

Department for Work and Pensions

Research Report No 554

LinkAge Plus: Benefits for older people

Guy Daly

A report of research carried out by the Local Government Centre,
Warwick Business School on behalf of the Department for Work and Pensions

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First Published 2009.

ISBN 978 1 84712 471 5

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Contents

| | |
|---|-----------|
| Acknowledgements | vii |
| The Author | ix |
| Part one – Core principles of the LinkAge Plus approach | |
| Core principles | 1 |
| LinkAge Plus approach | 2 |
| LinkAge Plus outcomes | 3 |
| Summary | 5 |
| Part two – LinkAge Plus and benefits for older people | |
| 1 Introduction | 11 |
| 1.1 Aims and objectives | 12 |
| 1.2 Structure of the report | 13 |
| 2 Policy context | 15 |
| 3 Introducing the triangle of care and positioning LinkAge Plus | 19 |
| 4 The benefits of LAP for older people: examples of innovative services and practices | 23 |
| 4.1 Eight ‘Working Assumptions’ underpinning the national evaluation | 24 |
| 4.2 Examples of the benefits of LAP for older people | 25 |
| 4.3 Social benefits | 25 |
| 4.3.1 <i>Improving access to services and information and developing opportunities for older people’s involvement ...</i> | <i>26</i> |
| 4.3.2 <i>Promoting social inclusion</i> | <i>27</i> |

| | | |
|-------|--|----|
| 4.4 | Older people's safety..... | 30 |
| 4.4.1 | <i>Fire safety and prevention</i> | 30 |
| 4.4.2 | <i>General safety and home security</i> | 31 |
| 4.4.3 | <i>Help to remain in the home</i> | 32 |
| 4.4.4 | <i>Providing housing options</i> | 35 |
| 4.5 | Physical health..... | 36 |
| 4.5.1 | <i>Salford Healthy Hips and Hearts Project</i> | 38 |
| 4.5.2 | <i>Salford Assisted Exercise Therapy</i> | 38 |
| 4.6 | Mental health | 40 |
| 4.6.1 | <i>Devon County Council Deep Outreach (Mentoring Service)</i> | 41 |
| 4.6.2 | <i>Leeds City Council – Older People and the Social Isolation Pack</i> | 41 |
| 4.6.3 | <i>Tower Hamlets: Neighbours In Poplar – Men's Social Group</i> | 42 |
| 4.7 | Education and lifelong learning..... | 43 |
| 4.7.1 | <i>Lancaster's Senior Learners' Programme</i> | 44 |
| 4.7.2 | <i>Nottinghamshire Community Computers</i> | 45 |
| 4.7.3 | <i>Salford Creative Start 50+</i> | 45 |
| 4.8 | Leisure | 46 |
| 4.8.1 | <i>Gardening</i> | 47 |
| 4.8.2 | <i>50plus Nottinghamshire Activity Friends</i> | 47 |
| 4.8.3 | <i>Tower Hamlets – The Sundial Centre</i> | 48 |
| 4.8.4 | <i>Storytelling and reminiscing groups, Tai Chi, book clubs and rolling-skating in Gloucestershire</i> | 49 |
| 4.9 | Employment | 49 |
| 4.9.1 | <i>Gateshead Timebank</i> | 50 |
| 4.9.2 | <i>Lancaster Employment/Volunteering Bureau</i> | 51 |
| 4.10 | Welfare entitlements..... | 52 |
| 4.11 | Transport | 54 |

| | | |
|------------|---|----|
| 5 | Positioning LAP pilot activities within the triangle of care..... | 57 |
| 6 | Measuring the impacts..... | 61 |
| 6.1 | Promoting independence..... | 61 |
| 6.2 | Developing integrated services..... | 62 |
| 6.3 | Focusing on wellbeing and prevention | 63 |
| 6.4 | Small scale interventions to meet older people’s individual needs | 64 |
| 6.5 | Developing the evidence base of the benefits of LAP | 64 |
| 7 | Conclusions | 67 |
| Appendix A | The LinkAge Plus pilot programme and its evaluation | 69 |
| Appendix B | LinkAge Plus themes and benefits for older people | 75 |
| Appendix C | Working assumptions, benefits for older people and LAP pilot examples | 79 |
| References | | 83 |

List of tables

| | | |
|-----------|---|----|
| Table B.1 | LinkAge Plus themes and benefits for older people | 76 |
| Table C.1 | Working assumptions, benefits for older people and LAP pilot examples | 80 |

List of figures

| | | |
|------------|--|----|
| Figure 1 | The LinkAge Plus approach | 4 |
| Figure 3.1 | Support for older people today | 19 |
| Figure 3.2 | Support for older people today | 20 |
| Figure 5.1 | Mapping LAP projects within the triangle of care | 60 |
| Figure A.1 | Benefits for older people..... | 72 |
| Figure A.2 | Organisational benefits..... | 73 |

Acknowledgements

The Local Government Centre, Warwick Business School, has been commissioned by the Department for Work and Pensions (DWP) to undertake a National Evaluation of the LinkAge Plus (LAP) pilot programme. This report forms part of the output of that National Evaluation programme. Other papers include:

- Davis, H. and Ritters, K. (2007) LinkAge Plus National Evaluation Team Interim findings – September 2007, Warwick: Warwick Business School, <http://www.dwp.gov.uk/asd/asd5/WP42interim.pdf>
- Hilton, J. (2008) Streamlining the assessment of Attendance Allowance applications with social care assessment: an evaluation of two London pilots, Research Report No 534, London: DWP <http://www.dwp.gov.uk/asd/asd5/rports2007-2008/rrep534.pdf>
- Ritters, K. and Davis, H. (2008) *Access to information and services for older people – the joined-up approach*, Working Paper No. 53, London: DWP – <http://www.dwp.gov.uk/asd/asd5/WP53.pdf>
- Watt, P. and Blair, I. with Davis, H. and Ritters, K. (2007) *Towards a business case for LinkAge Plus*, Working Paper No. 42, London: DWP, <http://www.dwp.gov.uk/asd/asd5/WP42.pdf>
- Watt, P. and Blair, I. (2009, forthcoming) LinkAge Plus: The Business Case, London: DWP.
- Willis, M. and Dalziel, R. (2009, forthcoming) Capacity Building, London: DWP.

These papers can be viewed at:

www.dwp.gov.uk/resourcecentre/research_analysis_stats.asp.

The National Evaluation team comprises – Howard Davis (who is leading the evaluation), Katrina Ritters, Ian Blair, Anne Green, Clare Batty, John Hilton (The Local Government Centre, Warwick Business School), Peter Watt (Birmingham University) and Guy Daly (Coventry University). Emma Sweenie-Fuller provides the team's project support. This report draws, in part, on interview and other material provided by team members, LAP pilots, local evaluators and the Department for Work and Pensions. Their contributions are gratefully acknowledged.

We would also like to thank DWP officers for their help and co-operation and in particular Maureen Moroney, Hugh Pullinger, Tony Martin, John Coxon and Brian Keating. Thanks are also due to all in the pilot areas and the local evaluation teams who have also helped us in our work.

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Part one – Core principles of the LinkAge Plus approach

LinkAge Plus (LAP) provides a comprehensive approach for accessible joined-up services for older people; one which puts older people at the centre of policy making and service delivery.

Through LAP, central and local government are combining their efforts with voluntary and community sector organisations to design, develop and deliver services that meet the needs of older people today.

The LAP pilot programme has brought local authorities together with their partners in health and the voluntary and community sector to find innovative ways to break down traditional organisational and financial barriers and to join up services.

The result is that service providers now see the need to be accessible at the first point of contact, with an underlying principle that there should be 'no wrong door'.

The LAP pilot programme has inspired multiple access points to all services including personal callers, telephone, electronic and paper communications. This holistic approach to services also recognises the importance of outreach activities which aim to ensure that even the most difficult to reach older people are not excluded, but are actively encouraged to engage with services available to them.

Over the last two years, eight partnership pilots, working across a range of urban and rural areas have been developing locally relevant services building on LinkAge Plus core principles and testing out a proof of concept.

Core principles

The six core principles of LAP are to:

1. **engage and consult:** Older people should be involved in the design and development of how services and relevant information are provided, and their opinions sought in the quality of delivery;
2. **reflect the needs and aspirations of current and future generations of older people:** the diversity of the local older peoples' population should directly inform services provided for them and anticipate their changing requirements over time;

3. **enable access by an increasing range of customers:** a 'no wrong door' approach should provide information on, and access to and services from an initial or single point of contact. Signposting or referral processes should ensure all relevant services are made available;
4. **ensure that isolated or 'difficult to reach' older people are enabled to access information and services:** positive steps should be taken, through outreach to identify and engage with isolated older people. Joined-up customer contact facilities should be flexible to meet different needs and include face-to-face, visiting, telephone and electronic media;
5. **ensure that services promote independence, wellbeing and active aging:** services should focus on early intervention and a preventative approach which goes beyond traditional health and social care functions; encouraging respect and social inclusion for older people as citizens should be a primary consideration;
6. **maximise opportunities for efficiency and capacity building:** efficiencies should be sought through joint working with partner organisations and improving outputs through capacity building.

LinkAge Plus approach

The LAP approach envisages **effective links** between different parts of central Government, local authorities and voluntary and community sector organisations. It provides a focus on:

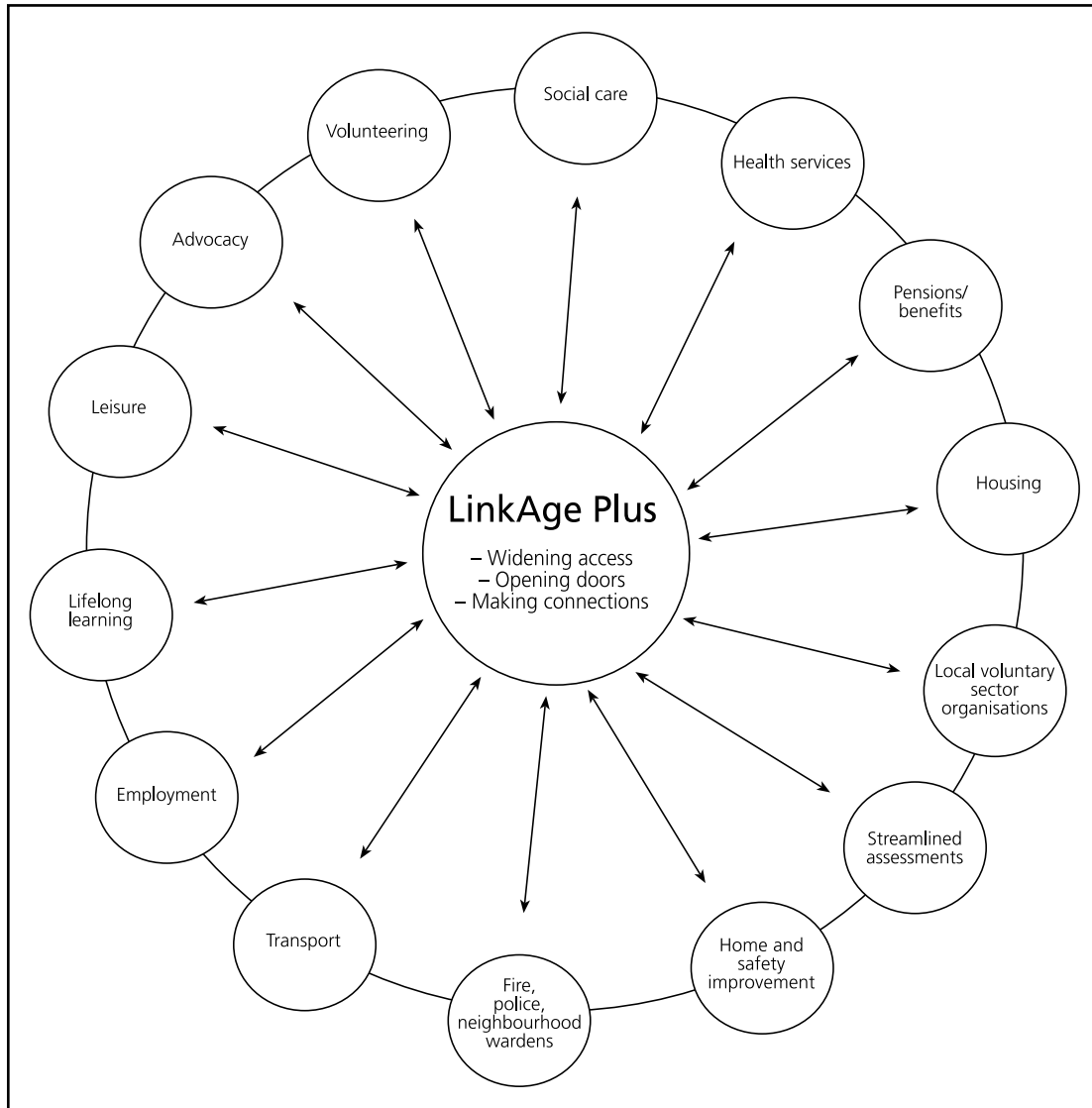
- consulting and engaging with older people to understand their needs and expectations;
- delivering a better quality of life through easy access to all relevant information and services (particularly for excluded older people);
- accessibility, (anticipating changes in the range of customers who use services as well as the existing customer base);
- a better customer experience;
- more customer choice;
- independence and wellbeing;
- efficiencies through joint working;
- capacity building;
- holistic working.

LinkAge Plus outcomes

Outcomes depend on local arrangements between partner organisations. But local older people should reasonably expect:

- **good quality information and advice** – with support available to help people ‘navigate’ their way round the system, including advocacy;
- **healthy living** – including access to National Health Service (NHS) entitlements and facilities to support healthy lifestyles and improve wellbeing. **(Health Service and social care)**;
- **income** – advice support and advocacy, including financial information and tax advice. **(Pensions and benefits)**;
- **mobility** – by car, bus or other forms (e.g. community transport, mobility scooters, etc, where they are available). **(Transport)**;
- **social activities, social networks and opportunities to keep active** – including social clubs and opportunities for learning, leisure, fun, volunteering and befriending services. **(Leisure services, adult education)**;
- **housing and the home** – having a safe home, access to adaptations and repairs and help keeping the house and garden in good order. Also help with shopping, and approved traders’ schemes. **(Housing, fire, trading standards and local voluntary sector organisations)**;
- **safe neighbourhood** – with access to amenities and facilities. **(Police, transport and neighbourhood wardens)**;
- **employment and volunteering opportunities** – access to information on new roles or options for extending working lives.

Figure 1 The LinkAge Plus approach



Summary

Currently, in the UK approximately 20 million people (over 40 per cent of the adult population) are aged over 50. Indeed, the over-60s now out-number those under 16. The number of people over 50 is expected to rise by over a third in the next 25 years, and in 20 years time a quarter of the entire adult population will be over 65 and the number of people over 85 will have doubled. However, the support offered to older people has been directed increasingly at the most needy with the wider older population decreasingly receiving the assistance that supports their continued wellbeing and independence.

Part of the Government's response is **LinkAge Plus (LAP)**. LAP provides a comprehensive approach to providing accessible joined-up services for older people in which older people are at the centre of policy making and service delivery. Through LAP, central and local government have been combining their efforts with other statutory agencies and voluntary and community sector organisations to design, develop and deliver services that meet the needs of older people as a whole. The LAP pilot sites have developed services that are providing that 'little bit of help' in order to promote older people's wellbeing and independence. These 'upstream' approaches are also there to prevent or delay the onset of more intensive support. (By 'upstream' what is meant is the provision of preventative activities which avoid the need to undertake more intensive interventions or provide more intensive care and support at a later date.)

Evidence from the eight LAP pilot sites suggests:

- LAP services have been developed and delivered which are accessible, relevant and tailored to the individual needs of all older people;
- LAP is contributing to the improvement of older people's quality of life, healthy life expectancy and active participation;
- LAP is inverting the 'triangle of care' for older people with a focus on general wellbeing rather than intensive support;
- LAP is providing 'that little bit of help' which enables older people to retain choice, control and dignity in their lives.

LAP is providing improvements for older people in terms of: social benefits, safety, physical and mental health, education and lifelong learning, leisure, employment, welfare entitlements, and access to transport.

Social benefits: LAP is addressing issues of social exclusion and discrimination experienced by older people. Various specific initiatives have been developed by the eight LAP pilot sites to promote social inclusion and social benefits more generally via 'upstream' activities which have been developed that help to combat older people's social exclusion. This is being done by integrating services and by developing universal services that offer support to older people who might otherwise face social isolation from their communities. Examples referred to in this report include Tower Hamlets' network centres, Lancaster's Care Navigator project and Volunteering Bureau, Gloucestershire's Village Agents and Gateshead's Timebank. These are just a few of the examples of LAP pilot site activities that are promoting and supporting older people's social inclusion.

Safety: LAP is increasing older people's sense of safety and security in a variety of ways. This includes initiatives related to combating crime and the fear of crime, having the support that enables older people to continue to live in their own homes, and having measures in place to ensure older people can live safely in their own homes. Specific examples presented in this report include: fire safety and prevention (in Gateshead, Gloucestershire, Nottinghamshire and Salford), general safety and home security (Gateshead's Safety Works Centre), home adaptations (Nottinghamshire's Preventative Adaptation Scheme and Handy Person's Scheme), help to continue living at home such as gardening (Nottinghamshire's Golden Gardening Scheme) and 'odd jobs', and help with making choices over housing options (including Salford's Housing Options).

