

Enable Age



The ENABLE-AGE
Project

Enabling Autonomy, Participation, and Well-Being in Old Age: The Home Environment as a Determinant for Healthy Ageing



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ENABLE-AGE UPDATE REVIEW

NATIONAL REPORT UNITED KINGDOM

(D9, BASED ON WP7)

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PREFACE

This report is based on data collected within the ENABLE-AGE Project, conducted during the period 2002-01-01 to 2004-12-31. The project was sponsored by the European Commission within Framework Five (QLKG-CT-2001-00334) and involved six partner universities in five countries: Sweden, Germany, the United Kingdom, Hungary, and Latvia.

The ENABLE-AGE Project was very comprehensive, and during the project process high quality data collection and preliminary analyses were prioritised. Given the three-year time frame for the project, within this period it was only possible to present raw data material and basic analyses. This report comprises such preliminary results from the ENABLE-AGE Survey Study at the first measurement occasion, aiming at giving a first impression of the potential for further analyses and forthcoming scientific publication.

During several years to come, the ENABLE-AGE consortium will engage in scientific publication of the results, based on the ENABLE-AGE Survey Study, In-depth Study, and Update Review. Forthcoming publications will be listed at the ENABLE-AGE Project website, <http://www.enableage.arb.lu.se>.

DISCLAIMER

Every effort has been made to ensure that the information contained in the present report is correct or is a reasonable interpretation of the current national situation. The reader is nevertheless reminded that legislation, policies and other relevant information are ever changing and evolving, and that the report may contain some errors. The time of finalising the writing is May 2004.

UK WP7 Update Review summary

The UK offers a range of different housing accommodations to older people, from ordinary housing, to 'sheltered housing', 'very sheltered housing', 'close care housing' and care homes. As 80% of older people prefer to live independently in their own home, a majority of older people live in ordinary housing, with 67% of those aged 65+ being homeowners and just over 30% living in rented accommodation. However, 40% of the over 65 age group live in unfit housing, despite a decreasing number of unfit dwellings in recent years. Other housing options available include sheltered housing, a 'barrier-free', more manageable accommodation purposely designed for the over 65, promoting independent living and providing added security; very sheltered housing or extra care housing, a similar concept which provides additional support and services. Approximately 5% of the older generation live in this type of housing and the Department of Health recently announced plans to create a further 1,500 extra care housing places.

Housing policy objectives are to provide decent housing for all, social cohesion, well-being and independence. Healthcare policies are oriented towards a better provision of rehabilitation services and long-term care at home with assistive devices or home adaptations. Community care policies emphasise on the ability to stay put and age in one place. As recent research observed a link between health and housing, suggesting that housing providers could contribute to improving the health of local communities and reducing health inequalities, as better housing promotes better health, this correlation has inspired a more integrated approach to the needs of older people, with policies and strategies, such as Health Improvement Programmes now bringing together health/social care, education, housing, transport and police services in order to meet the needs of older people.

Legislation and regulation relating to accessibility do not specifically address the accessibility issue, but focus on disability (accessibility for disabled people) or building issues. Building regulations have been up-dated over the last decade to ensure that public and non-domestic (existing and new) buildings are accessible to disabled people, within which group older people are to be included. Standards and regulations also apply for the design of accessible private houses; however, progress still remains to be done for the creation of regulations/standards, which specifically relate and consider the needs of older people. Home improvements and adaptations may be funded by the local authority through various grants; interests-only loans; and equity release, which is encouraged though it is in a developing stage and lacks in popularity amongst older people.

Although older people's situation in the UK has improved over the last twenty years, some findings still demonstrate that the situation of older people is not optimal and key areas of concern remain, especially in relation to age discrimination and housing issues. Other key issues in relation to older people in the UK include: poor/inappropriate housing; poverty; lack of consideration for special groups including ethnic minorities, women and those suffering from dementia; negative attitude of society; lack of information; social exclusion; fear of crime; insufficient transport; lack of speedy; convenient and specialized health care.

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1. National background information

In order for the present report to reflect an accurate account of the housing legislation, policies and other issues relating to older people in England, it is first necessary to understand how the United Kingdom (UK) government functions.

