



Policies for Peace of Mind?

Devolution and older age in the UK

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Politics of Ageing Working Paper no. 2

October 2009

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Institute for Public Policy Research

Challenging ideas – Changing policy

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This paper was first published in October 2009. © ippr 2009

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Acknowledgements

ippr would like to acknowledge the generous support of funding partners in the Politics of Ageing project: Calouste Gulbenkian Foundation, Intel Health and the Northern Rock Foundation. The authors thank colleagues at ippr for helpful comments on a draft of this paper.

Abbreviations

CSR	Comprehensive Spending Review
CHCP	Community Health & Care Partnerships
DH	Department of Health
DWP	Department for Work and Pensions
CLG	Department for Communities and Local Government
ELSA	English Longitudinal Study of Ageing
GDP	Gross domestic product
GHQ	General Health Questionnaire
IBSEN	Individual Budgets Evaluation Network
LAA	Local Area Agreement
LAP	LinkAge Plus
NICVA	Northern Ireland Council for Voluntary Action
NHS	National Health Service
OFMDFM	Office of the First Minister and Deputy First Minister
POPP	Partnership for Older People's Projects
PSA	Public Service Agreement
PSSRU	Personal Social Services Research Unit
SNP	Scottish National Party
WAG	Welsh Government Assembly

1. Introduction

This paper considers the changing landscape of policy and practice for older people since 2000 and how this varies across the four countries of the United Kingdom. We reflect on UK Government reforms over this period as well as the early choices made by the devolved administrations, which have varying powers.

There is no consistent definition of who ‘older people’ are. Some strategies apply to all aged over 50, while specific policies are aimed at the over-60s, are based on state pension age or target the ‘older old’, aged over 75 or 80.

We know much more about policy inputs – programmes designed to improve older people’s quality of life – than about their impact. Evaluation of policies for older people is patchy, but various patterns are revealed, nonetheless. As a result of devolution to the three smaller countries of the UK, we can identify the intended policy aims for older people, as well as the role of policies reserved to Westminster. In particular, we are interested in how far policies have sought to improve well-being for all older people or for some, for example targeted on need, resources or stage within older age.

For some policies, it is possible to compare policy aims, objectives and approaches for two or three countries, but rarely four. For that reason, we include short country-specific sections in the paper involving a selective review of key policy initiatives.

The paper draws mainly on a desk review of published documents, supplemented by a small number of interviews with policymakers in each of the four countries of the UK. ippr’s Devolution in Practice publication (forthcoming 2009) will offer a fresh assessment of how the third term of devolution is affecting key policy areas.¹

Population projections

In 2007 the share of population of state pension age has grown in the four countries of the UK stood at about 16 per cent in England, 19 per cent in Scotland and 21 per cent in Wales (Table 1.1). Northern Ireland stands out for having a significantly younger population: fewer than one in seven of the population was of state pension age in 2007, one-third less than in Wales.

Year	England	Scotland	Wales	Northern Ireland
2007	16.0%	19.2%	21.0%	13.7%
2011	16.6%	20.1%	21.9%	14.7%
2021	18.9%	20.9%	22.2%	17.6%
2031	21.7%	24.0%	24.4%	21.6%
Change	+35.6%	+25.0%	+16.2%	+57.6%

Source: Stats Wales (www.statswales.wales.gov.uk), UK National Statistics (www.statistics.gov.uk), General Register Office for Scotland (www.gros-scotland.gov.uk) and Northern Ireland Statistics and Research Agency (NISRA – www.nisra.gov.uk)

1. See also Joseph Rowntree Foundation’s series of papers asking what difference devolution has made for poorer people and places, including Bell (2009) who takes a cross-country approach to social care for older people over the last decade. ippr also has a separate programme of research on attitudes to receiving and paying for social care. For these reasons, we do not look at social care in much depth here, although we draw out some relevant points to demonstrate how social care policy has diverged across the UK as a result of devolution.

Looking ahead, demographic projections indicate an increased rate of ageing. By 2031 all four countries are projected to have more than 21 per cent of the population above the state pension age threshold: the rank order is expected to remain the same but convergence is likely to occur as Northern Ireland is set to age fastest. In all cases, the rate of increase among the older old (aged 80-plus) is most marked. A corresponding increase in the number of people with dementia is anticipated throughout the UK; for example, a rise of 30 per cent is projected in Wales by 2021 (Welsh Assembly Government 2008a).

In the English regions (Annex, Table 1), the South West has the largest proportion of people aged 65 and over (18.8 per cent) while London has the smallest (11.6 per cent) (figures from the Office for National Statistics). By 2031, all regions except London are projected to have more than 21 per cent in this category with the largest increases expected in the North East, East Midlands and South East.

The limits of devolution in the area of older people's policy

Table 2 in the Annex shows key points from the most recent strategies on ageing and older people for each country. The similarities are striking. It is probably not surprising that few major differences in vision and objectives have emerged over what is a relatively short span of devolved policymaking. Nonetheless, some intriguing variations in policy and practice have emerged.

The main powers to promote age equality and tackle poverty are reserved to Westminster. There are devolved government programmes to implement UK-wide policy objectives, for example to recruit and retain more older workers, engage with employers on flexible retirement and increase take-up of Pension Credit. These vary in scope and effectiveness. Governments in each of the four countries are taking forward strategies for carers, mental health, palliative care, supporting vulnerable people to live independently and inter-generational action, all of which affect older people substantially. We focus on distinctive policy trends in the three smaller countries of the UK in Sections 4–6.

Before concentrating on the policies of the devolved administrations, in Section 2 we look at the outcomes, targets and measures in place to track the progress of policies for older people, and in Section 3 we review the UK Government's ageing strategy.

2. Measuring progress

The outcomes, targets and measures in place indicate the intended purpose of various policies for older people and how we are to assess their impact. We review them in this section and also consider progress over the decade to 2007 for two key trends – poverty among older people and early mortality.

UK Government measures

The key statement of outcomes for older people is Public Service Agreement (PSA) 17. Its aim is to ‘tackle poverty and promote greater independence and well-being in later life’. Like other PSAs, this sets the priority outcome the UK Government wants to achieve in the current Comprehensive Spending Review (CSR) period of 2008–2011. The Department for Work and Pensions (DWP) leads on PSA 17 with major contributions from the Department of Health (DH) and Department for Communities and Local Government (CLG). Spanning health, care, employment and equalities, it covers both reserved powers for the UK and policies applying to England. Local authorities in England contribute through Local Area Agreements (LAAs) in partnership with voluntary and community groups. Others, such as Primary Care Trusts, also have a significant contribution to make.

PSA 17 includes five key indicators to assess progress up to 2011:

- The employment rate of those aged 50–69 and the difference between this and the overall employment rate
- The percentage of pensioners on low incomes
- Healthy life expectancy – the expected years of life in good or fairly good health – at age 65
- Satisfaction with home and neighbourhood among the over-65s²
- The extent to which older people receive the support they need to live independently at home.

Three indicators on ‘improving well-being in later life’ are included in a list of 200 possible indicators for selection by Local Strategic Partnerships in England. Very few have chosen these as targets in their local authority area (Age Concern and Help The Aged 2009).

Opportunity Age indicators

On the back of the Government’s *Opportunity Age* report of 2005, DWP published a ‘balanced scorecard’ across 33 indicators (DWP 2009). These show how older people are faring in England or Britain across six broad themes:

- Overall subjective well-being
- Having independence within supportive communities
- Healthy active living
- Fairness in work and later life
- Material well-being
- Support and care.

Trends between the baseline date (in most cases 2005) and the most recent report in 2008 show 12 indicators improving and three worsening, with seven broadly constant. Broadly, this points to a net better/worse balance of plus 9.

2. Mainly covering housing and crime

The three indicators that are moving in the wrong direction and thus possible areas of concern for policymakers are:

- Older people's perception of the availability of work
- Relative and absolute low incomes (though improvement is seen over a longer period)
- Access to a car and use of public transport: people aged over 80 are nine times more likely than those aged 50–64 and four times more likely than those aged 65–79 to have no access to a car or to rarely use public transport.

The English Longitudinal Study of Ageing (ELSA) offers rich insight into the changing lives of people as they get older and reports an overall measure of well-being (DWP 2009). The median score for respondents aged 65–79 was one point lower than among those aged 50–64. However, the score was four points lower among people aged 80 and over. Although the variations are not marked, it appears that those in the middle stage of later life (65–79) are more like people who are younger than older in terms of well-being.

ELSA's assessment of mental health is based on a 12-point measure used in the Health Survey for England (General Health Questionnaire [GHQ] 12). People scoring zero are considered to be free of mental ill health. Expressed as a three-year average (2004–06), 68 per cent of women and 71 per cent of men aged 65–79 had a score of zero (Table 2.1). Among people aged over 80, this drops to 56 per cent for both. Those scoring 4 or more on this measure are regarded as having some form of mental ill health. Among people aged 65–79, 10 per cent of women and 9 per cent of men reached this threshold, rising to 15 per cent of women aged 80 and over and 18 per cent of men.

Table 2.1. Average mental health (GHQ12) scores in England, by age and sex (2004–06)

Age	Women				Men			
	16–49	50–64	65–79	80-plus	16–49	50–64	65–79	80-plus
Score 0	60%	64%	68%	56%	69%	68%	71%	56%
Score 1–3	25%	20%	21%	29%	21%	20%	20%	26%
Score 4+	15%	16%	10%	15%	10%	12%	9%	18%

Source: Adapted from *Opportunity Age Indicators: 2008 update* (DWP 2009: 56–50), Indicator 12

Women and men aged 65–79 had the lowest risk of mental ill health of any age group, older or younger, while people aged 80 and over had the highest risk of all. There are signs that mental health deteriorates faster among men than women after the age of 80. However, although mental health appears to decline after the age of 80, a majority appear to stay free of mental ill health. As well as doing a better job of supporting those who are vulnerable to depression, we should focus on the protective factors that enable many to reach this age in good mental health.