Physical health: Inactivity and isolation accelerate physical and psychological decline towards premature, preventable ill-health and dependency. Older people can improve their health and quality of life by being sensible about exercise, diet and lifestyle. In addition, an increase in preventative measures, including low-level support, reduces the numbers of older people entering hospital as an emergency. LAP is focusing resources on preventative low-level activities. LAP pilots have established physical activity schemes (walks, Tai Chi, etc.). LAP pilots have also developed falls prevention initiatives. In addition, LAP pilot activities are focusing on women and older people from minority ethnic groups in accessing physical activity sessions, for example yoga classes, women-only swimming sessions and sessions at fitness centres. Those LAP pilot activities and initiatives that promote physical health and falls prevention as part of a multi-component or multi-factorial approach are likely to be more effective. Examples presented in the report include Gateshead's Health and Wellbeing, Nottinghamshire's Activity Friends, Salford's Healthy Hips and Hearts, Tower Hamlets' activity and exercise sessions in their Network Centres as well as Gateshead, Salford and Tower Hamlets' falls prevention initiatives.

Mental health: The Government recognises the need to support older people's mental health as much as their physical wellbeing. The LAP initiatives that have been

developed to combat social exclusion also impact on older people's mental health. In addition, a number of LAP projects have promoted older people's mental health directly. These include outreach and mentoring services as well as befriending and volunteering activities such as Devon's outreach/mentoring developments, Leeds' Social Isolation Pack and Tower Hamlets' outreach work including its Neighbours in Poplar Men's Group.

Education and lifelong learning: Government recognises that opportunities for leisure, learning and volunteering are vitally important for older people but that many older people do not participate in leisure or learning opportunities. In response, LAP pilots have promoted educational activities that develop older people's knowledge and skills. Various LAP pilots have either provided or supported educational and lifelong learning activities. These have included sessions related to health and safety, Lancaster's Senior Learner's programme, Nottinghamshire's schemes for ICT skills development, as well as Salford's creative arts and Tower Hamlets' local history initiatives.

Leisure: LAP pilots have also promoted leisure activities and opportunities. Gardening activities and support have been developed in Gateshead and Nottinghamshire amongst others. Tower Hamlets and Leeds have established network centres which have facilitated a variety of leisure activities. Gateshead, Gloucestershire and Tower Hamlets have developed or supported Tai Chi classes. Other leisure opportunities have included arts activities and even roller skating in Gloucestershire.

Employment: A significant policy drive from the Government is to increase the opportunities for older people to re-enter employment or to remain in work as they grow older. LAP is part of the ambition to improve and increase older people's employment opportunities. Examples of the occupational benefits of LAP for older people include Gateshead's Volunteers' Timebank, Lancaster's employment bureau and Tower Hamlets' outreach workers' employment advice centres.

Welfare entitlements: Pensioner poverty has decreased in recent years. Even so, over one in five pensioners in Britain still live below the poverty line, ethnic minority pensioners are more likely to be in low income households than white pensioners; and women's income in retirement remains significantly less than men's. The Government recognises that a decent income is essential in order to support the security, independence and opportunities of older people in retirement. A key aspect of LAP has therefore been to encourage the take up of the welfare benefits to which older people are entitled. Examples of pilot sites that have developed initiatives to facilitate the uptake of benefit entitlements include Devon, Gateshead, Gloucestershire, Nottinghamshire and Tower Hamlets.

Transport: Car ownership declines with increasing age; older women are less likely to have access to a car; and older people, specifically those over State Pension age, are more reliant than younger people on public transport. Older people are considerably more likely to report difficulties accessing local amenities than the rest of the population. A lack of mobility can prevent older people from participating

in social activities and lead to low morale, depression and loneliness. LAP pilot sites have therefore developed initiatives to assist older people with transport provision, including Gloucestershire's Village Agents and Nottinghamshire's taxi vouchers. However, Nottinghamshire's taxi voucher scheme has been withdrawn due to cost considerations.

Providing that 'little bit of help': LAP pilots are providing that 'little bit of help' to older people in their areas in order to promote their wellbeing and independence and to avoid them needing more intensive interventions and support. LAP 'upstream' support inverts the 'triangle of care' with a focus on all older people's wellbeing rather than a minority of older people's need for intensive support.

Impacts of LAP: LAP pilot activities have directly and indirectly promoted older people's independence. LAP has also developed partnership working between agencies and sectors. This has resulted in agencies working together and linking up existing and new provision so that older people are able to access services through single access points. LAP pilot activities have focused on promoting older people's wellbeing and preventing older people slipping into substantial risk situations. LAP pilots have developed a number of small scale initiatives welcomed by older people. These developments are filling a void by meeting needs that previously statutory services would have been expected to meet. In addition, LAP has developed new service provision, or bespoke services, to meet particular older people's needs.

Conclusions: LAP is providing that 'little bit of extra help' vital for promoting older people's wellbeing. LAP pilot sites have developed initiatives that help to prevent older people's social exclusion, that allow older people to feel safer and more secure, that promote their physical and mental health (such as exercise classes and educational and leisure activities), that support them to remain living at home (such as help with domestic tasks and gardening), that facilitate their re-engagement in employment where appropriate, that ensure they are receiving all their welfare entitlements, and that ensure that they have access to transport in order to undertake their daily tasks. LAP pilot sites have developed services that have filled the gap at the top (apex) of the triangle of care in order to ensure that older people get a sure start to later life. This is very much in line with the Wanless Review's observation that older people stress that it is the small things that make the difference and keep them out of hospital, delay deterioration and delay institutionalisation.

Part two – LinkAge Plus and benefits for older people

1 Introduction

LinkAge Plus (LAP) is a Department for Work and Pensions (DWP)-funded initiative, working over a two-year period in eight local authority areas to pilot new ways of joining up services and making them more accessible to older people. The pilots began in the summer of 2006 and were scheduled to end in the summer of 2008. Each pilot has had a local evaluation which was generally scheduled to report in the autumn of 2008. The national evaluation report is due to be published by March 2009. At this stage in the evaluation, therefore, the full impacts of the LAP programme have yet to be fully reported.

This report is one of a series of reports that form part of the national evaluation of the LinkAge Plus programme. The other reports are:

- Davis, H. and Ritters, K. (2007) LinkAge Plus National Evaluation Team Interim findings – September 2007, Warwick: Warwick Business School, <http://www.dwp.gov.uk/asd/asd5/WP42interim.pdf>
- Hilton, J. (2008) Streamlining the assessment of Attendance Allowance applications with social care assessment: an evaluation of two London pilots, Research Report No 534, London: DWP <http://www.dwp.gov.uk/asd/asd5/rports2007-2008/rrep534.pdf>
- Ritters, K. and Davis, H. (2008) Access to information and services for older people – the joined-up approach, Working Paper No. 53, London: DWP – <http://www.dwp.gov.uk/asd/asd5/WP53.pdf>
- Watt, P. and Blair, I. with Davis, H. and Ritters, K. (2007) Towards a Business Case for LinkAge Plus, Working Paper No. 42, London: DWP, <http://www.dwp.gov.uk/asd/asd5/WP42.pdf>
- Watt, P. and Blair, I. (2009, forthcoming) LinkAge Plus: The Business Case, London: DWP
- Willis, M. and Dalziel, R. (2009, forthcoming) Capacity Building, London: DWP

As the title suggests, the first themed report (Ritters and Davis, 2008) focused on those areas of LAP pilot activity dealing with improved information and access. The third themed report (Willis and Dalziel, 2009, forthcoming) deals with

engagement, capacity building and commissioning. In addition to the themed reports, two reports relating to the business case for LAP have been produced (Watt and Blair, 2007; Watt and Blair, 2009, forthcoming).

1.1 Aims and objectives

This part of the report evaluates the various benefits for older people that emanate out of the LAP pilots and, in so doing, includes examples of innovative services and practices developed by LAP pilots (and their partners).

The premise underpinning LAP is that services for older people need to be accessible, relevant and tailored as far as possible to individual needs. LAP is concerned with building a vision of a strategic, whole systems approach to older people – one which puts older people at the centre of policy making and service delivery.

The aims of this thematic review is to report on the benefits for (and to) older people of the LAP approach. This is done by reporting on benefits for older people in relation to:

- 'social' benefits;
- safety;
- 'health' benefits – physical and mental health;
- educational benefits;
- leisure benefits;
- occupational benefits;
- welfare benefits;
- transport.

This then leads to an evaluation of the extent to which LAP has:

- promoted independence, active citizenship and participation of older people;
- helped to develop joined-up services to the benefit of older people;
- focused on services for older people towards wellbeing and preventative services provision as opposed to focusing (solely or mostly) on acute services for the most vulnerable and dependent older people.

In addition, the thematic review reports on:

- examples of 'small scale' interventions and initiatives and how they have benefited older people;
- the extent to which the individual needs of older people are being met by developments emanating out of LAP;
- the evidence base of the merits of LAP.

1.2 Structure of the report

The thematic review is structured as follows:

- policy context;
- introducing the 'triangle of care';
- benefits of LAP for older people: examples of innovative services and practices;
- LAP, the triangle of care and the benefits for older people;
- measuring the impacts;
- conclusions.

2 Policy context

The Government, along with other organisations and agencies, has recognised the demographic changes being experienced globally, nationally and locally. Globally, one in ten people are now aged 60 years or more. And, by 2050, the United Nations projects that one in five people will be 60 or over. By 2030, nearly half of the population of Western Europe will be over 50 years old (HMG, 2005).

Currently, in the UK approximately 20 million people (over 40 per cent of the adult population) are aged over 50 years and by 2020 this will have risen to 48 per cent (Age Concern, 2008b; HM Government (HMG), 2005). Indeed, since 2001 there are more people in the UK who are over 60 than under 16 years of age and it was predicted that in 2007 the number of over 65s would exceed the numbers of under 16s (Opportunity Age, HMG, 2005, p. 6). Consequently, the Government (HMG, 2005, p. 5) has identified three significant demographic challenges facing the country:

- as a country as a whole we are living longer;
- more of us are surviving middle life to reach 65; and
- the country has fewer young people.

Therefore, the number of over 50s, 65s and 85s are set to grow rapidly in the next decades and will form an increasingly larger part of the population.

As a consequence, national policy has been developing to respond and act proactively to these challenges. LinkAge Plus (LAP) is a significant part of that response, emanating, in part, out of two policy documents: *Opportunity Age: meeting the challenges of ageing in the 21st century* (HMG, 2005) and *A Sure Start to Later Life: ending Inequalities for Older People* (Office of the Deputy Prime Minister (ODPM), 2006).

Opportunity Age is a ten-year strategy to improve the quality of life of all older people, including the most excluded, by creating a cycle of wellbeing through participation, leisure, education, improved health and ensuring that older people are valued in the workplace and communities. Opportunity Age has three key strands:

- work and income: ending the perception of older people as dependent;
- ageing: ensuring that longer life is healthy and fulfilling; and
- wellbeing and independence: ensuring older people are full participants in society.

Opportunity Age requires national Government, local authorities and the voluntary sector to work together to:

- identify and tackle the issues that limit older people's ability to get the most out of life, including tackling age discrimination, poor housing and the fear of crime;
- ensure that older people can be actively engaged locally in influencing decisions that affect their lives, such as planning and local transport;
- ensure that older people have access to opportunities locally, such as learning, leisure and volunteering; and
- promote healthy living at all ages: older people are better able to enjoy good health later in life if they looked after themselves when they were younger.

A Sure Start to Later Life (ODPM, 2006) builds on the Government's Opportunity Age strategy on ageing, by taking the principles and lessons learned from Sure Start for children and adapting them in the pursuit of preventing exclusion of older people and promoting their wellbeing in later life. This is to be done by addressing:

- poor health;
- poverty;
- and social exclusion.

through the development of effective joined-up services and a cycle of wellbeing through participation, leisure, education, good housing, a decent level of income, improved health and ensuring older people are valued in families, the workplace and communities.

Opportunity Age and A Sure Start to Later Life launched the Link-Age Plus pilot programme and it is examples from this pilot programme that are the focus of this report, specifically the benefits of LAP for older people.

In addition to Opportunity Age and A Sure Start to Later Life, a number of other policy directives have been crucial in shaping policy direction as it impacts on older people in England. These include:

- Better Government for Older People (Hayden and Boaz, 2000);
- Quality and Choice for Older People in Housing (ODPM, 2000);
- National Service Framework for Older People (Department of Health (DH), 2001);

- Integrated Services for Older People – building a whole systems approach across England (Audit Commission, 2002);
- Simplicity, Security and Choice (Department for Work and Pensions (DWP), 2002);
- All Our Tomorrows (Association of Directors of Social Services (ADSS)/Local Government Association (LGA), 2003);
- Choosing Health – making healthier choices easier (DH, 2004);
- Supporting People (ODPM, 2005);
- Independence, Wellbeing & Choice: our vision for the future of social care for adults in England (DH, 2005);
- A New Ambition for Old Age Next steps in implementing the National Service Framework for Older People (DH, 2006);
- Our Health, Our Care, Our Say: a new direction for Community Services (DH, 2006);
- Putting People First – A shared vision and commitment to the transformation of Adult Social Care (HMG, 2007);
- Transforming Social Care (DH, 2008).

At the heart of LAP is a vision of a strategic, whole systems approach to older people which puts them at the centre of policy making and service delivery. The LAP approach accordingly:

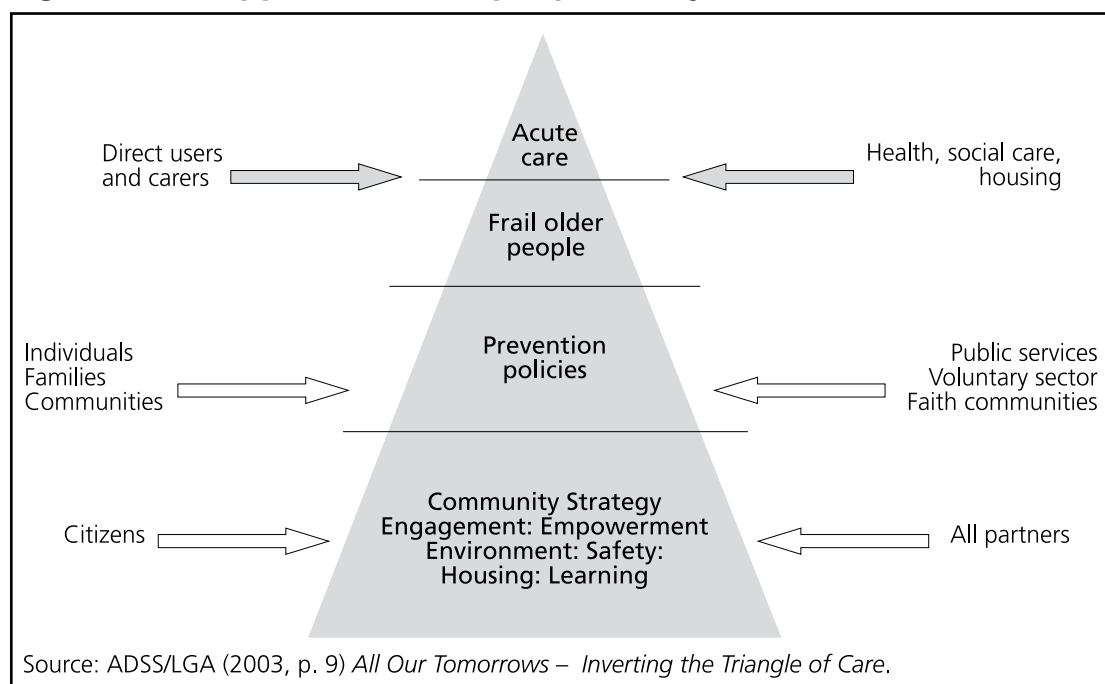
- aims to develop and deliver services which are accessible, relevant and tailored as far as possible, to individual needs;
- has grown out of a number of reports and initiatives aimed at improving the quality of life, healthy life expectancy and active participation of older people;
- takes as a starting point the Local Government Association (LGA) and the Association of Directors of Social Services (ADSS) (LGA/ADSS, 2003) proposal to invert the 'triangle of care' for older people whereby the focus of services would move from acute care towards community wellbeing;
- is influenced by the work of the Joseph Rowntree Foundation's Older People's Inquiry and its 'central message' that '*older people value "that little bit of help" to enable them to retain choice, control and dignity in their lives*' (JRF, 2005).

3 Introducing the triangle of care and positioning LinkAge Plus

This chapter introduces and describes the triangle of care (which is also sometimes described as the 'continuum of care'). The triangle of care is revisited in Chapter 4 to explore the possibilities of positioning LinkAge Plus (LAP) pilot activities within the triangle.

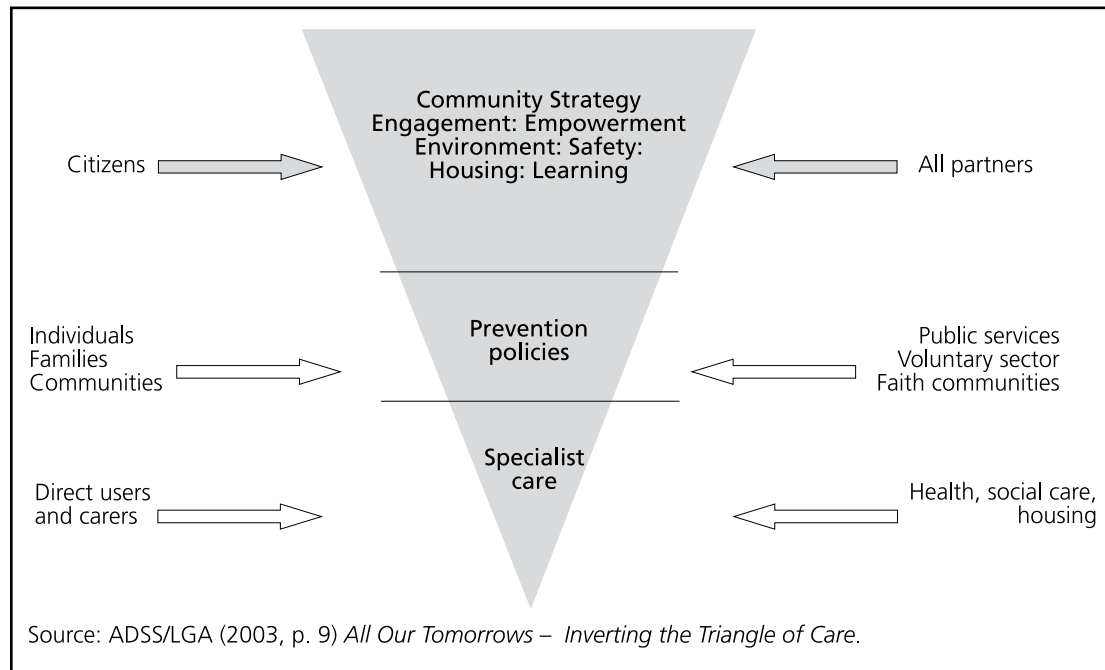
The triangle of care was presented by the Association of Directors of Social Services (ADSS)/Local Government Association (LGA) in their joint report *All Our Tomorrows – Inverting the Triangle of Care* (ADSS/LGA, 2003). This report suggested that, currently, most resources for older people are concentrated on those with the most severe needs, that is at the apex or point of the triangle (see Figure 3.1).