The UK is a constitutional monarchy governed by ministers on behalf of the Queen. It is a state constituted of four nations, namely England, Wales, Scotland (together also referred to as Great Britain) and Northern Ireland (NI). In 1997, on the ascension into power of the present New Labour party, major constitutional reforms were initiated that have altered the fabric of UK government since. Indeed, prior to 1997, the UK central government, based in Westminster, England, ruled over the four nations. However, today, the constitutional reforms have led to the decentralization of power in giving Wales and Scotland political and legislative powers to a degree, and in engaging in a similar process for the more complex NI, thus spelling a greater autonomy for these nations. In England, devolution is also in progress through the regionalization of the country (see Appendix 2 for further details).

In essence, the UK now functions through a central government, to which a system of regional and local government is subordinated. Understanding this system is crucial for future policy recommendations in order to make the latter relevant, effective and enforceable at both local and regional levels in the UK.

The report, overall, focuses primarily on the situation in England, as it is where the Enable Age study has been conducted, therefore information regarding Scotland, Wales and NI will not be individually addressed as it is outside the scope of the present policy review. However, as and when information overlaps and concerns the UK or Great Britain (GB) in general, this will be specified. Similarly, as policies and legislation may have equivalents in the other three nations, an indication of the English information's counterparts in the individual nations will be briefly mentioned as appropriate.

1.1. Older people

The population of the UK is growing and has risen 17% from 1951 to 2001, amounting to an estimated 59,231,900 people by mid-2002.

The UK population is also getting older with 19.8 million people aged 50 and above in 2002^[1]. 16% of the UK population is aged 65 plus; 27% of which are over 80. The number of people aged over 85 has grown from 0.2 million in 1951 to 1.1 million in 2001, thus forming 1.9% of the UK population^[2]. The Office for National Statistics predicts that people aged 85 and over will constitute 3.8% of the UK population by 2031^[3]. Women have a longer life expectancy than men and can live up to 84, compared to 81 for the latter [2]. In 2002, there were 28% more women aged 50 and above than men in the same age group; the divide being even greater for the older old generation with an average of 2.6 women for every man aged 85 plus [3].

The average pensioner household relies on state benefits for at least 51% of its income, reaching 60% for single pensioners aged 75 and above, as the latter are less likely to receive occupational pensions and earning income than younger pensioners^[4].

As from April 2004, the basic weekly pension is 79.60 GBPⁱ for single pensioners, 47.65 GBPⁱⁱ for a wife on husband's contributions, 127.25 GBPⁱⁱⁱ for a married couple on husband's contributions, and 159.20 GBP^{iv} for married couples if both contributed. An extra 25p^v is given for those aged over 80^[5]. Those of pensionable age earning a low income are now entitled to income support provided by the Pension Service (Department of Works and Pensions) through the Pension Credit scheme, thus guaranteeing them a minimum weekly income. They can also apply for housing and council tax benefits, as well as for winter fuel payment (for further information, see webpage: <http://www.thepensionsservice.gov.uk/pensioncredit/home.asp>). Other benefits for older people include attendance allowance and disability living allowance, which give extra money to people who need help with personal care and getting around^[6].

1.2. Health and welfare system

The National Health Service (NHS), created in 1948, is funded by taxpayers and provides citizens with a wide range of health care services (e.g. GP surgeries, dental practices)^[7]. In England, the NHS, local authority social services and independent service providers (run privately or by charitable organizations) are the main providers of formal services for older people, who are responsible for funding the NHS for the main part since its creation. As such, the NHS Plan, which was set out in 2000, aims to invest £1.4 billion in 2004 on care services and standards for all, particularly as regards older people. Indeed, those aged 65 and above account for 2/3rd of hospital patients and 40% of emergency admissions^[8].

NHS hospitals, as well as primary and community health services for older people, are paid for by taxes^[9]. Long-term residential care facilities, which were mainly the responsibility of NHS hospitals and local authority social services, are now mostly run by the private or voluntary sector, although residential and nursing care funding, which comes under community care legislation (later covered in section 3.5), is provided by multiple sources: local authorities, social services and means-tested contributions from the older person themselves. As the NHS currently pays for home-based medical and nursing care, it is the local authorities' responsibility to assess (or means-test) and provide for the needs of older people. Services available for older people include home help (house work), home care (personal care assistance e.g. bathing), meals on wheels, lunch clubs, social clubs and day centres. The issue of means testing for services such as those described above is one of great controversy, and is currently under debate, especially with regards to long term care [9].