No single measure can offer a rounded picture of people's experiences and some sources suggest that the burden of mental ill health in older age has been significantly under-reported, under-diagnosed and thus not treated appropriately. For example, the second report from the UK Inquiry into Mental Health and Well-being in Later Life (2007) revealed that mental health problems affect many more people in later life than previously thought and predicted that the numbers will increase in the future.

Independent measures at the UK level

Age Concern and Help The Aged (2009) published their own 'state of the nation' indicators, serving as an independent check on how older people are faring. A set of 35 indicators was included in the One Voice report, which also contains a 'devolution watch' comment after

each set of indicators, explaining clearly which parts of the UK are covered. The report paints quite a different picture from *Opportunity Age*, with only five indicators improving and 14 worsening, 12 showing no change.³ On the same basis as before, this gives a net score of minus 9, explained by different indicators being used rather than alternative measures of the same trend or different reporting dates.

What does this tell us? Some of the trends getting worse involve material well-being: notably, for example, the rate of pensioner poverty is projected to remain at one in five people in the next decade. Much depends on how Pension Credit Guarantee or its equivalent is uprated over time, as well as the Basic State Pension rising in line with earnings from 2012. Others refer to attitudes, for example more people aged 65-plus think there is age discrimination in everyday life and say their quality of life has deteriorated in the past year. Access to some services such as home care is worse. Other indicators refer to older people's contribution to society, for example while the numbers volunteering at least once a month peak among 45–64 year olds, they have been falling among the over-65s.

Overall, the picture is quite complex. Governments tend to highlight indicators showing progress while the voluntary sector points to areas in need of attention. Different indicator sets give a different impression of how older people are faring. Rather than debating which gives the more accurate account, a consensus is needed on tackling the trends going in the wrong direction, or projected to do so in future.

The devolved governments

Ways to track progress for older people in the devolved countries vary. In Scotland, the national performance framework *Scotland Performs*⁴ was introduced in 2007 by the minority Scottish National Party Government. This covers 45 targets, two of which are directly relevant to older people:

- Increase the proportion of people aged 65-plus with high levels of care need who are cared for at home
- Reduce the proportion of people aged 65-plus admitted as emergency inpatients twice or more in a single year.

In 2004/05, four in ten (41 per cent) of all emergency hospital admissions in Scotland were among people aged 65 and over. By comparison, one-third of elective hospital admissions and of all contacts with primary care were from the same age group. The target around emergency admissions is heading in the wrong direction and has been for some time. For example the number of such admissions for people aged 85 and over increased fourfold from 1981–1999 and has continued rising since.

In contrast to the raft of *Opportunity Age* indicators, no other measures towards stated outcomes for older people are currently in place in Scotland.

In Wales, the Welsh Assembly Government's *Strategy for Older People* is in its second phase (2008–13). This includes 12 indicators across six themes specifically about older people (see Section 5 on Wales below).

In Northern Ireland, separate strategies on ageing and anti-poverty/social inclusion were prepared during the last period of direct rule (2005–06). These include separate objectives for older people, although progress has been much more limited than in Britain as a result of devolution 'proper' only resuming in 2007. The most specific target in the anti-poverty strategy applying to older citizens was improving the quality of life and independence of people in need so that 45 per cent of all who require community services are supported as required in their own home by March 2010.

3. A further four indicators have no time series data yet.

4. www.scotland.gov.uk/About/scotPerforms

Key trends

Poverty among older people

Until recently, old age was strongly associated with poverty. The declining value of the Basic State Pension over decades allied with limited second pension coverage for older pensioners (especially women), benefit payments failing to keep pace with living costs and a higher rate of consumer price inflation for older people led to around one-third of older people living in poverty by the mid-1990s. Since 1997, various changes to means-tested benefits have been made. For example, Pension Credit replaced the earlier Minimum Income Guarantee. Reducing poverty in older age is considered to be the clear success story within Labour's agenda to tackle poverty. The rate has fallen steadily for much of the last decade, although it has stalled in recent years, in line with trends in child poverty.

Poverty in older age fell in every part of the UK between 1997–98 and 2007–08 (measured after housing costs) (Palmer 2009). The reduction was largest in Scotland, where the proportion on a low income fell from 31 per cent in the period 1995–98 to 16 per cent in 2005–08. The next largest falls were in the North East and Yorkshire & Humberside, two of the three English regions that started with the highest poverty rates. The smallest reductions were in the East Midlands and Wales.

The Pension Credit was introduced to cut poverty among older people. The Guaranteed element of Pension Credit is intended to serve as a minimum income below which no one should fall. Thus, the bulk of poverty among older people reflects entitlements not being claimed. For people of working age (especially those without children) poverty is mainly an issue of both out-of-work benefits and wage rates failing to keep pace with costs. Child poverty has been projected to increase over the next 20 years unless benefits and tax credits are uprated in line with earnings rather than prices or the ad hoc approaches used by governments in the past. Maintaining progress in cutting poverty among older people depends on continuing to uprate Pension Credit Guarantee (or any successor) and the Basic State Pension (from 2012) in line with average earnings.

Take-up of Pension Credit in 2006–07 across the UK as a whole by older people who are eligible was estimated to be between 59 and 67 per cent⁵. Therefore between one-third and two-fifths of people who were entitled were not claiming – this represents up to 1.8 million households.

In Northern Ireland, however, the Social Development Minister reported a survey-based estimate from February 2008 of 83 per cent of people eligible for Pension Credit receiving it, up from 67 per cent in 2003–05. This rate, equating to one in three people of state pension age in Northern Ireland, is significantly higher than in Britain where the rate varied from just over 12 per cent in South East England to almost 23 per cent in the North East of England (Table 2.2).

At the local level, at least half of people aged 60-plus were claiming Pension Credit in 25 wards (nine of those in the North West of England). At the other end of the scale there were 31 wards in which fewer than 2 per cent of people aged 60-plus were claiming (12 of those in the South East). Comparing Pension Credit receipt with poverty figures is not straightforward; looking at uptake figures as a proportion of those eligible would in fact provide a better measure of need. Nevertheless, it appears that a higher rate of receipt in North East England and Scotland may be associated with quickening reduction in pensioner poverty, while the lower rate of receipt in the East Midlands has left the region with one of the highest poverty rates for that group.

5. See www.poverty.org.uk for data on take-up of Pension Credit.

Table 2.2. Proportions of older people receiving Pension Credit and those living in poverty

Region	Proportion of people aged 60-plus in receipt of Pension Credit, Feb 2008	Proportion of pensioners in low-income, 2005–07*
Northern Ireland	33.5%	20%
North East	22.9%	19%
Wales	22.2%	19%
Scotland	20.8%	16%
North West	20.4%	18%
London	18.7%	22%
Yorkshire & The Humber	18.1%	18%
West Midlands	17.0%	18%
East Midlands	15.9%	21%
South West	14.7%	18%
East of England	14.2%	16%
South East	12.6%	16%
Total	17.6%	18%

*Measured after housing costs

Source: DWP data (February 2008) accessed via www.npi.org.uk

The influence of devolution, at least on this poverty measure, is unclear judging by the variable rates of progress seen in Scotland and Wales, as well as the large differences between rates of reduction in the English regions. This does not necessarily mean that devolution has not made a difference to the older poor. It might simply be that, since the major policy powers remain reserved to Westminster, the devolved administrations have not forged distinctive programmes on a scale that is big enough to show up at the national level. However, the apparent success of the Benefit Uptake Programme (2007–08) run by Northern Ireland’s Social Security Agency, which contacted more than half of the province’s older people, shows that impact can be felt by more effectively administering the existing system even without formal powers being devolved (NICVA 2009).

Early mortality

As life expectancy after 65 has increased steadily, key indicators now use two measures: *healthy life expectancy* – the number of years after 65 lived free of a limiting long-term illness and/or disability, and life expectancy after 75. The policy priority is to improve quality of life to keep up with the increase in lifespan.

However, there has been a notable trend over the last decade in early mortality for adults before the age of 65. On this measure, there was progress in every part of the UK from 1997–2007 (Palmer 2009) but geographical inequalities in the risk of dying before 65 remain striking and the gap between lowest and highest risk is growing. In 2007, the rate in Scotland was 1.5 times higher than in the East of England, and higher than the rate recorded in all but two parts of the UK ten years previously. The rank order of some parts of the UK has changed as well, with the North East now ranked eighth best (from eleventh in 1997) and London improving to fifth (from ninth in 1997). Even the regions with the lowest mortality rates a decade ago saw a marked fall – down 18 per cent in the South East and 15 per cent in the East of England. These regions fared better than Scotland and Wales (both down 13 per cent) which had among the worst figures in 1997 (ibid). So the years of devolution so far have seen improvement on this measure, but this improvement has not been quicker than in comparable regions in northern England.

3. Older people's policy in the UK and England

This section discusses the UK Government's ageing strategy, *Building a Society for All Ages*, which was published in July 2009 (HM Government 2009). The strategy follows *Opportunity Age*, which informed a comprehensive set of indicators for measuring older people's progress and a raft of policy reforms that have been made since 1997. The main reforms are shown in Box 3.1 below. Broadly, policies involving cash payments, employment and equalities legislation apply across the UK while other public services (for example, concessionary travel, warm housing, health and care) apply to England, with separate devolved policies in the other countries.

