Spotlight Report 2008

Spotlight on older people in the UK
Acknowledgements

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# A year in the spotlight

Has life for older people in the UK got better or worse since the publication of *Spotlight 2007*?

<table>
<thead>
<tr>
<th>Better</th>
<th>Little or no change</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of older people who feel their quality of life has improved over the past 12 months rose from 7 to 9 per cent.</td>
<td>The percentage of pensioners in poverty remained unchanged at 21 per cent.</td>
<td>There are an estimated 1.5 million older people in fuel poverty, up 250,000 from the previous year.</td>
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<tr>
<td>The proportion of people aged 60+ in Great Britain taking up their entitlement to concessionary fares rose from 56 to 63 per cent.</td>
<td>The percentage of pensioners in deep (extreme) poverty remained unchanged at 11 per cent.</td>
<td>Worry about the future affects the physical health of 2.2 million older people in the UK, compared with 1.3 million the previous year.</td>
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<tr>
<td>The proportion of people aged 65+ who have never used the internet fell from 82 to 71 per cent.</td>
<td>The proportion of people in England who say they are not always treated with dignity in hospital remains at 22 per cent.</td>
<td>290,634 older people are not receiving the help they need to get out of the house, up from 210,000.</td>
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<td></td>
<td>The number of excess winter deaths among older people rose by 294 and remains above 25,000.</td>
<td>The number of households receiving low-level care in England is 66,900 – down nearly 8 per cent on the previous year.</td>
</tr>
<tr>
<td></td>
<td>The percentage of older people in Great Britain eligible for benefits but not claiming remained largely unchanged.</td>
<td>23 per cent of older people in the UK say that they sometimes do not heat a bedroom, bathroom and/or living room because of worries about the cost, compared with 21 per cent in the previous survey.</td>
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<tr>
<td></td>
<td></td>
<td>One in 10 people aged 75+ find it very difficult to get to their local corner shop, up from 7 per cent.</td>
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</tbody>
</table>

**Note** Some of the figures quoted for previous years differ from those published in the 2006 and 2007 *Spotlight* reports due to post-hoc changes in published figures.
For millions of people, growing older is about loss, not gain. Help the Aged believes that loss does not have to be inevitable, and that where it cannot be avoided help and support should be ready and waiting. All of us – government, businesses, service providers and individuals – must be prepared to confront some unpalatable truths if we are to face up to the challenge of unequal ageing highlighted in this report.

At Help the Aged, we believe the UK is a divided nation. In one nation, growing older is a pleasant and happy experience, a time to enjoy long-awaited holidays, learn new skills and rediscover friends and family: in short, a time of gain and growth. In the other nation, growing older is primarily about loss: of work and the stimulation it offers; of income and the needs it can meet; of health; of friends and loved ones; and of dignity.

Of course, there are some bright spots. Slowly but surely, greater numbers of older people are accessing the internet. The number of people working on into their 50s, 60s and beyond is rising too, although in some cases this may be from financial necessity rather than choice. Once again, though, the Spotlight report presents a catalogue of facts that shame us all.

Take pensioner poverty. The government claims credit for reducing the number of people living on less than about £125 a week. Fair enough, but that still leaves 2 million pensioners living in persistent poverty, year after year after year.

Take dignity. We believe that everyone, no matter how old or vulnerable, has a right to dignity. Yet the evidence – from survey findings and some shocking stories of abuse and indifference – suggests that many older people are being denied even this most basic recognition of their humanity.

Take the number of excess winter deaths occurring among older people each year. At well over 25,000, this remains an outrage on an almost unbelievable scale. Certainly it fails to demonstrate that older people are really valued by the agencies our taxes pay for.

And the litany does not end there. In 2008, some 80,000 more older people than in 2007 are not receiving the help they need to leave their houses. At the same time, the number of households receiving low-level care has fallen by 11 per cent. It is not just the poorest and sickest older people that we are failing so miserably.

None of this will change until hearts and minds change – in the corridors of power, in boardrooms and marketing departments, in care homes and hospitals, on the high street and in our homes. For as long as, deep down, we continue to see older people as at worst redundant and ‘in the way’ and at best as a frightening foretaste of our own future, we will continue to inflict poverty, prejudice and neglect on the very people who created the world we now enjoy.

We all grow older. So isn’t it time we recognised a few things? That older people have the same hopes and fears as anyone else. That older people, with their £trillion in housing equity and the £200 million they spend each year, are an economic force to be reckoned with. That older people’s wisdom, patience and experience are an even more valuable resource than their money. That, in short, older people deserve no more and no less than equal treatment.

At Help the Aged, we believe this is a vision worth fighting for. Our list of policy challenges sets out what we see as the first steps towards achieving it.
Help the Aged believes that urgent action is the only way to redress the inequalities that currently blight the lives of so many older people. We set out here a series of direct challenges to the policy-makers who exert so much influence over older people’s lives:

**Combat poverty**
Create a targeted strategy to reduce pensioner poverty
Introduce a system of automatic payments of benefits for older people
Take urgent corrective action to get back on track to meet the target of ending fuel poverty for older people by 2010

**Reduce isolation**
Ensure that all new homes are built to meet Lifetime Standards
Provide an alternative to the bus pass for those older people who cannot use buses
Ensure all neighbourhoods have safe, well-lit streets and pavements, good-quality seating and public toilets

**Challenge neglect**
Ensure that the government delivers on its promise to ensure that all older people receiving care are protected by the Human Rights Act
Secure a fair and properly funded system of social care that delivers reliable, decent-quality care
Provide carers with better financial support, respite services and support groups
Safeguard the dignity of older people in health and social care by adopting dignity measures on which to base assessments and monitor progress with concrete actions against defined targets
Support the establishment of a taskforce to eliminate the financial abuse of older people.

**Defeat ageism**
Ban age discrimination in the provision of goods, facilities and services
Impose a duty to promote age equality on all public authorities
Ban mandatory retirement ages in employment
Increase investment in adult education.

**Prevent future deprivation**
Increase the provision of low-level home care to match the real level of need
Provide a single point of access to information and advice in every community
Improve commissioning by primary care trusts of fall and fracture prevention services in primary and secondary care
Commit to a substantial increase in funding for research into ageing and age-related diseases in line with current projections of need.
Introduction

The UK’s population is ageing, fast. This will have a far-reaching impact on the social, political and economic landscape over the decades to come.

The Office for National Statistics predicts that the population of the UK will rise from about 60 million to 70 million by 2031 and to 85 million by 2081.\(^1\) Despite an increase in working-age immigration, the sharpest increases are among the oldest age groups. In 2007, the number of people of state pensionable age exceeded the number of children for the first time.

The rise in numbers is most marked among the oldest old. The number of people over 85 in the UK is predicted to double in the next 20 years and treble in the next 30.\(^2\)

About this report

This report is based on the five themes identified as key objectives by Help the Aged:

- combating poverty
- reducing isolation
- challenging neglect
- defeating ageism, and
- preventing future deprivation.

Each section includes a number of statistical indicators based on the latest figures available at the time of going to press, together with a commentary on the issues raised by the statistics plus direct quotes from older people. The report also includes a spotlight on a key theme. This year’s theme is dignity (see pages 36–9).

The growing proportion of older people in the UK population

![Chart showing the growing proportion of older people in the UK population from 2006 to 2081.](chart.png)

Source: GAD
‘There is nothing worse than debt.’
## Combating poverty

### Indicator | Result
--- | ---
1. **Pensioner poverty**  
Percentage and number of pensioners in the UK living  
(a) in severe poverty (below the 50% line median line of contemporary earnings) and  
(b) in poverty (below the 60% line) before housing costs in 2005–6  |  
(a) 11% 1.2m  
(b) 21% 2.2m

2. **Persistent poverty**  
Percentage of pensioners below the 60% median line of contemporary income before housing costs in at least three of the years 2002–5  | 15%

3. **Failure to take up benefits**  
Percentage of pensioners entitled (upper estimate) in 2005–6 who failed to take up their entitlement to  
(a) Pension Credit  
(b) Housing Benefit  
(c) Council Tax Benefit  |  
(a) 40%  
(b) 16%  
(c) 46%

4. **Pensioner households in fuel poverty**  
Estimated number of pensioner households in fuel poverty (spending more than 10 per cent of household income on fuel) in the UK in 2005  | 1.5 million

5. **Pensioners dependent on state benefits**  
Number of pensioners in the UK deriving over 50% of their income from state pension and benefits  | 7,032,000

6. **Disposable income**  
Average weekly disposable income for single pensioners mainly dependent on state pension in the UK in 2006–7  | £150

### Pensioner poverty: income distribution (UK 2005–6)

![Income Distribution Chart](chart.png)

Source: Department for Work and Pensions
Depressingly, pensioner poverty in 2008 remains at around the same level as it was in 2007. More than one in five pensioners still lives below the poverty line, and deep poverty afflicts 1.2 million older people.\(^3\)

The indicators on page 9 show some small steps in the right direction, with persistent poverty falling one percentage point and a similar-sized increase in the take-up of benefits. However, the overall picture is one of stagnation, with the government’s current strategy for tackling poverty among older people failing to make a significant impact.

