again.

Raising awareness of elder abuse and demonstrating that it is unacceptable will help to ensure older people are protected from abuse. Staff training is another key resource in tackling elder abuse, and with this in mind, the Scottish Human Rights Commission has developed training relating to the care and support of older people. This aims to empower people to understand their human rights, and increase the ability and accountability of those who have the duties to respect, protect and fulfil the rights of older people. Empowering staff with the appropriate skills to identify the signs of elder abuse by friends, family or other staff members is an important tool in combating the ill-treatment of vulnerable older people.
Policy Objective
● To eliminate elder abuse in Scotland.
● To raise awareness of elder abuse, demonstrate that it is unacceptable and educate people to recognise it and how to stop it.

Action to be taken by Government
● Work with public, private and third sector organisations to develop training for staff in contact with older people to provide them with the skills to identify elder abuse.
● Run joint Local Authority and Police campaigns to highlight how the public can ‘shop’ the perpetrators of elder abuse.
● Map instances of Elder Abuse across the country.

Government Policy Targets
● Reduce instances of elder abuse among the over 60s from 2.6% to 2%.
● Increase the number of prosecutions for elder abuse reported to the police.

4.2 Equalities

Age discrimination is the most common form of discrimination in the UK. Much of the inequality, prejudice and discrimination experienced by older people stems from pervasive negative stereotypes and attitudes held about ageing. Society’s view of older age is one characterised by an emphasis on biological decline and economic burden whilst the reality is very different. Older people’s economic contribution, whether through direct employment, volunteering, child care and other forms of care, is rarely acknowledged. Age-related discrimination in areas such as financial services, employment and health and social care can only be fully removed if the various attitudinal, institutional and environmental barriers faced by older people are challenged. A cultural shift in the way policies and services are developed will be required to meet the needs of an ageing population and to ensure people don’t just face isolation and inequality in later life.

As a primary example, the NHS must continue to treat all equally - rich and poor, young and old alike. There is a vital role for the Scottish Government in developing robust duties and clear guidance to be followed by public authorities to in eliminate age discrimination in all their public functions, including in health and social care.

“Society’s view of older age is one characterised by an emphasis on biological decline and economic burden whilst the reality is very different. Older people economic contribution, whether through direct employment, volunteering, child care and other forms of care, is rarely acknowledged.”

In particular, ‘age-proofing’ exercises must be carried out on the use of tacitly accepted age limits amongst health and care providers. In a health context this would provide an accurate picture of the extent and effect of issues. For example, people over 65 with mental health needs are at times removed from the care of mental health teams, which have often developed a thorough understanding of the person and
their condition, and placed within the service remit of a geriatric team. Similarly, there may be adverse consequences that stem from policies under which women over certain ages are not automatically offered scanning against diseases including breast and cervical cancer.

Age-proofing across public services more broadly will ensure public bodies and public service providers adhere to age discrimination legislation. Public bodies must now systematically examine the effects of their policies and practices on older people to ensure they comply with the public sector Equality Duty. However, this alone is not enough. The benefits will only be realised effectively if all public bodies engage in an ongoing dialogue with those in later life about the barriers to equality of opportunity they face, and involve them in finding solutions. Older people’s involvement in the formulation of policies that affect them is the best means by which an age-friendly society can be achieved.

**Policy Objective**
- To ensure the NHS treats all patients on the basis of clinical need.
- To ensure all public services adhere to age discrimination principle and guidelines.

**Action to be taken by Government**
- Develop guidance on age discrimination for all public authorities in Scotland.
- All public bodies to undertake a process of ‘age-proofing’ in order to assess the potential impact of their policies and services on older people.
- Ensure full consultation with older people about the barriers to equality of opportunity.

**Government Policy Targets**
- An end to complaints to NHS Health boards from families, staff and/or patients about individuals being denied treatment due to age.
- A decrease in instances of age discrimination in (a) buying goods and services, (b) accessing public services and (c) in the workplace.
5.1 Policing

Older people want firm commitments that police forces will maintain the number of frontline, visible officers on patrol in the community.

In 2008 Help the Aged conducted a survey examining older peoples’ experiences and attitudes in respect of Neighbourhood Policing across the UK. It found that older people supported the idea of neighbourhood policing, but wanted more direct contact with officers. In particular, they wanted to see more police on patrol, particularly after dark, as well as increased face-to-face contact.

