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OF BRITAIN
BRIEFING 3:

GETTING OLDER AND STAYING CONNECTED

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ABOUT IPPR

IPPR, the Institute for Public Policy Research, is the UK's leading progressive thinktank. We are an independent charitable organisation with more than 40 staff members, paid interns and visiting fellows. Our main office is in London, with IPPR North, IPPR's dedicated thinktank for the North of England, operating out of offices in Newcastle and Manchester.

The purpose of our work is to assist all those who want to create a society where every citizen lives a decent and fulfilled life, in reciprocal relationships with the people they care about. We believe that a society of this sort cannot be legislated for or guaranteed by the state. And it certainly won't be achieved by markets alone. It requires people to act together and take responsibility for themselves and each other.

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ABOUT THE PROGRAMME

IPPR's flagship Condition of Britain programme is examining the state of British society in order to understand how politics, institutions and policies need to change in response to the major social pressures facing post-crash Britain.

As part of this programme, IPPR is talking to people across the country about their everyday experiences, the stresses and strains they encounter, and what is needed to help them to live more fulfilling and less pressured lives. Combined with rigorous analysis of the latest data and trends, we hope to generate new insights into the condition of British society, and define the central challenges for social policy over the coming decade.

The Voices of Britain website is a vital part of the Condition of Britain project: through it, and with the help of People's Voice Media reporting from across the country, we are inviting everyone to inform and shape our work by sharing their experiences.

We would love to hear your story:

Visit <http://voicesofbritain.com/>
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INTRODUCTION

Getting older in Britain no longer necessarily means being poor: there have been sustained improvements in the living standards of older people, and significant falls in pensioner poverty, over the last 30 years. However, longer life expectancy, the breakdown of extended families and the growing number of older people living alone is making it harder for older people to sustain strong relationships and connections to community life. In the context of increasing pressures on public budgets, older people are sometimes presented as a burden on younger generations, despite the enormous contribution that older people make to British life. This briefing paper considers what life is like for older people in Britain today, and what it would take for every older person to feel independent, valued and connected to those around them.

The Condition of Britain programme

This is the third in a series of briefing papers to be published as part of IPPR's Condition of Britain programme, which is examining the state of British society in order to understand how politics, institutions and policies need to change in response to the major social pressures facing post-crash Britain. Briefing papers on family life and young people were published in November 2013, and further papers will cover housing and neighbourhoods, and jobs and social security.

Each briefing paper draws on a range of sources to identify the central pressures on the social fabric of Britain. To ensure that our thinking is rooted in the everyday experiences of people across the country, we have conducted a series of visits to neighbourhoods across the UK. To hear more about the challenges facing older people, we visited Leeds in August 2013 to speak to older people, council staff, elected officials, local charities and care providers. These visits are complemented by an ongoing community media project called Voices of Britain, which is gathering short film essays from people across the country, in which they discuss the sources of strain and strength in their lives.

This series of briefing papers is designed to stimulate a debate about the best way forward for policy and action. Each of the policy lessons set out in chapter 2 of this paper concludes with a set of questions to which we will seek answers in the next stage of the Condition of Britain programme. We welcome responses to all aspects of this briefing paper from anyone with experiences or expertise to share. Please send your thoughts to conditionofbritain@ippr.org. We cannot guarantee a personal response to everyone, but we will do our best to reflect all of the comments we receive in the next stage of our work.

GARFORTH NEIGHBOURHOOD ELDERS TEAM

FRIENDSHIP AND MUTUAL SUPPORT IN LEEDS

The Garforth Neighbourhood Elders Team (Garforth NET) is a local charity supporting older people in Garforth, a small town on the edge of Leeds, and in 13 nearby villages. Garforth is a relatively affluent town, but many of the surrounding villages are former mining communities that have experienced problems with unemployment and antisocial behaviour.