### A policy for the future

In 2007, Help the Aged worked with the Institute for Fiscal Studies to examine what the future held in store. The research showed that, unless policies change, the UK will face the same level of pensioner poverty in 2017 as it does today.\(^4\) On a more positive note, 2007 saw the government make its first official commitment to tackling pensioner poverty, by making the issue part of PSA 17, one of its 30 public service agreements for the next three years.

Help the Aged is calling on the government to commit to three steps which, if taken, would substantially cut the numbers facing retirement in poverty. These are the immediate introduction of an earnings link for the basic state pension; the payment of a full basic state pension to all pensioners; and, most importantly, the automatic payment of all means-tested benefits.

‘I don’t have a credit card, I have a debit card. It would worry me into my grave if I was in debt.’

### Another year, another jackpot

Means-tested benefits remain the government’s key policy for taking pensioners out of poverty. Year after year, however, this money is failing to reach those who need it most – a systemic failure that ministers seem unwilling to address. As a result, 2008 will see an estimated sum of over £10 million returning to Her Majesty’s Treasury every single day.\(^5\)

All too often, the excuse is made that pensioners are too proud to claim benefits. This may well be true in some cases. In the majority, however, older people are put off by the assumption that they will not be entitled to anything or by the complexity of the claims process. Help the Aged does not believe that marketing and promotion, the government’s favoured techniques to date, are the best way to tackle these barriers. We therefore urge the government to use the data it holds to make direct payments so that older people can get the money they are entitled to without having to make a claim.

How would this work in practice? The Department for Work and Pensions is responsible for paying state pensions and therefore holds data on people’s incomes. HM Revenue and Customs taxes people on their private income and assets and therefore holds data on their financial liabilities. Help the Aged believes that this data must be brought together and acted upon as a matter of urgency. It is within the government’s gift to take more than half a million people out of poverty straight away, and it has a moral obligation to act.
Failure on fuel poverty

However, just as the government has made a new commitment to tackle pensioner poverty, so in the same breath it has reneged on its promise to end fuel poverty for vulnerable groups by 2010, admitting that at that point there will still be 1.2 million people in fuel poverty. About half of these are likely to be older people. Not being able to afford to heat their home not only makes winter a miserable experience for many older people, it also puts their health and even their lives at risk. In 2007 over 25,000 older people died from cold-related illness.

To tackle fuel poverty, the government must tackle poverty in general. More specifically, it must also make a commitment to helping people improve the energy efficiency of their homes and back this up with appropriate funding, rather than cutting budgets as is currently the case. Campaign groups are preparing to mount a legal challenge to the government on this issue.

The real impact of pensioner poverty

Lack of money bars a large minority of the population from enjoying many of life’s pleasures. Nearly one in seven pensioners in the UK have not had a meal out for over a year, while 32 per cent have not taken a holiday in over five years. A staggering 53 per cent believe that £5 a week could make a difference to their lives.

Without an adequate income, retirement becomes a matter of survival. Leading an active old age becomes even more of a challenge on a budget that scarcely covers food and fuel. Surely one of the best ways of reducing the pressure on our already over-stretched social care system would be to guarantee people an income that allows them to stay in control of their own health.

‘I get by because I don’t eat much. I don’t have breakfast. Sometimes I don’t have lunch. And I just have a sandwich in the evening.’

The haves and the have-nots

The gulf between the haves and have-nots is becoming ever wider among the older population. Companies and the media are becoming more and more aware of the spending power of the ‘baby boomer’ generation, as indeed they should be: the richest 10 per cent of pensioners have an average income of over £600 per week. But this is in sharp contrast to the bottom 10 per cent, who have an average of less than £150 a week and absolutely no private income.

As the idea of the affluent pensioner starts to gain momentum, policy-makers must not be blinded to the reality of daily life for those living in poverty or struggling to make ends meet on an income just above the poverty line. For these people, fuel costs and the Council Tax bill remain the biggest worries, and far too many find themselves forced to choose between paying these bills and buying food. Even for those who can afford the basics, there is often precious little left to pay for leisure activities and socialising. Poverty is surely one of the reasons why levels of isolation and loneliness are so high among older people.

Increasingly, the plight of the poorest is exacerbated by the fact that they are the least likely to have a bank account or internet access and are therefore paying the most for basic services. Shopping online can cut the cost of buying major items, and paying for utilities by direct debit is nearly always the cheapest option. Many companies no longer accept cheques while others, including BT, charge customers more if they wish to pay in this way. We must take steps to ensure that businesses are not concentrating on serving the interests of profitable customers at the expense of everyone else.
‘Loneliness is a sickness.’
## Reducing isolation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7. Loneliness</strong>&lt;br&gt;Percentage and number of people aged 65 and over in the UK who say they are always or often lonely</td>
<td>10% 968,780</td>
</tr>
</tbody>
</table>
| **8. Lifelong learning**<br>Percentage of those currently participating in learning in the UK in 2007 aged:  
  (a) 65–74  
  (b) 75 and over | (a) 9%  
  (b) 7% |
| **9. Getting out of the house**<br>Percentage and number of people aged 65 and over who say they leave their house once a week or less | 5% 484,390 |
| **10. Fear of crime**<br>Percentage of older people (60 and over) in England and Wales in 2006–7 reporting fear of crime | 8% |
| **11. Access to shops and services**<br>Households with people aged 75 and over in England in 2005–6 with very difficult access to:  
  (a) shops (corner shops and supermarket)  
  (b) post office  
  (c) doctor  
  (d) local hospital | (a) 10%  
  (b) 11%  
  (c) 9%  
  (d) 19% |
| **12. Take-up of concessionary fares**<br>Percentage of people aged 60 and over taking up their entitlement to concessionary fares in Great Britain in 2006 | 63% |
| **13. Internet use**<br>Percentage of people aged 65 and over in the UK who have never used the internet | 71% |

### Loneliness

Regional breakdown of older people who ‘always or often’ feel lonely

![Loneliness Regional Breakdown](image.png)

Source: ICM Research
For many older people, TV is the only form of company. They are disconnected from their community, restricted from participating in everyday life and unable to enjoy the activities they once loved.

Things are worse still for those who are housebound or dependent on care. For these people, the world consists of the four walls around them and the care workers who pass in and out of their lives. Things most people take for granted, such as going to buy a pint of milk, having a cup of tea with a neighbour or playing with grandchildren in the park, are impossible. Their quality of life is severely compromised by the barriers that prevent them from being part of the community and enjoying a normal, happy life.

'Older people don’t want to use chip and PIN. With a cheque book I know how much I have paid as all my receipts are kept together.'

Isolation and loneliness are not inevitable side-effects of the ageing process. But the life events associated with older age do tend to leave people vulnerable, and retirement can very quickly turn from being a time of activity, enjoyment and freedom into one of loneliness and isolation. Of course, many older people in the UK enjoy good health and live meaningful lives. But all too often the effects of ageing conspire to make it more and more difficult to lead a full and active life. By their nature, loneliness and isolation are hidden problems and therefore often overlooked. But acting to combat them is essential and the implications of failing to do so are severe.

**Major life changes**

As we age, our life circumstances often change dramatically. Work provides a sense of purpose, a routine and contact with other people. Retirement means finding new ways to fill the days, redefining one’s social group and, often, adapting to life on a much reduced income. Age discrimination in the workplace must be eradicated so that those who want to work for longer can do so. More should be done to provide opportunities for older people to volunteer or take on part-time roles. Good information on local activities and services should be widely available.

Bereavement, in particular the loss of a partner, is often emotionally devastating. It can also have serious practical consequences where, for example, the partner left behind has never learned to drive or taken responsibility for financial affairs. Left alone, they may find they lack the confidence to go out and get involved in activities, use public transport or carry out any number of day-to-day tasks. Thirty-seven per cent of all older people live alone, and for many this has required a painful process of readjustment. When the worst happens, older people need good information about local services which could help them rebuild their lives. Effective and timely bereavement support can make a real difference.

Good health is something most people take for granted until, as is almost inevitable, it starts to disappear. In older age, aches and pains become more commonplace and can be enough to prevent people from performing basic day-to-day activities such as carrying shopping or cleaning the house. Lack of mobility and/or worries about continence can make it harder to get out and about, something which is essential to maintaining a good quality of life. Sensory loss can also be particularly isolating: for example, those suffering hearing loss may start avoiding situations where they might have to talk, particularly to new people.

As day-to-day activities become more difficult, so self-esteem begins to decline and with it a sense of personal identity. However, the kind of low-level services that can help people...
maintain their confidence and their social networks are also in decline. The ‘home help’ has all but vanished, and voluntary groups offering lunch clubs or befriending services are often prevented from offering flexible support by the nature of their contractual agreements with the local authority.

Charities and voluntary organisations including Help the Aged still fund a wide range of local activities. These include many designed to help older people maintain their independence, such as home visiting and befriending, relief for carers, meals on wheels, home repair services and home security, as well as support projects that tackle isolation by offering access to buildings and transport.

The surrounding environment

There are a number of reasons why many older people end up feeling isolated from their local community. One of the most obvious is the decline of local services such as banks, post offices and shops. Many are moving to out-of-town locations accessible only by car, yet only half of over-70s hold a driving licence. For many older people this could mean the loss of an important source of social contact and a reason to get out of the house. Many other services are shifting online: the government must take steps to tackle the digital divide and ensure that older people are not excluded from the opportunities offered by the internet.