Older people’s experiences and views do not always adequately inform local policing, crime reduction and reassurance priorities. Crime issues which affect older people are often marginalised and older people are often accused of ‘worrying about nothing’ when it comes to crime. This promotes the assumption that fear of crime is nothing to worry about while, in reality, it can increase feelings of isolation and decrease community involvement. Older victims are also more likely to experience poor health and well-being.

<table>
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<tr>
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<tbody>
<tr>
<td>Local police community engagement plans</td>
<td>In 2010 ACPOS launched its first national older people’s strategy paper to guide local forces in developing community engagement plans.</td>
</tr>
<tr>
<td>Number of police officers</td>
<td>Increased over last four years to 17,263.</td>
</tr>
<tr>
<td>Recorded Crime</td>
<td>338,028 crimes recorded by the police in 2009-10, 10% down on 2008-09.</td>
</tr>
<tr>
<td>Fear of Crime</td>
<td>73.8% of men over 60 and 67.5% of women over 60 think “there is ‘about the same’ or ‘less’ crime in their area than two years ago.”</td>
</tr>
</tbody>
</table>

Age Scotland wants it to be far easier for people in later life to set the direction of local policing decisions. Local police should be expected to hold regular ‘beat meetings’ so residents can hold them to account. This is likely to appeal to older people in the community, who often have a higher fear of crime.

Many are already active in efforts to combat crime and disorder, for example by leading neighbourhood watch schemes. Others, by contrast, have long-term limiting illnesses, are isolated and can be particularly vulnerable to bogus callers and other doorstep crimes as well as a range of anti-social behaviours.
5.2 Safety and Security

The risk of becoming a victim of crime decreases with increasing age. 20% of 16-24 year olds were at risk of being a victim of crime compared with nine percent of those aged 60 or older. Yet although older people are far less likely to be a victim of crime than people in younger age groups, they are more likely to be a victim of the fear of crime.

Older people (38% of those aged 60 or older, compared with 23% of 45-59 year olds) are more likely than younger people to report feeling unsafe when walking alone after dark and only half of those aged 75 and over say they would feel safe walking alone after dark. Similarly, those aged over 60 are less likely than all other age groups to say they would feel safe on both trains and buses in the evening.

Although they are less likely to be victims of crime, this fear matters because it can lead to isolation, loneliness and deterioration in health. Older people have increasing expectations of living active and independent lives in safety within their communities, therefore the police force and its partners in the public, private and voluntary sector have a duty to consult with and respond to the needs of older people to ensure they do not live out their later years in fear of crime.

Policy Objective
- To reduce the number of recorded crimes committed against older people.
- To eliminate the gap in fear of crime between over 60s and younger people.

Action to be taken by Government
- Police forces to produce comprehensive community engagement plans, including older people strategy papers.

Government Policy Targets
- Reduce the percentage of those aged 60+ feeling unsafe walking home after dark from 38% to 30%.
- Reduce the risk of older people becoming a victim of crime from 9% to 7%.
6. Training and Employment

6.1 Lifelong Learning

Lifelong learning and the opportunity to take part in activities are important for many older people. Access to appropriate classes, courses and groups can bring considerable benefits to physical and mental health and help to prevent social exclusion and isolation. For many older people the wider benefits of learning in later life are not motivated by the acquisition of academic or vocational qualifications, but are the result of a desire to stay active, develop new social networks and gain new skills and knowledge.

Individual Learning Accounts Scotland is a funding source for learning that can be used by older learners. Already nearly 10,000 people aged 50+ have made use of an Individual Learning Account since the ILA Scotland scheme was launched at the start of 2005. However, it has been suggested that the overall application process has put barriers in place for certain groups of learners, such as those with literacy or numeracy problems, learners with disabilities, those from lower socio-economic backgrounds and older people.

For many people in later life, participation in learning can be limited by a range of factors such as a lack of knowledge about learning opportunities and the timing, location and availability of courses, concerns about affordability, personal circumstances or simply a fear of starting learning again.

“For many older people the wider benefits of learning in later life are not motivated by the acquisition of academic or vocational qualifications, but are the result of a desire to stay active, develop new social networks and gain new skills and knowledge.”