Garforth NET was set up in the mid-1990s by four churches that were concerned about isolation and loneliness among older people. The charity now has around 2,000 people using its services, which include a varied programme of social activities and a befriending service for those who find it hard to leave their house. The organisation is one of 37 'neighbourhood networks' that Leeds city council has helped to build up over the last 20 years. These are independent and locally-rooted organisations that support older people to take part in a range of social and cultural activities, and to make long-lasting friendships with people living nearby.

Like all neighbourhood networks, Garforth NET relies heavily on volunteers, many of whom are older people themselves, but also has paid workers who support volunteers and manage programmes. Dorothy is in her 70s, and has been volunteering at Garforth NET for five years. Before that she volunteered at a local school helping children with their reading. She likes having the opportunity to 'give something back' and make a difference in people's lives. At Garforth NET, she makes drinks at coffee mornings and talks to guests, making sure that no one is left by themselves. She also makes calls to people they haven't seen for a while to make sure they are alright. Dorothy has a busy social life: she sees her sister each week and goes for lunch with friends every Wednesday, and is also a member of a local walking group.

Rita also volunteers at Garforth NET, and has done for many years. Her own mum had Alzheimer's, and she cared for her before she passed away. Rita is a 'befriender' at Garforth NET, visiting people in their homes and talking to them on the phone. She really enjoys chatting to her 'clients', sometimes for several hours, and is often the only person they talk to apart from their paid carers. Some of the people we met at Garforth NET were, because of health or mobility problems, less active than Rita and Dorothy, and for them the centre is very important for sustaining friendships and social connections. Gladys, for example, is 92 and has recently been in hospital. She gets a lift to Garforth NET each week for the Thursday coffee morning, which is her main source of social contact.

Irene is relatively new to Garforth NET. Her husband died of cancer not long ago, and after that she found it hard to get out and socialise because she didn't have anyone to go out with. She was a bit nervous about coming to Garforth NET because she didn't know what to expect, but she found it really fun and has joined the centre's choir.

1. WHAT IS IT LIKE TO GET OLDER IN BRITAIN?

The stories of Dorothy, Rita, Gladys and Irene remind us that older people, like all of us, want to be able to develop friendships, help others and feel valued. Many of them, like Rita and Dorothy, have their own friendship networks but value opportunities to support others and make new friends. Older people who have mobility problems or who lack strong social networks, like Gladys and Irene, often need support to make contact with others.

However, older people can find that their knowledge, experience and hard work – whether as carers, volunteers or in the workplace – are not fully recognised, or that their need for companionship is overlooked. In this section we draw on our conversations in Leeds, the Voices of Britain project¹ and national data to look at what life is like in Britain for older people and their families.

Growing numbers of older people are making a contribution through paid work and volunteering

As life expectancy has increased, people in their 60s and 70s have become healthier and more independent. The ‘baby boomer’ generation, who are now approaching retirement, tend to have relatively high expectations of public services, but are also keen to avoid dependency and to use their often considerable resources and expertise to help themselves and others (Mental Health Foundation 2012). As a result, growing numbers of older people are making a contribution to British life through paid work, volunteering and unpaid care: over half (55 per cent) of people in their 60s say they have worked, volunteered or cared for someone else in the last month, as do nearly one in three (28 per cent) of those in their 70s. Likewise, while people’s health and mobility tends to worsen in their 80s and 90s, just over one in seven (15 per cent) of people in their 80s also did some voluntary work or cared for someone else in the previous month (though very few were in work at this age).²

The employment rate among those aged 65 and over has increased faster than that of any age group over the last decade, and was barely affected by the recession. One in 10 people aged 65 or over are now in paid work, a figure that has doubled since the early 2000s.³ Older workers are far more likely to be self-employed than younger people, and twice as likely to be working part-time as people below the state retirement age (ONS 2012). Older workers have been less affected by the recession than young people, although there has been a large increase in the length of time it takes for unemployed older people to get back into work: half of unemployed people aged 50 and over have been looking for a job for more than a year, compared to one in three young people (ONS 2013a).