A recent partner to the health and social services providers in England is the Supporting People programme, which provides housing related assistance for the promotion of vulnerable people's quality of life and independent living within the community (further discussed in section 3.4 below).

ⁱ 118.86 €- Currency conversion on 12.05.04: 1 GBP=1.49325 €

ⁱⁱ 71.14 €

ⁱⁱⁱ 189.98 €

^{iv} 237.69 €

^v 0.37 €

1.3. Housing

Housing options for older people vary from ordinary housing to specialized care homes. The following section will briefly describe the various types of housing used by older people in the UK, which include 'ordinary housing', 'sheltered housing', 'very sheltered housing and extra care', 'close care housing', and also 'care homes'. This is not an exhaustive list of the forms of housing available for older people; however, they are some of the most common ones.

Ordinary housing (i.e. self-contained houses) is the most usual form of housing for older people in the UK, forming 80% of the overall stock against 20% for flats^[10]. The General Household Survey 2001^[11] for Great Britain (GB) found that 67% of private households, in which an elder person aged 65 and above lives, is owner-occupied (with or without mortgage) whilst 28% is rented from either the council or a housing association and 5% rented from private landlords. It is argued that, given the choice, 80% of older people prefer to live independently in their own homes^[12] and a high proportion of older people aged 65 and over lives on their own, with 48% of women and 25% of men in this case in GB^[13].

However, currently the situation of ordinary housing amongst older people in the UK is not optimal. According to the findings from the English Housing Condition Survey 2001, the number of unfit dwellings as a whole has decreased in the last 5 years, with 885,000 (4.2%) dwellings in England considered unfit in 2001 compared to 1.5 million (7.2%) in 1996. However, the older generation is more likely to be living in unfit housing, with 40% of people aged 65 plus living in these conditions [10]. Older people are also more likely to live in households requiring modernization of some sort, such as thermal improvement, which is the case for 29% of old households [10].

Sheltered housing is a form of housing specifically designed for older people aged 65 and over in need of barrier-free accommodation and offers the services of an on-site or mobile warden who can be contacted via an alarm system in case of an emergency [6]. Sheltered housing, the purpose of which is to allow people to live independently in smaller and easier to manage homes with the added security of help being available in an emergency, usually are a block of self-contained bungalows or flats, with one or several communal areas (e.g. dining room, showers). They can either be bought (by private developers) or rented (via local authorities or housing associations).

Very sheltered housing or extra care housing, a concept similar to sheltered housing, provides additional support and services such as meals and help with domestic and personal tasks. In 2001, there were over 20,000 very sheltered units in England and about 5% of the older population lived in either sheltered or very sheltered housing^[14]. Overall, sheltered and very sheltered accommodation have proven to be quite a successful alternative housing solution for older people; however, there are nonetheless issues and problems raised by this form of housing, which are currently under re-shaping, as will be discussed in section 7.2. The success of this type of housing is based on the fact that people's independence and choice are maintained and nurtured. In 2003, the Department of Health announced its intention to promote the creation of nearly 1,500 extra care housing places, within a two-year period (2004/06), by forming the Extra Care Housing Fund, which is worth £87m^[15]. Early 2004, a first £29m was allocated to 16 schemes across England for the creation of over 1,400 extra care housing accommodations, with another £17m pre-allocated for 2005/06. There remains £40m to be assigned to further schemes^[16].

Close care housing is usually located close to care homes and care home staff provides extra care.

Care homes cover what are often termed residential and nursing homes. Where residential care only offers help with personal tasks, nursing homes offer nursing care in addition. Care homes in England, which provide long term care as well as sometimes ‘respite’ care, are registered and regulated by the National Care Standards Commission and are inspected at least twice a year^[17]. It has been estimated that a further 5% of older people live in registered care homes [14]. The financing of care homes has already been described in section 1.2 and issues/problems regarding care homes will be addressed in section 7.3.