It is likely that lifelong learning activities will be under increasing pressure given the constraints on public finances. Age Scotland believe that the value of these opportunities to many older people should not be forgotten. There is crucial role for Skills Development Scotland, working in partnership with colleges, universities and the third sector, to deliver and promote learning opportunities and classes for older people across Scotland.

Given the increasingly ageing population, individuals are likely to have forty to fifty year careers, and engage in repeated changes during their working lives. The Scottish Government must consider new...
ways to ensure access to a wide range of learning provision that will suit the differing learning needs of Scotland in the future. This access must include opportunities for older people to participate in part-time and full-time learning at colleges and universities. To realise this ambition, the Scottish Government must be much bolder in producing information, advice and guidance targeted at older people on learning and accessing financial support for education.

Policy Objective
● To increase the number of people aged 50+ doing learning courses.
● To increase the number of older people attending college and university.
● To increase the level of employment among the over 50s.

Action to be taken by Government
● College and university course vacancies to be actively advertised and targeted at older people.
● ILA application process for older learners to be simplified.

Government Policy Targets
● Increase number of 50-60 year olds in further and higher education from 11,020 to 12,500.
● Increase number of 50-60 year olds in further education from 4890 to 6,000.
● Increase number of over 50s taking out an ILA 200.

6.2 Jobs

One of the key challenges facing individuals of all ages is the uncertain economic climate. Arguably, however, older adults face a greater challenge in both re-entering the labour market and, increasingly, staying in the labour market. Many individuals aged 50+ face genuine uncertainties around their current and future employability, which can be exacerbated by organisations offering incentives for older workers to accept voluntary retirement or redundancy. The true social impact of such schemes – with retirees in their mid-to-late fifties typically being healthier than previous generations and still having the capacity to continue working - will not be fully known for another 5-10 years.

For older unemployed adults actively seeking to re-enter the labour market, significant barriers exist. Unlike school leavers today, where over 58% of those leaving secondary education go on to further or higher educationlii, the current generation of 50-65 years olds had significantly less opportunity to gain higher level qualifications in their youth. This presents a serious challenge for older adults competing in a job market where College and/or University qualifications are increasingly considered to be essential criteria among employers.

Many individuals experience significant barriers to participation in learning, including finding the time to learn, covering the cost of learning and dealing with perceptions of relevance and ability. These become amplified with age. As a result, participation rates in lifelong learning are likely to be much lower for older adults than they are for younger adults, with many disengaging from learning on leaving secondary school.

The capacity to deal with change in later life is also a barrier. Many 50-65 year olds experience life-changing events, such as children leaving home, bereavement of parents and/or partners, caring responsibilities
for elderly parents and/or partners, declining personal health and, increasingly, divorce or separation. Evidence suggests there is also a lack of confidence and self-belief, which can be overcome through the use of reflective learning and recognising past achievements as a basis for progression.

For some older people, working up to and beyond State Pension age may not be an option, but a financial necessity, given dwindling pension pots and unforeseen time out of the labour market. In addition, many have identified areas they would like to explore in later life, such as changing career direction or job, starting up a business, volunteering and/or learning new skills.

These are key areas in which individuals could benefit from quality advice and guidance. Age Scotland feels that Scottish Government policy on information, advice and guidance should consider the unique needs of older adults and provide a more appropriate and inclusive service.

**Policy Objective**
- To increase the number and percentage of older workers in the Scottish labour force.

**Action to be taken by Government**
- Make available targeted funding and advice on starting a business for those 50+.
- Provide bespoke advice and guidance on training opportunities for older adults.
- Provide training on interview skills techniques for those 50+.

**Government Policy Targets**
- Increase the number of employed people aged 50+.
- Reduce unemployment among over 50s.
7. Local Services

7.1 Concessionary Travel Scheme

Free local bus travel is a life line for many in later life. It helps people to remain independent and access local amenities and services and can be an important way to keep in contact with friends and family, helping to tackle social isolation.