Even when services are still available locally, they may not necessarily be accessible to older people. If pavements are broken, public toilets shut down and benches removed, some older people will opt to stay at home. Where services are accessible by public transport, bus stops must be sited in convenient spots and routes should be designed around users’ needs. For those older people who cannot use public transport there must be alternatives such as taxi tokens or door-to-door transport schemes.

We welcome the government’s recent commitment to building Lifetime Homes – homes that incorporate specific features designed to make them accessible to people of all ages, abilities and levels of mobility. If, in future, homes and communities really are designed with accessibility in mind, the benefits will soon become apparent. If they are not, too many older people will remain isolated within their homes.

‘Closing down public toilets is an appalling act of discrimination against elderly people, many of whom have some degree of incontinence.’
Common ground: our manifesto for lifetime neighbourhoods

There is now an official commitment from government to creating ‘lifetime neighbourhoods’. Help the Aged believes that as a minimum all neighbourhoods will need to meet the ten conditions listed below if they are to successfully meet people’s lifetime needs.

Rather than being intended as a comprehensive list of what makes a place good to live in, these ten points comprise a foundation for building successful neighbourhoods and communities.

(1) **Lifetime homes** It should be easy for older people to get their homes adapted to meet their changing health needs. All new homes should be built to meet Lifetime Standards.

(2) **Transport options for all** To enable older people with mobility difficulties to maintain their independence there should be an alternative to the bus pass.

(3) **Pavements in good repair** All pavements should be smooth and non-slip so that older people have less fear of falling.

(4) **Public toilets** Good public toilets should be available in all neighbourhoods to help reduce the risk of people with incontinence becoming housebound.

(5) **Public seating** Provision is essential because without benches or other seating where older people can rest, walking around a neighbourhood can become a real challenge for many.

(6) **Safe, secure, clean streets** All age groups want to feel safe in their neighbourhoods, but older people are particularly likely to fear crime. As well as being clean and well-kept, streets need to have good lighting and a police presence.

(7) **Access to basic services** Everyone needs to have access to money, healthcare and basic food shops within a reasonable distance of their home.

(8) **Places to meet and opportunities to participate** Whether it be a library, a shared community centre, a public park or all of these, spaces for people to meet and take part in activities are vitally important to all of us.

(9) **Information and advice** People need to know where to go for good advice and information on the range of services, facilities, opportunities and support available in their local areas.

(10) **Older people’s voices heard** It is vital that older people (along with other age groups) are involved in local decision-making and their views taken into account.
Tackling loneliness

Many older people lack opportunities to pursue hobbies and activities, and NIACE’s annual survey shows that only 7 per cent of over-75s are currently participating in learning. Staying active helps build social networks and boost self-esteem; it can also open the door to new experiences. The older people we speak to greatly value opportunities to volunteer, contribute to community projects, meet people at lunch or social clubs and pursue their interests through classes and group outings. Older people also welcome the opportunity to mix with people from different age groups, and evidence suggests that cross-generational projects are particularly effective in increasing community cohesion and reducing age discrimination.

However, many lunch clubs and community centres are under threat of closure due to funding cuts. Local authorities must work with communities to support the provision of activities for older people, whether these are educational, social or health-related. Not only are these activities greatly valued by older people, they can also help tackle loneliness and isolation and slow or even halt a decline in health. Again, information is vital. Help the Aged would like all older people to have a single point of access to information about the services they need, ideally through a local community hub or centre.

Becoming housebound can often lead to very severe loneliness, especially for people who have no family or friends who are able to visit them. Older people can also become isolated and lonely within care home settings if proper attention is not paid to their needs. For older people who rely on care, the role of the carer is critical. Whether care is provided informally, through the local authority or through a private provider, it is essential that carers take the time to interact and engage. Too often, older people are treated like a combination of health problems rather than as individuals with human needs. Help the Aged would also like to see more investment in befriending services and schemes, so that older people who lack family and friends will still have someone to talk to.

Depression

Depression among older people is under-reported and often goes unnoticed and untreated. There is a perception that depression is inevitable in older age and, perhaps as a result of this, older people are often reluctant to talk about it. Research shows that only one-third of older people with depression discuss it with their GP and that, of these, only half are diagnosed and receive treatment. More attention – and investment – is needed in this area.

‘I’ll probably be dead for several days, if not weeks, before anyone is aware of it.’
‘It hits you all of a sudden – everything goes wrong.’
## Challenging neglect

<table>
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<tr>
<th>Indicator</th>
<th>Result</th>
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<tbody>
<tr>
<td>14. Quality of life</td>
<td>12%</td>
</tr>
<tr>
<td>Percentage and number of people aged 65 and</td>
<td>1,162,536</td>
</tr>
<tr>
<td>over in the UK who describe their quality of</td>
<td></td>
</tr>
<tr>
<td>life as neither good nor bad, quite bad or</td>
<td></td>
</tr>
<tr>
<td>very bad</td>
<td></td>
</tr>
<tr>
<td>15. Change in quality of life</td>
<td></td>
</tr>
<tr>
<td>Percentage of those aged 65 and over in the</td>
<td>(a) 9%</td>
</tr>
<tr>
<td>UK who said that, in the last 12 months,</td>
<td>(b) 20%</td>
</tr>
<tr>
<td>their quality of life had:</td>
<td></td>
</tr>
<tr>
<td>(a) improved</td>
<td></td>
</tr>
<tr>
<td>(b) worsened</td>
<td></td>
</tr>
<tr>
<td>16. Emergency readmission to hospital</td>
<td>147,257</td>
</tr>
<tr>
<td>Number of patients aged 75 and over in England</td>
<td></td>
</tr>
<tr>
<td>in 2005–6 readmitted to hospital as an</td>
<td></td>
</tr>
<tr>
<td>emergency within 28 days</td>
<td></td>
</tr>
<tr>
<td>17. Unmet need for help to leave the house</td>
<td>290,634</td>
</tr>
<tr>
<td>Number of people aged 65 and over in the UK</td>
<td></td>
</tr>
<tr>
<td>who are not getting the help they need to</td>
<td></td>
</tr>
<tr>
<td>get out of the house</td>
<td></td>
</tr>
<tr>
<td>18. Unmet need for practical help</td>
<td>775,024</td>
</tr>
<tr>
<td>Number of people aged 65 and over in the UK</td>
<td></td>
</tr>
<tr>
<td>who are not getting the help they need with</td>
<td></td>
</tr>
<tr>
<td>everyday jobs</td>
<td></td>
</tr>
<tr>
<td>19. Respect and dignity</td>
<td>22%</td>
</tr>
<tr>
<td>Percentage of people who did not feel they</td>
<td></td>
</tr>
<tr>
<td>were always treated with respect and dignity</td>
<td></td>
</tr>
<tr>
<td>in hospital in England in 2007</td>
<td></td>
</tr>
<tr>
<td>20. Clients receiving home care</td>
<td>346,700</td>
</tr>
<tr>
<td>Number of individuals receiving home care</td>
<td></td>
</tr>
<tr>
<td>in England in 2007</td>
<td></td>
</tr>
<tr>
<td>21. Excess winter mortality</td>
<td>25,393</td>
</tr>
<tr>
<td>Estimated total excess number of people aged</td>
<td></td>
</tr>
<tr>
<td>65+ who died between December 2006 and March</td>
<td></td>
</tr>
<tr>
<td>2007 in the UK</td>
<td></td>
</tr>
</tbody>
</table>

### Quality of life

Profile of older people’s quality of life in the last 12 months

<table>
<thead>
<tr>
<th>Years</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Males</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-69 years</td>
<td>71%</td>
<td>70%</td>
<td>73%</td>
<td>72%</td>
<td>73%</td>
<td>73%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-74 years</td>
<td>8%</td>
<td>9%</td>
<td>9%</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75+ years</td>
<td>22%</td>
<td></td>
<td></td>
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<td></td>
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</table>

Source: ICM Research
Accessing health and social care services is a key issue for older people. Many older people who experience neglect will have encountered some level of difficulty in accessing the support they need.

Addressing difficulties caused by problems with health or mobility, so that older people can continue to access the services they need, can have a significant impact on quality of life. Similarly, challenging poor levels of service will help to reduce the number of older people experiencing neglect.

There is an increasing emphasis on older people's right to maintain their dignity, regardless of their need to access services and support. Stories of older people receiving a poor standard of care, whether because of the attitude of care staff or lack of budget or other resources, are commonplace. As a result, many older people are suffering both physically and emotionally. This issue is now increasingly moving beyond health and social care professionals and entering the public consciousness.

The Department of Health is continuing its work on maintaining dignity and increasing tolerance in both care and health services. Focusing attention on the individual receiving the care is an important step towards raising standards. It is also a useful stepping-stone for improving other aspects of care services. Everyone, regardless of age, should be able to access services that uphold their dignity, reinforce their rights as a citizen and accurately reflect their needs. For more on this issue, see the ‘Spotlight on dignity’ section on pages 36–9.