Figure 3.1 Support for older people today



All Our Tomorrows argued that what is needed is a reversal of this trend through a refocusing on promoting wellbeing and prevention. What is needed is an inverting of the triangle of care so that the promotion of the wellbeing of older people generally is a key focus of service development and delivery (see Figure 3.2).

Figure 3.2 Support for older people today



This approach leads to a vision shared by all agencies of universal provision for all older people.

Key features of inverting the triangle of care are:

- the inclusion of community members, including older people, and agencies working together, taking collective responsibility for promoting the wellbeing of older people and setting priorities;
- agencies focusing jointly on what needs to be achieved and how each will contribute to this, rather than a preoccupation with internal structures and boundaries;
- professionals, while recognising their specific skills, being concerned with growing the capacity facilitators, catalysts, and enablers in developing services in the community;
- universal services enabling people to be supported in the community more safely and for longer;
- information, advice and other resources available to empower older people in accessing the services they need when they need them. (ADSS/LGA, 2003, p. 9-10).

Overall, the future vision presented in All Our Tomorrows requires that the balance of support for older people is shifted from focusing on intensive support and the frailest and most dependent older people to focusing on promoting the wellbeing of all older people. A Sure Start to Later Life (Office of the Deputy Prime Minister (ODPM), 2006, p. 28) reflected this change of focus:

'The need for a shift to preventative services, or 'Inverting the Triangle of Care'... requires a whole systems approach. Some argue that social services have become the 'acute sector' of adult services and that a new type of service is needed.'

A key purpose of LAP, therefore, is taking this approach forward. As such, LAP initiatives are promoting new services and approaches that work 'upstream' in terms of prevention and the promotion of older people's wellbeing. By 'upstream' what is meant is the provision of preventative activities which avoid the need to undertake more intensive interventions or provide more intensive care and support at a later date (see Ardell, 1986; Cohen *et al.*, 2007; Thunhurst, 2007).

Chapter 5, returns to the triangle of care to position LAP initiatives individually and collectively within the triangle.

4 The benefits of LAP for older people: examples of innovative services and practices

An analysis of the benefits of LinkAge Plus (LAP) for older people is now provided. This is done by describing the benefits of LAP to older people within a typology of benefits. Any typology or system of categorisation is open to debate and that is as much the case for this analysis of the benefits for older people of LAP. Even so, the categorisation is informed by the policy directives, not least as presented in *Opportunity Age and A Sure Start to Later Life* as well as in *Older People – Independence and Wellbeing: The Challenge for Public Services* (Audit Commission/ Better Government for Older People, 2004), *The Older People’s Enquiry – That Little Bit of Help* (Joseph Rowntree Foundation (JRF), 2005) and *The Wanless Review – Preventative Social Care – Is It Cost Effective?* (Curry, 2006). These drivers were mapped against the National Evaluation Working Assumptions in order to derive a list of categories that can describe the potential benefits of LAP for older people (see Appendix B). In addition, the analysis in this report needs to be considered in conjunction with that presented in the first themed report (Ritters and Davis, 2008) with its focus on information and access, the third themed report (Willis and Dalziel, 2009, forthcoming) which deals with capacity building, and the two reports relating to the business case (Watt and Blair, 2007; Watt and Blair, 2009, forthcoming).

The benefits of LAP for older people are presented using the following categorisation:

- ‘social’ benefits;
- safety;
- ‘health’ benefits – physical and mental health;
- educational benefits;

- leisure benefits;
- occupational benefits;
- welfare benefits;
- transport.

The eight 'Working Assumptions' that frame the methodological approach of the national evaluation of LAP are presented below for information.

4.1 Eight 'Working Assumptions' underpinning the national evaluation

Of the 16 working assumptions underpinning the national evaluation (see Appendix 1), eight relate to benefits for older people:

| | | |
|------|---|--|
| WA 1 | Policy framework and services that support 'Opportunity Age' outcomes | What policies and services have been developed that have contributed to fairness in work and later life; independence in supportive communities; healthy, active living, support and care, and material wellbeing |
| WA 2 | Older people engaged in the workforce | What policies and services have been developed that have contributed to enabling older people to remain in the workforce for longer |
| WA 3 | Increased participation and involvement | What policies and services have been developed that have contributed to making it easy for older people to take part in social leisure activities and exercise, and reducing social isolation |
| WA 4 | Increased contribution to society | What policies and services have been developed that have contributed to enabling older people to make more of a contribution to society through, for example, volunteering, positive engagement with public services and staying longer in the workforce, and to encouraging active citizenship more generally |
| WA 5 | People able to do more for themselves | What policies and services have been developed that have contributed to providing the 'little bit of help' to enable people to be in control of their lives, exercise choices and remain independent for longer |
| WA 6 | Fewer problems later in life | What policies and services have been developed that have contributed to people being able to spend longer in their own homes and to staying healthier for longer |

| | | |
|------|--|---|
| WA 7 | More positive view of ageing – better quality of life – more confidence and higher self-esteem | What policies and services have been developed that have contributed to people feeling more confident, having a better quality of life and feeling better about getting older |
| WA 8 | Financial benefits | What policies and services have been developed that have contributed to older people having more disposable income, for example greater benefit take-up in relevant pilot areas |

4.2 Examples of the benefits of LAP for older people

The next sections present examples of LAP activity from the eight pilots and how these activities have benefited older people. **However, only a selection of LAP pilot activities and initiatives are presented for exemplification purposes rather than an all-encompassing presentation of each and every LAP pilot activity.** The examples used provide useful illustrations of the benefits for older people of LAP pilot activities but this is not meant to suggest that they are necessarily the only or best examples.

4.3 Social benefits

The Government and others (notably Curry, 2006; Wistow *et al.*, 2003) have recognised and sought to address issues of social exclusion and discrimination experienced by older people. Other bodies and agencies have indicated the scale of the problems faced by older people in the UK today. Help the Aged (2008, p. 6) has reported that *'one third of older people report feeling out of touch with modern life and a further one in eight say they are often or always lonely'*. According to the JRF, we are witnessing a perceived decline of community: *'communities are weak and people are increasingly isolated from their neighbours, as people tend to see themselves as individuals and not as part of a wider society, leading to selfishness and insularity'* (JRF, 2008, p. 1). Age Concern (2008) has attempted to quantify the scale of the phenomenon in stating that 1.2 million people over 50 years of age face multiple exclusion, with the likelihood of social exclusion intensifying in later life.

Even so, social exclusion is a complex phenomenon (see Room, 1995; Byrne, 2005; Levitas *et al.*, 2007). According to Levitas *et al.*, it is:

'... a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas.'

(Levitas *et al.*, 2007, p. 9)

According to the *English Longitudinal Study of Ageing* (ELSA), the level of access to seven types of relationships and services are meaningful indicators of the social exclusion of older people. These are social relationships, cultural and leisure activities, civic activities, basic services (health services, shops), neighbourhood exclusion (feeling safe), financial products, and material goods (see Marmot, K. *et al.*, 2003). Therefore, many if not all of the LAP pilot activities can be regarded as promoting older people's social inclusion (and not just those considered in this chapter) and this approach is in line with the Government's definition which, in *A Sure Start to Later Life*, defined the exclusion faced by older people thus:

'... exclusion among older people is experienced when a person lacks one or a number of those factors important for a good quality of life... decent health, decent income and... home... the importance of good relationships with family and friends, of having a role, feeling useful, and being treated with respect...'

As such, exclusion is characterised by *'deprivation and the lack of access to social networks, activities and services that results in a poor quality of life.'* (Office of the Deputy Prime Minister (ODPM), 2006, p. 18).

A key part of the policy drive underpinning LAP, therefore, is the desire to combat the social exclusion experienced by older people. In *Opportunity Age*, the Government stated its *'vision... of a society where later life is as active and fulfilling as the earlier years, with older people participating in their families and communities... Being older or a pensioner must not be equated with dependence'* (HM Government (HMG), 2005, p. xvi) LAP is, therefore, a key part of this 'campaign' both to combat the social exclusion, isolation and discrimination experienced by older people and, at the same time, to increase older people's control, independence, dignity and choice in their lives (HMG, 2005, p. xviii). As such, and in line with the ELSA 'definition' of social exclusion (ELSA, 2003), LAP pilots have developed approaches that support older people in an holistic sense in order to ensure that older people are fully included – socially, culturally, materially, financially, 'civically', and in terms of their basic needs.

4.3.1 Improving access to services and information and developing opportunities for older people's involvement

An aspect of older people's social inclusion developed by LAP pilot sites is in relation to improving their access to services and information, and examples include Devon's Customer Service Centre, aspects of Link Up Gateshead, Gloucestershire's Adult Helpdesk and Gateway Form, Lancaster's Care Navigator Scheme, Leeds' Gateway Neighbourhood Scheme, Nottinghamshire's First Contact, Salford's Contact Centre and IT System and Tower Hamlets Gateway scheme. The first Thematic Review – *Access to information and services for older people – the joined-up approach* (Ritters and Davis, 2008) – has already reported on this.

In addition, LAP pilot sites have developed opportunities for older people to be more involved in decision making, for example Devon's Senior Council, Gateshead's Forum for Older People and Salford's Older People's Forum. This is considered in the third Thematic Review (Willis and Dalziel, 2009, forthcoming), the focus of which is older people's engagement and capacity building.

4.3.2 Promoting social inclusion

In addition, various specific initiatives have been developed by the eight LAP pilot sites to promote social inclusion and social benefits more generally. Specific examples of pilot activity to promote social inclusion include Tower Hamlets' **Neighbours in Poplar** initiative, one of Tower Hamlets' five network centres.

Neighbours in Poplar works with different communities in the area, including the older indigenous white community, established Somali and African-Caribbean communities, and more recent arrivals from Somalia, a Bengali community and the Chinese community. People coming to the different centres are mainly women, but increasingly more men are coming in to participate in specific activities. A recent Eid party was attended by different communities, including Chinese, Somali, white English and Bengali residents.

One example is the bringing together of older Bengali women on a weekly basis. Many of the women live on council estates, often in overcrowded flats. These are women who have spent over 20 years in this country without acquiring any English, and are now very marginalised and vulnerable.

Loneliness is considered to be a key issue for many older people in the neighbourhood, and building up their confidence to engage in everyday activities is a large hurdle for some: for example, even in walking round the block – *'something that is very small for us is huge for someone else'*. The sort of support LAP outreach workers provide, which includes helping people to go out locally, as well as linking them up to services provided by voluntary or public agencies, is seen as something a home help would not do and a service not available from anyone else: *'We do feel that a lot of older people just get the thin edge of whatever is available, particularly if they have a mental health problem'*. As a result of LAP, outreach workers are also helping to bring different agencies together to talk about individual cases. (Schlappa and Pitcher, 2008a, p. 25).

One of the most consistently reported benefits of Neighbours in Poplar has been that of feeling more confident as a result of using LAP services. Many interviewees reported that they were able to be more assertive or act independently to tackle their day-to-day problems. When asked how LAP has helped users make a change in their everyday lives:

'Sure it has. It's made more friends. I'm not isolated I am with friends, which is a great thing.'

'It has broadened my outlook on how I see old age.'

'It has given me more confidence, yeah. I feel that what I don't know, I am prepared to go and find out, whereas I wasn't before.'

'Well it really does help. You're not indoors cooking or anything else. You see people, meet people, it's very good.'

(DH/DWP, 2008)

Meeting other people and getting out of the house to socialise with others was by far the most often quoted benefit:

'Forget religion, forget politics, just meet as people!'

'Oh, I'm really pleased. I'm very glad I joined here. We have a good laugh here, that's all that matters.'

'You get a few hours here, then you go home and you feel entirely different.'

(DH/DWP, 2008)

Another example of a pilot development delivering social benefits is **Lancaster's Care Navigator** project. The Care Navigator project is run by Signposts in Morecambe. It provides a flexible service tailored for those who are hard to reach, isolated and in danger of social exclusion. It provides support and arranges relevant services for older people. It is mainly run by volunteers in that Care Navigators are recruited as volunteers by the scheme and trained by Signposts staff.

The scheme aims to reduce isolation, encourage independence and social inclusion. It does this by:

- reaching out to vulnerable people who may not respond to other direct publicity and information about services and activities;
- taking referrals from a number of organisations (including self-referrals);
- identifying one-to-one services and activities individuals are interested in;
- removing barriers which prevent the use of services/activities such as transport issues, caring responsibilities, access to personal care, etc.;
- making referrals direct to participating service providers.

Overall, the service promotes wellbeing and independence, is preventative and goes beyond traditional health and social care. In addition, it provides flexible pro-active services to reflect the diversity of older people, their needs and aspirations,

their different environments, and anticipates their changing requirements. It also aims to provide a respectful service to its customers and to avoid duplication wherever possible.

In **Devon**, LAP has helped develop a **360-degree approach** to helping older people access information and services. This also helps to reduce social isolation. Using a combination of enhancements to websites and the existing customer service centre; the development of community mentors and support and information to existing frontline staff and volunteers working with older people, the scheme aims to widen access and to work towards the principle of 'no wrong door'.

In **Gloucestershire**, its **Village Agents** have used a variety of approaches to combat social isolation in rural areas. These have included Village Agents using the Community Transport buses to pick up older people from their homes and take them on short excursions, for example to a local beauty spot or just somewhere to have a coffee and chat such as the local garden centre.

The Village Agents have also responded to the social needs of their cluster of parishes by setting up and supporting social activities. This means that activities to combat social isolation have been tailor made to that community. For example in one area there was a long waiting list for the club provided for older people by the Library Service. The Village Agent responded to this by setting up two more clubs in local village halls with the support of the Library Service. Other Agents have set up and supported Storytelling Groups, Tai Chi, Club in a Pub and (chair-based) belly dancing for older people.

Village Agents have also assisted in reintegrating socially excluded or socially isolated individuals back into their community. Village Agents have frequently helped to accompany an older person to a social activity they have chosen to do on the first few occasions. The impact is illustrated by a quote from one older person who had been supported by a Village Agent:

'I have different outlook on life... At times I used to sit there... Now I live for tomorrow. I have a different outlook and it's all down to [my Village Agent]. Otherwise nothing would have changed.'

The matter of encouraging older people to take on volunteering is considered in Section 4.9 – employment – when Gateshead's Timebank and Lancaster's Volunteering Bureau are reviewed.

From these examples from LAP pilot sites, it is clear that upstream activities (Association of Directors of Social Services/Local Government Association, 2003) have been developed that help to combat older people's social exclusion. This is being done, in part, by integrating services and by developing universal services that offer 'that little bit of help' to older people that might otherwise face social isolation from their communities. All of this is in line with other research findings (Age Concern, 2008; Curry, 2006; Demakakos, 2008; Wistow *et al.*, 2003) which show that social inclusion is key to maintaining good health and independence.

4.4 Older people's safety

A key aspect of older people's sense of wellbeing relates to their safety and perception of safety. A key focus of LAP activity has, therefore, been to increase older people's sense of safety and security in a variety of ways. These have included initiatives related to fire safety, combating crime and the fear of crime, having a decent home in which to live, having the support that enables older people to continue to live in their own homes, and having measures in place to ensure older people can live safely in their own homes (JRF, 2005; ODPM, 2006).

This is in response to a national policy context which recognises that:

- older people have the right to feel safe at home and on the streets (HMG, 2005, p. xvii);
- fear of crime can have a significant impact on older people's quality of life and prevent them from participating in society to the extent that they would wish (HMG, 2005, p. 34);
- 25 per cent of older [people] felt that street crime is a big or very big problem in their area (ODPM, 2006, p. 86);
- older people spend between 70-90 per cent of their time in their home (ODPM, 2006, p. 71);
- one in ten people aged 65 and over have problems with their accommodation (ODPM, 2006, p. 71);
- older people value support which enables them to live in their own homes: cleaning, DIY, gardening, care of pets, chiropody, transport and befriending (see *The Older People's Enquiry – That little bit of help*, JRF November 2005);
- many older people do not require major adaptation work to enable them to remain in their homes. For many, there is a range of low-level support that will be critical to ensuring independence (ODPM, 2006, p. 75);
- there are significant benefits to be gained for older people from a programme of domestic fire safety inspections and the installation of smoke alarms (Department of Communities and Local Government (DCLG), 2008).

4.4.1 Fire safety and prevention

One of the aims of *A Sure Start to Later Life* was to 'ensure that older people have access to services which can prevent accidents and fires in their homes' (ODPM, 2006, p. 13). In relation to this, a number of the LAP pilots have developed fire safety initiatives, including Gateshead, Gloucestershire, Nottinghamshire and Salford.