Volunteering is an important aspect of many older people’s lives, one which enables them to contribute to their neighbourhood and find new friendships. One third of people aged between 65 and 74 volunteer at least once a month – more than any other age group (TNS BMRB 2013). Just over a quarter (27 per cent) of people aged 75 or over regularly volunteer.

1 <http://voicesofbritain.com/>

2 Author’s analysis using data from wave 5 (2010–11) of Marmot et al 2013.

3 ONS Labour Market Statistics Dataset, <http://www.ons.gov.uk/ons/re/lms/labour-market-statistics/november-2013/dataset--labour-market-statistics.html>. 509,000 people aged 65 and over were in work in Q1 2003, compared to 980,000 in Q1 2013. There was little change in the employment of this group in the decade before 2003.

'I started volunteering because I was redundant at the age of 61, and now I'm 83. It's complete satisfaction, looking after the elderly. I love them all. It does fill your time and you feel so satisfied with what you're doing, looking after others who need you.'

Peter, 83, Salford
(via the Voices of Britain project)

Aside from formal volunteering, older people often commit huge amounts of time and energy to supporting friends and neighbours, helping to overcome isolation and loneliness.

'There was so much doom and gloom that I thought, "let's do a morning in my flat". I picked five residents and we had jam and scones, a raffle, and I just said "introduce yourselves to one another". It's gone from strength to strength. The age group is 55 to 89 and they're brilliant. Community and community spirit is everything.'

Dorothy, 75, Salford
(via the Voices of Britain project)

Caring for an elderly partner or relative can put relationships under strain

As well as working and volunteering, an increasing number of older people are taking up the role of caring for others. Almost a million older people (aged 50 and over) care for their partner or an elderly relative. Older women in particular are taking on more caring responsibilities, with a quarter of women aged between 50 and 64 regularly caring for an ill, frail or disabled relative, as do 17 per cent of men in this age group. One in seven people aged 65 or over provide unpaid care to others, and older carers are twice as likely as younger carers to provide 'intensive' caring of 50 hours a week or more (Nomis 2013).⁴

Family carers are motivated by love, commitment and duty, but looking after an elderly partner or relative can put relationships under immense pressure. Older people who regularly care for elderly family members often find it difficult to pursue their own interests, including work and spending time with the rest of their family.

'I have to go over most days, and it's an incredible pressure because I've still got my husband and my children at home, and I still work as well. I've not only had to deal with her [health problems], but also see the woman I love dearly deteriorating in front of my eyes.'

Wendy, 55, Devon, caring for her 88-year-old mother who has dementia
(via the Voices of Britain project)

For a significant minority of older carers, the responsibilities of caring mean that they struggle to achieve an active and fulfilled life for themselves. Among carers aged 75 and over, 14 per cent say they feel socially isolated, and 16 per cent say they don't do anything that they value or enjoy in their own time (HSCIC 2013a). A minority of older carers also say that their own health is poor, and others may find that the stresses of caring cause their health to deteriorate over time.

Older carers often find it difficult to navigate complex and disjointed government services, or to work productively with professionals in the health and care system.

⁴ 39 per cent of carers aged 65 and over provide care for 50 or more hours a week, compared to 19 per cent of carers aged under 65. Source: Nomis 2013.

‘She gets very upset about it because it all takes weeks and months, and she’s in a lot of pain. Then I get very upset about it and I try to speed things up a bit, and it’s an ongoing situation. I’m constantly grappling with systems that don’t seem to link with each other.’

Alyson, 60, Dorset, who supports her elderly mother
(via the Voices of Britain project)

Carers often say that they feel their knowledge and expertise is overlooked when they have to interact with formal health and care services. Some feel that they are seen by professionals as a ‘nuisance’ rather than an ally, and that they aren’t consulted when decisions are being made that affect their relatives and family (Muir and Parker 2014 forthcoming). Many older carers also receive little practical support such as respite breaks or help to access social activities (PRTC 2011).