Quality of life

Quality of life, whether good or poor, is by definition a qualitative issue. It is likely to be influenced by the amount of money a person has available to spend, whether they are fit and healthy, and whether they have friends or social networks. However, a person's perception of their quality of life is just as important as any independent measure.

In 2008 Help the Aged found that over 1.1 million older people fail to describe their quality of life as good, and that nearly 2 million believe their quality of life has worsened over the past year.\(^{15}\) We must continue to work to bring these figures down and to refuse to accept, as some do, that poor quality of life is an inevitable part of the ageing process.

Access to healthcare services

Older people sometimes have difficulty accessing healthcare services for reasons directly connected with their age. Clearly, this is discrimination. It can also lead to more serious health problems in the future, where a condition remains untreated. Some older people also find it hard to access a GP in the community. This is particularly difficult for those living in care homes, as GPs are often reluctant to continue treating patients once they have moved into a home. There are also financial barriers: 8 per cent of homes have to pay local GPs a 'retainer' to provide services to residents,\(^{16}\) a cost which is added on to residents' bills, meaning in effect that they are paying twice for medical care. Two-thirds of homes using private physiotherapy services levy an extra charge on residents.\(^{17}\)

In hospitals, people over 65 account for two-thirds of inpatients.\(^{18}\) It is therefore vital that acute medical care services recognise and prioritise older people's needs. It is equally important that they ensure that older patients are safely discharged into the community or care home. For some patients it is possible to start planning for their discharge on the day the patient enters hospital. Where this does not happen, the likelihood of the person being readmitted to hospital because they cannot cope rises dramatically. The figures

\[^{15}\] The last time I saw a GP, he talked to his computer throughout the appointment and I talked to the side of his head.'
for emergency hospital readmission of older people rose from 134,526 in 2004–5 to 147,257 in 2005–6,19 a dramatic illustration of what can happen where demand for services outweighs capacity. Increasingly, social care services are being offered only to those with the very highest levels of need or those who cannot afford to pay privately for services. Many people must rely on family or friends for support when they are discharged from hospital, or simply get by as best they can.

This rationing of social care services means that many older people, including some with fairly high levels of need, are living in the community without adequate support. This affects not only the individuals concerned but also the system as a whole. Emergency readmissions disrupt planned inpatient schedules and staffing rotas, thus making services more expensive and less efficient. When social services and community health services are better able to cope with the demands of their local population the number of emergency admissions will drop, because fewer people will reach the point of crisis at which hospital treatment becomes necessary.

In many places primary care trusts and local authorities are working together to resolve this issue and to bring the professionals in their respective organisations closer together. This needs to become standard practice, so that patients and service users are supported by seamless and cohesive local services.

Social care in crisis

It seems clear that local social services are increasingly failing to meet the needs of older people living in the community. In the past, low-level social care – for example, home helps – was relatively common. Today, it is unknown. Social services has arguably become another acute service, helping only those who are desperate for support.

In 2008 we found that 290,000 older people had an unmet need for support to leave the house.20 This could be support provided by, for example, the local council, or by family, friends or neighbours. Not being able to get out of the house denies people the freedom to conduct their normal life independently, to get involved in social activities and to benefit from exercise and outdoor activity. This figure has risen by 80,000 since last year, pointing to a growing problem.

Lack of social care services also means fewer people are getting the support they need to carry out simple domestic tasks like changing light bulbs or vacuuming. Our research shows that 775,000 older people who need this kind of support are not getting it.21 In addition, the number of older people receiving homecare services – for example, help to prepare a meal or to wash and dress in the morning – has fallen by more than 12,000.22

So, what are the implications? It could be argued that this kind of low-level care is non-essential. However, many older people spend a large amount of time in their home, and keeping it clean and well maintained is closely linked to their sense of pride, dignity and well-being. The less access older people have to low-level support, the greater the risk of them becoming housebound and isolated. Continuing to question the way services are provided at a local level, supporting the activities of non-statutory community groups and tackling the environmental barriers that can prevent older people from leaving their houses will go a long way towards tackling the problem of neglect.

‘Apart from having very high blood pressure and a broken hip, I’m a sprightly 77-year-old.’
‘Why are pensioners treated like second-rate people?’
## Defeating ageism

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Result</th>
</tr>
</thead>
</table>
| 22. Employment rate gap  
Percentage difference between the employment rate for people aged between 50 and retirement age and for all people of employable age in Great Britain in 2007 | 2.7%   |
| 23. Age discrimination in daily life  
Percentage of people aged 65 and over in the UK who agree that age discrimination exists in the everyday lives of older people | 53%    |
| 24. Ageist attitudes  
Percentage of people aged 65 and over in the UK who agree that once you reach very old age, people tend to treat you as a child | 45%    |
| 25. Age discrimination in healthcare  
Percentage of people aged 65 and over in the UK who agree that health professionals tend to treat older people as a nuisance | 29%    |
| 26. Age discrimination in service planning  
Percentage of people aged 65 and over in the UK who agree that those who plan services do not pay enough attention to the views and needs of older people | 44%    |

## Age discrimination

General statements about the older population

| (a)  | Everyday age discrimination exists | 32% NET Disagree | 42% NET Agree |
| (b)  | Older people are treated like children | 53% NET Disagree | 45% NET Agree |
| (c)  | Older people are treated as a nuisance | 55% NET Disagree | 44% NET Agree |
| (d)  | Not enough attention is paid to views and needs | 31% NET Disagree | 51% NET Agree |
| (e)  | The older you are, the more invisible you are to society | 37% NET Disagree | 68% NET Agree |
| (f)  | Older people are low priority for politicians | 22% NET Disagree |    |

Source: ICM Research
While there has been much discussion and debate about age equality over the past year, the old adage that actions speak louder than words still holds true. While progress has undoubtedly been made, there is still a long way to go before age equality is a reality for all older people living in the UK.


The DLR was set up in February 2005 to undertake a complete review of discrimination legislation in Great Britain (covering race, gender, disability, religion/belief, sexual orientation and age), with a view to modernising it and making it simpler, more effective and consistent. Help the Aged has responded to the consultation, along with more than 500 older people. This input will now be used to shape the Single Equality Bill, due to be introduced in late 2008. The Bill will provide the government with an opportunity to close current gaps in the legislation that mean older people currently have no protection against discrimination other than in the workplace.

Discrimination in goods, facilities and services

Fifty-three per cent of people aged 65 and over in the UK believe that older people face age discrimination in their everyday lives. Ageist attitudes and discriminatory practices affect older people’s ability to access health care, mental health care, social care, insurance facilities, and even credit and banking facilities.

In the area of health, 29 per cent of over-65s agree that health professionals tend to treat older people as a nuisance. The evidence suggests that older people can expect to be treated differently, and often less favourably, on the grounds of age alone, not clinical need. Too often health problems are ascribed to ‘old age’ and not investigated any further. The picture is similar in social care, where older clients can often expect a lower level of service. In insurance, premiums often rise in line with age rather than any increased risk, and upper age limits are commonplace. Older people may also find it difficult to access some financial services.

Discrimination in employment

October 2007 marked the first anniversary of the Employment Equality (Age) Regulations 2006, which outlawed age discrimination in the workplace, vocational training and further and higher education. It is clear that the regulations are helping to change attitudes towards older
people in the workplace, and this is reflected in the fact that the employment gap between younger and older workers has reduced by 0.8 percentage points since 2006 (to 2.7 per cent) and by 1.2 points since 2005. This is, of course, to be welcomed.

However, the current legislation is failing to help those people who want to carry on working after the age of 65. The regulations provide for a mandatory retirement age which effectively allows employers to dismiss any employee when they reach either 65 or the employer’s normal retirement age. Provided the employer follows the correct procedure, the dismissal is fair in law and is not regarded as age discrimination. We believe that the mandatory retirement age must be abolished. Otherwise, we are effectively encouraging the continued presumption of a link between age and competency which undermines the very principle of equal treatment.

Evidence suggests that the number of people wanting to continue working into older age is growing. More than a million older people who want to work cannot get a job because of barriers to retaining or recruiting older staff, and only a third of those who retire early do so entirely voluntarily. A recent study showed
that 58 per cent of people in their 50s and 60s who were still working said they wanted to carry on after 65 and that 10 per cent did not want to retire at all. In another survey which asked over 50 private and public organisations with a combined staff of almost 80,000 about the impact of the Age Regulations, more than 40 per cent of employers had had requests from employees to work past retirement age. For some, it is the shortfall in their occupational pension that is forcing them to work longer. See page 30 for more detail about older people in the workplace.

Later this year the European Court of Justice will decide whether or not mandatory retirement ages are permitted under the European Equal Treatment Directive, from which the Age Regulations emanate and with which they must be consistent. A decision is expected in late summer 2008. In the meantime, the government has committed to reviewing its position on mandatory retirement ages in 2011. For many, this will be too late. We believe that all workers, irrespective of their age, should be allowed to continue to work for as long as they wish. Increasingly, as the population grows older and skills shortages become more acute, it is likely to become an economic necessity, for both the country and the individual.