Box 3.1. Key policy reforms on ageing since 1997

- Pension Credit including Guarantee introduced
- Basic State Pension increased by 7 per cent over inflation, plus changes made to eligibility (to take effect from 2010), credits for carers of children up to age 12 (2011) and Turner recommendations including auto-enrolment in pension schemes and linking of Basic State Pension to earnings (from 2012)
- Free prescriptions, sight tests and off-peak bus travel instated throughout England for over-60s
- Help with central heating/insulation targeted to Pension Credit recipients and free energy efficiency measures/insulation introduced for over-70s
- Free TV licences provided for over-75s
- Winter Fuel Payments made to all households that have someone aged 60-plus (higher rate for 80-plus)
- Age discrimination and harassment at work outlawed (2006). Integrated Equality Bill to include new protection against harmful age discrimination in goods and services, and a duty on public sector agencies to 'age-proof' their policies.

Source: Government Equalities Office (2009)

In addition to reforms identified as significant by the Government Equalities Office, shown in Box 3.1, the goal of personalisation in social care services has become more important. Legislation passed in 1996 authorised local authorities throughout the UK to make direct payments to care users in place of providing services directly. In 2003, new regulations required English councils to offer direct payments to all adults using community care services, while similar guidance came into force in Scotland and Northern Ireland around the same time and later in Wales. There has been a marked growth in the number of clients receiving direct payments in England in the last decade. Despite growing support in the devolved countries, take-up has been slower, at about half the rate in England (Riddell *et al* 2006).

The English framework for adult social care services, *Putting People First* (Department of Health 2007), gave fresh impetus to the debate, introducing the idea of personal budgets which can be taken as a direct payment, by the local council commissioning the service in agreement with the service user and carer, or a mix of both. It also introduced *individual budgets* covering a larger group of funding sources including Supporting People⁶. Piloting in 13 English councils in 2006–07 gained a generally positive response, but older people supported by adult services were more likely to report not wanting what many described as

6. A working partnership of local government service users and support agencies.

the 'additional burden' of planning and managing their own care (Individual Budgets Evaluation Network [IBSEN] 2008). Of course, older people are a highly diverse group and therefore further evaluation will be needed to improve our understanding of for whom, and in what circumstances, these approaches can work best.

Where to next? The UK Government's ageing strategy reviews various policy reforms introduced in recent years as well as setting out a future vision for a 'society for all ages'. The strategy seeks to challenge 'out-dated stereotypes about later life as a time of dependency and decline' and create a society where 'people are no longer defined by age' (HM Government 2009). The Equality Bill, to be introduced in April 2012, will extend legal protection against negative and unreasonable discrimination in consumer services, following equalities legislation covering employment in 2006.

But there is unfinished business in terms of the 'default' retirement age. The UK Government recognises concern about enforced retirement at the state pension age and has pledged a review for 2010 (earlier than originally planned). And we are also left with the tougher cultural challenge of changing attitudes and expectations about later life. While this is recognised in government, the bulk of the 2009 strategy focuses on early intervention to enable more people to stay well for longer, and is divided into the themes of:

- Well-being through active ageing
- Family and care roles
- A local focus on prevention
- Advocacy, scrutiny and involvement.

We review these below.

Well-being through active ageing

Well-being is enhanced and eroded in everyday life. *Building a Society for All Ages* recognises this, noting that it is reduced by inactivity and loneliness which in turn result from 'not taking advantage of opportunities available'. Policymakers have grasped the need to reduce 'cliff-edge' effects associated with ageing, where people lapse from activity as they grow older when they would prefer to combine some paid and unpaid work with social activity. There is also a recognition of the scale of untapped market opportunities represented by consumers aged over 50, for example in leisure and learning.

However, as well as expanding the range of opportunities for older people and promoting their involvement, a sharper analysis is needed of the barriers that reduce involvement for people in different stages of later life. We need a better grasp of the dynamics of ageing, to improve our understanding of what is effective at reducing barriers over time. For example, we know that rates of involvement in volunteering, leisure and learning decline significantly with age. This reflects a mix of choice and constraints. There is a sizeable minority of people who would like to continue or return to participation but lack the information or support to do so.

What steps in this direction are provided for in the Government's strategy? It proposes an *Active at 60* programme from 2010, bringing together national information on pensions, benefits and other entitlements while testing out ways of making local information available through councils. Information will be provided to all people approaching state pension age by the Pension Service. Pre-retirement courses to improve awareness of financial education, adult learning and volunteering opportunities will be expanded through Citizens Advice and third sector partners. Other sources of information, advice and guidance will be expanded as well, covering money guidance, housing and care.

All of this raises the question of how to deliver information in a format and at a time when it is likely to have most impact. ippr recommends further research to explore the best mix of

face-to-face and alternative approaches (written information, telephone advice lines and websites) for older people according to their individual circumstances. One of the most promising developments appears to be the potential of all-in-one smart cards. Concessionary bus passes in England typically use smart-card technology which could be adapted for other purposes. This is being considered by the Welsh Assembly Government for older people in Wales. The *Building a Society for All Ages* strategy notes that in England this has already been extended in Derbyshire, where smart cards are used for library registration and to give access to both central and local government services as well as discounts with various businesses.

These ways to support participation in everyday activity will support many older people. But they may be of little help to those who are housebound, frail, in long-stay hospitals or in residential care. Any strategy must benefit older people who are not able to live independently. *Building a Society for All Ages* makes a nod in this direction with its references to informal learning and digital inclusion opportunities for people in care and opportunities to share life experience and knowledge with younger people through school-age mentoring. But overall it seems that more creative thinking and action are needed if the strategy is to get to grips with the diverse circumstances of the older old in particular.

Family and care roles

Many unpaid carers take on the role of primary care giver, commonly to a parent or spouse. Others continue as carer to a disabled child well into their adulthood. The health and well-being of carers has slowly achieved a higher profile, reflected in the National Carers Strategy (Department of Health 2008), which recognises the role of carers as 'expert partners in care'. This agenda is developing further with the belated recognition of the need for a framework to include extended families – particularly grandparents – who take on the care of children when parents cannot.

The *Building a Society for All Ages* strategy proposes the development of a carers' helpline, website and training programme and the creation of a Dignity in Care Champions Network⁷ in England. While these are welcome, many people in later life still find themselves in financial hardship as a result of their unpaid care role. Extending state pension protection to carers of children up to 12 will help some grandparents. If the supply of unpaid care is to be sustainable in the face of various pressures – many carers getting older, while others expecting to remain in employment – a bolder package will be required starting with the right for carers to receive the support they have been assessed as needing.

A local focus on prevention

Building a Society for All Ages aims to promote health, well-being and independence in later life. A package of 'health prevention' measures will be developed for older people. However, we consider the title to reveal some confusion over terminology and that it would be better referred to as *health promotion* or similar. Nonetheless, the direction of change is clearly helpful in bringing together existing services (for example, preventing falls and help with foot care) and to be expanded to include other conditions that may impact on the quality of people's later lives such as arthritis, continence care and depression.

Strategies published in 2009 for dementia and stroke will be followed by a new service guide and strategy (*New Horizons*), outlining approaches for improving the mental health of older people and their carers. The Government is proposing to identify in 2010 the help that needs to be available to improve care for these conditions. This is good as far as it goes, but does not emphasise the need to improve service quality or improve understanding among service planners and providers about targeting and achieving better outcomes.

7. The Network 'supports people to share views, resources, knowledge and best practice on issues relating to dignity in health and social care settings' (www.networks.nhs.uk/networks/page/909)

By default, England has become devolved in substantial areas of policy. Health, social care and education policies passed at Westminster now apply only to England in most cases. Pensions, benefits, employment and equality laws are reserved to Westminster and apply throughout the UK. Here, we narrow our focus to two significant local initiatives, both designed to take a preventative focus at home and in the community, that have been piloted recently in parts of England: LinkAge Plus and Partnership for Older People's Projects. Mindful of the gap between national strategies and delivery, our focus here is on local partnership-working to shine a light on how progress is made or frustrated. Such approaches are at the forefront of the Treasury's thinking about making savings as well as increased health and well-being in later life.

LinkAge Plus (LAP)

LinkAge Plus (LAP) is led by the Department for Work and Pensions in England. LAP projects are described as providing that 'little bit of help' on a day-to-day basis to promote well-being and independence and reduce the need for more intensive support. LAP has been adapted by most local authorities in Wales but not in Scotland.

LAP aims to help organisations work on partnerships, capacity-building and the involvement of older people in services, to reduce duplication, achieve delivery of more relevant, tailored and preventative services, increase satisfaction and eventually cost effectiveness. Among the desired outcomes of various LAP initiatives in eight pilot areas in England were: a more positive view of ageing in society; greater confidence among older people; increased quality of life; and financial benefits for individuals and society. An example from the North-East of England is described in the Annex (Part 2).

An evaluation published in 2007 (Watt *et al* 2007) looked at the costs and benefits of the LAP initiatives in the pilot areas. It estimated the benefits in terms of preventative savings from upstream activity, notably from delayed progression to more costly residential care and reduced emergency admissions to hospital. The authors noted that if LAP initiatives achieved this in 5 per cent of contacts, major savings could be achieved: for example, the unit cost of treating a hip fracture is more than £25,000 while unit costs of LAP contacts are small.

The focus of LAP activity has varied, from linking up services and signposting towards other existing – sometimes mainstream – services as well as extra provision, for example of new benefit take-up activity, home security and installation of smoke alarms, and opportunities to socialise more. In many cases it was found that extra support in the community was available but not accessed, reflecting patchy levels of awareness among service providers as well as older people. Funding was used to help third sector partners attract extra funding and volunteer workers.