Despite the erosion of extended families in recent decades, grandparents (and particularly grandmothers) provide huge amounts of support for families by regularly looking after grandchildren. Around a quarter of families with young children (aged seven and under) rely on grandparents or other relatives to provide at least some childcare each week (Statham 2011). A growing number of older women of the ‘sandwich generation’ find themselves caring for both grandchildren and elderly parents. Many face retiring early to cope with these care pressures, even though they might prefer to stay in work longer (Ben-Galim and Silim 2013).

Older people often need help with everyday tasks, but don’t always get the right support

Older people with health or mobility problems often need help with everyday tasks like cooking, cleaning and getting dressed to help them stay active and independent. While this support is often provided by family members, many older people and their carers also benefit from help from formal care services.

‘They’ve all been very sympathetic but also very practical, and they have spent a lot of time coming to visit her, trying to find out what the needs are. To have someone else suggest solutions that I didn’t know about has been really nice.’

Ruth, 53, London, who cares for her elderly mother
(via the Voices of Britain project)

More and more people need this kind of help, as life expectancy continues to rise and the number of older people with long-term and complex health problems grows. The erosion of extended families, rising employment among women in their 50s and 60s, and the growing number of older people living alone means that an increasing number of people cannot rely on family to help with all their needs. These shifts are putting pressure on local authority care services, and state-funded services are increasingly reserved for those with the highest level of need. The number of older people (aged 65 and over) receiving publicly-funded care (both in their own home and in care homes) has fallen from 1.2 million in 2004–2005 to 898,000 in 2012–2013, despite the growing elderly population (HSCIC 2006, 2013b). This places extra pressure on families to either take on more caring responsibilities themselves, or to pay for care. It also means that more older people end up in hospital or residential care than is necessary, which is not only more expensive than providing care in people’s homes, but also entirely at odds with older people’s desire for independence and control.

Eighty per cent of older people who receive publicly-funded care are cared for in their own home rather than in residential homes, which reflects a growing desire for independence among older people (HSCIC 2013b). However, older people often find that home care workers are rushed and can only help with basic tasks, and that they have several different carers.

‘They’ve only got nine minutes to make you a meal, so you’re subtly encouraged to go on to microwave food. There are one or two firms that specialise in providing that type of food. It would’ve been great to get a full meal. These meals were made for invalids and I was not an invalid.’

Tom, 71, Edinburgh, who was recovering from a period in hospital
(via the Voices of Britain project)

Pressures on budgets mean that local authorities are increasingly commissioning short care visits in which care workers can only attend to the most basic functional tasks. Just over one in 10 (13 per cent) of local authorities pay home-care providers by the minute, a quarter (24 per cent) pay by the quarter-hour, and just under a third (30 per cent) pay by the half-hour (Lucas and Carr-West 2012). New technology is enabling care companies to monitor the precise whereabouts of care workers and exactly how much time they are spending with each client. This puts pressure on care workers to complete tasks in a limited amount of time, and means that many older people who receive formal care only see their carer for very short periods of time. For some, this might be the only social contact they have each week.

Most older people would prefer to have a single carer or team of carers, so that they can get to know and trust the people coming into their home, and for carers to have sufficient time for conversation as well as for their other tasks (Bradley 2011). There are also numerous accounts of care professionals failing to perform even basic care tasks well, yet there are few avenues for complaint (Muir and Parker 2014 forthcoming). Public confidence in social care has been undermined by a series of scandals in care homes and widespread recognition of the fact that care workers are often badly paid, lack training and don’t have enough time to do their job. Inappropriate or inadequate care can make it hard for older people to stay independent and maintain relationships; it also increases the likelihood that they will end up in hospital unnecessarily.