First Contact (FC) in Nottinghamshire is a multi-agency scheme which uses a checklist enabling staff from various agencies, volunteers and older people to access a range of preventative services through a single gateway. A simple

checklist enables access to services which enhance independence and improve wellbeing. The first organisation to make contact with the older person completes the checklist to identify services that are needed. Referrals go to one central point of contact where referrals are automatically generated to an appropriate organisation, for example Nottinghamshire Fire and Rescue Service.

'One of our major targets is to reduce the number of preventable injuries in the home caused by accidental dwelling fires. Through First Contact, we have received increased referrals from other agencies resulting in nearly 200 extra premises having a Home Safety Check and smoke detection fitted. From these statistics and the reduction of domestic fires attended it can be clearly seen that this scheme is successful and will continue to drive down the number of injuries in the home.'

(District Manager, Nottinghamshire Fire and Rescue Service)

Using an example from Nottinghamshire FC demonstrates its effectiveness:

'Mrs S was referred to First Contact from a visit by Rushcliffe Home Alarms. A checklist was completed and referred to The Pension Service and to the Fire and Rescue Service. Mrs S had been bereaved for two months prior to anyone making contact. Resulting from the visit (i) the Home Alarms Service fitted an alarm within three days of their call and (ii) the Fire and Rescue Service fitted two smoke alarms within two weeks.'

(Davis and Ritters, 2007)

In **Gloucestershire**, its **Village Agents** have been responsible for 198 referrals to the fire and rescue service for fitting smoke alarms as well as fire retardant bedding for a heavy smoker with alcohol problems. Village Agents are very cost effective as the fire and rescue service is unable to locate rurally isolated older people who are at greater risk than urban dwelling older people because of the length of time it takes a fire appliance to reach them in the event of a fire.

When one bears in mind that the average cost of a domestic fire is estimated at £24,900 – of which £7,300 is due to property damage (ODPM, 2006) and that a third of all fire deaths are people aged 65 and over, then the cost of fitting a smoke alarm is a good preventative investment. The business case for fitting smoke alarms is explored more fully by Watt and Blair (2009, forthcoming) in the *LinkAge Plus: The business case report*.

4.4.2 General safety and home security

Gateshead has worked with the **Newcastle-Gateshead Safety Works Centre**. This is a site-based safety centre in the West End of Newcastle serving the community of Tyne and Wear. It takes a multi-agency approach to promoting safer communities and encourages experiential learning for all members of the community. The centre was established as a multi-agency partnership approach to community safety in 2001.

The centre consists of a number of different 'scenarios' within a large warehouse space. A selection of sessions are covered, which include:

- community health – looking at slips, trips and falls with appropriate safety messages;
- advice given on leading a safe and healthy lifestyle – medication advice also;
- trading standards – how to avoid being a victim of crime and scams and what to do if you are a victim;
- fire safety – providing fire risk assessment information and service. Fire DVD and how to avoid hazards and be safe;
- road safety – roads and pedestrian safety messages are reinforced by the road safety session which gives practical advice and solutions to the everyday situations pedestrians may encounter;
- crime prevention – highlighting awareness of bogus callers and providing practical advice and guidance on protecting yourself and your home;
- healthy eating – demonstrations on menus to promote a balanced diet and discuss weight management/portion sizing, physical activity and stress busting;
- TeleCare/Care Call – demonstrates the services offered in the Gateshead area by Care Call. This helps older, disabled and vulnerable people live safely and independently in their own home.

This multi-agency or multi-factorial approach is in line with previous research findings (Curry, 2006; Friedman *et al.*, 2006) that multi-factorial approaches are key to improving older people's wellbeing, for example through effective falls-prevention strategies, and that sessions such as these covered in the community health sessions and the safe and healthy lifestyle sessions, along with the healthy eating demonstrations and weight management discussions, are in line with previous research findings that suggest that education and environment modification, along with other activities, are most effective in preventing falls. (Curry, 2006; Friedman *et al.*, 2006).

4.4.3 Help to remain in the home

The policy direction that has steered LAP has, in part, aimed at inverting the triangle of care in order that older people get that 'little bit of help' that will support them in remaining in their own home. This is a response to the recognition that as far as social care is concerned, only the neediest now receive adult home care (Wistow *et al.*, 2003; Curry, 2006) and yet, as Curry observed, there is a '*wealth of qualitative evidence about the value placed on low-level interventions by older people in helping them to maintain their independence*' (Curry, 2006, Executive Summary, p. 2).

LAP pilot activity has included:

- low-cost home adaptations;
- support with gardening and maintaining gardens.

Low-cost home adaptations

An example of a LAP pilot activity that has been developed to help older people to continue to live in their own home is **Nottinghamshire's Preventative Adaptation Scheme (PAS)**. The PAS aims to give older people confidence in gaining access to their homes and gardens and when getting around the home. It does this by undertaking minor low-cost adaptations in people's homes, installing things such as grab rails, stair rails, half steps or other safety features to prevent accidents. In a six-month period, 293 adaptations have been completed. One example to illustrate the impact of the service is provided:

Mrs X was provided with two half steps (front and back doors) and five grab rails (bathroom and front and back doors). Mrs X has also been seen by the police, the falls-prevention scheme and the Mansfield Voluntary Services. She feels able to get out easier and feels safer using the bath. She feels that this is something that will benefit her more in the longer term... Mrs X stated she feels the adaptations will help her to be safe at home in the future which is very good for peace of mind.

(DH/DWP, 2008)

These types of adaptations have been judged to be key not just in promoting general feelings of safety but also, specifically, in preventing falls. According to Curry (2006, p. 25), multiple initiatives such as improving lighting, installing grab rails and stair rails, the use of non-slip bath mats, (when initiated in combination with use of better footwear and eye tests) resulted in a 32 per cent decrease in falls.

The Government (DCLG, 2008a) has recognised the need for better access to home adaptations and repairs to support independent living at home. **Nottinghamshire's Handy Person Services** is an example of just such an approach. This service provides Nottinghamshire residents aged over 60 (along with disabled residents under 60) with the opportunity to get small scale jobs completed around the house or garden safely by a trained and reliable tradesperson. The aim of the project is to help to ensure that vulnerable residents do not risk either their health or safety in trying to complete these jobs themselves. The service provides a single point of telephone contact within each Home Improvement Agency. Through this, residents are able to access a referral to a trained and reliable handy person who then visits the house and gives a free quote for the job. Upon acceptance of the quote, an appointment is made and the work completed at a subsidised hourly rate. Typically, approximately 20 referrals are completed per district each month. The service provides fast, efficient and safe completion of jobs around the home for older people. This, in turn, has impacted positively on the maintenance of

a healthy independent lifestyle for the person involved and, at the same time, contributed to minimising the number of admissions to hospital for falls.

Both Nottinghamshire's Preventative Adaptation Scheme and its Handy Person Services can be regarded as foreshadowing the Government's ambition to introduce and develop a proactive and joined up national repairs and adaptations service from 2009/10 that provides '*better access to home adaptations and repairs [thus] allowing independent living at home*' (DCLG, 2008). Various studies have shown that home adaptations lead to anything between 36 per cent and 60 per cent reductions in falls (Plautz *et al.*, 1996; Thompson, 1996; Curry, 2006) and that, more generally, providing housing support – such as with small repairs – is a key preventative strategy in that it avoids costs elsewhere – hospital admissions, delayed discharge from hospital or the need to go into residential care (Age Concern, 2008b; DCLG, 2007; DCLG, 2008). It has been estimated that delayed discharge after treatment costs £350 per day whereas adapting a home to allow quick discharge costs £89 per person (DCLG, 2008a).

Support with gardening and maintaining gardens

A further development in Nottinghamshire has been the development of **Nottinghamshire's Golden Gardening Scheme**. This helps those aged 50 plus in maintaining their gardens. Gardeners carry out jobs such as grass-cutting, weeding and low hedge-cutting. The scheme promotes community safety and crime prevention through regular maintenance of gardens. It also helps improve a sense of pride in the local community. In addition, it aims to keep people living in their homes longer, and to improve their independence, health and wellbeing. Since September 2006, just over 1,000 gardens have been maintained. Service users have reported that life is a great deal easier and less stressful for them due to the support from the Gardening Scheme:

'Made life a lot easier, my lawns and hedge have never looked so good...'

'Vast improvement. Nice and tidy.'

'It will make a great difference to the appearance of the garden. Taken away the worry over tasks I cannot now do myself.'

'We have a very large garden, and the help given has taken a weight off my mind.'

'Easier on my back.'

'Saving time and energy and not having aches and pains.'

'Very big help. I have a back problem – thank you.'

Such endorsements by older people for support with gardening and maintaining their gardens is consistent with previous research (Clark *et al.*, 1998; Curry, 2006; Milligan *et al.*, 2003; Richards, 2005 & 2006; Sempik *et al.*, 2005; Wild, 2005). For example, Milligan *et al.* (2003) have noted:

Gardening is the second most common form of physical activity in older age and this is linked to better health. Gardens and gardening are a major site for leisure and leisure activity, giving psychological and social benefits. However, when gardens get difficult to manage they can be a major source of worry, impact on self-esteem and identity, and can trigger unwanted attentions such as burglary and result in entry to sheltered accommodation, residential or nursing care despite older people's wish to remain in their own homes and to live independently.

4.4.4 Providing housing options

It has been recognised that many older people live in accommodation that is no longer suitable for their purposes and/or does not meet decent homes standards (Age Concern, 2008b; DCLG, 2008a). **Salford's Housing Options** is a LAP scheme that has been developed to provide advice and help on all types of housing, helping older people either to move to more suitable accommodation or to access help and support that will allow them to stay in their own homes.

Salford's Housing Options Service aims to help Salford residents to make sustainable housing choices. It is estimated that just over 37 per cent of Salford pensioners live in homes that have failed the decent homes standard, largely due to a lack of thermal comfort. Housing Choice is able to help by putting older people in touch with grants to improve insulation and help with affordable warmth and where necessary to help people move into accommodation that is a more suitable size for their needs and therefore easier to keep warm. Other options include the ability to switch tenure, improvements to the existing property (for example adaptations such as installing showers and hand rails), providing mobile wardens, and support to ensure that benefits such as Carer's Allowance are being claimed. As such, the service has developed strong links with service providers able to offer a range of types of help, including:

- Salford Home Improvement Agency;
- The Affordable Warmth team;
- Burglary and Crime Reduction Teams;
- The Occupational Therapy team;
- The Housing market renewal teams;
- New Prospect housing staff;
- Community Health and Social Care;

- Manchester Care and Repair;
- Bury Staying Put;
- Salford's Home Improvement Agency;
- Citywide Handypersons Service.

At the same time, the service is itself receiving referrals from a range of service providers in the community. So far, the service is exceeding expectations, dealing with four times the number of clients initially anticipated. The service has already helped 70 clients to move, with a further 18 already at various stages of the moving process. (Salford Housing Choice, 2007, p. 6-8.)

In addition to the support with small repairs and gardening, the provision of housing advice and support makes a significant contribution to older people's independence and wellbeing (Age Concern, 2008a&b; DCLG, 2008b). Being housed in appropriate accommodation can prevent hospitalisation through falls or for other reasons, promotes social inclusion and prevents the need for more intensive support or the need for residential care. Indeed, DCLG has estimated that appropriate information and advice to older people about housing options could reduce the admissions to care homes by some 5,000 which is significant when one considers that a single admission to a care home is estimated to cost £40,000 (DCLG, 2008a).

Overall, these examples of LAP pilot activities demonstrate how older people are benefiting from new initiatives and services. Often these safety measures are 'small scale', such as with the installation of fire alarms and adaptations around the home. However, these activities ensure that older people do not slip into situations of greater dependency or crisis (Plautz *et al.*, 1996; Thompson, 1996). Indeed, some of this provision, for example support with gardening and small jobs round the home, are the types of activities that older people have said they require in order to remain independent (Clark *et al.*, 1998; Curry, 2006; Milligan *et al.*, 2003; Raynes *et al.*, 2006; Richards, 2005 & 2006). In addition, they are in line with what the Government recognises needs to be done (DCLG, 2008a).

4.5 Physical health

Examples of LAP initiatives that combat social exclusion have already been presented. However, some of those initiatives also have positive consequences for older people's physical and mental health. For its part, Government policy recognises the benefits of physical activity and that *'inactivity and isolation accelerate physical and psychological decline, creating a negative spiral towards premature, preventable ill-health and dependency'* (Curry, 2006, p. 31).

As such, Government has recognised: the problems and consequences of longstanding illnesses and, relatedly, sedentary lives; that there is significant 'health illiteracy' of many older people; and that there are health inequalities amongst the UK's older population. Therefore, whilst it has been argued that 70 per cent of

the factors contributing to population health are outside the remit of the formal health care system (Health Development Agency, 2000; Help the Aged, 2008) and that the reduction in preventative measures have, arguably, exacerbated the levels of ill-health, there is still a great deal that the government and other agencies can do to promote healthier lifestyles.

An indication of the scale of the task is that 70 per cent of those aged 65 and over have reported a longstanding illness; that 10 per cent of people aged 65-79 and 25 per cent of those aged 80 and over have reported serious disability (ODPM, 2006, p. 40). Related to this, there is a relationship between increasing age and the likelihood of living a sedentary lifestyle in that older people are less likely to be engaged in active healthy lifestyles (McMunn *et al.*, 2003).

Older people are also less likely to be health literate (Help the Aged, 2008). Health illiteracy means that you cannot find relevant health information, explain basic symptoms and feelings, or understand information and advice (Department for Education and Skills/DH, 2006). On the other hand, the greater one's health literacy, the greater the likelihood of eating healthily, exercising and not smoking (Help the Aged, 2008). (It is perhaps not surprising, therefore, that people from richer, better-educated, professional backgrounds tend to live longer and enjoy better health than less wealthy older people (HMG, 2005, p. 9).

However, the picture is not one of widespread ill-health amongst older people or an inevitability of illness and inactivity. This is partly because ill-health and dependency are concentrated in only the last few years of most people's lives. And, whilst the period of ill-health and dependency may be lengthening (HMG, 2005, p. 8), even at age 80 and over the large majority of people living at home are able to manage independently (Marmot *et al.*, 2003; HMG, 2005). Indeed, even at the oldest ages, individual choices about a healthy lifestyle can strongly influence outcomes. Therefore, it is important to promote and create opportunities that promote older people's physical activity (HMG, 2005, p. 9).

Consequently, Government wishes to promote exercise and physical activity amongst older people (ODPM; 2006, p. 12) and to promote healthy living in retirement. This is based on the fact that older people, irrespective of their age, can improve their health and quality of life by being sensible about exercise, diet and lifestyle (HMG, 2005, p. 40). Indeed, in principle and practice, there is a case for refocusing resources on preventative low-level activities over the longer term. The Government recognises that the right community services have not always been available to prevent hospital admission (HMG, 2005, p. 49) but that an increase in preventive measures, including low-level support, will reduce the numbers of older people entering hospital as an emergency. Falls prevention is one example of how to maintain older people's independence and wellbeing (HMG, 2005, p. 49). Other examples of low level interventions that promote wellbeing include a variety of exercise activities (walks, Tai Chi, etc.) as well as a range of good quality, affordable and accessible local services such as housing and transport (HMG, 2005, p. 50).

A number of the physical health benefits of LAP for older people relate to initiatives to increase physical activity and falls prevention in older people. LAP pilots that have developed physical activity schemes include Gateshead's Health and Wellbeing, Nottinghamshire's Activity Friends, Salford's Healthy Hips and Hearts (HHH), Tower Hamlets' activity and exercise sessions in their Network Centres (Schlappa and Pitcher, 2008a). In addition, a number of the pilots have developed falls-prevention initiatives, including Gateshead, Salford and Tower Hamlets. Some of these are described below. Other activities related to physical health include specific outreach work which has resulted in older people being referred to appropriate health services.

4.5.1 Salford Healthy Hips and Hearts Project

Healthy Hips and Hearts is a programme of predominantly chair-based exercises (although there are also standing exercises) which have been devised by a physiotherapist around activities of daily living. The project trains people to become mentors to deliver the exercises. A chartered physiotherapist has been involved in providing the core training. Following the training, the HHH mentors are provided with kits that they use to deliver their HHH sessions.

The aim is to encourage older people to participate in the exercises so that they will remain as independent as possible. The exercise sessions have been delivered in various locations across Salford including in community rooms, day centres, residential/care homes, hospital units and sheltered housing schemes.

In addition, the HHH sessions increase participation, combat isolation, promote social inclusion and encourage socialisation, with the aim of increasing older people's confidence. The HHH sessions also assist in the prevention of falls and general mental and physical wellbeing.

The project has grown extensively over the past couple of years. The training course is now offered four times per year and each course is usually fully booked. In addition, the project holds three tea dances per year, catering for 140 attendees each time. A 'Celebration of Cultures' event has also been held, the aim of which is to encourage people from different communities and cultures to come together and showcase something traditional to their culture and share the experience with others. More recently a Dance Drop-In and a Singing Group have been developed and both are proving very popular.

4.5.2 Salford Assisted Exercise Therapy

This pilot has involved the installation of specially adapted exercise equipment in local authority and voluntary sector day centres for older people across the city. The aim is to provide older people with safe exercise sessions as well as to enable service users to undertake individual physiotherapy programmes.

The equipment requires permanent installation in a quiet, discreet location where older people will feel comfortable in using it. Space in day centres often has multi-purpose use such that allocating a permanent place for the equipment can be a

problem. The centres which have declined to take part in the pilot explained that they did so because they did not have a suitable space at the time.

The training of staff to operate the exercise equipment is very important. In addition, estimating the level of demand and the associated staffing and other resourcing requirements are key issues.