Among the benefits for older people highlighted in a further interim report (Daly 2009) were enhanced safety and peace of mind (achieved, for example, through handyman services); physical and mental health benefits arising from schemes to address the inactivity/isolation that accelerate premature and preventable ill health and dependency (for example, walking groups, befriending, peer volunteering); financial security through increased benefit uptake; and mobility, through community transport initiatives which recognise older women are much more reliant on public transport and more likely to report difficulties accessing local services. Initiatives usually concentrated on those at low or moderate risk. Support was also focused on some minority ethnic groups, older men as well as women, and rural communities as well as inner-city neighbourhoods.

Other positive findings from Daly (2009) include better inter-agency working which has led to single access points for services, service gaps being filled and some working with private care homes (for example to install exercise equipment). These findings focus more upon inputs than evidence of outcomes, or a clear view of the pathways that might link them. We are left with the impression of much good, innovative work taking place, but it remains unclear why some approaches were more effective than others.

A business-case assessment of the LAP pilots (cited in HM Government 2009) showed substantial added value using return on investment measures for specific elements including home adaptations and home security improvements. These services more than covered their costs. A further report (Willis and Dalziel 2009) analysed how the range of LAP initiatives contribute to a framework for capacity-building. It considered the evidence from pilot sites across ten dimensions, including enhanced staff skills resulting in better ways of working within existing services; efficiency gains through reduced duplication; holistic views of older people's quality of life leading to person-centred approaches to commissioning; and multiplier effects where older people have been engaged in policy development and service design. The authors conclude:

There is emerging evidence that the work of LAP pilots is fostering a radical change away from traditional needs or service-centred approaches towards strategic commissioning founded on a people-centred approach. The focus of such work is on improving outcomes...and not simply ensuring improved access, integration or partnership working. (Willis and Dalziel 2009)

This is a hopeful assessment. Although there may be a degree of over-claiming the success of the LAP programme, it appears to have added much to our knowledge of preventative work for older people living at low to moderate risk and shows that local partnership working can shift the focus of service commissioners and providers onto better outcomes.

Partnership for Older People's Projects (POPP)

Led by the Department of Health (DH) in England, the Partnerships for Older People's Projects (POPP) brings a focus on early intervention to health and care in the community. The underlying aim of POPP is:

To create a sustainable shift in resources and culture away from the focus on institutional and hospital-based crisis care, towards earlier and better targeted interventions for older people within community settings. (PSSRU 2008)

The findings discussed here are drawn from an interim evaluation of the period 2006–08 (PSSRU 2008; a final report of the national evaluation is due this autumn). It found that almost 100,000 people had received a service via 470 projects in 29 locations across England.⁸

- Seven out of ten projects (71 per cent) were found to offer universal services aimed at all older people and their carers. These included handyman schemes, gardening, shopping, leisure and signposting – suggesting overlap with LAP though in different locations.
- About one in seven projects (14 per cent) offered additional support to older people at risk of hospital admission (for example, medicines management, falls prevention and telecare services).
- A smaller number (8 per cent) provided specialist support to those at serious risk of imminent hospital admission, including 'hospital at home' and intensive support teams.
- A further 7 per cent of projects were focused on capacity-building rather than service delivery, covering staff training and needs mapping.

POPP appears to have been successful in reaching the older old: almost two-thirds of service users were aged over 75 and almost one-third were aged over 85. Preventative and early

8. Most were due to complete pilot work by March 2009.

intervention work can occur at various stages of older age since the trigger points for escalating need, ill health or frailty occur at varying times. Success seems to have been mixed in terms of engaging older people: almost half the people involved in service delivery were themselves older volunteers, and in a quarter of cases older people were trained to undertake research, though more commonly for voluntary organisations speaking on behalf of older people rather than engaging with others who do not usually get involved.

The impact of POPP was assessed against five criteria (PSSRU 2008). Key findings were:

- *Cost-effectiveness*: Pilot sites had a clear effect on reducing hospital emergency admissions compared with 'control' locations. For every £1 spent, an average of 73p was saved on the monthly cost of emergency hospital bed-days.⁹ On this measure, POPP initiatives came close to paying for themselves. The authors note that this type of cost-effectiveness needs to be compared with beneficial outcomes to older people. There would be little point in reducing the use of acute health care if cases were merely deferred and presented to hospitals in a more severe state.
- *Service use change*: Savings from there being fewer overnight stays in hospital were found to significantly outweigh the cost of greater use of primary care and home services such as meals on wheels, social work and community nurses. A net average saving of £410 per person was estimated.
- *Quality of life*: Projects appeared to have a positive effect on quality of life perceptions, including health-related quality of life (for example, better mobility, less anxiety and pain). Even on the least favourable assumptions, costs related to these benefits were estimated to be one-third below the recognised threshold.
- *Cultural change*: Projects aimed to change working cultures in health and care as well as shifting resources into the community. The evaluation authors noted that greater local focus on preventative services to improve well-being has 'reinvigorated locality working with older people to identify needs and inform commissioning processes'. Projects were thought to have accelerated joint commissioning in health and social care, especially partnerships between councils and the voluntary sector. But reforms to Primary Care Trusts and the lack of full involvement of GPs remained obstacles.
- *Sustainability*: Long-term service reform will rely on there being savings from acute/residential care and mainstreaming successful POPP approaches. It is promising that just 4 per cent of projects said they did not intend to continue the service following the end of DH funding. However, the main barrier was projects being unable to capture savings from acute services. On this measure, POPP was no more successful than earlier approaches.¹¹

In spite of the good practice and savings identified, it appears that the painstaking work of partnership only gets us so far before failing to move resources into prevention in the community. A bolder conclusion is that integration of health and care services into a single agency is required if resource decision-making is to become truly responsive in an ageing society.

Looking ahead, the authors conclude that commissioning should focus on value for money and return on investment. Some interventions will produce net savings and others will improve quality of life at a net cost. While it is hard to measure the impact of low-level preventative services, better estimates can be made using more appropriate survey and interview methods with people at different stages of old age.

9. The assumed cost was £120 per day.

10. This finding is true at the interim stage. Findings from the final evaluation may differ.

Advocacy, scrutiny and involvement

The establishment of a UK Advisory Forum on Ageing was announced by DWP in February 2009 (HM Government 2009). It will work with the UK Government to identify additional steps to improve well-being and independence in later life. The Forum will include Ministers from the devolved nations and officials from the English regions as well as third sector stakeholders. The UK Government will report on progress towards achieving the vision set out in its recent ageing strategy (HM Government 2009) to a Cabinet Committee on Ageing and to this new Forum. At this stage it is not clear how far the new Forum will play a scrutiny or accountability role as distinct from an advisory role. It does, however, have the potential to serve as a valuable means of learning policy and practice lessons between the four countries of the UK.

In terms of advocacy, the UK Government appointed a Voice of Older People, Dame Joan Bakewell, in November 2008. The Voice of Older People is independent from government, serving as an informed advocate on issues that affect older people's lives across the UK. One aim is to raise the profile of age equality issues and encourage public debate, particularly as the Equality Bill progresses through Parliament, as well as giving views on other key policies. The role is described as unique within Government. It may be useful in terms of raising awareness and influencing debate, but represents a different approach from the Commissioner and Advocate roles established in Wales and Northern Ireland respectively (discussed later). The Welsh role, in particular, appears to offer more scope to hold government and public service providers to account.

Summing up

The approaches to preventative working discussed here are relatively modest in scope yet interim evaluations point to there being some very effective practice that can now be consolidated. Some of the initiatives have broken new ground in commissioning, engagement with older people and capacity-building. They are good, and sometimes better than that, as far as they go. The Treasury as well as the DWP and DH will want to retain a long-term interest in such approaches. But it is less clear how to make the documented positive changes stick in the longer term – notably, how to capture budget savings in the NHS for investment in community services. The Community Health & Care Partnerships (CHCP) model in Scotland incorporates two organisational cultures within statutory partnerships, but even this is some way removed from having a single set of objectives and resources to deploy for older people's health and social care.

Just like changing outdated attitudes in society as a whole, the challenge here is one of cultural proportions – it involves changing the working culture of health and care services, the assumptions and working practices applied across whole systems. No amount of good partnership work looks likely to deliver the kind of integrated planning and resource flexibility needed. It is hard to escape the conclusion that a single agency spanning health and care services is the model most likely to achieve this.

In the sections that follow we go on to look at devolution and older people's policy. We ask: ten years after the beginning of devolution, what difference has the process made to policymaking for older people?

4. Devolution and older people's policy: Scotland

Since 1999 Scottish administrations have diverged from the UK government on a range of policies, as was anticipated when the devolution process began. At the same time, there has been a high degree of continuity between English and Scottish policies on health, and on welfare due to benefits and employment policy being reserved to the UK level. It is notable, therefore, that the clearest point of divergence in the first decade of devolution lay at the intersection of health and welfare policy: free personal and nursing care for older people.

It appears that Scotland has made significant progress in addressing some of the key issues facing older people. Among the final acts of the Labour-Liberal Democrat coalition was the publication in March 2007 of *All Our Futures: Planning for a Scotland with an Ageing Population* (Scottish Executive 2007). This strategy has been continued by the SNP Government. While it has been placed firmly within the SNP's framework objectives¹², this is mainly a presentational shift: in practice, the actions outlined in the original document remain largely unchanged. So, attention has focused on creating the governance and consultative architecture.

The *All Our Futures* strategy seeks to address the role of older people in policy formation, face up to continuing ageism and develop a governance structure to ensure older people's views are central to future decision making. The document provides a clear, evidence-based statement of the issues, and highlights six key themes for the future:

- Improving opportunities and removing barriers
- Forging better links between the generations
- Improving and maintaining health and well-being
- Improving care, support and protection for older people
- Developing housing, transport and planning services
- Offering learning opportunities throughout life.