The Scottish Government’s own report of May 2009 showed that the concessionary travel scheme was promoting social inclusion. The data revealed that, based on analysis against the Scottish Index of Multiple Deprivation, the take-up and usage of the scheme was highest in most deprived areas. This result is consistent with expectations, given the higher propensity among deprived groups to use public transport. Furthermore, measured in terms of employment status, those who are permanently retired and sick/disabled had the greatest take-up of the scheme. These trends were borne out by findings around usage of the concessionary travel scheme. Those with an income of less than £10,000 were most likely (almost 70 per cent) to make more trips in total as a result of the scheme.

The concessionary travel scheme is of considerable value to those who would otherwise be unable to travel locally to access services and visit friends. Research has shown that the most popular reason among cardholders for using their card for journeys within their local authority area was for health care and shopping trips. The concessionary travel scheme has been successful in improving access to services, facilities and social networks by ‘free’ scheduled bus services and so promoting social inclusion for older people.

Age Scotland believes there is a compelling case for relaxing the current free bus travel scheme to include a greater number of community transport routes. Community transport schemes fill an important gap in places where private travel is not possible or the public transport system does not fully serve the needs of older people in the area.
“Free local bus travel is a life line for many in later life. It helps people to remain independent and access local amenities and services, and can be an important way to keep in contact with friends and family, helping to tackle social isolation.”

Under the current rules the concessionary pass can only be used on “registered routes” and most third sector transport services are not “registered”. The vast majority of third sector services run under Section 19 and Section 22 permits. Section 19 permits are typically demand-responsive, so don’t necessarily run to a fixed route or timetable. Under section 22, a Community Transport operator can register a route and so can participate in the concessionary scheme.

At present there are however not many S22 services in Scotland as prior to 2009 it was not possible to pay a driver. This has been a major disincentive to Community Transport groups considering obtaining the appropriate permit to expand their services. Under S22s, routes must be designed and registered, carry the general public, and participate in the concession scheme; however, there is less flexibility than with S19s. These S19 services are not for the general public, rather for certain categories of people, such as older people. Including section 19 services within the broader concessionary travel scheme would then make virtually all community transport services eligible for potential service users.

The other key issue on concessionary fares is the reimbursement rate. Currently, operators are reimbursed at 67% of fares. This is a reasonable sum for a commercial operator, as while the scheme generates new customers for them they can more easily absorb the 33% differential in running costs through economies of scale as they grow. Third sector services tend however to be provided by small organisations with limited opportunities for growth. Therefore, the 67% cap on reimbursement fee can not only simply be a problem for operators, but a major disincentive for some who would wish to enter the market. Thus, even if permits were to be included in the concessionary scheme, third sector operators would still have the problem of plugging the 33% shortfall.

Further research undertaken by Leonard Cheshire shows that 32% of disabled people with scheduled medical appointments in the last 12 months missed them due to a lack of accessible transport. Conservative estimates show this cost the NHS £50.7m. By extending the concessionary bus travel scheme to cover demand-responsive transport, the potential to create savings for the public sector across multiple budget lines increases.
Policy Objective
● To reduce the number of older people isolated in their own homes.
● To improve health and wellbeing for older people.

Action to be taken by Government
● Extend the current concessionary travel scheme to include community transport services operating on Section 19 permits.
● Introduce a 100% reimbursement rate in the concessionary fare scheme for non-profit distributing organisations.

Government Policy Targets
● Increase the number of community transport services eligible for concessionary fares.
● Reduce the number of medical appointments missed by the over 60s due to a lack of accessible transport.
● Increase the number of concessionary travel journeys taken by older people in the lowest income groups (less than £20,000).

7.2 Local Government Taxation

Age Scotland recognises the council tax as an unfair tax which in many cases bears little relationship to the ability to pay. By not taking account of income it places an unfair burden on those on low and fixed income such as pensioners.

Prior to the 2007 Scottish Parliamentary Election, many older people experienced above-inflationary increases in their service charges without any measurable improvement in service delivery. The Scottish Government’s council tax freeze over the course of the last Parliament has proved very favourable with older people, by keeping money in pensioners’ pockets at a time when they are experiencing significant cost-of-living increases elsewhere. Arguably, however, this service has not helped all pensioner households equally, with pensioner couple households benefiting more than single pensioner households from the four year freeze.17

Data from Age UK shows that since 2008, older people have experienced a rate of inflation on average 5% above headline measures, due in part to their spending a higher proportion of their income on food and fuel than other age groups. Between September 2010 and January 2011, those over 75 spent an average of 7.1% of their income on fuel, compared to 4% in the general population.