The service initially underestimated the level of interest and the staffing resources required to maximise this resource.

Physical benefits of the scheme include increased functional capacity and muscular strength, improved circulation, mobility and coordination, and improved general health. Other benefits include improved feelings of general wellbeing and self-esteem.

Other activities related to physical health have included outreach work where older people have been referred to appropriate health services. One example of this is **Gloucestershire's Village Agents** helping signpost people to appropriate services.

'I met Mrs E for the first time recently. She was desperately worried about her husband who is in constant pain following a series of treatments and operations, and she didn't know what course of action to take. I did some research and phoned Mrs E with details of the pain clinic at the hospital, but I emphasised that the referral must be made through their GP. I received a phone call later, thanking me for my concern; she had taken her husband to the GP, and they had an appointment for the clinic the following week.'

(Village Agent – quoted in Gloucestershire Rural Community Council (GRCC), 2008)

Another is in the **Tower Hamlet's** pilot where **LinkAge Plus** Outreach workers have made a critically important contribution in assisting older people to access appropriate health care treatments.

'It got me my eyesight back really. ... The [outreach worker] met the nurse and she came and talked to me. I was surprised because they'd finished with me at the London Hospital, couldn't do no more for me, you know. I was so surprised when I got a letter to say like you go up and they'd give you this treatment. To me it's been a miracle because ... I could hardly see. And it's really only through [LAP Network Centre] that's done that for me.'

(Schlappa and Pitcher, 2008a, p. 41)

In addition, women and older people from minority ethnic groups have been supported in accessing physical activity sessions, for example yoga classes, women-only swimming sessions and sessions at a private fitness centre where the joining fee and administration fee for 30 Somali women was waived.

These are just a few of the examples of physical health activities developed by LAP pilots. Indeed, all LAP pilots potentially encompass exercise in one way or another. In some, this is through the direct provision of exercise for older people and in

others it is through signposting to providers of exercise or activity. Overall, these examples of physical activity developments can be seen to typify what upstream early interventions can mean in terms of preventing larger scale interventions 'downstream'. They are also examples of agencies working together across agencies and sectors (seen by some research to be crucial) (Curry, 2006).

LAP pilots' physical health activities are also consistent with previous research findings into the effectiveness of the promotion of exercise and the prevention of falls (Curry, 2006; Friedman *et al.*, 2006; Parmeshwar, 2004; Tolley and Atwal, 2003). However, previous research is ambiguous on whether, on the one hand, single interventions or, on the other hand, multi-component or multi-factorial interventions are more effective. That is, certain research findings have suggested that single interventions that aim to prevent physical health deterioration or the enhancement of physical health are likely to be most effective (Tolley and Atwal, 2003). In addition, it has been suggested that physical exercise schemes are more likely to be more successful in preventing falls than in improving health status (see Curry, 2006; Parmeshwar, 2004). By comparison, other research has suggested that multi-component or multi-factorial approaches are more likely to be successful (see Friedman *et al.*, 2006). In line with this latter research that suggests that multi-component or multi-factorial approaches are more effective, one needs to recognise that the individual interventions or activities that promote physical health need to be part of a wider set of initiatives, for example those that promote social inclusion, safety and mental health. As such, the LAP pilots' physical health activities should not be developed or regarded as singular initiatives. Rather, they are part of a multi-factorial approach to falls prevention and the promotion of older people's general wellbeing. In addition, it is likely that physical health programmes have a positive bearing on older people's mental health and social inclusion (National Institute for Health and Clinical Excellence, 2008).

4.6 Mental health

There is significant overlap between initiatives which aim to combat social exclusion and those to promote mental health (see Rankin, 2005; Sayce, 2000; Schneider and Bramley, 2008; Social Exclusion Unit (SEU), 2004). LAP activities that promote social inclusion are very likely to have mental health benefits, since people do not experience mental health problems in isolation (Rankin, 2005). As Curry (2006, p. 31) has observed, '*Social inclusion has been shown to be crucial in good mental health and that good mental health is important in reducing the consumption of health and social care resources*'.

A Sure Start to Later Life recognised the need for older people's mental health to be supported, acknowledging that about 15 per cent of people over 65 have depression (ODPM, 2006, p. 40), up to 750,000 people in the UK have some form of dementia (ibid.) and that almost one in ten of those aged 65 and over report feeling often or always lonely and that this also increases with age (ODPM, 2006, p. 55). According to the *UK Inquiry into Mental Health and Wellbeing in Later Life*

(Age Concern, 2007), three million older people in the UK experience symptoms of mental health problems that significantly impact on quality of life, and this number is set to grow by a third over the next 15 years to 4.3 million.

In addition to those projects mentioned within Section 4.3, a number of other projects have been developed with the aim of prompting older people's mental health. These include Devon's deep outreach and broad outreach/mentoring developments, Link Up Gateshead, Gloucestershire's Village Agents' work in combating social isolation, Leeds' Social Isolation Pack, Nottinghamshire's Activity Friends (mentioned above), Nottinghamshire's Community Outreach work, Tower Hamlets' Outreach work as well as its Neighbour's in Poplar Men's Group. A number of these are presented below.

4.6.1 Devon County Council Deep Outreach (Mentoring Service)

This pilot is a new style of service for older people who have experienced some kind of downturn in their lives, often leading to loneliness, isolation and a risk of or actual social exclusion. The initiative built on the promising early evaluation results of the Upstream Mentoring service in Mid Devon. In this project mentors have worked successfully with people who had resisted using statutory services and were fearful of them. Mentors were able to build up trust partly because they were part of the voluntary sector and, therefore, regarded as not being part of statutory services which are still seen by some older people as being likely to 'put them away'. In addition, mentors are able to take time working with service users and provide personalised approaches through building personal goals, often incrementally, and not fitting people to existing or obvious solutions.

There are a number of examples where people's lives have turned around using this approach. In some cases deep personal and family distress have been successfully addressed leading to improvements which seem to be sustained and which have sometimes led to people becoming net contributors as volunteers.

Mentoring works both with individuals to enable them to realise their potential and life enjoyment, and also with local communities, usually in small groups, to improve inclusion and promote healthy and enjoyable activities for wider groups of people. These groups and activities are often highly innovative in the local context.

'We've had several success stories with referrals to Link 2. These referrals are people who don't really fit into anything else, who live chaotic lives and need a service that will stay with them and go that extra mile to help them engage in activities. Link 2 has been very helpful.'

(Exeter Core Team)

4.6.2 Leeds City Council – Older People and the Social Isolation Pack

Leeds LAP has developed a resources pack (DH/DWP, 2008) to inform practitioners of what they need to know in order to work effectively with socially isolated people. It applies principles of holistic working and includes information, signposting, training, and best practice.

The pack is divided into three main sections:

- Section one summarises research into social isolation – what it is, what causes it, and potentially disadvantaged groups most at risk of it.
- Section two covers good practice – how to target socially isolated people, how to encourage take-up of services that people are reluctant to access, and information on specific areas such as mental health, debt and finance, care homes, minority ethnic groups, lifelong learning, bereavement, Telecare and equipment. There is also a section on coping strategies for workers. Good practice case studies are also included, along with a set of questions which enables the pack to be used as a training aid. An outline of a three-hour training session for practitioners is also included.
- Section three includes contact information grouped around issues workers are likely to face. (DH/DWP, 2008).

The pack had a first print run of 500 copies which was well-received by both the statutory and voluntary sectors such that a reprint of another 500 copies has been produced. The pack has been well received for its format and structure, along with the breadth of the information it provides. Feedback has included comments that people were unaware of the range of possible interventions, and the variety of organisations available locally to help address social isolation.

4.6.3 Tower Hamlets: Neighbours In Poplar – Men’s’ Social Group

This project is about bringing together older men and providing them with their own ‘space’ to allow them the opportunity to meet together in a male-only environment in order to take part in social activities and, consequently, to overcome feelings of loneliness and isolation. Older men, especially those who have been widowed, can be particularly vulnerable to such feelings. The men valued their own ‘space’ where they could meet.

The group allows them to talk about health concerns which affect men only. Men’s health issues have been addressed through health professionals. For example, the group has had a talk from a health visitor about issues which they may have been too embarrassed to raise in any other environment.

The most important lesson learnt was that older men have their own range of issues and fears which often go unrecognised since, similarly to women, men have their own issues which are often overlooked because of ageism or sexism. The project has been successful in that it picks up on the needs of a marginalised group who often fall through the net and become victims of alcohol or mental illness.

As one service user has fed back on Tower Hamlets' outreach provision:

'They definitely listen to you because from the help they've given to me I know they've listened. At the last place they didn't listen to me. They didn't even give me a chance to get across what I was trying to say... I said to them, I'm the one who's mentally ill. They should have been listening to me. I just got so frustrated, I walked out of there – but LinkAge have listened. They give me [the] chance to explain things and then help, which I really appreciate them doing.'

(DH/DWP, 2008)

These activities are, again, relatively small scale upstream activities that are in some respects universal and in others are tailored or targeted at particular groups who would otherwise not be supported. Again, they have required the integration of expertise and service provision in order to be effective. They employ approaches that other research has indicated is effective in supporting older people's mental health: self-help and independence; peer support; social inclusion; taking part in meaningful activities; advocacy and support; and support that is responsive, personalised and dependable. Indeed, as Godfrey *et al.* (2005) have noted *'Strategies and support that enable people to maintain social relationships and valued social activities can reduce stress or buffer its impact. This evidence can enhance understanding of the factors likely to sustain wellbeing in older age, as well as reduce some of the disabling effects of mental health problems in later life'*. In many ways the whole LAP approach and all the LAP projects are aimed at doing this.

4.7 Education and lifelong learning

In examining the educational/learning benefits of LAP pilots, one needs to distinguish between various types of educational initiatives, including:

- the provision of information;
- the provision of leisure-type educational activities;
- the provision of more traditional (adult) educational activities;
- the development of older people's knowledge and skills.

It is the third and fourth areas – the provision of educational activities and the development of older people's knowledge and skills – that is the focus of this section, as the provision of information has been covered in the first Thematic Report (Ritters and Davis, 2008) and leisure provision is covered in Section 4.8.

Various reports and studies have indicated the significance of learning, leisure and volunteering opportunities on the wellbeing of older people (Aldridge and Tuckett, 2007; Help the Aged, 2008; Secker *et al.*, 2007; Tuckett and Aldridge, 2007; White and Angus, 2003; Withnall, 2002). Government recognised in *A Sure Start to Later Life* that *'Opportunities for leisure and learning and volunteering have been shown*

to be vitally important for older people' (ODPM, 2006, p. 12). By contrast, people with low skills are less productive and more likely to be claiming benefits (HMG, 2005, p. xv). As Help the Aged (2008, p. 6) has noted *'not only is adult learning intellectually stimulating and proven to benefit people's health, it is necessary if older people are to be given the opportunity to play a full part in society'*.

Government has recognised that many older people do not participate in leisure or learning opportunities. This view is supported by the findings from Aldridge and Tuckett (2007) and Help the Aged (2008). According to Help the Aged, 57 per cent of older people have never attended adult education courses... whilst Aldridge and Tuckett reported that in 2007 only four per cent of older people were taking adult education courses, a figure that decreases further with age.

Accordingly, Government wishes to ensure that older people have access to learning, leisure and volunteering opportunities (HMG, 2005) because when older people do participate in learning, they find it very rewarding – with 80 per cent of learners aged 50-71 reporting a positive impact from learning (Dench and Regan, 2000; HMG, 2005).

As part of A Sure Start to Later Life, local education and lifelong learning service providers were advised *'to consider whether their provision meets the needs of the most excluded older people, who may have little experience of accessing such opportunities'* (ODPM, 2006, p. 12), and to ensure that opportunities for volunteering, lifelong learning and leisure activities are included in the LinkAge Plus programmes. Help the Aged (2008, p. 6) has suggested that lifelong learning opportunities for older people should include learning opportunities on health and financial literacy, information and communication technology (ICT) (82 per cent of older people have never used the internet), citizenship literacy, how the social care system works, and how older people could become more involved.

Various LAP pilots have either provided or supported educational and lifelong learning activities. These have included Gateshead's Safety Works activity (considered above in Section 4.4), along with Lancaster's Senior Learners Programme, Nottinghamshire's IT Champions and Community Computers, Salford's Creative Start 50+, and Tower Hamlets' Reminiscence Sessions – some of which are described below.

4.7.1 Lancaster's Senior Learners' Programme

The Department of Continuing Education at Lancaster University set up the Senior Learners' Programme in September 2006. This is a weekly 'university experience' for older people, aiming to promote the potential of the older person as **a learner, as a worker, and as a citizen**. The programme operates on one day per week when it offers a range of different opportunities. There are general interest courses in subjects such as yoga, Chinese language and culture, oral history and art. In addition, there are computer workshops run by undergraduate student

volunteers; a series of lunchtime talks by University staff and visits to different parts of the University. There is an emphasis throughout the day on each individual working out their own learning programme and how the learning resources of the University can contribute to it; and there is an end-of-the-day opportunity for individuals to have one-to-one advice and guidance tutorials.

(<http://www.lancs.ac.uk/depts/conted/seniorlearners.htm#generalinformation>)

4.7.2 Nottinghamshire Community Computers

This project made internet-equipped computers available to older people in residential care homes and extra care supported accommodation. Private and council residential homes submitted bids for internet-connected computers. The homes responded with suggestions about how older people might use IT, e.g. cheap calls to friends and relatives abroad using Skype, Wii units for interactive game play, indoor bowls and tennis as well as more conventional uses.

The selected homes agreed to support residents on how to use the computers and have also agreed to pay maintenance and running costs for at least two years. So far:

- computers have been distributed to a range of residential and day-care settings;
- the County Council has decided to install a Nintendo Wii into every day-care provision in the county.

In addition, the project has initiated a debate on older people and IT and there is also a much wider interest in computers than was originally anticipated. For example, homes that have patients with Alzheimer's are now making effective use of video telephone calls.

4.7.3 Salford Creative Start 50+

This initiative promotes health and wellbeing for the over 50s through involvement in creative activities. Its aims include reducing participants' isolation, increasing wider community engagement, and improving quality of life. Participants can access a range of creative activities including dance and movement, visual arts, creative writing and photography. The rolling programme is delivered from community venues across the city's eight neighbourhoods, with participants accessing a whole year of weekly arts sessions delivered by professional artists in the various media which change on a quarterly basis.

The objective is to provide local access to arts and creative activities for individuals from all walks of life. The focus is on maintaining health and wellbeing, and promoting active involvement in the individual's local community, thus combating isolation through using the arts as a vehicle for the development or enhancement of skills. Activities may include painting, drawing, textiles, creative writing, dance and movement, photography, sculpture and other art forms as identified by participants.

Activity focuses on arts and creative media in the broadest sense, with each group given freedom (within limits) to choose the media that they work in after the initial introductory quarter. At least one of the quarters must involve physical activity in some form. Again this is dictated by the dynamics of the group and has included such diverse content as drama, out and about sketching trips and belly dancing sessions. Other quarters have focused on painting, drawing, creative writing, textiles, book making, and sculpture making for the allotments in one particular area.

In its first year, 15 groups had been established on a roll-out basis, with 203 individuals being engaged. During the first year of delivery, Creative Start 50+ members' work was exhibited as part of 'Satellite City' in Salford's major exhibition at Salford Museum and Art Gallery. Additionally Creative Start 50+ held its own exhibition at Swinton Arts Gallery in October 2007.

The LAP pilot activities demonstrate that educational and lifelong learning activities can be effective in maintaining older people's sense of wellbeing. This is supported by other research which has shown that learning can remain enjoyable and beneficial as one grows older and moves into retirement and, therefore, no longer participating in learning simply to improve income or job prospects (Withnall, 2002). Older people find learning intrinsically stimulating and pleasurable as well as helping them to understand modern society as it continues to change. However, there has to be access to such opportunities since older people cannot necessarily afford the charges – which is reflected in their decreasing participation rates (Aldridge and Tuckett, 2007, Help the Aged, 2008). The examples from the LAP pilots include developing ICT skills to combat ICT illiteracy (a priority identified by Help the Aged, 2008), using video phone calls in residential homes to assist with older people's communication, using creative arts to combat isolation (in line with the findings of Secker *et al.*, 2007). These upstream activities are relatively small initiatives that promote independence and wellbeing.

4.8 Leisure

Even though older people's participation in learning and leisure activities is limited, over 50 per cent of those aged 60-69 do participate in leisure, learning and volunteering activities (ODPM, 2006, p. 65) and nearly 30 per cent of library users are over 65 (see JRF, 2005). Even so, older people over 75 years are more reliant (that is, they use more) on television and radio as their main leisure activity than other sections of the population.

As we have seen in the previous section on education and lifelong learning, participation in leisure and learning opportunities in general tends to decline with age. Even so, 80 per cent of older learners reported that learning improved their enjoyment of life, their self confidence, how they felt about themselves, their satisfaction with other areas of life and their ability to cope (ODPM, 2006, p. 65). Indeed, there is good evidence to suggest that older people do benefit substantially from continuing to learn and gain new skills as part of a fulfilling and

active retirement (HMG, 2005, p. 36). Indeed, older people who are more highly educated experience benefits to their mental and physical health (Schuller *et al.*, 2001; HMG, 2005, p. 37).

LAP pilots have variously promoted leisure activities and opportunities. Gardening activities and support have been developed in Gateshead and Nottinghamshire amongst others. Tower Hamlets and Leeds have established Network Centres which have facilitated a variety of leisure activities. Gateshead, Gloucestershire, Tower Hamlets and others have developed or supported Tai Chi classes. Other leisure opportunities have included arts activities and even roller-skating. Some of these are described below.