Mainstreaming age equality

Vital as they are, individual legal rights to challenge discrimination are not sufficient in themselves to bring about equality in practice. While discrimination laws help to secure equal treatment, equality of opportunity is a much wider concept which goes beyond fair and equal treatment and includes taking proactive steps to combat entrenched disadvantage and recognise every individual’s unique qualities and needs. We believe extending the public sector equality duty to include age would encourage the elimination of ageism and age discrimination without the need for litigation, and promote age equality and human rights.

Demographic change has been described as the single greatest challenge facing public authorities. Despite this, they do not as yet have any systematic process in place for coping with the needs of an ageing population. In our survey 44 per cent of respondents agreed that those who plan services (including transport and care) are not paying enough attention to the views and needs of older people. A public sector equality duty for age would compel public authorities to plan effectively for demographic change and make transparent decisions that take into account the needs of different age groups. This would in turn enable them to deliver services that better meet the needs of citizens, resulting in greater efficiency, less waste and the increased social and civic participation of older people. It would also help to ensure that older people’s human rights are better protected and observed.

The Equality and Human Rights Commission

In October 2007 the Equality and Human Rights Commission (formerly known as the Commission for Equality and Human Rights) opened its doors. This meant that for the first time Britain had an independent public body responsible for promoting age equality as well as promoting and protecting human rights. The Commission gives older people a

‘The elderly are often referred to as a burden. Such an insult would never be tolerated by any other group. Everyone makes use of public services and could, therefore, be labelled a burden.’

‘They refused me an insurance quote because of my age. They made me feel a freak.’
powerful channel through which to tackle age discrimination and ensure that their voices are heard.

The Commission is also uniquely placed to tackle multiple, or intersectional, discrimination: that is, where an individual suffers discrimination on more than one protected ground. Many older people also come from black and minority ethnic backgrounds, are gay or lesbian or belong to a minority religious group. For these people, in particular, the scope for the Commission to fundamentally improve their life chances is immense. Help the Aged, like many other voluntary sector organisations, is forging strong links with the Commission.

Age equality and the European agenda

As part of the European Union, the UK can also look towards Europe to help us in our fight for age equality. The European Commission’s 2008 Legislative and Work Programme includes a proposal for a directive implementing the principle of equal treatment outside employment on the grounds of disability, age, religion/belief and sexual orientation. Help the Aged and AGE (the older people’s European platform) have responded to Europe-level consultation on this issue, and we will continue to feed in UK-based evidence of the need for a legislative initiative to combat age discrimination outside the workplace.
‘I am often in bed by 6pm, in order to keep warm.’
## Preventing future deprivation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>27. Households receiving low level care</strong></td>
<td>66,900</td>
</tr>
<tr>
<td>Estimated number of households receiving support for two hours or less per week in England in 2007</td>
<td></td>
</tr>
<tr>
<td><strong>28. Residential care fees</strong></td>
<td>(a) £23,504</td>
</tr>
<tr>
<td>Average annual fees for a single room in a private</td>
<td></td>
</tr>
<tr>
<td>(a) residential and</td>
<td></td>
</tr>
<tr>
<td>(b) nursing home in the UK in 2007–8</td>
<td></td>
</tr>
<tr>
<td><strong>29. Non-state pension contributions</strong></td>
<td>58%</td>
</tr>
<tr>
<td>Percentage of working-age people not contributing to a non-state pension in 2005–6 in Great Britain</td>
<td></td>
</tr>
<tr>
<td><strong>30. Years experiencing disability</strong></td>
<td>(a) 6.7</td>
</tr>
<tr>
<td>Average number of years of disability at age 65 in UK in 2004</td>
<td></td>
</tr>
<tr>
<td>(a) for men</td>
<td></td>
</tr>
<tr>
<td>(b) for women</td>
<td></td>
</tr>
<tr>
<td><strong>31. Falls outside the home</strong></td>
<td>78,471</td>
</tr>
<tr>
<td>Number of people aged 65 and over in the UK who said they became afraid to leave the house after a fall in the last year</td>
<td></td>
</tr>
<tr>
<td><strong>32. Effect of worry on physical health</strong></td>
<td>2,249,507</td>
</tr>
<tr>
<td>Number of people aged 65 and over in the UK who say that their worries about the future affect their physical health</td>
<td></td>
</tr>
<tr>
<td><strong>33. Effect of worry about money</strong></td>
<td>23%</td>
</tr>
<tr>
<td>Percentage and number of people aged 65 and over who say they have avoided heating a bedroom, bathroom and/or living room because of worries about the cost</td>
<td>2,228,194</td>
</tr>
</tbody>
</table>

### Non-state pension contributions (Great Britain)

![Non-state pension contributions chart](chart.png)

Source: Department for Work and Pensions


A greater focus on health, more opportunities for activity and employment, and better financial planning for the future are essential if people are to avoid being disadvantaged in older age.

The number of older people staying on in work continues to grow. At the end of 2007, almost 1.3 million people were working beyond state pension age (10 per cent of men and 12 per cent of women). While many older people continue working because they want to stay productive, socially engaged and mentally active, some are forced to carry on through financial necessity. An international survey found that 45 per cent of UK respondents working beyond retirement age were doing so for the extra money.

Despite this, few studies have examined the links between work and older people’s health and there is little empirical evidence on the cumulative effect of work on the health of people as they age. Help the Aged has therefore commissioned and published two studies, one on older men and one on older women, to explore the critical links between gender, age, health and work, to identify the gaps in our knowledge and to highlight the issues that must be addressed if people are to lead healthy, active and longer working lives.

Physical activity

Many people find that, as they age, everyday tasks such as getting in and out of the bath, climbing stairs or getting up out of a chair become more difficult. Even healthy older people lose about 1–2 per cent of their strength each year, while muscle power declines by 3–4 per cent. Illness exacerbates the process. Recent evidence shows that 29 per cent of men and 31 per cent of women aged 65–69 find it difficult to walk quarter of a mile. These figures rise to 67 per cent for men and 74 per cent of women among over–85s.

Help the Aged welcomes the cross-government review on physical activity but is concerned that, to date, it has focused on elite athletes, younger children and teenagers. While this is understandable in the light of the upcoming Olympic Games and current high levels of physical activity, it is important that we consider the needs of older people who may have been less active in their younger years.

‘The fall was about 100 yards from my house and at the top of the road, [where] the pavements are awful. It was really serious – the whole top of my head split open.’

‘I don’t want to retire. I need to work to pay the mortgage we were mis-sold.’
concern about obesity, policy-makers must recognise the importance of physical activity for older people. Getting out and about promotes good health; it also enables people to stay in touch with family and friends and get involved with activities such as training and volunteering.

Falls

Physical activity can also help to reduce the likelihood of falls, which increases as people grow older due to both lack of muscular strength and poor balance. In 2005, 21 per cent of 65–69-year-olds and 43 per cent of those aged 85+ reported having fallen. As the incidence of falls increases with age, so too does the impact of a fall on an older person’s life. In 2005, over 2,300 people aged over 65 in England and Wales were recorded as having died as a direct result of a fall. It is likely that in many more cases a fall is either the underlying cause of death or a contributory factor.

Even where a fall does not result in major injury, it can have a devastating effect on confidence. As a result of falling, an older person may become timid and start to avoid physical activity, leading to a deterioration in their physical condition which, in turn, makes them more prone to further falls. Where bones have been weakened by osteoporosis, a fall is likely to cause a fracture. Our evidence shows that over 78,000 people are afraid to leave the house because of their fear of falling.

However, research shows that it is possible to reduce the risk of falling by improving strength and balance with specific targeted exercises. Research into Ageing, funded by Help the Aged, found that an ageing muscle can still be trained — in other words, that it is never too late to get active. This is backed by evidence from around the world. It is therefore disappointing to find that over half of older people surveyed do not know that exercise can prevent falls.

Older people have benefited from recent changes to GPs’ contracts, which have established a direct link between GPs’ pay and the treatment of conditions such as diabetes and heart disease. Help the Aged believes that falls and osteoporosis should also be included as indicators in the GP contract. This would increase the incidence of GPs identifying problems with weak bones or taking steps to help those who have had a fall in the course of a routine appointment.

Public spaces

Getting out and about is more difficult where neighbourhoods are not planned, built and developed with a view to the needs of the whole population. Benches, good lighting, road crossings and public toilets are all priority areas, particularly for older people; but they are also easy targets when it comes to making budget cuts.

A recent report found that 74 per cent of older people feel there are not enough public toilets in their local area, and that this could contribute to their reluctance to get out and about. But it is not only the lack of public toilets that is the problem; it is also the poor quality of those that remain. Older people report that public toilets are hard to find, dirty and often not open when needed. This is disappointing news, particularly in the light of a recent report which highlights the importance of good-quality public toilets in helping those who suffer from incontinence to avoid becoming isolated.

The 2007 Spotlight survey found that, of those people who say they are not leading as full and active a life as they would like, almost 500,000 believe they would be more active.
The Help the Aged decision to support the Loo of the Year award makes a major statement about the importance of ensuring that the design and maintenance of public toilets reflect the needs of older people. Improving the quality of paving along roadsides is also vital if older people are to get out and about easily. The current picture is not positive, with 24 per cent of pavements in England in need of repair and maintenance. In the wake of research showing that 2.5 million (26 per cent) of people aged over 65 in the UK have fallen to the ground due to damaged or uneven pavements, Help the Aged is calling on local authorities to improve paving in their areas. The Help the Aged pavement postcard, created for National Falls Awareness Day on 26 June 2007, was designed to encourage older people to challenge councils about the state of paving in their local area. To date, more than 300 people have contacted their local authorities to draw their attention to dangerous areas. The campaign is continuing for another year to build on this early success.