Even with council tax benefits in place, the system is flawed and fails to address pensioner poverty. Many pensioners are uncomfortable with means-testing and are unwilling to impart financial information to strangers, even when these are local authority staff. In addition, given the difficulty in predicting how much benefit an individual will receive, many eligible pensioners make the decision that it is simply not worth going through the process. Furthermore, we know that means-testing is an expensive way of allocating benefits because of the bureaucracy and administration associated with it and that it leaves over £300 million a year of unclaimed money across Scotland.
Local government taxation must take into account the needs of Scotland’s pensioners and in the long run be redesigned to be (i) easy to understand (practicable in application) (ii) sustainable (raises enough money to pay for services) and (iii) fair (favourable to those on low and fixed incomes).

<table>
<thead>
<tr>
<th>Policy Objective</th>
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<tr>
<td>To reduce pensioner poverty.</td>
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<th>Action to be taken by Government</th>
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<tr>
<td>Freeze council tax for those over 60.</td>
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<td>Consult older people on the design of a new system of local government taxation.</td>
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<th>Government Policy Targets</th>
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<td>Reduce the proportion of over 60s income spent on local taxation.</td>
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### 7.3 Third Sector

Transforming the delivery of our public services is one of the greatest challenges we face as a country both economically and socially. Given the restraint we are now seeing in public sector spending, we need new models that can deliver high quality public services and ensure value for money for the taxpayer. Delivering better outcomes with reduced public expenditure requires public services that are built around the needs of communities, that are aimed at the cause of the problem and that optimise the use of all our resources. In particular, to achieve all this, we need the full participation of all public service employees, our wider communities and our citizens. Third Sector organisations and service users should play a key role in the design and delivery of services. Their independence from Government allows them to be much more innovative in how they deliver services. Coupled with a public benefit ethos, this leads many Third Sector organisations to provide a higher quality and better value service. Indeed, many are already providing innovative, high quality services within the public sector markets, including social housing, transport, health promotion and community care.

Where Third Sector organisations are working with public sector purchasers to design and deliver public services, collaboration across the public sector has the potential to achieve better results with regard to both quality and cost. For example, Reaching Older Adults in Renfrewshire (ROAR) is a consortium of voluntary and social economy organisations working together to offer low level care and befriending services for older adults in Renfrewshire. However, central to the aspirations of many organisations like ROAR is building-up the capacity of the sector through grant and local funding.

This process also requires building public support to encourage a greater role for the Third Sector in the provision of public services. However, successful innovation in service delivery requires a widespread culture and practice of local experimentation, with freedoms at a local level to develop and implement new approaches and acceptance that that not all initiatives will be successful. Age Scotland feels that in this respect, the Scottish Government should not ‘micro-manage’ local provision but rather seek to create the best possible conditions to enable local providers to innovate and meet the desired national outcomes. Concerns about the delivery agent should not stifle local innovation; the quality of the service and value for money for the taxpayer are the most important issues to consider, not the means of delivery.
**Policy Objective**
- To deliver local, flexible public services that meets the needs of communities.

**Action to be taken by Government**
- Increase the number of community benefit clauses in Scottish Government contracts and encourage uptake across the public sector.
- Pilot social impact bonds.
- Encourage the use of multi-year funding deals for the third sector. For central Government, multi-year funding will become the norm. Public sector organisations should engage with service users to design and deliver public services.
- Increase the number of public social partnerships from 10 to 100.

**Government Policy Targets**
- To empower the Third Sector to increase the % of its income delivered through government trade as opposed to government grants.
- To grow the size of the Third Sector GDP contribution from the current £4.4bn.
Glossary of Terms

Active Nation

- Active Nation is a public engagement programme designed to inspire the people of Scotland to be more active in their everyday lives in the run up to the 2014 Commonwealth Games and beyond.

Adult Protection Committees

- Statutory bodies stabled under the 2007 Adult Support and Protection Act that ensure cooperation and communication within and between agencies to promote appropriate support and protection for adults as set out in section 42 (2) of the Act.