Too many older people struggle to maintain relationships and stay in touch

The vast majority of older people want to live a rich and active life – and that involves far more than simply having their immediate care needs met. They want to remain independent, feel valued, maintain strong relationships and make new friends (Bowers et al 2009). Even those in their 80s and 90s who have high care needs share this desire to remain active, valued and connected (Katz et al 2011). Yet nearly one in five people in their 80s and 90s in Britain (17 per cent) say they often feel lonely – almost half a million people. The risk of loneliness is much higher for people aged 80 and over, but a smaller proportion – around 7 per cent – of people in their 60s and 70s also say they often feel lonely. Taken together, more than one million older people in Britain often experience loneliness.⁵

5 Author’s analysis using data from ONS 2013b and wave 5 (2010–11) of Marmot et al 2013.

As people get older, they have to navigate many changes which can make it hard to maintain relationships and a sense of meaning in their lives. Retiring often causes people to feel a loss of status and self-worth, as well the loss of some social connections. Losing a partner or close friends often leaves people feeling lonely or depressed, and health conditions or disability make it harder to stay in touch. The baby boomer generation has the highest marriage rate of the last hundred years, but it also has the highest rate of divorce, which means that many are facing retirement and old age alone.

Many older people are helped to stay active by community groups, faith organisations and local charities like Garforth NET, and find friendship and mutual support through them. These typically complement the health care and help with everyday tasks that is provided by the NHS and local councils.

‘I’ve been introduced to a support group for speech therapy that has introduced me to a number of fellow sufferers. It’s very helpful to be able to compare notes, as it were, and offer mutual support to each other.’

Alan, 70, Alston, who has Parkinson’s disease
(via the Voices of Britain project)

However, active membership of community and faith groups declines with age for those over 50, as does participation in social and cultural activities (Mental Health Foundation 2012). This can make it harder to access this kind of support, particularly for older people living in isolated areas, and those who lack the confidence to ask for help or who have poor health. Older people can find their health and care needs met, but their need to feel connected and valued unfulfilled. In fact, care needs can get in the way of developing and sustaining relationships if family or paid carers have to focus their limited time on making sure older people have a meal and get dressed. In Leeds, we discovered that some older people found that regular visits from family members didn’t always help them to deal with issues of loneliness because they were so focussed on getting basic care tasks and housework done.

Older people who experience loneliness and isolation are more likely to have both mental and physical health problems, although the direction of causality is not clear. Those who often feel lonely have been found to be at greater risk of depression, sleep problems, low energy and high blood pressure (Mental Health Foundation 2012). Getting older is also associated with other risk factors for depression and poor mental health, such as loss of status, bereavement and chronic illness. One in four older people are thought to have symptoms of depression that require treatment, rising to 40 per cent for those aged 85 and over (Graham et al 2011). However, depression in older people is often seen as a ‘normal’ part of getting older, and so it remains under-diagnosed and under-treated compared to depression in younger age groups (Rodda et al 2011). The baby boomer generation also have the highest consumption of alcohol of any age cohort, which puts them at much greater risk of both mental and physical health problems as they get older (Mental Health Foundation 2012).

2. WHAT WOULD IT TAKE FOR EVERY OLDER PERSON TO FEEL INDEPENDENT, VALUED AND CONNECTED?

Britain's older people have a great deal to offer, but sometimes need support to channel their energy, knowledge and experience into helping themselves and others. Rising life expectancy combined with changes in family life mean that we need new institutions that are capable of sustaining the social lives of older people and helping them to continue making a contribution to British life. In this section we consider what it would take to ensure that every older person feels independent, valued and connected to those around them.

Practical help to make a contribution through paid work and caring for others

Rather than being a burden on younger generations, Britain's older people can help address some of the major challenges that face society, provided that their contribution is recognised and supported. For example, staying in work longer, including beyond the state retirement age, helps older people to maintain their income, social connections and self-esteem, and also makes an important contribution to the public finances.