2. Reviews, reports and surveys

2.1. Older people

The amount of reviews, reports and surveys relevant to this section in the UK is enormous and cannot be covered in the scope of this project. A few general reports include the following:

All our Futures (2000)^[18]: This report was produced by the steering committee (cabinet office) of the Better Government for Older People Programme and states that the government program has ‘made a valuable start, but there is a long way to go to achieve Better Government for Older People’. The steering committee put forward 28 recommendations and called for the Central Government, local authorities and the media to operate some changes in their dealings with older people. The recommendations are in five categories and cover: combating age discrimination, better communication with older people, improving decision-making, enhancing meeting the needs of older people and promoting ‘a strategic and joined-up approach’.

Making a Difference (2000)^[19]: The evaluation report, produced by the University of Warwick, found that 28 pilot projects led by local authorities across the UK have developed more integrated strategies, engaged with older people and improved their quality of life. The pilot projects have attempted to address issues of concern to older people using new initiatives and have managed to raise awareness of important issues; they have tried to allow opportunity for older people to express their opinions; and increase learning, volunteering and employment opportunities. Again emphasis has been put on partnership within government agencies for more effective working. They conclude that a two-year pilot is not long enough to make a lasting difference for the older population, but admit that some major improvement has at least begun.

National Service Framework for Older People Interim Report on Age Discrimination (2002)^[20]: This report summarizes the work following standard 1 of the National Service framework (described in section 3.2. below) and highlights situations where age discrimination has been and still continues to be an issue. The report found evidence of age discrimination in many areas of care, for example within primary care, where there is discrimination towards the elderly within the management of coronary heart disease.

Age Discrimination in Public Policy: A review of Evidence (2002)^[21]: This review, published by Help the Aged, demonstrates that age discrimination is still very much present in key social sectors such as education, employment, health care, social care, and social security.

With Respect to Old Age: Long Term Care – Rights and Responsibilities (1999)^[22]: This report by the Royal Commission, which focuses on the funding of long-term care, demonstrates and emphasizes the importance of housing based alternatives to residential care and stated that “it should be a policy objective to enable even more people to [receive long term care in their own home], thus avoiding the trauma and costs of going into residential care” (para.6.49). The Commission strongly suggested that there should be an improved partnership between health, social services and housing authorities; as well as a better governmental leadership in addressing social issues relating to older people in order to nurture their independence and citizenship value, and to reduce the risks of social exclusion.

2.2. Health and older people

Health Survey for England – The Health of Older People (2000)^[23]: This survey is conducted annually and focuses on different health issues and population group each year. The 2000 survey, which examines the health of older people aged 65 and above, covering those who also live in care, residential and nursing homes, conducted interviews with more than 4,000 over 65 year-olds, of which 2,400 were living in residential care homes. The findings showed that 62% (men) and 64% (women) of people aged 80 plus living in private housing are likely to have a disability, compared to 87% (men) and 98% (women) for those living in care homes; in either case, the most common disabilities are locomotor, hearing, sight, communication and personal care.

2.3. Housing and older people

Quality and Choice: a decent home for all: The Housing Green Paper (2000)^[24]: This paper reviews the government’s objective to address issues of under-investment and problems in the housing market, to raise the quality of housing and housing management and to improve the services and protection available to vulnerable people. In order to tackle current housing problems, the government plans to raise standards and investments into both private and social housing, to increase the number of good quality homes available at a reasonable price, and to optimize the performance of social and private landlords in the next ten years with the aim of giving tenants more of a choice as to where they live.

Home Alone: The Role of Housing in Community Care (1998)^[25]: This Audit Commission report focuses specifically on sheltered housing and raises two main questions regarding sheltered housing: firstly, whether the accommodation is in the right place; and secondly, whether the accommodation is of suitable quality. The report highlights the fact that 87% of local authorities have ‘difficult-to-let’ sheltered units, suggesting that this is caused, in part, by the growth in residential care homes, the preference of older people to remain in ordinary housing, and by the quality of the existing stock of public sector sheltered housing. The report also suggests that there is a lack of information as older people and their carers do not seem aware of what sheltered housing stands for.

When a house is not a home: Older people and their housing (2001)^[26] This report, produced by Age Concern, aims to discover from older people how housing impacts their lives, looking at possible differences across tenures and ethnic groups.