Community Sports Hubs

- The community sports hub concept is aimed at providing more opportunities for communities to engage in an active healthy lifestyle and is a key part of the Scottish Government’s 2014 Games Legacy Plan. Each hub will focus on the needs of the particular local community where it is based, offering local clubs and sports groups' easier access to sporting facilities, as well as providing community volunteers with an opportunity to lead the development of local sport and physical activity in the area. Hubs will be based in local facilities such as sport centres, community centres, schools and/or the natural environment.

Energy Assistance Package

- The Energy Assistance Package is a four-stage package to help increase incomes, reduce fuel bills and improve the energy efficiency of homes in Scotland.

Energy Company Obligation

- A new obligation on energy suppliers that will provide additional support for low income vulnerable households and for those whose homes are more difficult or expensive to improve. The Energy Company Obligation (ECO) is being introduced as the Government recognises that the Green Deal will not be suitable for fuel poor consumers.

The Green Deal

- The Green Deal is targeted at able-to-pay consumers. It will follow a ‘pay-as-you-save’ model, with up-front energy efficiency improvements funded by a third party, and costs recovered through charges on electricity bills over the long term. Measures funded have to meet the ‘golden rule’ – that bills will be no higher than would have been the case without improvements.

Healthy Life Expectancy

- A healthy life expectancy identifies the number of years a person can be expected to live in good health. Therefore, the emphasis is not exclusively on the length of life as in the case of life expectancy, but also on the quality of life.

Home Insulations Scheme

- The Home Insulation Scheme promotes and installs free or discounted loft and cavity wall insulation and other energy saving measures. It is an area-based scheme, available to around 380,000 properties in 29 local authority areas. Areas covered by the scheme were chosen according to criteria including levels of fuel poverty and emissions, the potential number of treatable houses and the potential for complementary funding.
Individual Learning Accounts Scotland

- ILA Scotland is a Scottish Government scheme that helps individuals pay for learning that they can do at a time, place, pace and in a way to suit them. It is for people who have an income of £22,000 a year or less, or who are on benefits and can provide £200 towards the cost of learning with a learner account from ILA Scotland.

Scottish Index of Multiple Deprivation

- The Scottish Index of Multiple Deprivation identifies small area concentrations of multiple deprivation across all of Scotland in a consistent way. It allows effective targeting of policies and funding where the aim is to wholly or partly tackle or take account of area concentrations of multiple deprivation.

Section 19 and Section 22 Community Transport Permits

- The vast majority of third sector community bus transport services run under Section 19 and Section 22 permits. Section 19 permits are typically demand responsive, so don’t necessarily run to a fixed route or timetable. S19 services are not for the general public but for certain categories of people only, such as older people. Under S22s you have to design and register a route, are able to carry the general public and can participate in the concession scheme, but there is less flexibility than S19s.

Self Directed Support

- Self-directed support is a term that describes the ways in which individuals and families can have informed choice about the way support is provided to them. It includes a range of options for exercising those choices. Through a co-production approach to agreeing individual outcomes, options are considered for ways in which available resources can be used so people can have greater levels of control over how their support needs are met, and by whom.

Skills Development Scotland

- Skills Development Scotland (SDS) is a non-departmental public body (NDPB) which brought together the careers, skills, training and funding services of Careers Scotland, Scottish University for Industry (Learndirect Scotland) and the Skills Intervention arms of Scottish Enterprise and Highlands & Islands Enterprise.

Telehealth

- Telehealth is the delivery of health-related services and information via telecommunications technologies. Telehealth delivery could be as simple as two health professionals discussing a case over the telephone, or as sophisticated as using videoconferencing between providers at facilities in two countries, or even as complex as robotic technology.