Although more older people are staying in work, many still face barriers to doing so, including negative employer attitudes, a lack of opportunities to work flexibly, and problems finding work after experiencing job loss. Older people who want to work but face long-term unemployment may need greater support to get back into work, alongside new approaches to flexible working and phased retirement. Japan's network of Silver Human Resources Centres⁶ provides an example of the type of new local institutions that could match Britain's older people to local jobs, run social enterprises that employ older people, and become neighbourhood hubs for learning and relationship-building

Older people's role in caring and supporting their families also needs to be more widely recognised. Many older people would like more help to keep working while also caring for grandchildren or elderly parents (or both). Allowing new parents who have returned to work to transfer part of their leave entitlement to a grandparent could help more older people to support their extended families without giving up their job. In Germany, some employees can lower their hours for a limited period of time to care for an elderly or disabled relative, with their wages reduced by less than the reduction in hours. When they return to work full-time, employees continue to receive reduced earnings in order to pay back the difference (Ben-Galim and Silim 2013). This kind of approach could enable some older people to fulfill their caring responsibilities while maintaining their social connections at work.

Questions

- *How could employment support in Britain be reconfigured to help older people stay in work?*
- *What changes to flexible working rules and family leave would make it easier or older people to combine work and care?*

New local institutions where older people can find friendship and mutual support

Over the next two decades the number of people aged 60 and over is expected to grow by 5 million, from 15 million in 2013 to over 20 million. On current projections, it can be expected that nearly 2 million older people will be experiencing chronic loneliness

6 See http://longevity.ilc-japan.org/f_issues/0702.html

by 2033.⁷ This includes over 800,000 people in their 80s and 90s, who typically have health and mobility problems that make it hard for them to stay active. We are not doing enough in Britain to ensure that this rapidly growing group of people has the necessary opportunities to sustain their relationships and take part in the everyday activities that give meaning to their lives.

Growing financial pressures on local councils are making it increasingly difficult for formal care services to attend to older people's social needs. Most councils contract out the bulk of their home-care services to private companies and charities, who together provide around 90 per cent of publicly-funded home-care (UKHCA 2013). Councils are under growing pressure to cut costs by focusing on the price of care rather than giving higher priority to the quality of care on offer. Contracts are usually centered on how much time carers spend with clients and what tasks they complete, rather than on what home-care enables older people to do. A provider's track record or local connections are not always taken into account when contracts are awarded, which means that they can struggle to facilitate social connections for the people they care for. In some parts of the country, these pressures are compounded by a lack of innovation in how care contracts are designed and awarded.

The Coalition government intends to cap care fees for people who are not eligible for state support. Meanwhile, the Labour party is developing ambitious plans to bring together funding for the NHS and the care provided by councils, so that more resources can be put into preventative work to keep older people at home and independent. These are important reforms, but their ability to support the social connections of older people with health and mobility problems is likely to be limited. Personal budgets, which have been instrumental in helping disabled people to assume greater control over the care they receive, have slowly spread to older people's care, but have failed to drive a radical transformation in services. At the moment there is not enough money in the system to pay for significantly longer home-care visits, or for the social and cultural activities that many older people want access to.

An alternative way forward would harness the energy and networks of voluntary, faith and mutual organisations, alongside families, to support the relationships and social connections of older people. This doesn't mean that the state should abdicate responsibility for older people's wellbeing and leave charities, churches and families to get on with it by themselves. What it does mean is recognising that the state almost always needs to work with others to bring people together and forge social bonds. Hundreds of charities and informal support groups do this every day in Britain, but most rely on some level of support from the state. In places where such support networks don't exist, the state may need to kick-start activity to ensure that older people in every neighbourhood have opportunities to make connections and feel valued.