4.8.1 Gardening

As has been reported in Section 4.4 – Older people’s safety – gardening is a key activity for many older people, playing a significant part in their lives (Clark *et al.*, 1998; Curry, 2006; Milligan *et al.*, 2003; Richards, 2005 & 2006; Sempik *et al.*, 2005). Various LAP pilots have developed gardening activities and support including Gateshead and Nottinghamshire. Mention has already been made of the 50plus Nottinghamshire Golden Gardening Scheme when discussing the importance of gardening for safety and home security (see Section 4.4). However, gardening is also a significant activity for many older people in terms of their leisure (Richards, 2005 & 2006).

4.8.2 50plus Nottinghamshire Activity Friends

Activity Friends (also known as Senior Peer Mentoring) is modelled on an American programme designed to help people over 50 years of age to develop a healthier lifestyle by incorporating more physical activity into their lives. The schemes run in five areas of Nottinghamshire. People over 50 are recruited and trained as ‘Activity Friends’ volunteers who reach out to their peers in the local community to encourage and support them in participating in some form of physical activity.

The aims of the scheme include:

- reducing mortality rates by 2010 from heart disease, stroke and related diseases;
- tackling obesity, and helping people who want to lose weight;
- improving mental health and wellbeing and expanding help for people with mental illness;
- promoting healthy and active lifestyles amongst older people;
- improving quality of life.

Carol G is a volunteer who joined the scheme in September. She is a person who lives alone in Retford and wanted to share her time through volunteering. Her interests mainly focus around walking and she became a volunteer both for Activity Friends and the Befriending Scheme... Having the same love of walking, Carol and Shirley were matched together... They discovered a shared love of walking and started this activity on a weekly basis... They have also, on occasions, joined the organised walking club which meets at Retford Leisure Centre on a weekly basis.

(DH/DWP, 2008)

4.8.3 Tower Hamlets – The Sundial Centre

This is a sheltered housing, day care and drop in resource centre dedicated to meeting the needs of the local community, especially people aged 50 and over. One activity held at the centre is a structured art class for new beginners in art and an advanced group working with an artist in residence. It is a recognition that some older people would like to do more than just keep fit and to do something that is cultural, stimulating and educational.

The aims of the initiative are to:

- encourage mental stimulation and wellbeing;
- encourage and improve hand co-ordination for those who have arthritis;
- build up confidence and self esteem;
- teach older people different techniques of art, take them to art galleries and introduce them to other mediums of art and design;
- promote socialising and develop friendships and social contact for those who are isolated.

Outcomes included users taking their work to The National Gallery and having their work exhibited. In addition, two users did presentations at The National Gallery and three users have sold their art work.

As a result of the classes:

- service users built up friendships and socialised both at the Sundial Centre and The National Gallery;
- self esteem and confidence were built as users were in the local paper and friends and family told them what great work they had produced;
- users now have greater confidence and want to do art work which is more challenging and want to work with artists who are more demanding of them.

4.8.4 Storytelling and reminiscing groups, Tai Chi, book clubs and roller-skating in Gloucestershire

As stated in Section 4.3 – Social benefits – Gloucestershire’s Village Agents have set up and supported various leisure activities, including storytelling groups, Tai Chi, ‘Club in a Pub’, (chair-based) belly dancing, and book clubs in local village halls with the support of the Library Service. In addition, its Village Agents have set up a variety of social and healthy activities, including walk leaders, an Asian elders’ gardening group, and a Polish reminiscence group. One interesting and, perhaps unusual, example is roller-skating, which a Village Agent has been supporting.

‘I was contacted by an older gentleman who wanted to run weekly roller-skating sessions for families, including grandparents. He had run a successful trial session earlier in the summer and now wanted to extend this but needed funding. Having just attended the Funding Day, I was able to supply him with several options. The grant is in the pipeline.’

‘At the time of writing, three sessions have taken place and the skaters included several older people. The next goal is to increase the numbers attending and to obtain more boots for hire.’

(Gloucestershire Village Agent, quoted in Wilson, 2008)

These examples of leisure activities developed by LAP pilots are ones that encompass physical activity and mental stimulation. Other research has demonstrated the benefits of these activities in preventing falls (Curry, 2006; Friedman *et al.*, 2006; Parmeshwar, 2004; Tolley and Atwal, 2003), poor mental health (Secker *et al.*, 2005; White and Angus, 2003) and social isolation more generally (Age Concern, 2008; Curry, 2006; Demakakos, 2008; Wistow *et al.*, 2003).

4.9 Employment

Currently in the UK (that is in 2004) whilst 6.7 million people over 50 are in paid work, there are additionally approximately half a million to one million older people who could be considered as potential additional workers since not all older people who want to work, or who are able to work, are currently employed (O’Neil and Welsh, 2006). In addition, older people remain unemployed for longer than younger workers (Age Concern, 2008b).

A significant policy drive from Government, therefore, is to increase the opportunities for older people to re-enter employment or to remain in work as they grow older (HMG, 2005; ODPM, 2006). There are a number of reasons why the Government is pursuing this direction. Not least of these are the demographic changes set out in Section 2.2 and in greater detail elsewhere (Demakakos, 2008; ODPM, 2005). These mean that there will be an increasing number of older people relatively and absolutely. Therefore, in order to sustain economic progress, a greater proportion and number of people over 50 years will need to be in employment, including a greater number and proportion working past the statutory pension age. Overall,

Government aspires to have an 80 per cent employment rate in the future, which would mean that the ratio of workers to non-workers would be similar in 2050 to now (HMG, 2005, p. xv). However, this would necessitate another one million older people in employment (HMG, 2005, p. xvi). Therefore, the trend of 'early retirement for [some workers]... is likely to continue to reverse, in sharp contrast to the two previous decades' (O'Neil and Welsh, 2006, p. 7).

Accordingly, Government has legislated to create fairer employment opportunities and more employment (HMG, 2005, p. xv). *Opportunity Age, A Sure Start to Later Life* and the LAP pilot activities are part of this ambition of improving and increasing older people's employment opportunities. Examples of the occupational benefits of LAP for older people include Gateshead Timebank, Lancaster's employment bureau and Tower Hamlets' outreach workers' employment advice centres. Gateshead Timebank and Lancaster's employment bureau are described below.

4.9.1 Gateshead Timebank

Gateshead Timebank is a new community participation project delivered by Age Concern Gateshead and focused on older people. Through a model of mutual community support, participants use their skills and time to benefit those around them. This is a more flexible approach to the traditional Timebank model of exchanging hours and skills, thereby helping meet some of the practical and social needs of older people. This has included being able to support individuals to create new groups and shared social opportunities, and providing help and support to individuals who are not necessarily able to reciprocate with their own skills.

Participants receive a one-hour Timebank credit for every hour of time they give, which they can cash in for help and support themselves. The model differs from standard volunteering in that the participants themselves control the delivery of services by electing what skills they want to offer, where, when and how often.

The activities of the project have included basic housework and cleaning, befriending, ironing, gardening, clothing alterations, guitar tutoring, helping out in the Age Concern Gateshead charity shop and day centres, and many others. The Timebank Co-ordinator has also provided information and support for groups who wanted to organise their own social activities.

The Timebank has attracted over 50 members ranging from 20 to 88 years old (with 76 per cent of members being over 50). In addition to these 'formal' members, more than 70 other people have benefited either by giving or receiving practical services via the Timebank or by being involved in social activities organised through the scheme. Some members choose to donate their credits back to the Timebank for the benefit of older members.

The Timebank scheme promotes independence by encouraging people to focus on what they can, rather than cannot, do. Even so, despite the overall success in this area, some areas of support, such as gardening, painting, and decorating, have been more difficult for older people to exchange.

The scheme has allowed younger people to become involved in supporting older people. For example, a small group of students from the Skills and Work course at Gateshead College have become Timebank members, and are offering their time once a week, undertaking either painting and decorating or gardening for older residents in the borough.

4.9.2 Lancaster Employment/Volunteering Bureau

Part of the Lancaster LAP pilot includes the establishment of an Employment/Volunteering Bureau, delivered by Age Concern, offering specific employment support to older people. This gives advice and support including:

- help in finding a new job;
- access to training and new skills;
- working with employers to improve prospects for older people;
- volunteering opportunities;
- time banks through the Volunteer Bureau;
- access to advice on welfare benefits;
- navigation to other services offering support, including self-employment.

The Volunteer Bureau and Employment Agency work in conjunction with each other. This has meant that there have been a number of volunteers who have consequently been offered paid employment in the same organisation.

Achievements include:

- helping 66 people into paid employment in a 12 month period (January 2007-January 2008);
- placing 126 volunteers;
- establishing a partnership with 67 local employers supporting the agency.

The activities developed to assist older people to re-enter the workforce are once again upstream activities universally applicable. Attempts to increase the rates of engagement in employment by older people can be regarded as having a twofold benefit – for the individual who remains economically active and for society which continues to benefit from an increased workforce at a time when this would otherwise be diminishing. Similarly, volunteering activities have a number of bonuses. Firstly, they provide useful occupation for the volunteer. Secondly, they are also a cost-effective way of providing small-scale support to other older people, for example with gardening or painting and decorating, which they would not otherwise receive. Thirdly, recent research has shown that there are physical health benefits associated with volunteering including the prevention of fall-related hip fractures (Warburton and Peel, 2008). Indeed, overall, research:

'... demonstrates that volunteering leads to better health and that older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities [such that]... those who volunteer have lower mortality rates, greater functional ability, and lower rates of depression later in life than those who do not volunteer.'

(Grimm *et al.*, 2007)

4.10 Welfare entitlements

A key aim of Government policy has been and remains the reduction and, ultimately, the elimination of pensioner poverty. Whilst acknowledging that poverty still affects one in five older people (ODPM, 2006, p. 37), pensioner poverty has decreased in recent years, such that in 2005 whilst 0.9 million pensioners were still living in absolute poverty, this has been reduced from 2.7 million in 1997 (HMG, 2005, p. 10). Even so, 20 per cent of pensioners were still living in relative poverty in 2003/04. On top of this, 16 per cent of pensioners are persistently poor; ethnic minority pensioners are more likely to be in low income households than white pensioners (29 per cent compared to 19 per cent); and women's income in retirement is on average only 57 per cent of men's (ODPM, 2006, p. 38). In addition, pensioners continue to have low take-up rates of income-related benefits (ODPM, 2006, p. 39). As well as this, 10 per cent of people aged over 50 and 14 per cent of people aged 80-plus are 'financially excluded' (Age Concern, 2008b).

Some 1.2 million pensioners (800,000 single and 400,000 couples) rely solely on the state retirement pension and state benefits (Help the Aged, 2008 p. 10). 2.2 million people (over one in five pensioners in Britain) live below the poverty line (£145 for single pensioners and £217 for a couple) (Help the Aged, 2008, p. 6). However, *'for the first time since records began – apart from one year at the height of unemployment in the early 1980s, pensioners are no longer more likely to be on a low income than the rest of the population'* (HMG, 2005, p. 10).

Government recognises that a decent income is essential in order to support the security, independence and opportunities of older people in retirement (Craig, 2004; HMG, 2005, p. 9; Burholt and Windle, 2006). As a means of combating income inequalities and levels of deprivation, Government plans to increase the take up of entitlements by older people (ODPM, 2006, p. 11), not least because pensioners have low take-up rates of income-related benefits; for example, in 2002/03 between £1.7 and £2.9 billion worth of means-tested benefits were estimated to have gone unclaimed (ODPM, 2006, p. 39). In addition, older people are able to benefit from a variety of concessions (travel, prescriptions) and savings/assets (DWP, 2005, p. 12).

A key aspect of LAP has been to encourage the take up of the welfare benefits to which older people are entitled (see Gibson-Ree, 2004). Examples of pilot sites that have developed initiatives to facilitate the uptake of benefit entitlements

include Devon, Gateshead, Gloucestershire, Nottinghamshire and Tower Hamlets. Examples from Gloucestershire, Nottinghamshire and Tower Hamlets are provided below.

Of these, **Gloucestershire's Village Agents** have played a central part in ensuring that older people receive their full benefits entitlement: As one older couple stated: *'we didn't know what we were entitled to before we meet the Village Agent.'* (GRCC, 2007). Village Agents have played a significant part in improving the uptake of benefit entitlements: *'the main advantage of [our] work with older people is making sure people were getting the money they were entitled to'* (Gloucestershire Village Agent, quoted in Wilson, 2008). Indeed, it has been estimated that the Village Agents have been responsible for accessing more than £6,000 per week in extra benefit claims (comprising Attendance Allowance (67 per cent), Pension Credit (17 per cent), Disability Living Allowance (11 per cent), Council Tax and Housing Benefit (five per cent). It has been estimated that this equates to over £310, 000 in extra benefits coming into the County per year (The Pension Service). Success has been, in part, due to the fact that the local Pension Service, with the older person's permission, contacts the older person directly following on from a referral.

Similarly, **Nottinghamshire First Contact** has helped to increase the take up of benefits: *'Over the past year the Local Pension Benefit take-up figures through First Contact amounted to £1292.87 per week with £9051.37 paid in arrears'* (see Ritters and Davis, 2007).

A further example is **Tower Hamlets Neighbours in Poplar** where its outreach workers have been able to support older people who were not otherwise being supported.

'There were problems in securing the support from a DWP pensions adviser to set up regular advice sessions and there have been some issues around supporting clients with their benefits claims. Clients often do not like having to discuss their finances with strangers and prefer Outreach Workers to fill in forms for DLA and attendance allowance. Two of the Outreach Workers are now being given training from the Disability Law Service to provide support in completing the forms.'

(Schlappa and Pitcher, 2008a, p. 25)

As is to be reported in the *Business Case for Linkage Plus* (Watt and Blair, 2009, forthcoming), in Tower Hamlets over 470 older people have been assisted with benefit take up with a weekly benefit claim of over £6,000 per week, whilst in Gloucestershire an additional 280 referrals have been generated resulting in 116 additional benefits claims, equivalent to over £6,000 per week. The LAP pilots have been able to demonstrate real increases in benefits uptake amongst older people.

4.11 Transport

A further area in which LAP has provided benefits for older people is in relation to transport. The relationship between transport and older people is one in which car ownership declines with increasing age; older women are less likely to have access to a car; and older people, specifically those over state pension age, are more reliant than younger people on public transport (ODPM, 2006, p. 87). As such, older people are considerably more likely to report difficulties accessing local amenities than the rest of the population with 46 per cent of older people in rural areas and those living in deprived areas saying that access to services is difficult (ODPM, 2006, p. 89). (See also Cattan, 2001; Manthorpe *et al.*, 2004; Clough *et al.*, 2007.) Consequently, *'a lack of mobility can prevent older people from participating in social activities and lead to low morale, depression and loneliness'* (ODPM, 2006, p. 88).

Government has recognised the barriers, particularly acute in rural areas, that a lack of transport creates to enabling older people to participate in society (HMG, 2005, p. 36). As part of its response, Government has provided local authorities with continuing freedoms and flexibilities in what they can offer by way of concessionary fares and made available nationally free off-peak local bus travel for those aged 60 and over across England (ODPM, 2006, p. 15).

A number of the LAP pilot sites have developed initiatives to assist older people with transport provision, including Gloucestershire and Nottinghamshire which are presented below.

In **Gloucestershire**, the **Village Agents** have assisted older people with transport, whether that be through organising volunteer drivers or getting a bus stop moved.

'Mrs P.. told me that while she was able to get to the Doctor's, as the bus would drop her off by the surgery, this wasn't a designated bus stop, so she was unable to catch the bus home as she couldn't walk to the official stop. I was able to put her in touch with a volunteer driver in X who is quite willing to take her to appointments.'

(Gloucestershire Village Agent, quoted in Wilson, 2008)

Indeed, Gloucestershire's Transport Procurement and Operations Manager has acknowledged the work of Village Agents in helping to identify where limited resources should be spent in order to get the most effective return:

'What we want to do is focus the finance we've got on the areas where it's giving most benefit to the people of Gloucestershire. The Village Agents can tell us where the people want to travel and when they are likely to travel, so we can focus our resources on those journeys, times, routes; where we can get most return for the investment the County's putting in.'

(GRCC, 2007)

In Nottinghamshire, a taxi vouchers scheme was instigated – **Nottinghamshire 50plus Transport Vouchers Scheme**. However, the scheme has not been carried forward in its current form beyond the end of the piloting because of cost and other considerations. When in operation, the taxi vouchers scheme was available to residents in the county aged over 50 and who could not access or undertake certain services or activities without additional help, in particular those who:

- struggled to use public transport;
- had no access to a car or voluntary car driver;
- were not regular Dial-A-Ride users.

Residents were issued with two £5 vouchers per month to use towards the cost of a return taxi journey. By the end of May 2007, there were over 3,000 people registered with the scheme. Taxi journeys needed to start in Nottinghamshire but could go out of the county. Only one £5 voucher could be used per journey. 39 taxi companies participated in the scheme. From June 2007 to the end of February 2008, 4,157 return journeys had been made by those registered with the scheme. The scheme received very positive feedback from service users who said that the scheme had enabled them to become more independent, more able to access medical treatment/doctors/dentists, more able to visit family and friends, and more able to attend leisure or social events. It is therefore unfortunate that the scheme has not been able to be continued beyond the end of the piloting in its current form due to being a 'victim of its own success' whereby demand made the scheme too costly for the funding arrangements under which it was set up. However, this pilot initiative still provides very useful learning and lessons, not least that older people very much welcome flexible transport support. What arguably now needs to happen is for local authorities and government to take on board the lesson that this type of transport provision is popular and to investigate whether more sustainable funding models are feasible – as, indeed, is happening in Nottinghamshire.