(See Annex, Table 2)

Research into ageism resulted in a major media campaign called *See the person, not the age* being run in Scotland from July to September 2008. Building on positive responses to that campaign, follow-up activity is planned in recognition of the time required to change cultural views of older people and ageing. The £750,000 campaign has been supplemented by a programme of regional events in place of the one-off national event that was originally envisaged. In that sense, the rhetoric of inclusion and equality spoken by administrations since 1999 has been at least partly reflected in practice.

Action has focused on quality of life for older people, through a new entitlement to free personal and nursing care for everyone assessed as being in need, improved central heating and insulation packages, and reduced isolation with free bus travel for over-60s throughout Scotland without route or time restrictions. We discuss these measures below.

Free personal and nursing care

As usual, some devils are to be found in the detail. The decision to proceed with the free personal and nursing care policy was important in that it created a significant and ongoing commitment to the well-being of older people, regardless of their ability to pay (and was seen in that light at the time). With this single step the Scottish Parliament demonstrated its willingness to diverge from England on policy for older people. The relatively swift move

12. The strategic objectives for Scotland are: wealthier and fairer; safer and stronger; smarter; healthier; and greener.

from political debate to implementation led to difficult negotiations between central and local government around the anticipated costs of care. Local variations in the implementation of this policy may be serving to maintain or open up new inequalities between different parts of Scotland. For example, some local authorities use higher need thresholds to manage demand for services, while others make use of waiting lists both for assessment of need and to access the full range of services.

Nevertheless, reviews by Lord Sutherland (Scottish Government 2008b) and Audit Scotland (2008) found that overall the policy has been implemented successfully. Costs remain relatively stable at around 0.2 per cent of Scottish GDP, although this is expected to rise from 2013 due to higher rates of ageing. Currently the policy benefits around 50,000 people per year while the number of residents in care homes fell by 2 per cent from 2000–2005, despite the increasing older population. However, the reviews also identified a funding gap which resulted in an additional £40 million being allocated by the Scottish Government in 2008. In addition, the Sutherland Review recommended that around £30 million per year of Attendance Allowance withdrawn by the DWP from Scottish claimants living in care homes and in receipt of personal care funding should be restored. This is not an issue on which Holyrood and Westminster are likely to agree.

The independent Sutherland Review highlighted a number of outcomes associated with the policy:

- Reduced provision of other home care services by local authorities, such as help with cleaning or shopping, as resources were diverted to new personal care obligations
- Rising costs of residential care provision, although it was not clear if this price inflation was due to the increase in revenues from free personal and nursing care funding or other factors
- An increased proportion of care packages delivered at home rather than through care facilities; this has helped to keep the total costs of care down as home care is cheaper than institutional care
- Little or no effect on rates of informal unpaid care by family members, relatives and friends; in fact the review suggested some benefits were being seen in the 'quality' of informal care which can now focus on quality of life and social factors, rather than services such as assistance with bathing and feeding, which are now covered in the statutory service.

Warm housing and supported living

The focus on warm housing seems to be having significant and tangible results. The first key housing measure aimed at older people after devolution, the Central Heating Programme (2001), was aimed specifically at households with one member aged over 60 and with no or broken central heating. A review in 2004 found that the programme has taken three-quarters of clients out of fuel poverty and reduced household spending to achieve an acceptable heating standard by almost half. This was replaced in April 2009 by an Energy Assistance Package, including the same benefits but taking a more holistic approach intended to end fuel poverty by 2016 and ensure warm, dry housing for older people.

Despite the Central Heating Programme's achievements, one in three households (32 per cent) headed by a person over 75 remained in fuel poverty in 2007. A greater proportion of older owner-occupiers experience fuel poverty than their peers in other forms of tenancy, a cause for concern as owner-occupation among older people rose by 11 per cent between 1999 and 2005. For the future, the Scottish Government plans to prioritise better uptake of existing assistance packages and benefits for older people and to offer advice to ensure older people's money goes further. It is also considering provision of a loans scheme, based on partial equity release, to enable older people to fund home repairs and adaptations to allow them to remain at home.

When it comes to supported living, there are fairly strong indicators to suggest there is good social cohesion for older people in Scotland and so neighbourhood initiatives are being implemented in a relatively benign context. For example, over-75s are most likely to regard their neighbourhood as a 'very good place to live', and they are also the most likely to believe that they can call on a neighbour for help if needed (Scottish Government 2008c).

In this area, the Supporting People Fund, a UK-wide policy, implemented in different ways by devolved and local governments, supported vulnerable people to remain at home, including older people as a key client group (representing just under half of those assisted in 2007–08). Overall, 5 per cent of the adult population in Scotland received support, rising to 14 per cent of people aged 75–84 and reaching 30 per cent for those aged 85 and over (Scottish Government 2008c). However, under the concordat between local authorities and the Scottish Government, the fund is no longer ring-fenced; it is now up to local authorities to decide how much to spend and how to deploy resources. Given the severe financial pressures now facing councils, there is a clear risk that the level of support previously provided to vulnerable older people by the fund may be eroded.

New investment was also pledged for 'telecare' services to enable older people to remain at home for longer, extended on the basis of a successful small-scale pilot in West Lothian. These services involve houses being fitted with a variety of remote sensors, monitors and other equipment to ensure that older people were fit and well, and to ease their movement around the house.

Concessionary travel

The other key public service policy specifically for the over-60s was the introduction of a national concessionary fares scheme on all bus services in Scotland at any time of day, introduced in 2006. This replaced a raft of local arrangements. The policy was intended to promote inclusion and active lifestyles, reduce isolation, encourage modal shift in transport choices and ensure equality of access to bus services for all older people.

A report by Transport Scotland (2009) suggested that these aims had been broadly met. It highlighted some mixed results in terms of uptake, suggesting that the most deprived may not have benefited as much as other older people on low incomes, but overall the scheme appears to benefit the least affluent more than the most affluent, and use increases with age. For example, 5 per cent of those in their fifties have a concessionary pass compared with 70 per cent of those aged 60–64, and 85 per cent of those aged 65 and over. Over four-fifths of those aged 60-plus in households with an annual net income of under £15,000 have a bus pass, compared to 68 per cent of those in households with over £20,000. The report did highlight, however, that high uptake and the steady growth of the older population means that the current budget of around £160 million per year is likely to rise.

Scrutiny and advocacy

The failure to establish an independent champion for older people in Scotland sends an odd signal, particularly when such a post has been established in the other devolved administrations. Elsewhere, a Commissioner or Advocate role has been established outside government. In Scotland, responsibility for these issues is split between the Communities Minister and the Minister for Public Health (who 'owns' *All Our Futures*-associated work). A National Forum on Ageing (*All Our Futures* Implementation Group) and an Older People's Consultative Forum were set up to ensure stakeholder involvement. A progress report on implementation was provided to the Scottish Parliament in December 2008, meeting a commitment to report annually.

The outcome could have been different. A Private Members Bill to create a new Commissioner for Older People was first introduced to the Scottish Parliament in 2004 (Neil 2004) but encountered a mood in favour of streamlining the number of Commissioners, Ombudsmen and scrutiny bodies at work in Scotland. The creation of a new 'umbrella'

Commissioner for Equalities and Human Rights means this will be the most likely home for older people's issues in future.

Ultimately, it makes sense for equalities issues to be 'mainstreamed' – in this case, for the diversity of older people's experiences to be written into the design and delivery of policies in future. An integrated Equalities & Human Rights Commission marks a step in that direction, but age remains some distance from being a mainstream consideration. So, while the case for separate strategies for ageing and older people ought to diminish over time, to reduce our focus now risks neglecting a number of critically important issues. We cannot assume we are ready yet, as a society, to make age a 'normal' element of our policy and practice. For that reason, there may still be a case for establishing independent roles to scrutinise policymakers and service providers, hold them to account and maintain pressure for improvement.

Summing up

The Scottish Executive was, arguably, braver than the other UK administrations in its introduction of free personal and nursing care and a relatively more generous national concessionary transport fares scheme. But it remains to be seen how future Scottish administrations will cope with these open-ended commitments and implement the *All Our Futures* strategy as public spending is reduced and the proportion of older people continues to rise, along with service demands. It is quite possible that the Scottish Government will come under pressure to target these and other entitlements in future, and that the concordat with local government will see widening variations in support services for older people. The draft Scottish Budget for 2010–11 signals the start of a process of cutting public expenditure which is expected to last for years. None of the older people policies is targeted at this stage but it is hard to see how the Government will manage to avoid having to change the basis of eligibility for future recipients.

While it is hard to see any significant expansion of services, one exception is a new focus on improving the position of kinship carers – typically those who take on the main carer role for grandchildren – to ensure they receive a weekly income equivalent to that received by foster carers. This puts the focus back on the split between reserved and devolved powers since direct cash payments would currently trigger a reduction in other (UK) means-tested benefits.

5. Devolution and older people's policy: Wales

The Welsh Government Assembly (WAG)'s *Strategy for Older People in Wales* provides a 10-year commitment to improving the position of older people, in what appears to be the most cohesive approach to older people in the UK. The WAG is distinct for building the Madrid Declaration into national policy, by drawing on the United Nations' Principles for Older People: independence, participation, care, self-fulfilment and dignity. Assuming the task is complex and long-term, to address discriminatory attitudes as well as barriers arising from service design and delivery, the Welsh strategy is positive in tone and comprehensive in scope, seeking to integrate many areas of devolved policy as well as taking a pragmatic approach to working with the UK Government on reserved matters.