A holistic approach

Keeping physically active, avoiding falls, maintaining good bone health, managing incontinence and tackling barriers in the local environment have a powerful impact on older people’s health and sense of well-being. But the evidence also suggests that health is affected by other factors. For example, almost 2.25 million older people say that worry about the future affects their health, while almost the same number state that their concerns about money discourage them from heating certain rooms in their house. As stated in the introduction, the ageing of the population is one of the greatest challenges facing our society. If steps are not taken to enable people to carry on working and saving, to improve public health, to provide a broad range of preventative healthcare services and to ensure that adequate social care is available for those who need it, a growing number of people will face a disadvantaged old age.
As devolution has led to increasing policy divergence, so the gap between older people and those in the rest of the UK has grown wider. In a number of areas, older people in Scotland are better off. But despite free personal care, free central heating, free nationwide bus travel and the imminent introduction of free NHS prescriptions, 60 per cent of older Scots still feel that politicians see older people as a low priority. Although this is lower than the 68 per cent figure for the UK as a whole, it nevertheless points to a significant level of concern about some of the Scottish government’s flagship policies for older people.

Fuel poverty

One of the biggest concerns is fuel poverty, which has increased dramatically in recent years. The latest fuel poverty figures released by the Scottish government show that 44 per cent of all pensioner households (324,000 households) are living in fuel poverty compared to 31 per cent in 2003–4. The main factor behind the increase is the rise in energy costs, but low income levels and poor energy efficiency also play their part.

The increase strongly suggests that existing fuel poverty programmes are not having the desired effect, and raise the prospect that Scotland may not meet its target of eliminating fuel poverty by 2016. The dramatic increase in excess winter deaths – up 77 per cent in 2006–7 – has focused further attention on the issue. However, it should be noted that the number of deaths is still historically low and that about half of this increase can be ascribed to the lower number of deaths occurring during the summer months.

The government’s main strategy for tackling fuel poverty among older people is its central heating programme. However, the impact of this seems to be diminishing as the installation of replacement central heating systems outstrips the installation of ‘first time’ systems. This in itself is not without unwelcome consequences: it recently emerged that over 11,000 pensioner households, many of them without heating and hot water, are waiting an average of six months for central heating installation. The government has responded by investing a further £7 million in speeding up installations. But in the long term a more radical shake-up may be needed to ensure that the programme really is meeting its aim of reducing fuel poverty.

Personal care and transport

Even Scotland’s flagship free personal care policy has not been exempt from criticism. A recent joint report by Audit Scotland and the Accounts Commission found that, although the policy was sustainable, financial planning and the monitoring of the implementation of the scheme must be improved to ensure its long-term viability in the context of an ageing population. The report also called on the government to clarify whether the policy is a universal entitlement based on needs assessment, or whether it depends on local authorities’ available resources. The challenges of delivering the policy uniformly across Scotland must also be addressed. To this end, the report recommended the introduction of a national eligibility framework for free personal care.

Another flagship policy, the national concessionary travel scheme, has been warmly received by Scottish pensioners but also has limitations. It allows people aged 60 or over to travel on buses all over Scotland for free, but many of the most isolated older people are not able to use buses, either because they suffer from mobility problems or because they live in areas where bus services are infrequent and routes inconvenient.

None of these problems is insurmountable; but they must be addressed. The Scottish government has given every indication that it takes older people’s concerns seriously and that it is committed to resolving the issues encountered in the delivery of these policies. Help the Aged in Scotland supports this and will continue to work with the Scottish government and parliament to ensure that policies designed to help older people are delivered as intended.
Wales has a higher (and growing) proportion of people over the age of 60 than the rest of the UK: 23.7 per cent of people in Wales are over 60, compared with 21.3 per cent in the UK. Government figures also tell us that 25 per cent of pensioners in Wales are living in households in relative income poverty, compared with a figure of 21 per cent for the UK as a whole.

A tight budget settlement from the Welsh Assembly Government leading to significant Council Tax increases, coupled with rising prices in food and fuel, is likely to have a considerable impact on older people in Wales, particularly those living on low, fixed incomes. This is why it is important that we redouble efforts to encourage older people to take up the benefits to which they may be entitled and to continue to urge the UK government to introduce automatic payment. The Welsh Assembly Government in its One Wales programme has pledged to provide extra help with Council Tax, although the form this will take is yet to be confirmed and it will not come into effect in the 2008–9 financial year.

Fuel poverty and winter deaths

The Welsh Assembly Government has estimated that by 2006 20 per cent of all households in Wales were living in fuel poverty as a result of steep increases in gas and electricity prices in 2005–6; over half of all fuel-poor households include a person aged over 60. This situation is likely to be exacerbated by further fuel price increases announced early in 2008. Those living in rural areas and relying on oil for heating are particularly badly affected, with oil prices rising by 150 per cent in the last five years.

Excess winter deaths in Wales remained static last year following a number of years in which the figure had fallen. In 2006–7, 1,300 additional deaths occurred among the over-65s during the winter months. We are especially pleased that the Welsh Assembly Government has commissioned a systematic review of excess winter deaths, linked to a programme of home improvements designed to bring down heating costs. This is extremely important in the light of the need to better understand the interaction between fuel poverty and excess winter deaths.

Care

Of the 524,900 people aged over 65 in Wales, 64,136 received community-based services in 2006–7. At 31 March 2007 only 1 per cent of those receiving community-based services were receiving direct payments and therefore able to make their own arrangements for care. These figures support research indicating a low awareness of direct payment opportunities in Wales. There is also concern that direct payments are not always sufficient to purchase a service equivalent to the direct service.

During one sample week 19,946 people received home care services. Forty-three per cent received less than five hours’ care, while 6 per cent received 20 or more hours. This marks a shift from 2002, when 50 per cent of those receiving home care were getting less than five hours a week and 3.5 per cent 20 hours or more.

Of the 19,851 older people moving into residential and nursing care during the year, 35 per cent went into nursing care, 20 per cent into local authority residential care and 45 per cent into independent care homes without nursing care. Currently, those entering independent care homes are not protected by the Human Rights Act. These figures highlight the pressing need for parliament to ensure that the rights of individuals in all care homes across the UK are protected.
Spotlight on Northern Ireland

The Spotlight indicators for Northern Ireland highlight a number of areas where older people in Northern Ireland are worse off than their counterparts in other areas of the UK.

In Northern Ireland, 28 per cent of pensioners are living in poverty, compared with 21 per cent for the whole of the UK. It is perhaps not surprising, then, that 26 per cent of older people feel their quality of life has worsened in the last 12 months – down slightly on last year’s figure of 32 per cent, but still unacceptably high. The most worrying result, though, is the fact that of those who say they are concerned about the future, over half (55 per cent) say that their worries are affecting their physical health, compared with 43 per cent for the UK as a whole. We believe this shows that the government’s strategy for older people, Ageing in an Inclusive Society, has so far failed to deliver any real results and further highlights the need for the immediate implementation of an anti-poverty strategy in Northern Ireland, something for which the community and voluntary sector has been calling for some time.

Coping in the home

Getting help with basic everyday jobs such as vacuuming, cleaning and general home maintenance is an unmet need for many older people. In recent years, the number of older people getting home help through social services has fallen. At the same time, the level of help on offer has become more and more limited. This naturally raises concerns about the level of funding provided for such services, particularly given that the budget for the Department of Health in Northern Ireland is being ever more rationed and will continue to be over the next three years.

Forty-four per cent of those surveyed said they avoided heating a bedroom or other room in the house because they were worried about the cost. The most recent government figures indicate an increase in the number of fuel-poor households, which will inevitably include a disproportionately high number of older people. With the continued rise in fuel costs, it seems that older people’s household incomes will continue to be squeezed or that they will continue to resort to strategies such as wearing outdoor clothes indoors in order to save on heating costs – a major concern given that the number of excess winter deaths in Northern Ireland has been rising steadily for the past three years.

This has led some to question the likelihood of the government achieving its target of eradicating fuel poverty by 2010. Staying warm, and living in a home that is in good condition and has adequate heating, is a basic necessity if older people are to lead healthy, comfortable lives. Government and public bodies must work together to develop innovative ways of tackling fuel poverty, and to ensure that these approaches are effective in targeting older people.

Making older people a priority

Over half (55 per cent) of older people surveyed in Northern Ireland believe that politicians see older people as a low priority. This is an interesting result, given that the new Assembly has made a commitment to establishing a Commissioner for Older People. An independent commissioner, provided he or she is given the power to do the job effectively, could potentially address many of the inequalities faced by older people. However, there is a clear sense that older people do not want lip service or token gestures: they want real change and real results. The former devolved Northern Ireland Assembly showed how devolution can work to older people’s advantage, by introducing free nursing care and free travel; with the establishment of the new Northern Ireland Assembly, we are hopeful that local politicians will deliver once again.
Spotlight on dignity

‘I arrived to find her “tea” consisted of sandwiches in a plastic pack and cheese likewise, neither of which she could open. Even I couldn’t undo the cheese. It appeared that no one coaxed or encouraged her to eat or drink, or noticed if she did not.