Without effective transport arrangements older people are at serious risk of social exclusion (Banister and Bowling, 2004; DoT, 2001; Gilhooly *et al.*, 2005; Priestly and Raibee; 2002; Smith *et al.*, 2006; SEU, 2003 and 2005; Sykes *et al.*, 2006). Vulnerability to social exclusion because of transport barriers increases with age. As people grow older, they are increasingly reliant on public or community transport in order to allow them to shop, to visit friends, to access healthcare, to enjoy leisure activities and so forth. As such, the LAP pilots' provision of taxi vouchers and volunteer drivers is in line with other research findings which have stated that concessionary travel and volunteer transport schemes are popular and effective approaches to assist older people along with other initiatives such as affordable, accessible and reliable public transport (not least in rural areas) (Priestly and Raibee; 2002; Smith *et al.*, 2006). Transportation is probably the key universal service that benefits all older people and promotes their independence; an excellent example of upstream support for older people.

5 Positioning LAP pilot activities within the triangle of care

In Chapter 3, the triangle or continuum of care was presented. This model suggested that services for older people need to be focused on promoting the wellbeing of all older people instead of concentrating over much on acute care and the frailest elderly (Association of Directors of Social Services (ADSS)/Local Government Association (LGA) (ADSS/LGA, 2003, p. 16)). A Sure Start to Later Life acknowledged this need for a shift in emphasis to preventative services, or 'Inverting the Triangle of Care' (Office of the Deputy Prime Minister (ODPM) (2006, p. 28)). Therefore, having described LinkAge Plus (LAP) pilot activities and their benefits for older people, the report now returns to the triangle of care (TOC) in order to explore the possibilities of where within it one might position LAP pilot activities. This is done by:

- identifying where within the TOC specific LAP pilot activities should be placed;
- evaluating where as a whole LAP should be placed within the TOC.

As described in Section 4.3, the social benefits of LAP are centred particularly on combating social exclusion. The examples of Tower Hamlets' Neighbours in Poplar and Lancaster's Care Navigator were considered, both being initiatives to militate against the possibilities of older people's social exclusion. As such, it could be argued that these LAP pilot activities should be placed at the top of the inverted TOC (that is, the base of the triangle), representing interventions focused on the population of older people as a whole (see Figure 5.1). In Section 4.4, a number of LAP initiatives intending to help older people feel **safe and secure** have been explored. These include Nottinghamshire's Golden Gardening scheme which not only keeps older people's homes in good order but also reduces their fears of vulnerability to crime. Nottinghamshire's First Contact (FC) provides a variety of

support to older people, including facilitating the installation of smoke alarms whilst Gateshead's involvement in the Safety Works development very much focuses on prevention and promoting independence (ADSS/LGA, 2003; Curry, 2006). Other initiatives with a focus on older people's safety and security include Nottinghamshire's Preventative Adaptations Scheme and Handy Person Services. Both of these initiatives support people to remain living in their own homes as does Salford's Housing Options. Overall, many of these LAP pilot activities are focused at the 'top end' of the inverted TOC, supporting older people who are only at low or moderate risk at the most.

Regarding the **physical benefits** of LAP pilot activities for older people covered in section 4.5, various pilots have developed both physical activity sessions, such as Salford's Healthy Hips and Hearts and Tower Hamlets' activity and exercise sessions, and specific falls prevention activities, for example in Gateshead, Salford and Tower Hamlets. These LAP pilot activities have been directed very much at early prevention and the promotion of independence. Other activities related to physical health have included specific outreach work where older people have been assisted in being referred to appropriate health services, for example by Gloucestershire's Village Agents. These latter initiatives are very much more focused on older people who could be described as needing quite substantial care and support whereas others would be positioned at the top of the inverted TOC, offering support to the general older population.

A considerable number of the LAP initiatives developed across the eight pilot sites, and not just those presented in this report generally or specifically in Section 4.6, have a **mental health benefit** for older people. The activities which promote the social inclusion of older people; which provide older people with a sense of safety and security; that support older people to remain in their own homes; that build up older people's self esteem through providing work, volunteering, leisure and learning opportunities; as well as initiatives that maximise older people's income, for example by making sure they obtain all the welfare and other benefits to which they are entitled; and which assist older people's mobility and transportation, all have an impact on older people's mental health. Many of these would be categorised as providing support for older people who are at little risk or, perhaps, low to moderate risk. The specific examples given in section 4.6 are directed at older people at moderate to substantial risk and even in some cases individuals with complex mental health needs, for example Devon's Deep Outreach Mentoring service.

As described in Sections 4.7 and 4.8, a number of **education and lifelong learning** and **leisure** opportunities have been developed in LAP pilot sites, including Lancaster's Senior Learners Programme, Nottinghamshire's IT Champions and Community Computers, Salford's Creative Start 50+, Tower Hamlets' Reminiscence Sessions, gardening activities and support in a number of pilot sites, various leisure opportunities in Tower Hamlets' and Leeds' Network Centres, Tai Chi classes in Gateshead and Gloucestershire and others. Indeed, as noted earlier, even multi-generational roller skating has been developed in one pilot site,

Gloucestershire. Some of these will have a direct bearing on older people's physical and mental health as well as on their social inclusion. As such, these activities can be variously classified as supporting the general population of older people as well as those at low to moderate risk.

In Section 4.9, the **employment benefits** to older people were set out along with examples from LAP pilot sites of various projects which have been developed to facilitate older people's return to work or in taking up volunteering activities. These included Gateshead Timebank, Lancaster's employment bureau and Tower Hamlets' outreach workers' employment advice centres. The support provided to older people to re-enter the world of work or to take up volunteering activities can be constructed as upstream activities in that they aim potentially to support all older people seeking work opportunities. However, as with other initiatives, they can also be regarded as supporting older people who might otherwise be at low to moderate risk.

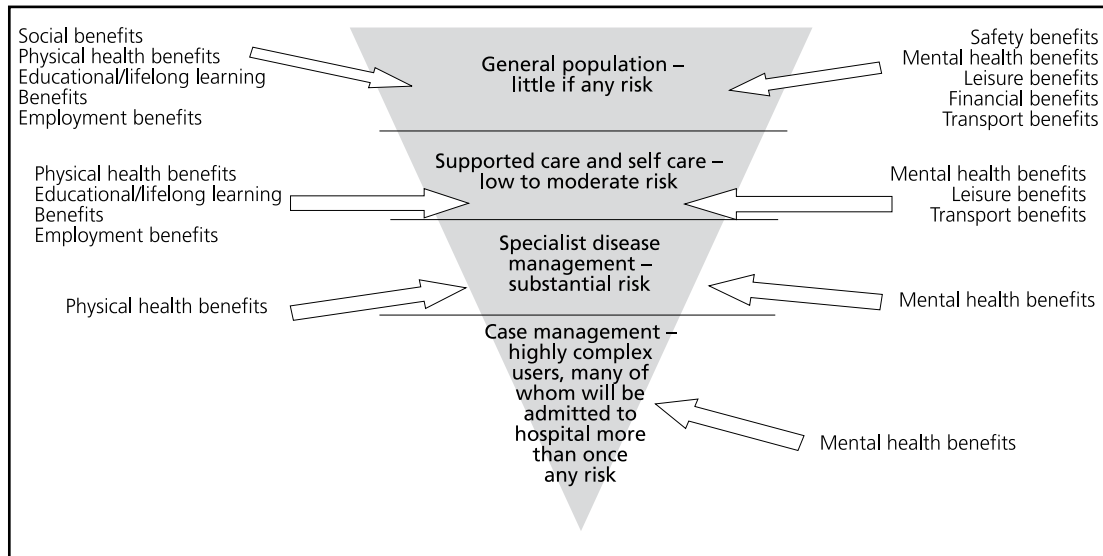
As presented in Section 4.10, tackling pensioner poverty remains a key focus of Government policy and this is reflected in the initiatives of some of the LAP pilot sites, including the initiatives to promote the uptake of welfare benefits in Devon, Gateshead, Gloucestershire, Nottinghamshire and Tower Hamlets. These initiatives to maximize older people's legitimate incomes can be seen very much as upstream activities that can potentially support all older people.

Transport is the final benefit for older people that has been examined in this report, in Section 4.11. Intrinsically important in itself, transport is also key to ensuring that older people can access all other amenities. When one bears in mind older people's relative low levels of car ownership and that older people in rural areas cannot necessarily rely particularly on effective public transport systems, initiatives to assist older people with alternative transport arrangements are worthwhile. In relation to the triangle of care, similar to other benefits, transport is a benefit that potentially supports the general population of older people as well as assisting those with needs that are of a moderate and substantial nature.

In general, this review of LAP pilot activities and their relationship to the triangle of care would suggest that LAP is developing 'upstream' services and innovative practices that promote the wellbeing of older people by providing 'that little bit of help' in relation to social inclusion, safety and security, physical and mental health, learning, leisure, work and volunteering, finances and transport.

Overall, this would suggest that, in the main, LAP initiatives are concentrated on the general older population, as one would expect, and those at low or moderate risk (see Figure 5.1). Therefore, notwithstanding that some LAP pilot activities also focus on older people in substantial risk, one can conclude that LAP is indeed focusing on upstream, preventative, wellbeing promoting activities situated at the top (base) of the (inverted) triangle of care (see Figure 5.1).

Figure 5.1 Mapping LAP projects within the triangle of care



6 Measuring the impacts

Any analysis of the impact of LinkAge Plus (LAP) pilot activities is faced with the difficulties of quantifying this sort of preventative, upstream activity. As the Audit Commission has stated recently, *'mechanisms for evaluation are poorly developed. Even councils with well-developed strategies for an ageing population [struggle] to link expenditure to outcomes, and demonstrate value for money'* (Audit Commission, 2008, p. 25).

Even so, some evaluation is possible when one returns to the aims and objectives stated at the outset of Part 2 of this report, namely the extent to which LAP has:

- promoted independence, active citizenship and participation of older people;
- helped to develop integrated services to the benefit of older people;
- focused services for older people towards wellbeing and preventative services provision as opposed to focusing (solely or mostly) on acute services for the most vulnerable and dependent older people;
- reported on and evaluated examples of 'small scale' interventions and initiatives and how they have benefited older people;
- reported on the extent to which the individual needs of older people are being met by developments emanating out of LAP;
- contributed to the evidence base of the merits of LAP.

6.1 Promoting independence

Many of the LAP pilot activities have directly and indirectly promoted older people's independence (or attempted to lessen their dependence). Borrowing from Wistow (2003), older people's social inclusion is key to promoting their independence and maintaining their good health. The *English Longitudinal Study of Ageing* (ELSA) identified seven types of relationships and services that are meaningful indicators of the social inclusion of older people. These are social relationships, cultural and leisure activities, civic activities, basic services (health services, shops), neighbourhood inclusion (feeling safe), financial products, and material goods (see Marmot, K. *et al.*, 2003).

In Chapter 4 we have seen examples of LAP activities across the eight pilots that have promoted older people's social inclusion, independence and wellbeing. We have seen examples within the LAP pilots of activities which other research and policy documents have identified as both necessary and effective in:

- promoting older people's safety:
 - with the installation of smoke detectors and the benefits that this brings in saving lives and resources (Office of the Deputy Prime Minister (ODPM), 2006; Department for Work and Pensions (DWP), 2007; Watt and Blair, 2009, forthcoming);
 - with home security advice and support – helping older people both to be safer and to feel safer (HM Government (HMG), 2006);
- supporting older people to remain living in their own homes:
 - via housing advice and support (Department of Communities and Local Government (DCLG), 2008);
 - through preventative adaptations (Curry, 2006, DCLG, 2008a);
 - through support with small repair tasks (Clark *et al.*, 1998; Age Concern, 2008b);
 - through assisting with gardening (Milligan *et al.*, 2003; Richards, DATE; Sempik *et al.*, 2005);
- providing education and learning opportunities – not something where older people have good take up rates (Aldridge and Tuckett, 2007; Help the Aged, 2008) but relevant to older people's mental health (Withnall, 2002);
- developing leisure opportunities (Secker *et al.*, 2005; White and Angus, 2003);
- assisting with work and volunteering opportunities – which have a positive bearing on older people's physical and mental health (Grimm *et al.*, 2007; Warburton and Peel, 2008);
- supporting the take up of welfare benefits – to ensure that older people have the incomes to which they are entitled (ODPM, 2006);
- providing accessible transport – which is key to older people's independence (Banister and Bowling, 2004; DoT, 2001; Gilhooly *et al.*, 2005; Priestly and Raibee, 2002; Smith *et al.*, 2006; SEU, 2003 and 2005; Sykes *et al.*, 2006).

6.2 Developing integrated services

Clear examples of partnership working between agencies and sectors to develop integrated services for older people have been presented in this report as well as in the first themed report (Ritters and Davis, 2008). Government has promoted partnership working generally (see Audit Commission, 1998; Newman, 2001) not least because of the efficiencies and greater effectiveness that partnership working brings (see Milgrom and Roberts, 1992; Watt and Blair, 2008, forthcoming). LAP

pilot sites have developed integrated services or approaches in a number of ways to support older people. This has resulted in agencies working together and linking up existing and new provision so that older people are able to access services through single access points. Some examples of this include activities that ensure older people:

- are safer – through LAP pilot local authorities working with the:
 - fire and rescue service on fire safety and fire prevention (ODPM, 2006; DWP, 2007; Watt and Blair, 2009, forthcoming);
 - voluntary sector and volunteers in outreach work to identify older people who require support and then signposting or referring the older person on to the appropriate service (see Schlappa and Pitcher, 2008b; Wilson, 2008);
- are healthier – with LAP pilots working:
 - physiotherapists, gyms, and residential homes to develop physical exercise activities;
 - local health service providers to ensure older people are referred to the appropriate service and are able to access provision;
- are ‘wealthier’ – through LAP pilot local authorities working with the local pension service offices to maximise benefit take up (Watt and Blair, 2009, forthcoming);
- have access to education and lifelong learning – through LAP pilots working with universities and arts providers to provide a variety of learning opportunities;
- are more mobile – due to LAP pilots: working with public transport providers, volunteers and private taxi firms to provide accessible transport.

6.3 Focusing on wellbeing and prevention

As the discussion in Chapter 5 on the positioning of LAP within the triangle of care has demonstrated, many of the LAP pilot activities are focused on promoting older people’s wellbeing and preventing older people slipping into substantial risk situations. In terms of older people’s wellbeing, LAP pilots have initiated a number of activities that have promoted older people’s wellbeing in terms of their:

- physical health:
 - through physical activity initiatives – which other research indicates is beneficial to older people’s health (Tolley and Atwal, 2003; Curry, 2006; Friedman *et al.*, 2006; Parmeshwar, 2004);
 - through falls prevention work – which may be effective either as single activities or as part of a multi-factorial strategy (Curry, 2006; Friedman *et al.*, 2006; Parmeshwar, 2004);

- through outreach work that has resulted in older people being referred to local health services where appropriate (Wilson, 2008);
- mental health:
 - specifically, through activities such as outreach work;
 - generally, through initiatives that promote social inclusion (Curry, 2006; Godfrey *et al.*, 2005; Rankin, 2005; Sayce, 2000; Schneider and Bramley, 2008; SEU, 2004).

6.4 Small scale interventions to meet older people's individual needs

LAP pilots have developed a number of small scale initiatives that older people have very much welcomed (see, for example, Schlappa and Pitcher, 2008b; Wilson, 2008). Significant examples that other research and Government have recognised as important and effective are the type of interventions that make up the 'little bit of help' (Association of Directors of Social Services (ADSS)/Local Government Association (LGA), 2003; Clark *et al.*, 1998) that older people value, such as help with:

- aids and adaptations (Curry, 2006, DCLG, 2008a);
- small household repairs (recognised by Clark *et al.*, 1998; Age Concern, 2008b);
- gardening (Milligan *et al.*, 2003; Richards, 2005 and 2006; Sempik *et al.*, 2005);
- leisure and educational sessions (Secker *et al.*, 2005; White and Angus, 2003).

These small scale interventions are frequently filling a void by meeting individual needs that previously statutory services (social services, adult education and public transport, for example) would have been expected to meet – for example domestic tasks and educational and leisure activities (see Clark *et al.*, 1998; Curry, 2006; Wistow *et al.*, 2003). In addition, LAP pilots have provided examples of new service provision, or bespoke services to meet particular older people's needs – such as minority ethnic groups and gender specific provision.

6.5 Developing the evidence base of the benefits of LAP

This is the second of three themed reports based on the national evaluation of LAP. The first themed report (Ritters and Davis, 2008) presented interim findings in relation to information and access under the LAP programme. The third report, due in early 2009, will look at the benefits of the LAP approach for engagement, capacity building and commissioning. In addition, Watt and Blair (2009, forthcoming) have analysed the evidence for the business case for LAP.

This themed report contributes to the evidence base of LAP in a number of ways. In particular, this themed report adds to the evidence base in that it:

- applies the triangle of care as a means of understanding what types of activities can be employed to support older people's independence and wellbeing;
- builds on and develops the case for upstream, small scale interventions that promote older people's independence, wellbeing and social inclusion.

LAP pilot activities are demonstrating the value of the approach suggested by ADSS/LGA (2003), Clark *et al.* (1998) and Curry (2006) as well as Government itself (HMG, 2005; ODPM, 2006) that small scale, upstream activities can be of benefit to older people who might not otherwise receive support until they are judged to be in significant need (see Chapter 5).

In addition, as has been presented in Sections 6.1 to 6.4, LAP pilot activities are adding to the evidence base of the benefits of a range of upstream, small scale interventions that can be employed to:

- promote older people's social inclusion;
- promote older people's safety;
- support older people in remaining in their own homes;
- promote physical health;
- support older people's mental health;
- provide older people with education and learning opportunities;
- develop leisure opportunities;
- promote work and volunteering opportunities;
- support the take up of welfare benefits;
- promote accessible transport.