In Leeds, this approach is already well-developed through neighbourhood networks like Garforth NET. The council has worked with local charities, community groups and churches to make sure there is a neighbourhood network in every part of the city. This keeps the networks locally rooted while making sure that older people in some parts of town aren't excluded. Council funding is contingent on the networks achieving certain 'outcomes' but, crucially, these outcomes are not judged by narrow metrics alone but through constant

⁷ Author's analysis using data from ONS 2013b and wave 5 (2010–11) of Marmot et al 2013. We estimate that the total 60-and-over population will be 20.6 million in 2033. If patterns of loneliness in 2033 are similar to those of today, we estimate that 1.9 million older people will experience 'chronic loneliness'. Of these people, approximately 980,000 will be aged between 60 and 79, and 880,000 will be aged 80 and over.

feedback and strong relationships between council officers, the networks and other local agencies. These impressively comprehensive and locally-rooted institutions have enabled Leeds to try out a new way of putting together packages of support for older people that addresses both their care needs and their desire for social interaction. Support planners, funded by the council but working on-site at Garforth NET and one other neighbourhood network, get people engaged in local social and cultural activities while arranging for their care needs to be assessed at the same time. If this extra social engagement prevents people from needing more expensive care services down the line, the resultant savings are shared between the council and the network.

A growing number of local authorities – including Derby, Cumbria, Middlesbrough and most authorities in Scotland – are also employing ‘care co-ordinators’ to help older people make the most of local services and networks. Care co-ordinators, whose role was first created in Australia in the 1980s, have close links to local neighbourhoods and are able to direct people towards community groups, informal support networks and local public services like library reading groups. Developing this approach by bringing the work of statutory and voluntary services together in strong local institutions could provide the basis for new ways of overcoming loneliness and isolation among older people. It could also offer better ways to provide practical and emotional support to older people caring for elderly relatives.

Questions

- *How can we strengthen local institutions that help older people to sustain friendships and stay connected to those around them?*
- *How can we harness the energy and experience of older people to offer support and companionship to others experiencing loneliness?*

More of a say for older people and their families in how formal care is provided

The enormous financial pressures on publicly-funded care services means that the options for older people who need care, and their families, are usually fairly limited. Care workers, employed mainly by private companies, come into people’s homes for short periods of time to help with basic functional tasks. Since companies are competing largely on price, there is usually little difference between one provider and the next in terms of how care is organised and delivered.

However, if different kinds of social care providers were able to win contracts and develop new ways of delivering care, within the confines of very tight budgets, then older people and their families could have more of a say in how care is provided. In Leeds, social care commissioners, driven by concerns about the focus on ‘time and tasks’ in existing arrangements and the lack of care providers with local roots, are starting to rethink how they buy care services for local residents. They are experimenting with new kinds of providers, such as an employee-owned care provider set up by the national employee-owned company Care and Share Associates. Local authorities like Wiltshire and Wigan are changing the way they organise care services: they are focusing more on what older people want formal care to help them achieve, paying care workers a salary rather than an hourly wage, and providing greater stability for providers through longer contracts (Lucas and Carr-West 2012).

Local, democratic oversight of care providers by older people and their families could also help to ensure that home-care services become more responsive and locally-rooted. For example, care providers with older people or carers on their boards could be given preference in council contracts. Furthermore, new forms of supported and shared housing could enable older people to stay more independent and connected, and make their own choices about where and how they live. Organisations like Shared Lives Plus are supporting new approaches to housing for people with care needs, in which families share their lives and home with an older person and help them to live independently. Local support networks, often supported by national charities, perform the vital functions of helping older people to manage their own health conditions or cope with their caring responsibilities, and to give mutual support to others with similar problems.

In each of these cases, direct action by local government and other agencies may be required in order to build-up new capacities. While stretched public budgets place great constraints on new initiatives, the innovative approaches being pursued in places like Leeds, Wiltshire and Wigan demonstrate what can be done even with heavily limited resources.

Questions

- *How can councils work with a range of organisations to improve the choice and quality available to older people needing formal care?*
- *What new democratic arrangements would allow older people and their families to have more of a say about how formal care is organised?*

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