‘The food and drink we took in was placed by the staff on a cabinet behind her. She could not possibly turn to reach it. When she asked for a bedpan in the early hours, the nurse said something like “What time do you think it is?”. My mother decided the only solution was to eat and drink minimally, to minimise her need for the bedpan.

‘As she grew weaker, she could not adjust her position in her bed. No one seemed to think this should be their concern. She complained of being very cold. I brought in extra cardigans and a blanket. This prompted the staff to produce an extra blanket. As the ward grew warmer later in the day, my mother moved the blanket to one side. “Are you never satisfied?” was the unkind comment of a passing nurse.’

In a year when the future of social care is seemingly never far from the headlines and the NHS celebrates its 60th birthday, health and social care services are under more scrutiny than ever. After a decade of reforms, the realisation is dawning that targets focused on process improvements have not always delivered universal advancements in the quality of users’ experiences. It is significant that in the 2006 NHS staff survey 24 per cent of staff disagreed that patients were their trust’s top priority, a rise of five percentage points on the previous year.23

Nowhere is this more evident than in the record of health and social care services in relation to older people, the group most likely to need the support of these services to maintain their independence and well-being but who are very often forced to accept standards and practices that constitute a breach

‘All they did in hospital was, as soon as I woke up they gave me more sleeping pills. This lasted over two weeks and they only made my bed once.”

Photography Sally Cooke
of their fundamental dignity. It is fair to say that this inconsistency in standards within health and social care has not gone unnoticed, and older people’s dignity has provided the theme for a number of political agendas and slogans. Help the Aged welcomes the attention this has helped to focus on the issue but asks: what difference has been made?

In this spotlight on dignity, we provide a summary of our analysis of what contributes to dignity in care and an overview of the current situation. We then highlight the steps that must be taken so that when older people need to receive health and social care support, they can be confident that their self-respect and dignity will not be put under threat.

**What is dignity and why is it an issue for older people?**

Dignity is perhaps easiest to define by its absence: the lady described in the opening paragraphs of this section clearly had her dignity taken away from her. The Social Care Institute offers one possible definition of dignity as ‘a state, quality or manner worthy of esteem or respect; and (by extension) self-respect’, but it is clear that dignity is a highly subjective concept – everyone has a slightly different understanding of what dignity is and how it can be undermined. Organisations therefore face a challenge in deciding how best to promote and protect people’s dignity. However, service users have identified a number of areas of practice as key to either supporting or undermining their dignity. Some of these are explored further below.

Older people are particularly vulnerable because they are more likely to find themselves in positions of reduced control, especially in terms of their health and well-being. Older people are also the highest users of health and social care services: almost two-thirds of general and acute NHS hospital beds are occupied by people over 65, 405,000 older people are in care homes in the UK, and about 347,000 older people in England receive home care services. Where older people are no longer in control, they are arguably most at risk of experiencing a loss of dignity.

**The current situation**

Stories of older people left in pain, ignored or distressed by a lack of privacy in health and social care settings appear with such alarming regularity that they cannot be dismissed as isolated cases. This happens in spite of years of policy guidance on care quality, culminating in the announcement of the government’s Dignity in Care campaign at the end of 2006.

Help the Aged does not disagree with the ten challenges outlined in the campaign. Nor does it dismiss the Essence of Care benchmarks for privacy and dignity, the commitment made in A New Ambition for Old Age to develop two improvement programmes under the theme of Dignity in Care, or the inclusion of privacy and dignity as a national minimum standard by the Commission for Social Care Inspection. In each case we have welcomed the drive to improve standards in care for older people. However, we find ourselves coming back to the same point: what difference has been made?

Currently the picture is incomplete. National evidence is piecemeal, and targets for which data is collected often relate to processes rather than outcomes for individuals. Where patients are asked directly about their experiences they tend to respond positively: in 2007 78 per cent of people reported that they were ‘always’ treated with respect and dignity. However, the same survey suggests that there is still work to be done on the various aspects of care that service users say are essential to their sense of dignity.

Twenty-three per cent of older people in hospital report having to share a room or bay with a member of the opposite sex, despite the government’s 1997 commitment to abolishing mixed-sex accommodation and its announcement in 2002 that this had been achieved in 95 per cent of trusts. It has been noted that older people are more likely to find this an infringement of their privacy and dignity.
than those in younger age groups. One in five older people report that they did not get sufficient help to eat their meals in hospital, despite widespread concerns about malnutrition. Some reports suggest that about 20 per cent of patients in general hospitals are malnourished, thin and losing weight, or both. The Healthcare Commission reported in late 2007 that, while it found no major breaches of national standards in hospitals in relation to the dignity of older people, there was significant room for improvement. It highlighted as complainants’ most frequently cited dignity-related issues: being addressed in an inappropriate manner, being spoken about as if they were not there, and not being given proper information.

The evidence suggests that the picture is no more consistent in the wider health and social care sector. Older people participating in focus groups in 2004 stated that they had little opportunity to participate in decisions and policies that affected their lives, and believed that decisions were being made for them by a faceless bureaucracy.

Overall, it seems that progress towards delivering dignity for older people in care has been uneven. In 2008, dignity retains relatively high-profile on the political agenda. It is now essential that political will translates into effective action.

What would constitute progress in dignity in care?

Clearly, there can be no ‘one size fits all’ approach, given that dignity means different things to different people. However, there are common standards of care that older people should be able to expect, and which would undoubtedly promote their dignity. Following a review of policy and research, Help the Aged has identified the following priority areas for action:

- personal hygiene;
- eating and nutrition;
- privacy;
- communication;
- pain;
- autonomy and choice;
- personal care;
- social inclusion; and
- end-of-life care.

We do not claim that this is a new or radical approach to understanding dignity. These are all basic elements of care. That they are still in such urgent need of attention is perhaps the real issue. More important, perhaps, than any of these priority areas – and underpinning them all – is the need to see the person, not the patient. Older people must be treated as individuals, not as a series of medical conditions or social care demands.

From policy to practice

Having identified our priority areas, the next step is to look at how we can bridge the gap between policy and practice. We want to work towards a situation where health and social care services can measure the extent to which they are supporting – or undermining – older people’s dignity through assessment under the headings set out above. We want this information to be collected at a national level, so that policy-makers and politicians know where attention should be focused in order to make a difference. To kick-start the process, we are asking older people to help us identify indicators of good-quality care in each priority area. The next step will be to develop a user-defined set of measures that will help us assess whether progress really is being made and services are genuinely being transformed.

‘They stuck me in the corner while I was waiting for my operation. They were busy that day, but they stuck me in the corner because of my age.’
Promoting dignity in practice

We do not want to paint a universally negative picture of failing services and we applaud those organisations that are already embracing the Dignity in Care agenda. In one London hospital an organisation-wide programme has been developed to assess the extent to which dignity in care is assured and to make improvements where they are most needed.

The hospital is keen to capture feedback from past patients, and has therefore run a number of focus groups as well as carrying out an audit of its services against the ‘dignity challenges’ set out by the government. It has also run training courses for staff on dignity in care. The trust’s board performance scorecard now includes an assessment of the extent to which patients are treated with dignity, ensuring that it is a management concern and not just the responsibility of frontline staff. Activity in this area is overseen and championed by the hospital’s director of nursing, ensuring ownership and commitment at a senior level.

Other examples of good practice include putting in position a nurse whose sole responsibility is to oversee the nutritional needs of older patients and support them with eating, and using pegs to close gaps in the curtains around beds while patients are being bathed or dressed. These, along with many other examples, are being shared with other hospitals both at events and via online forums.

While there is still some way to go, the hospital is to be commended for facing up to the need for change. The challenge for St Mary’s – and, indeed, for all health and social care organisations – is to ensure that dignity in care is not seen as something that is ‘nice to have’, but rather as the cornerstone of the service they provide to their patients.
Fundamental to improving the lives of older people is the need to listen. Listening is the first step towards understanding older people’s needs and taking appropriate action. Engaging with older people, particularly those who are socially excluded or at a disadvantage, is therefore at the heart of all Help the Aged work.

We have worked hard to develop a strategy that puts older people’s views at the heart of our organisation, informing our work in lobbying, campaigning and influencing, and helping to shape the services we provide. Our engagement strategy, Vocal Point, launched in 2007, is designed to give us a better understanding of how we listen to and learn about the experiences of older people. Vocal Point has now developed into a powerful initiative that provides us with a growing evidence base, keeps us up to date with older people’s issues and ensures that our services and political and public campaigns are driven by the real needs of older people. It also helps to keep engagement with older people at the forefront of our minds.

Listening truly is the common thread that runs throughout our organisation, from our trained HandyVan fitters to our customer service team. As a result, we are able to access an extraordinary amount of first-hand evidence on older people’s concerns. Some are worried about new NHS dental charges, others about the poor quality of the food provided in care homes, others about the paucity of local bus services and others about the difficulty of leaving the house. Within six months of Vocal Point’s launch, we had collected nearly 800 separate pieces of information from older people, in addition to the 90,188 enquiries dealt with by SeniorLine over the same period. Sometimes older people are venting their anger and frustration; sometimes they are looking for help and support.