7 Conclusions

The eight LinkAge Plus (LAP) pilots have now come to an end but in many cases, projects and activities set up under LAP will continue with local funding. Each pilot has a local evaluation team which in general have reported in the autumn of 2008. A final national evaluation report is due to be published in March 2009.

This report sets out some of the interim findings in relation to the benefits for older people of the LAP programme. There are many good examples of similar schemes to the ones we have highlighted across the whole programme and the examples presented in this report are, therefore, no more than that.

LAP has provided the pilot sites with opportunities to put in place initiatives that for the most part provide that 'little bit of extra help' that is vital for promoting older people's wellbeing. These activities are ones which are no longer necessarily part of statutory mainstream provision. Statutory agencies have increasingly concentrated on meeting the needs of those older people most substantially at risk, at the expense of providing the preventative support that promotes older people's general wellbeing.

LAP has allowed the pilot sites and their partners to develop initiatives that help to prevent older people's social exclusion, that allow older people to feel safer and more secure, that promote their physical and mental health (such as exercise classes and educational and leisure activities), that support them to remain living at home (such as help with domestic tasks and gardening), that facilitate their re-engagement in employment where appropriate, that ensure they are receiving all their financial entitlements, and that ensure that they have the necessary transport to undertake their daily tasks. LAP pilot sites have therefore developed services that have filled the gap at the top of the triangle of care in order to ensure that older people *'get a sure start to later life'*. As Curry (2006, p. 34) has observed, *'... older people... stress that it is the small things that make the difference and keep them out of hospital, delay deterioration and delay institutionalisation'*. On the basis of the evidence from the work of the LAP pilot sites, this is something with which we would concur.

Appendix A

The LinkAge Plus pilot programme and its evaluation

Pilot areas

Eight LinkAge Plus (LAP) pilot areas have been selected by the Department for Work and Pensions (DWP) using a range of publicly available metrics. The chosen areas are a mixture of:

- urban and rural settings;
- differing populations (densities, deprivation, ethnicities, health, etc.);
- differing economics (unemployment, home ownership, industry, etc.);
- single and two-tier local government areas;
- existing initiatives;
- performance levels.

The eight pilot areas are:

- Devon;
- Gateshead;
- Gloucestershire;
- Lancaster;
- Leeds;
- Nottinghamshire;
- Salford;
- Tower Hamlets.

Evaluation

As part of their agreements with DWP, each pilot has appointed a local evaluator to give an overall and ongoing view on how its pilot activity has contributed to effective service delivery. The appointed local evaluators are:

- Devon – Peninsula Medical School and Peter Fletcher Associates;
- Gateshead – Peter Fletcher Associates;
- Gloucestershire – Institute of Local Government Studies, University of Birmingham;
- Lancaster – Lancaster University;
- Leeds – Institute of Health Sciences and Public Health Research, University of Leeds;
- Nottinghamshire – In-house and Nottingham Trent University;
- Salford – Manchester Business School, University of Manchester;
- Tower Hamlets – Aston Business School, Aston University.

In compiling this report, reference has been made to the work of local evaluators, as well as the national evaluation team's own unpublished and published work, together with so far unpublished work commissioned by DWP. We are grateful to pilot leads, local evaluators and the DWP for sharing this work with us for the purposes of this report.

The national evaluation team has been working directly with pilot leads, local evaluators and the DWP through a series of Evaluation Workshops, as well as engaging with Programme Board, Steering Group and other DWP led events. The national evaluation team has also undertaken a series of visits to pilot organisations, including a series of interviews with key stakeholders, in the summer of 2007 and again in 2008. This thematic report forms part of the output of that National Evaluation programme. Other papers include:

- Davis, H. and Ritters, K. (2007) *LinkAge Plus National Evaluation Team Interim findings – September 2007*, Warwick: Warwick Business School, <http://www.dwp.gov.uk/asd/asd5/WP42interim.pdf>
- Hilton, J. (2008) *Streamlining the assessment of Attendance Allowance applications with social care assessment: an evaluation of two London pilots*, Research Report No 534, London: DWP <http://www.dwp.gov.uk/asd/asd5/rports2007-2008/rrep534.pdf>
- Ritters, K. and Davis, H. (2008) *Access to information and services for older people – the joined-up approach*, Working Paper No. 53, London: DWP – <http://www.dwp.gov.uk/asd/asd5/WP53.pdf>
- Watt, P. and Blair, I. with Davis, H. and Ritters, K. (2007) *Towards a Business Case for LinkAge Plus*, Working Paper No. 42, London: DWP, <http://www.dwp.gov.uk/asd/asd5/WP42.pdf>

- Watt, P. and Blair, I. (2009, forthcoming) *LinkAge Plus: The Business Case*, London: DWP.
- Willis, M. and Dalziel, R. (2009, forthcoming) *Capacity Building*, London: DWP.

The national evaluation's end of project final report is due to be published in March 2009. It will give an overview of programme activity and will identify and help share good practice as well build an evidence base for the LAP approach.

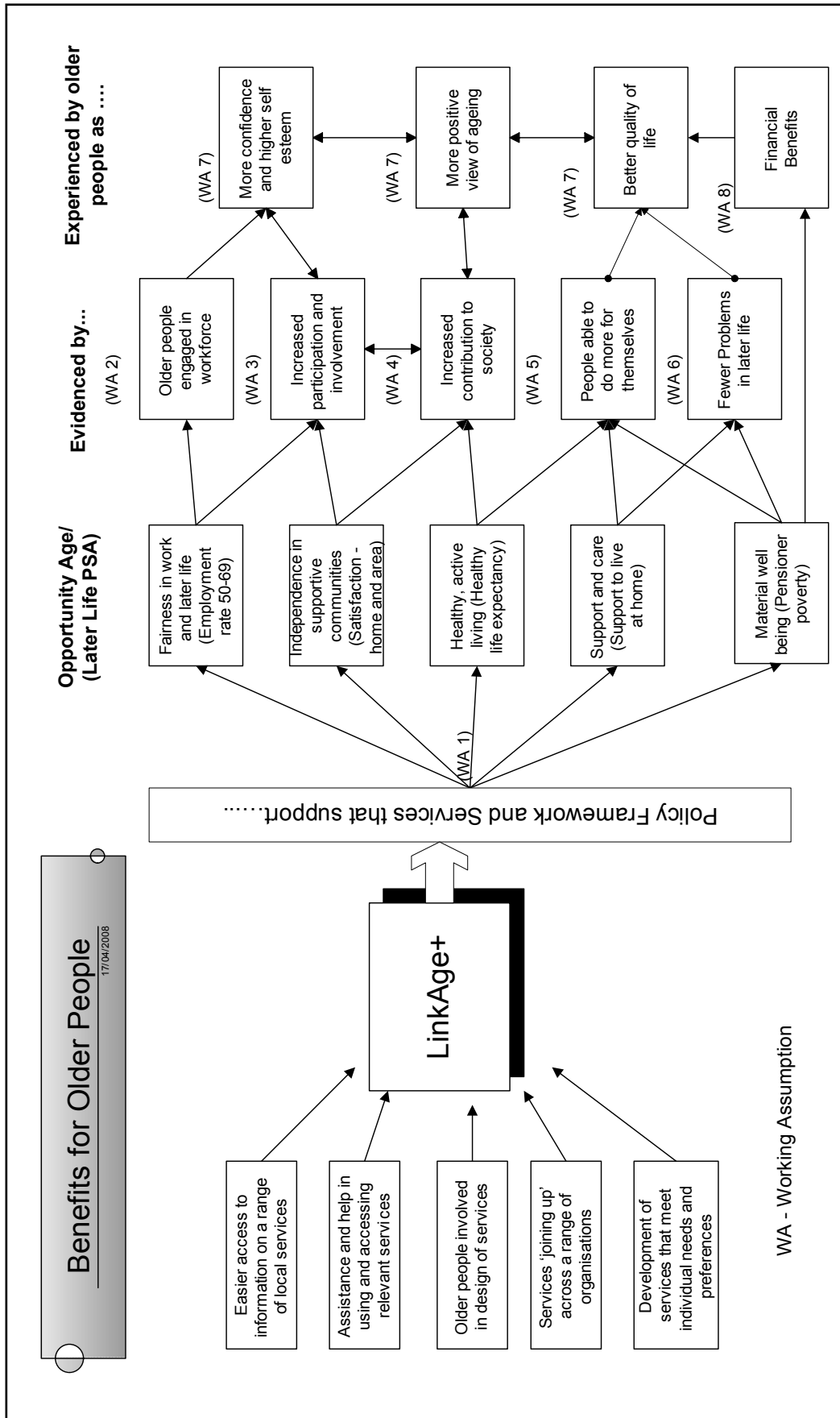
National evaluation working assumptions

As part of the national evaluation a number of working assumptions have been set out as to how LAP may benefit older people and organisations. Over the course of the pilot we have been carrying out stakeholder interviews and reviewing evidence from a variety of sources to determine how far the LAP approach is leading to these outcomes.

Benefits for older people

Our working assumptions as to the benefits of LAP to older people are set out in Figure A.1.

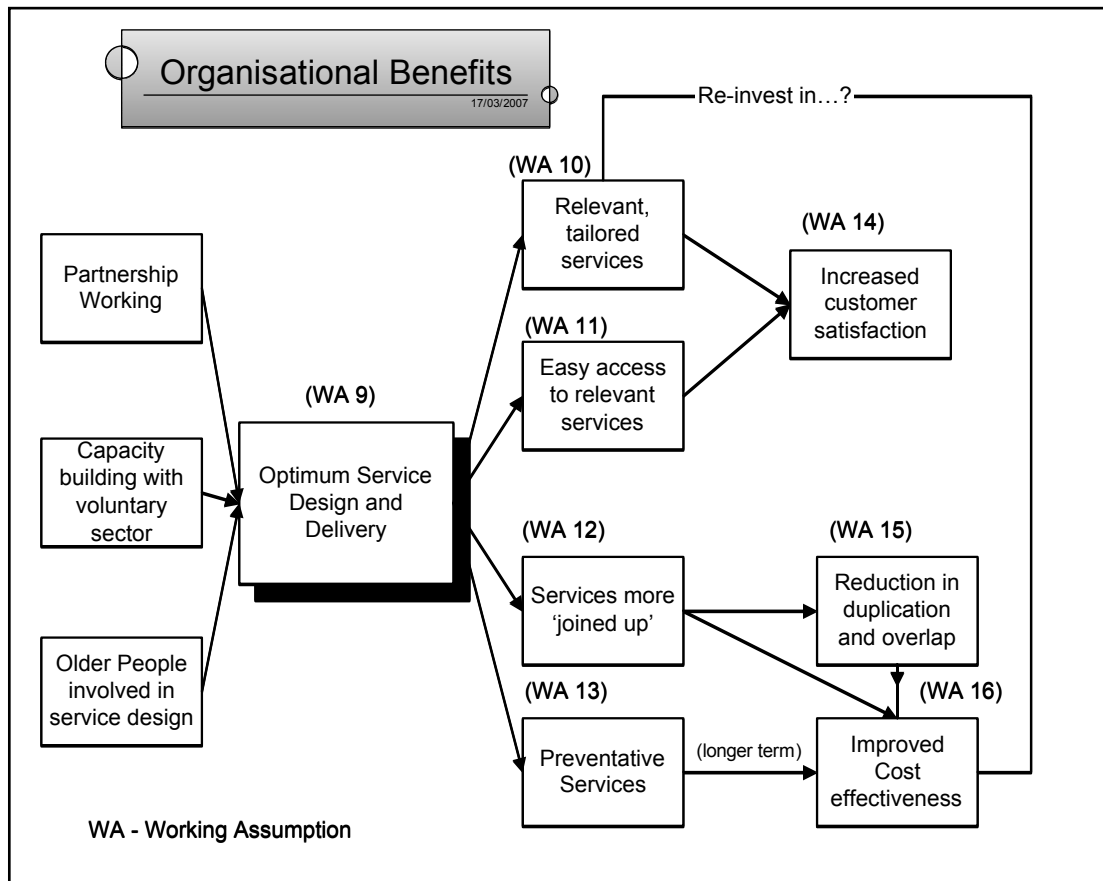
Figure A.1 Benefits for older people



Organisational benefits

The working assumptions of the benefits to organisations and service users of the LAP approach are set out in the Figure A.2:

Figure A.2 Organisational benefits



Appendix B

LinkAge Plus themes and benefits for older people

Table B.1 LinkAge Plus themes and benefits for older people

| Theme in Benefits for Older People Report | Working Assumptions of Benefits for Older People | Audit Commission/ BGfOP (2004) 'Older People – Independence and Wellbeing: The Challenge for Public Services | JRF (2005) The Older People's Enquiry – 'That little bit of help' | Opportunity Age (2005) | Wanless Review (Curry, 2006) | Sure Start to Later Life (2006) |
|---|---|--|---|--|--|---------------------------------------|
| Social | Increased participation and involvement (WA 3) Increased contribution to society (WA 4) People able to do more for themselves (WA 5) Fewer problems later in life (WA 6) | social activities, social networks and keeping busy 'safe neighbourhoods' | friendships safe neighbourhood | social contacts active role in society safe at home and on the streets | fear from crime and fear of crime | social activities social inclusion |
| Safety | Policy framework and services that support 'Opportunity Age' outcomes (WA 1) People able to do more for themselves (WA 5) Fewer problems later in life (WA 6) | housing | comfortable and secure home | housing | home adaptations fear from crime and fear of crime gardening | safe environment decent homes |

Continued

Table B.1 Continued

| Theme in Benefits for Older People Report | Working Assumptions of Benefits for Older People | Audit Commission/ BGFOP (2004) 'Older People – Independence and Wellbeing: The Challenge for Public Services | JRF (2005) The Older People's Enquiry – 'That little bit of help' | Opportunity Age (2005) | Wanless Review (Curry, 2006) | Sure Start to Later Life (2006) |
|---|--|--|---|---|--------------------------------------|---------------------------------|
| Health and healthy living | People able to do more for themselves (WA 5) Fewer problems later in life (WA 6) More positive view of ageing – better quality of life – more confidence and higher self esteem (WA 7) | health and healthy living | keeping active and healthy | health, healthy active living care Support and care | access to health and social services | health and social care |
| Education and lifelong learning | Increased contribution to society (WA 4) People able to do more for themselves (WA 5) | | learning and leisure | learning volunteering | leisure services gardening | lifelong learning volunteering |
| Leisure | Increased contribution to society (WA 4) People able to do more for themselves (WA 5) | | learning and leisure | learning volunteering | leisure services gardening | lifelong learning volunteering |
| Work | Older people engaged in the workforce (WA 2) Increased contribution to society (WA 4) People able to do more for themselves (WA 5) | | | work/employment fairness in work and later life volunteering | | volunteering |

Continued

Table B.1 Continued

| Theme in Benefits for Older People Report | Working Assumptions of Benefits for Older People | Audit Commission/ BGfOP (2004) 'Older People – Independence and Wellbeing: The Challenge for Public Services | JRF (2005) The Older People's Enquiry – 'That little bit of help' | Opportunity Age (2005) | Wanless Review (Curry, 2006) | Sure Start to Later Life (2006) |
|---|--|--|---|------------------------------|------------------------------|---|
| Income/ welfare entitlements | Financial benefits (WA 8) | income | adequate income | income material wellbeing | | income to combat poverty finance and benefits |
| Transport | People able to do more for themselves (WA 5) | mobility | ability to get out and about | transport | transport | transport |

Appendix C

Working assumptions, benefits for older people and LAP pilot examples

Table C.1 Working assumptions, benefits for older people and LAP pilot examples

| WA | LAP benefits for older people | LAP pilot examples |
|------------------------------|--------------------------------------|--|
| WA 3 WA 4 WA 5 WA 6 | Social benefits | All Devon Senior Council Nottinghamshire (OPAG) – already established Gateshead Older People's Forum Salford Older People's Forum (To be considered in Third Thematic Review) |
| WA 1 WA 5 WA 6 | Safety | Gateshead – gardening etc. Gateshead – link up Gateshead Gateshead – safety works Gateshead – fire safety sessions Gloucester – Village Agents Nottinghamshire – First Contact Nottinghamshire – gardening, etc. schemes Salford – Contract Centre |
| WA 5 WA 6 WA 7 | Physical health | Gateshead – health and wellbeing Gateshead – Healthier Eating Nottinghamshire Activity Friends Salford – Healthier Hips & Hearts Tower Hamlets Network Centres |
| WA 5 WA 6 WA 7 | Mental health | Devon – mentoring and outreach Gateshead – link up Gateshead Gloucester – Village Agents and social isolation Nottinghamshire Activity Friends Nottinghamshire – community outreach workers Tower Hamlets – outreach work |
| WA 4 WA 5 | Educational and lifelong learning | Gateshead – older evaluators Gateshead – safety works Lancaster – Senior Learners Programme Leeds – network centres Leeds – older evaluators Leeds – volunteering Nottinghamshire – activity friends Salford – creative arts Tower Hamlets – network centres Tower Hamlets – reminiscence Salford, Nottinghamshire, Gateshead – ICT Training |

Continued

Table C.1 Continued

| WA | LAP benefits for older people | LAP pilot examples |
|----------------------|--------------------------------------|--|
| WA 4 WA 5 | Leisure | Gateshead – Tai Chi Lancaster – volunteering bureau Salford – creative arts Tower Hamlets – network centres Tower Hamlets – reminiscence |
| WA 2 WA 4 WA 5 | Work | Lancaster – employment bureau Tower Hamlets – employment advice centres by outreach workers |
| WA 8 | Income/welfare entitlements | Devon Gateshead Gloucestershire – Village Agents Nottinghamshire – First Contact Tower Hamlets |
| WA 5 | Transport | Nottinghamshire – taxi voucher scheme Gloucestershire – Village Agents |

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