First phase of the *Strategy for Older People* (2003–08)

In its first phase, the strategy aimed primarily to increase awareness of older people's concerns and establish processes to sustain long-term action. The approach centred on engagement and participation of older people, coupled with promotion of various policies to improve health and well-being, independence and recognition of older people's economic contribution. It also sought to challenge negative views associated with ageing. The objectives of the strategy were underpinned by a clear expression of citizenship, with a view to tackling discrimination, social exclusion, isolation and poverty (Welsh Assembly Government 2003).

The WAG appointed a Minister for Older People and a National Partnership Forum for Older People to advise on policy and act as a communication channel with older people and their representatives. It also supported development of intergenerational practice resulting in the Welsh Centre for Intergenerational Practice at the University of Glamorgan and launch of the first accredited intergenerational course in Europe at the University of Lampeter. But the first phase of the strategy was most noteworthy for the passage of legislation at Westminster and the Welsh Assembly to appoint an independent Commissioner for Older People (see below) – thought to be the first of its kind in Europe.

Local government has played a key role in taking the strategy forward in partnership with the NHS, voluntary and community sectors and with older people. During this phase, local authority Strategy Coordinators funded by the Welsh Assembly promoted engagement with older people through the establishment of Local 50+ Forums. Each authority was expected to appoint a Champion for Older People from among its councillors – often a cabinet member – to promote older people's concerns across a range of issues.

One strength of the Welsh Strategy has been a commitment to evaluate the first phase, coordinated independently by the National Partnership Forum, working with academic partners. The strategy was described as 'exceptionally important' and notable for being based explicitly on the principle of equal citizenship (cited in Welsh Assembly Government 2008a). Research into the first phase offers a review of inputs – extended policy initiatives (for example, free access to services), better integration of services and enhanced knowledge – rather than any clear sense of outcomes yet achieved.

The key strengths were identified as being:

- Establishment of the LinkAge Wales programme (working with the DWP) in nearly all parts of Wales, giving older people access to a wider range of government and voluntary services at single access points. This builds on the DWP's LinkAge projects in England. It has played an important role in encouraging development of joined-up services and promoting the take-up of older people's entitlements
- The provision of free swimming in local authority pools and leisure facilities for the over-60s

- Support to local authorities to develop telecare services, with considerable potential benefits to many older and disabled people
- Direct support to agencies/services of particular benefit to older people, for example, Care & Repair Cymru
- Continued support for agencies that nurture local networks of older people and provide avenues for two-way communication on the issues affecting them, leading to a distinct increase in awareness of the strategy, characterised by older people as being prepared to challenge the 'old order'.

The evaluation team considered that certain issues should be given more emphasis or approaches to delivery revised. Three priority areas for further action were identified:

- *Negative images of older people*: The Scottish Government's campaign to combat ageism and promote more positive images of older people was considered a useful precedent that Wales could follow, although we should note that little is known about the effectiveness of the Scottish approach to date. The evaluation also recommended commissioning new research on Welsh attitudes towards older people.
- *Social exclusion and poverty*: Despite levels of poverty in older age falling until recently, the issue remains a central concern. About 115,000 older people are 'very poor' and a much higher rate of poverty is experienced by older people with black and minority ethnic backgrounds in Wales than by their white counterparts.
- *Funding of care*: The National Partnership Forum expressed concern that older people in Wales must pay for a wide range of personal care services and recommended that the WAG set up an inquiry to gather further evidence on the way forward for funding of social care.

Overall, the Forum concluded that the Welsh Strategy offers a case for change founded on a moral position that sees older people as equal citizens in a society that frequently leads to them being overlooked and that – because of ageist attitudes or the ways that services are configured – is prone to bring about the exclusion of many. With the appointment of a Commissioner for Older People in Wales and new supportive legislation in place, the Forum was optimistic that the pace of change would increase.

Second phase of the *Strategy for Older People* (2008–13)

The strategy's second phase was published in March 2008 and focuses on addressing older people's needs across all policy areas – so-called 'mainstreaming' (Welsh Assembly Government 2008). It has four core themes:

- *Valuing older people*: countering discrimination, developing engagement and social inclusion
- *Changing society*: enhancing the economic status and contribution of older people
- *Well-being and independence*: enhancing participation of older people in society and all levels of government
- *Making it happen*: implementation of the second phase.

(See Annex, Table 2)

The budget is £12 million up to April 2011, which marks the end of the current Assembly. A dozen indicators of change were chosen in six policy areas. These do not map neatly onto the strategy's themes, but are clearly related. They are:

- *Social inclusion*: fear of crime; contact with family and friends; access to transport
- *Material well-being*: employment rates up to age 65; work-related education/training for over-50s

- *Active ageing*: participation in any sport or leisure activity
- *Social care*: those aged 65-plus receiving help to live at home; those living in unfit or defective housing
- *Health care*: access to hip surgery; access to knee surgery
- *Health and well-being*: healthy life expectancy at age 65-plus; disability-free years at age 65-plus.

This represents a broader set of indicators than PSA 17 in England and the relevant Scotland Performs targets have. It is notable that the material well-being indicator emphasises employment and training rather than increasing rates of benefit and Pension Credit take-up for example, as it is harder to influence employment (a reserved area) than training (devolved). The numbers benefiting from the help and advice service New Deal 50 Plus in Wales were relatively small even during the years of economic growth. In contrast, there is significant scope to increase take-up of welfare benefits through smarter administration of the UK system. The spread of LinkAge to most if not all authorities in Wales ought to provide a major opportunity to make a bigger dent in poverty levels among older people, which have been slower to fall in Wales than in the rest of Britain. Evaluation of the second phase will need to identify outcomes more clearly: ten years is, in any case, a fairer test of what difference it has made.

Improving access to public services is seen as a route to ensuring participation for all older people. A single smartcard for older people to cover use of services such as libraries, leisure centres and local buses is being considered and a business case review of the costs and benefits is underway. Another commitment in the *One Wales: A progressive agenda for the government of Wales coalition agreement* (Welsh Assembly Government 2007) is to extend free entry to national museums and galleries and give Welsh pensioners free entry to Assembly Government-funded heritage sites.

The devolved Transport Strategy, *One Wales: Connecting Wales* (Welsh Assembly Government 2008b), recognises that accessibility is about more than making sure transport is available and free for older people. It is also about the timing, reliability and convenience of public transport, the location of key facilities, whether people live close to them, where they need to travel, and whether a facility can be accessed by those with mobility restrictions. It includes measures to remove regulations that have slowed the growth of the community transport sector.

In May 2007 a pilot scheme was introduced offering a first for Britain: free concessionary rail travel for over-60s on two routes in Wales (Conwy Valley and Heart of Wales). Pass holders living in the five local authorities of Conwy, Gwynedd, Carmarthenshire, Powys and Swansea became eligible for travel under the pilot schemes. A review in 2008 extended the scheme to two other lines, but identified some problems arising from subsidising these less busy routes in summer while urban commuter routes were in need of greater capacity. The scheme was restricted on some routes to journeys in autumn and winter (Welsh Assembly Government 2008c).

Scrutiny role: The Commissioner for Older People

The first Commissioner for Older People in Wales, Ruth Marks, was appointed after a process that involved older people. The Commissioner, who is independent, seeks to:

- Promote awareness of the interests of older people in Wales
- Promote provision of opportunities for, and the elimination of discrimination against, older people in Wales
- Encourage good practice in the treatment of older people in Wales
- Keep under review the adequacy and effectiveness of the law affecting the interests of older people in Wales.

This is regarded by many as a 'headline' commitment within the *Strategy for Older People*.

The Commissioner role will account for 40 per cent of the total strategy budget to 2011 (£5 million) and it will be important to establish a clear and distinct set of responsibilities (for example, to avoid duplication with the Public Services Ombudsman and other complaints procedures). In 2009–10, the Commissioner's office is preparing to undertake thematic reviews of policy areas based on extensive consultation with older people across Wales that has taken place in the last year (see www.olderpeoplewales.com). The Welsh Assembly Government supports the Commissioner being wholly independent from government and holding it, local government and the NHS to account.

By appointing an independent Commissioner for Older People and a Deputy Minister for Social Services with specific responsibility in the Cabinet for the Older People's Strategy, the Welsh approach could be viewed as working against the aim of further integration of older people (European Policies Research Centre 2006). However, it was felt that a national champion would be an appropriate response to negative perceptions of ageing that are still considered prevalent. In its second phase, the Welsh model seeks to achieve gradual mainstreaming via a dedicated focus rather than assuming a high degree of readiness to embed older people's issues in other areas policy and practice which is not yet there. It stands in contrast to the Scottish approach.

Summing up

The Welsh approach seeks to extend some types of universal provision for older people further than the rest of Britain does; for example via a pilot concessionary rail fares scheme and extended free access to culture and leisure facilities. Overall, the Welsh strategy looks distinctly social-democratic and has secured cross-party consensus beyond the Labour-Plaid Cymru coalition. It scores highly in terms of removing some barriers to inclusion and mobility. However, with a modest budget up to 2011 set against very tight public spending, question marks are bound to be raised about the priority that should be given to more costly universal approaches.

It is unclear how the participation agenda is to be widened, to ensure the inclusion of older people whose voices are less often heard – the frail, the older old, people with dementia and their carers, vulnerable residents of care homes, those without advocates. There are limits to both representative and participative models. However, the second phase of Wales's strategy makes a commitment to wider involvement and increased engagement, using varied ways of reaching the over-50s including groups that are seldom heard. The Welsh approach to advocacy and scrutiny, with the appointment of a fully-fledged Commissioner for Older People, is the most promising in the UK.

Certainly there are risks associated with moving from ring-fenced funding, over which local authorities have some discretion, to folding resources into the overall grant allocation from 2010. Doing so raises questions of whether local authorities will continue to champion improvements for older people, and how will the Welsh Assembly Government wish to address local performance that lags far behind the most innovative authorities. But these are questions for governance in the UK as a whole, not just for older people in Wales.