At the same time, we have continued to engage older people directly in the development of our policy and campaign work. We involved older people in our local campaign on alternatives to the travel concession by facilitating their understanding of the issue and enabling them to lobby their local transport authority. We helped older people respond to the Discrimination Law Review consultation by producing and disseminating a factsheet and a user-friendly response form. We encouraged older people to get involved in the EU Year of Equal Opportunities for All closing event, where they could talk to key EU Commission officials. We involved older people in our local campaign on informal adult education by providing clear information about the issues and helping them respond to the government consultation.

We have also continued to recognise older people’s expertise on the issues we work on and the value of using their knowledge to inform our own work. For example, in the area of housing we have visited older people’s forums to talk about their experiences, then fed this information into the government’s housing strategy for older people. Our regular contact with a group of older people in sheltered housing has led us to commission research into floating support.

‘I think that the Government should know, through computers, how much pension people are getting without them having to fill in forms.’

‘I go to bed early, rather than stay up reading or watching TV, to save on the heating bill.’
in sheltered housing. We have also set up a reference group on housing aimed at capturing the views of a wide group of older people and involving them in our policy and campaigning work. We now plan to roll out this approach across other policy areas. Furthermore, we are facilitating a housing research grant programme to encourage and enable forums to get involved in housing issues and carry out their own research on the topic.

As ever, we have been supporting and engaging with independent older people’s forums: there are 260 in England, 35 in Wales and 140 in Scotland. We do this through a range of national and regional conferences, newsletters and open meetings and workshops. Important though this work is, it is also vital that we communicate with those who are less active and more excluded in order both to give them a voice and to ensure that our policy messages reflect their needs as well as those of their more active and engaged counterparts.

Over the past year, we have talked to a small group of older people about their experiences of dental care, run focus groups on older people’s concepts of dignity and carried out quantitative surveys with older people on topics ranging from the accessibility of services in their community to their experiences of education and learning. We asked other groups to tell us what makes a good public toilet, and used their input to set up a national award. We talked to older people about their experiences of pavements and falls. We conducted 20 interviews with older people on the sensitive issue of incontinence and social isolation. We held focus groups on the emotive issue of coping with pain. We also continued to engage with older people in care homes through the steering group for the My Home Life programme, which aims to improve their quality of life.

Help the Aged also co-ordinates an internal ‘out and about’ scheme which gives office-based staff an opportunity to spend time working with one of our outreach services, meeting disadvantaged older people and gaining an insight into their daily lives. On the international side, we have been linking older people’s forums in the UK with forums overseas to discuss areas of common concern. We have also helped older people from the UK to visit other countries in order to meet older advocates and activists in our overseas programmes. We continue to engage with our forums on international issues and to involve them in our campaign on international social pensions.

The importance of meaningful and consistent engagement cannot be underestimated.
Spotlight statistics summary 2008

Poverty

11 per cent of pensioners in the UK are living in severe poverty (below the 50 per cent median line of contemporary earnings). 21 per cent are in poverty (below the 60 per cent line).

15 per cent are living in persistent poverty

40 per cent of those entitled to Pension Credit in Great Britain are not receiving it, while 46 per cent are missing out on Council Tax Benefit and 16 per cent are not receiving Housing Benefit.

1.5 million UK pensioner households are in fuel poverty.

7,032,000 pensioners in the UK are dependent on state benefits for more than half their income.

The average weekly disposable income of single pensioners in the UK mainly dependent on state benefits is £150.

Isolation

10 per cent of those aged 65 and over in the UK say they are often or always lonely.

9 per cent of people aged 65–74 and 7 per cent of those aged 75 and over in the UK are currently participating in learning.

484,390 people aged 65 and over do not leave their homes more than once a week.

8 per cent of people aged 60+ in England and Wales say they live in fear of crime.

10 per cent of those aged 75 and over in England find it very difficult to access their local corner shop and supermarket and 19 per cent find it very difficult to access their hospital.

63 per cent of pensioners in Great Britain take up their entitlement to concessionary fares on public transport.

71 per cent of people aged 65 and over in the UK have never used the internet.

Neglect

12 per cent of people aged 65 and over in the UK do not say they are happy with their quality of life.

9 per cent of people over 65 feel their general quality of life has improved in the last year, while 20 per cent say it has worsened.

In England, 147,257 people aged 75 and over were readmitted to hospital on an emergency basis within a month of being discharged.

290,634 older people who need an escort to leave the house say they do not have one.

775,024 people aged 65 and over who need help with everyday jobs say they are not getting it.

22 per cent of people in England say they were not always treated with respect and dignity while in hospital.

346,700 people in England receive home care services.

In the winter of 2006–7, excess deaths in the UK for those aged 65+ numbered 25,393.

Ageism

The employment rate gap in Great Britain for people aged between 50 and retirement age is 2.7 per cent.

53 per cent of older people agree that age discrimination is part of older people’s everyday lives.
45 per cent of older people agree that once you reach very old age, people tend to treat you like a child

29 per cent of older people believe health professionals tend to treat older people as a nuisance

44 per cent of older people agree that planners of services do not pay enough attention to the views and needs of older people

Future deprivation

66,900 households in England are receiving low-level support (two hours or less each week)

The average annual cost of a single room in a residential care home is £23,504 and in a nursing care home £33,280

58 per cent of working-age people in Great Britain are not contributing to a non-state pension

Women in the UK can expect to live an average of 8.8 years with a disability or long-term illness. For men the average is 6.7 years

78,471 older people in the UK have had a fall which left them afraid to leave the house

2,249,507 older people in the UK say that worrying about the future is affecting their physical health

23 per cent of people aged 65 and over in the UK avoid heating their bedroom, bathroom or living room because they are worried about the cost
Spotlight 2008 indicators

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Recent Help the Aged publications

Policy reports

Age-friendly Cities: what makes a city age-friendly? London’s contribution to the World Health Organization’s Age-friendly Cities Project
The Challenge of Dignity in Care: upholding the rights of the individual
Incontinence and Older People: is there a link to social isolation?
Keeping on the Move: old age – not the end of the road
Older Men, Health and Work: reviewing the evidence (TAEN – The Age and Employment Network)
Northern Ireland Spotlight Report 2008: spotlight on older people in Northern Ireland
Towards Common Ground: the Help the Aged manifesto for lifetime neighbourhoods

Help the Aged Financial Exclusion Programme
Debt and Older People: how age affects attitudes to borrowing (report and summary)
The Financial Abuse of Older People: a review from the literature
Learning for Living: the skills needed to prevent older people becoming socially excluded
Lost in the Money Maze: how advice agencies and credit unions can help older people cope with today’s financial systems
Meeting the Challenge: defeating pensioner poverty

Dignity on the Ward pocket guides for hospital staff

Bereavement and Loss
Dying (forthcoming)
Pain
Promoting Dignity in Hospital
Working with Hospital Patients with Dementia or Confusion

Other publications

Volunteers All: a 21st birthday tribute to Help the Aged local fundraising committees
Vocal Point notepads for reporting older people’s concerns
The Northern Ireland Family Album (photographs by John Harrison)
My Home Life bulletins for care home staff

Policy statements

Addressing Digital Exclusion
Age Discrimination in Goods, Facilities and Services
Age Equality
Assistive Technology
Care Homes and Long-term Care

The Commission for Equality and Human Rights
Council Tax
Consumers
Digital Technology
Excess Winter Deaths and Fuel Poverty
Financial Services
Human Rights
Incontinence
Internet and Other Digital Technology
Involving Older People in Planning and Local Decision-making
Isolation and Loneliness
Meeting Care Needs in the Community
Mobility and Transport
Osteoporosis
Pensioner Poverty
Personal Budgets and Self-directed Care
Physical Activity
A Positive Equality Duty for Age
Preventing Falls

LifeGuides: practical advice for people in mid-life and beyond

Making Your Money Work for Your Future (Paul Lewis)
Working at 50+ (Malcolm Hornby)
How to Thrive past 55 (edited by Deanna Wilson)
Caring for a Parent (Judith Cameron)

See www.helptheaged.org.uk for further details and downloads of many of the above titles. Those not available as free downloads can be ordered via 020 7239 1946 or, in the case of the LifeGuides, direct from the website ordering system.
Spotlight on Older People looks at life for older people living in the one of the world’s richest countries in the 21st century.

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Behind every statistic are human beings, whose experiences provide a vivid commentary throughout this report. As Help the Aged calls for an end to the social injustice that remains entrenched in so many areas of our society, their voices articulate the urgency of this challenge.

Time is running out for today’s older people – but at the current rate of progress, is it likely that life will be any better for the next older generation?

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**REDUCE ISOLATION** so that older people no longer feel confined to their own home, forgotten or cut off from society

**CHALLENGE NEGLECT** to ensure that older people do not suffer inadequate health and social care, or the threat of abuse

**DEFEAT AGEISM** to ensure that older people are not ignored or denied the dignity and equality that are theirs by right

**PREVENT FUTURE DEPRIVATION** by improving prospects for employment, health and well-being so that dependence in later life is reduced