Universal Home Insulations Scheme

- A free to all Insulation Scheme. UHIS Is available in areas selected and put forward by local authorities, which are also responsible for the administration of the scheme. 27 councils were successful in securing funding. Together their schemes will enable free energy efficiency measures to be offered to over 100,000 households.
i  GRO Scotland, Projected population, 2009
ii  Age Scotland Poll, April 2011
iii  Wider planning for an ageing population, March 2010
iv  Self-Directed Support (Direct Payments), Scotland 2010
v  Age Scotland Poll, April 2011
vi  Carers Scotland, 11May 2011
vii  The Scotsman, April 29th 2009
viii  Scottish Government, Reshaping Care for Older People, March 2010
ix  Integrating health and social care in Torbay, Kings Fund, 2011
x  Self Directed Support Strategy, Scottish Government, 2010
xi  The Scotsman, April 29th 2009
xii  Scottish House Condition Survey: Key Findings for 2008 and 2009
xiii  Age Scotland Poll, April 2011
xiv  Housing Statistics for Scotland - Social Sector new build, Scottish Government May 2011
xv  Free Personal and Nursing Care 2008-09, Scottish Government, July 2010
xvi  Age Scotland Poll, April 2011
xvii  The Impact of Population Ageing on Housing in Scotland, Scottish Government 2010, P26
xix  The Impact of Population Ageing on Housing in Scotland, Scottish Government 2010, P26
xx  Smart technology and community care for older people: innovation in West Lothian, Age Concern Scotland, 2006
xxi  Age Scotland Housing Panels
xxiv  Food in Hospitals, Scottish Government, 2008
xxv  Age Scotland Poll, April 2011
xxvi  These statistics represent the midpoint between Dementia UK and EuroCoDe dementia prevalence rates.
xxvii  Alzheimer Scotland Manifesto 2009
xxviii  Food in Hospitals, Scottish Government, 2008
xxix  Combating Malnutrition: recommendations for action, BAPEN, 2009
xxx  Second to blindness, dementia contributes 11.9% of all years lived with a disability for those aged over 60 years for chronic non-communicable illness.
xxxiv  Luengo-Fernandez R, Leal J & Gray A (2010) op cit
xxxv  Eurcode estimated incidence of dementia for Scotland compared to NHS HEAT target
xxxvi  Scottish Government (2011) Promoting excellence a framework for all health and social care staff working with people with dementia, their families and carers Edinburgh
Alzheimer Scotland has secured four Dementia Nurse Consultant positions since 2006

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The Scottish Health Survey, Scottish Government, 2009

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ONS tables for economic inactivity

All Our Futures 2 Planning for a Scotland with an Ageing Population, Scottish Government, 2007

School leaver destinations, 2009

Review of the Scotland-Wide Free Bus Travel Scheme for Older and Disabled People, May 2009

Leonard Cheshire Scotland Research, 2007

Report on the Draft Scottish Budget 2011-12, David Bell, November 2010
This document has been drafted in partnership with a number of organisations that share Age Scotland’s vision of “a Scotland and a world where older people flourish as valued and equal citizens”. Each of the organisations below have worked with Age Scotland to draft the content for asks specific to their respective organisations and their endorsement of the relevant portfolio does not necessarily signal their endorsement of the document as a whole.

- Alzheimer Scotland is the leading dementia charity in Scotland; Age Scotland recognises its lead role and will work alongside it in campaigning for the rights of people with dementia and their families (section 3.2).
- The British Red Cross helps people in crisis, whoever and wherever they are. They are part of a global voluntary network, responding to conflicts around the world they also tackle major health issues and offer social care and support to vulnerable people, in the UK (sections 1.1, 1.2 and 2.2).
- Carers Scotland, as part of the Carers UK Family, helps support thousands of people who care for an elderly relative, a sick friend or a disabled family member (section 1.3).
- Community Transport Association Scotland is the lead body for voluntary and community transport across Scotland. Its members are organisations embedded in the communities they serve responding to both individual and collective needs and driving forward social regeneration in their communities (sections 7.2 and 7.3).
- Energy Action Scotland (EAS) campaigns for an end to fuel poverty in Scotland and is the only national body with this sole remit. EAS seeks to develop and promote effective solutions to the problem of cold, damp and expensive to heat homes. (Section 2.1).
- Leonard Cheshire Disability exists to change attitudes to disability and to serve disabled people around the world. Its principal activity is the provision of services in support of disabled people in the widest context.
- The Scottish Federation of Housing Associations is the national representative body for Scotland’s housing associations and co-operatives (section 2.1-2.4).
- The Scottish Pensioners’ Forum was set up in 1992 as an umbrella organisation for groups and individuals working and campaigning for a better deal for older people.
Age Scotland strives to represent all of Scotland’s older people and provide a united voice to articulate their concerns, wishes, worries and expectations. We have a positive, forward-looking vision of our ageing society as “a Scotland and a world where older people flourish as valued and equal citizens”. We understand the change that is needed to transform people’s lives for the better.