The big issue of who should pay for social care remains to be addressed. The devolved government has committed itself to a comprehensive review of funding required for social care to be completed by the autumn of 2009. As stated in *One Wales*, the Welsh Assembly Government has applied for a Legislative Competence Order which specifies the measures it wishes to introduce to achieve greater consistency in charging for home care services.

The Welsh approach seems to be the most coherent long-term commitment to improving the position of older people of any administration in the UK in the last decade. A bolder policy on social care may have been enacted in Scotland, reflecting its greater legislative powers, but the Welsh Strategy appears the most likely of any to ensure a continuing high profile for older people's issues across many policy areas and at a local level.

6. Devolution and older people's policy: Northern Ireland

It would be unfair to judge progress in Northern Ireland against the administrations in mainland Britain due to the stop-start nature of devolution there. During the years of direct rule in the province, UK Ministers published two strategies of direct relevance to older people, *Ageing in an Inclusive Society* (Office of the First Minister and Deputy First Minister 2005) and *Lifetime Opportunities*, the anti-poverty and social inclusion strategy (ibid 2006a). Government objectives for older people in Northern Ireland can be interpreted with reference to both these documents. Inevitably, they reflect a mix of the prevailing views in Whitehall and conventions among Northern Ireland Office civil servants used to getting on with policymaking without a set of local legislators and scrutineers. The consultation processes underpinning the documents, as well as some of the proposals, were considered unsatisfactory by a sizeable proportion of voluntary sector stakeholders who responded. In retrospect, the strategies can be seen as draft statements of intent. They did inform action, but they were always going to be dependent on the views of incoming Ministers when devolution resumed.

Aims and actions of Northern Ireland's ageing strategy

The core aim of the ageing strategy is:

To ensure that age related policies and practices create an enabling environment, which offers everyone the opportunity to make informed choices so that they may pursue healthy, active and positive ageing.
(OFMDFM 2005)

An Annual Report on progress with implementing the strategy was published for the first year in March 2006, but not since (OFMDFM 2006b) and is a more helpful statement of intent than the strategy itself, since it offers a more detailed account of objectives and policy approaches. Six priority objectives were set:

- Ensure older people have access to financial and economic resources to lift them out of exclusion and isolation
- Deliver integrated services to improve the health and quality of life of older people
- Ensure older people have access to the services and facilities that meet their needs and priorities
- Ensure older people have a decent and secure life in their home and community
- Promote equality of opportunity for older people and their full participation in civic life, and challenge ageism wherever it is found
- Ensure that government works in a coordinated way between departments and with social partners to deliver effective services for older people.

(See Annex, Table 2)

Proposed actions include:

- Addressing isolation among older people living in remote and rural areas, who face the highest rates of poverty among older people in Northern Ireland, 2.5 times the level in Belfast. 'Socially necessary transport services' would be provided through rural community transport partnerships
- Preventing unnecessary hospital admissions, promoting timely discharge and independent living and increasing the proportion of people who have their care met in their own homes

- Continuing the Northern Ireland Concessionary Fares Scheme which provides free public transport services to those aged 65 and over¹³, expanding the door-to-door transport programme for people with disabilities in urban areas and addressing barriers that discourage older people from using transport services available to them
- Supporting regular visits, book exchanges and a mobile library service in residential and nursing homes and hospitals. (This seemingly modest proposal is a sign of innovative thinking: such activity takes place in some health and care settings, but is often an after-thought)
- Citizenship education in the Northern Ireland curriculum including a focus on inter-generational learning.¹⁴

Since the Northern Ireland Assembly was elected in 2007, the voluntary sector has expressed frustration at the slow rate of progress on tackling poverty compared with other areas of policy. It appears this is now being addressed. However, a significant opportunity cost may have been paid, since the prospects for tackling poverty among older people appear much tougher for the next five years than they were in the last. On the other hand, Northern Ireland may have considerable potential for making progress on policy for older people. Because local government there has traditionally been weaker than in Great Britain, a thriving voluntary and community sector could make a big impact in Northern Ireland if the devolved government made a commitment to implement *Ageing in an Inclusive Society*. The risk is that engagement around the strategy gets stuck at the level of representative involvement, rather than 'drilling down' to reach older people whose diverse experiences might otherwise be lost.

From advocate to commissioner

Northern Ireland has followed Wales in establishing an independent champion for older people's issues. In November 2007, the Office of the First Minister and Deputy First Minister (OFMDFM) commissioned a review of the case for a Commissioner for Older People in Northern Ireland. This was followed by consultation on proposals for legislation. A new interim role of Older People's Advocate was appointed in December 2008, currently filled by Dame Joan Harbison, sponsored by the OFMDFM Equality, Rights and Social Need Division. The Advocate's objectives are to:

- Facilitate public consultation events on her role, remit and powers
- Provide a focus for individual older people and representative groups from the voluntary and community sector to highlight issues that are of concern for older people
- Bring these issues and concerns to the attention of the Junior Ministers in the OFMDFM
- Provide Ministers with analysis based on the views of the voluntary and community sector of the impact and practical workings of policies and strategies aimed at older people.

The Older People's Advocate has no statutory powers to help support and fulfil the current role. Rather, it offers a feedback and transmission route into government for older people's concerns. This interim measure, in place until the legislation to establish a Commissioner for

13. It is estimated that 44 per cent of all people aged 65-plus used their Senior SmartPasses at least once in 2005–06.

14. The strategy document noted that a Northern Ireland Intergenerational Steering Group had been established with Age Concern and Youth Council in Northern Ireland as lead partners. Its remit was to promote positive links between schools and older people by developing programmes in museums and schools.

older people comes into play, focuses on advocacy rather than scrutiny and is closer to the English and UK 'Voice for Older People' than the Welsh Commissioner. However, the Older People's Advocate has established a number of thematic working groups bringing together public and voluntary sector agencies, as well as engaging with providers of essential services regarding the barriers faced by older people. Even with this more limited role than in Wales, an independent focus adds significant value to the older people's agenda beyond giving responsibility solely to a Northern Ireland Executive Minister – or the *status quo ante* of a UK Minister and senior civil servant as in-house 'champions'.

A draft bill and consultation paper was published in October 2009, on the role and remit of a Commissioner for Older People in Northern Ireland with a range of statutory powers including investigation. The process of consultation will be completed by December 2009 and the consequent legislative process is due to complete before the next Northern Ireland elections in 2011. This will bring Northern Ireland closely into line with Wales, leaving Scotland as the only part of the UK without a dedicated role for older people's issues.

Anti-poverty and social inclusion strategy: older citizens

No further Annual Reports on *Ageing in an Inclusive Society* have been published since devolution resumed in 2007, giving the impression that progress has stalled. However, in 2006 an anti-poverty and social inclusion strategy was published by the UK Secretary of State, Lifetime Opportunities. The Northern Ireland Executive agreed to adopt this as policy in November 2008, although it remains too early to gauge which policy priorities will emerge. The strategy takes a life-course approach familiar in UK Government social inclusion reports in the last decade, including a section on older citizens. The primary goal of the strategy as it affects older people is:

To ensure older people are valued and respected, remain independent, participate as active citizens and enjoy a good quality of life in a safe and shared community. (OFMDFM 2006a)

While the rate of poverty among older people has fallen in Northern Ireland, the strategy is clear that progress has not been sufficient. A Central Anti-Poverty Unit briefing note on indicators of social change in Northern Ireland (OFMDFM 2006c) noted that one in five pensioners (21 per cent) lived in poverty in 2004–05. The rate varied between 12 per cent in Belfast Metropolitan Urban Area and 33 per cent in rural areas.

The anti-poverty strategy set seven objectives (mostly to 2020–25) towards this goal for older people, including: reducing the life expectancy gap between the one-fifth most deprived areas and the average; maximum uptake of eligibility to pensions and benefits; decent, warm and secure housing for all pensioners; access to a range of support services, social networks, cultural and sporting activities; and improved access to rural transport. Among the actions applying to older people in particular were:

- A benefit uptake programme led by the Social Security Agency in partnership with the independent advice sector: four benefit uptake exercises were primarily aimed at around 20,000 older people (two-thirds of them women) targeted for assessment and help with claiming
- An enabling power instated in legislation to allow pensioners to choose to defer rate payments over their lifetime. The strategy stated it is left to a future Executive to use the power if they wish
- Plans for an All Ireland Free Travel Scheme extending eligibility to travel in the Republic of Ireland.

This adds up to an agenda that would be familiar elsewhere in the UK, not surprising since it was prepared before the devolved Executive and Assembly were restored. However, it is

worth noting that Northern Ireland has a modest power to vary social security laws prior to devolution, which allows for some divergence from Great Britain. No plans have been put forward by Ministers to use them to date.

The Northern Ireland Executive agreed to adopt Lifetime Opportunities as policy in November 2008, although it remains too early to gauge which policy priorities will emerge. Junior Minister Jeffrey Donaldson announced in January 2009 that a Minister-led Anti Poverty & Social Inclusion Forum would be established to oversee the process and monitor progress with stakeholders (NICVA 2009).

Summing up

Progress in developing distinctive policies for older people has been less clear in Northern Ireland. This reflects the faltering start to devolution. Strategies on ageing and tackling poverty among older people were developed by UK Ministers during periods of direct rule. These were clearly consistent with UK Government approaches, spanning income maximisation, transport accessibility and independent living in the community, as well as reflecting the need to address higher levels of poverty among older people in rural areas. It is only since the election of the Northern Ireland Assembly in 2007 that trends in devolved policy can be measured. Since then, taking forward the two strategies considered here appears to have been a low priority. However, ministerial commitment to the strategies rose during 2009 and a fairer test of Northern Ireland's approach to older people can be made by the end of the Assembly's current term in 2011.

Limited progress at a strategic level does not mean early objectives were set aside. An interim Older People's Advocate was established, to be followed by a fully-fledged Commissioner role by 2011. On this measure, Northern Ireland will join Wales as having the most advanced powers of inquiry and scrutiny on behalf of older people in the UK, and perhaps the EU. In addition, a determined focus on raising the take-up of older people's entitlements has led to a significantly higher rate of Pension Credit claims than in Britain.

7. Conclusion

In the last decade sustained progress has been made in reducing poverty in older age, although this has stalled since 2005 and has even reversed in some parts of the UK. Policies to tackle poverty have been led primarily by the UK Government, spanning targeted measures to boost low incomes such as Pension Credit as well as universal payments to address the impact of higher fuel costs and universal measures for the older old (for example, free TV licences for the over-75s and a higher Winter Fuel Allowance for the over-80s). The devolved administrations have few powers to act directly in this area, but they have taken steps to reduce costs associated with public transport and warm housing.

One significant development is the entitlement to free personal and nursing care in Scotland. Apart from this, variations in policies have been modest: the age of entitlement to a free bus pass is 65 in Northern Ireland but 60 in the rest of the UK. Travel on any route at any time is permitted in Scotland, but restricted to off-peak journeys elsewhere. Concessionary rail travel has been piloted in parts of Wales and concessionary travel into the Republic of Ireland has been proposed in Northern Ireland. Free swimming for the over-60s (England and Wales) and access to cultural facilities (Wales) have been introduced more recently. Local authorities may also decide to reduce or remove costs for older people. Finally, despite speculation about tighter eligibility rules within central heating programmes, the basis of entitlement has remained the same or become relatively more generous in the case of Scotland.

What difference has devolution made?

It is important to note that although policy variations are mostly modest, implementation may vary substantially especially given the different strategies and methods for scrutiny. This means that it is still too early to assess what difference devolution has made to outcomes for older people as a whole. We know quite a lot about the objectives of various policies but not enough about their impact.

Nonetheless, strengths can be identified in each country of the UK. Some genuinely innovative partnerships around preventative work at the health/care interface in the community have developed in various pilot locations across England. Wales has developed a comprehensive *Strategy for Older People* spanning ten years, rooted in a clear statement of citizenship. Its strength lies in its future potential rather than having delivered clear outcomes to date, but Wales appears to be particularly well placed to make the most of its devolved powers.

Scotland has more extensive powers to legislate and made the boldest move of all in extending free personal and nursing care to all older people assessed as being in need – removing problems sometimes associated with means-testing like inefficiency, low uptake, perverse incentives and, for some, indignity, while extending benefits to those who would previously have been required to pay. Yet there is now less sense of momentum for older people's issues in Scotland. Northern Ireland is, in many ways, just getting started but even here a clear focus on increasing the uptake of Pension Credit has led to impressive results. More significantly, the rapidly changing environment for public finances creates considerable uncertainty about future pledges. The draft Scottish Budget for 2010–11 signals the start of a process of cutting public expenditure which is expected to last for years. Policies for older people are not targeted explicitly at this stage, but it is hard to see how governments will manage to avoid changing the basis of entitlement for future recipients.

Different approaches to advocacy and scrutiny on behalf of older people have been taken. The Commissioner for Older People in Wales appears to represent the most advanced 'independent champion' model in the UK. Northern Ireland has established an interim Older People's Advocate which currently has no statutory powers, to be followed by a fully-fledged Commissioner role by 2011. The UK Government has appointed an independent Voice of

Older People who will raise issues of concern for England as well as UK-wide issues. Scotland is alone in having no such dedicated role.

In terms of structures for participation, various consultative forums and advisory panels have been established, usually involving older people's representatives alongside statutory and voluntary service providers. The emphasis is on stakeholder inclusion and dialogue. However, without greater clarity on their scrutiny and accountability roles, it is harder to see how their impact will be demonstrated.

Overall, the bulk of policies has either put more money into the pockets of older people or reduced the cost of using services. This is likely to have some clear benefits in terms of inclusion, independence and well-being. But it is doubtful that we will see much more along these lines in the next decade, and quite possible that current eligibility will come under scrutiny within an ultra-tight public spending environment. If ages of entitlement are to change, or some element of co-payment introduced in place of free access, it is essential that this is done on the basis of rigorous impact assessment. The first priority should be to ensure that the oldest, poorest and most vulnerable older people are not disadvantaged.

A thorough reform agenda for older people has been mapped out by third sector organisations in recent years, most recently in the *One Voice* report from Age Concern and Help The Aged (2009). The single most significant issue is reforming the costs and quality of social care, the subject of various inquiries and reviews but one in which there has been little progress in England since 1997. Instead of restating the conclusions in *One Voice*, which we largely support, the final report in ipp'r's Politics of Ageing project (forthcoming 2009) will identify cross-cutting themes which we believe should be addressed urgently and creatively in order to achieve a breakthrough in older people's well-being. These will highlight challenges common to all parts of the UK. Devolution offers scope to take different approaches to these challenges.

Looking ahead, comparative analysis could be helped by greater collaboration between the four governments of the UK and between researchers who more often look internationally rather than cross-country within the UK. The establishment of a UK Advisory Forum on Ageing, involving the devolved administrations as well as the English Regions, presents an opportunity to improve our knowledge. Further divergence in policies for older people is likely, but if more cross-country sharing of policy and practice occurs we might also find examples of re-convergence as one country's experience influences another.

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Annex

1. Government Office Regions in England: Population projections age 65-plus									
Year	North East	North West	Yorks & Humber	East Midlands	West Midlands	East	London	South East	South West
2007	16.9%	16.2%	16.0%	16.2%	16.4%	16.8%	11.6%	16.5%	18.8%
2011	17.5%	16.8%	16.5%	17.2%	17.3%	17.7%	11.4%	17.4%	19.8%
2021	20.6%	19.3%	18.6%	19.9%	19.7%	20.3%	12.1%	20.1%	22.6%
2031	24.1%	22.3%	21.1%	23.0%	22.4%	23.2%	14.1%	23.2%	25.7%
Change	+42.6%	+37.6%	+31.9%	+42.0%	+36.6%	+38.1%	+21.5%	+40.6%	+36.7%

Source: Office for National Statistics England projections Government Office Regions 2006, based from UK National Statistics

2. Strategies for ageing and older people across the UK

	England/UK	Scotland	Wales	Northern Ireland
Name of strategy	Building a Society For All Ages (2009)	All Our Futures (2007)	Strategy for Older People: Phase 2 (2008–13)	Ageing in an Inclusive Society (2005)
Key themes	<ul style="list-style-type: none"> • Improving later life today • The challenge ahead and a vision for the future • Having the later life you want • Older people at the heart of families • Engaging with work and the economy • Improving financial support • Better public services for later life • Building communities for all ages • Working together to build a society for all ages 	<ul style="list-style-type: none"> • Improving opportunities and removing barriers • Forging better links between the generations • Improving and maintaining health and well-being • Improving care, support and protection for older people • Developing housing, transport and planning services • Offering learning opportunities throughout life 	<ul style="list-style-type: none"> • Valuing older people: countering discrimination, developing engagement and social inclusion • Changing society: enhancing the economic status and contribution of older people • Well-being and independence: enhancing participation of older people in society and all levels of government • Making it happen: implementation of the second phase 	<ul style="list-style-type: none"> • Ensure older people have access to financial and economic resources to lift them out of exclusion and isolation • Deliver integrated services to improve the health and quality of life of older people • Ensure older people have access to the services and facilities that meet their needs and priorities • Ensure older people have a decent and secure life in their home and community • Promote equality of opportunity for older people and their full participation in civic life, and challenge ageism wherever found • Ensure that government works in a coordinated way between departments and with social partners to deliver effective services for older people
Governance, advocacy and scrutiny roles	<ul style="list-style-type: none"> • Minister for Pensions and the Ageing Society • UK Advisory Forum on Ageing • Independent Voice of Older People 	<ul style="list-style-type: none"> • Deputy Health Minister • National Forum on Ageing Implementation Group (<i>All Our Futures</i> Group) • Older People's Consultative Forum • No Commissioner or Advocate specifically for older people 	<ul style="list-style-type: none"> • Minister for Older People • National Partnership Forum for Older People • Local Government Champions (elected members) and Strategy Coordinators • Commissioner for Older People 	<ul style="list-style-type: none"> • Two Junior Ministers (Office of First Minister & Deputy First Minister) • Older People's Advocate (interim) • Commissioner for Older People (proposed)

3. LinkAge Plus (LAP) case study: LinkUp in Gateshead

LinkUp in Gateshead was developed as a LAP initiative in the pilot phase. It was based on a forum for older people, a network of preventative services and a range of activities that people aged over 50 could take part in. For example, handyman services were provided for small tasks around the home and 'safety works' to promote safe community living.

LinkUp also identified the need to raise awareness among social care staff about the availability of non-assessed (i.e. universal) services to meet low-level needs. It highlighted the need for coordinated and accessible information, especially fair access to care and to support new initiatives such as individualised budgets and personalised support planning.

Key elements of LinkUp's work focused on health and well-being, through, for example, a major befriending project set up in isolated communities, which achieved over 1,000 contacts in three isolated areas of the authority within six months; a Good Companions project; community health checks and signposting to GPs.

Over 17,000 contacts had been made with these services at the time of reporting at a cost of £4.45 per contact. Costs of the initiative were kept low through partnership working. Local evaluators believed that the benefits would exceed these costs, although no firmer data were available at this interim stage.

Source: Watt *et al* 2007

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