Using Telecare: Exploring Technologies for Independent Living for Older People, (2000)^[27] [12] The report, funded by BT and conducted by the Anchor Trust outlines the role of technology for older people today and describes the development of technology, and its implications. The report suggests that telecare has much to offer older people in the form of independence, security, prevention of accidents, social inclusion, as well as contributing to cost cuts for health care services. In its investigation of the role of lifestyle monitoring, biomedical monitoring, and information services, benefits were found all round. It is argued that technology such as lifestyle monitoring may be an alternative to long-term care for many people^[28], and would allow many older people to remain in their own homes as wished. It is also noted that older people and their carers equally welcome this type of intervention.

Digital Futures: Making Homes Smarter (1999)^[29] This report on *Smart homes* demonstrates how technology is the way forward for an optimal home environment. Its main findings are that the *Smart homes* industry is not very advanced; consumers are not aware of its potential benefits; there is a lack of cross-national and industrial unified standards; and, although there is a lack of cheap appliances availability for affordable systems, technological development is growing rapidly. The report recommended the development of a connectivity infrastructure to new ICT inside and outside the house; the provision of cableways at little or no cost in certain cases; the cultivation of new skills as regards user requirements and system integration issues; and the promotion of further research exploring the benefits and problems of *Smart homes*.

The biG Picture: health and housing (2001)^[28]: This report examines the relationship between health and housing and suggests that housing providers have a key role in improving the health of local communities, as well as in reducing inequalities in health. The report, intended as a good practice guide for Registered Social Landlords and others to fulfil the housing corporation policy, implies that, by following government policies such as the Home Improvement Agencies (HIP, section 3.3. below) and the New NHS Plan (section 3.5. below), housing corporations' aim to improve housing standards will contribute to the betterment of the nation's health as well.

3. Policy

3.1. Government departments and agencies involved

In England^{vi}, local governments are responsible for providing social welfare services (except for social security issues, which are dealt with by the Department for Work and Pensions)^[30] and for setting local priorities and policy.

Currently in the UK, Central Government is comprised of a number of different Departments including the Department of Health^{vii}; the Department of Social Security; the Department of Education and Employment; the Office of the Deputy Prime Minister (ODPM)^{viii}; and the Home Office^{ix}.

^{vi} The organization is different for Wales, Scotland and Northern Ireland

^{vii} Responsible for health and welfare issues

^{viii} Formerly known as the Department of Environment, Transport and the Regions; and responsible for local government and housing matters

^{ix} Responsible for Criminal Justice

As part of the UK's aim to take into consideration the wishes and needs of older people, the latter have been given a voice and a chance to get involved into policy-making and the coordination of intergovernmental strategies through the creation of the Better Government for Older People^x (BGOP, <http://www.bgop.org.uk/pages/index.html>) partnerships and the UK Cabinet Sub-Committee on Older People. In addition older users of the NHS also have their own 'champions' in every local health and social care organization to look after their interests.

3.2. Policy on older people

In a society, which seems concerned about its youth in a rather exclusive manner, older people are subjected to many forms of age discrimination, touching various areas of their lives such as employment, health care^{xi} and insurance. Indeed, 1.8 million people aged 55-64 have faced age discrimination in employment, 77% GP have admitted to aged-based rationing, motor or travel insurance is often refused to the older generation, and people aged 55 and over are not eligible for an education grant^[31].

Previously, policy-makers did not often involve older people and/or representatives of older people in the policy-making process; however, since the late 1990's particularly, as mentioned above (section 3.1), older people now have a louder voice in the coordination of governmental policies in relation to the older generation. This evolution, characterised by a drive to change existing policy, which remain discriminative against a person on the basis of age, has been influenced by pressure groups, the United Nations (UN) and the European Union (EU)'s objectives to tackle discrimination.

The UN Year of Older People in 1999 gave rise to policies regarding older people that were of strong influence for all United Nations countries. 18 principles for Older Persons were created under 5 headings: Independence, Participation, Care, Self-fulfilment and Dignity, with 62 recommendations to help government and society deal with the growing elderly population^[32]. These UN Principles for older people created the International Plan of Action on Aging.

The European Union, enthusiastically backing the principles set out by the UN, have included these priorities into the policy of the EU with regard to ageing, and produced a communication^[33] on sensible policy responses to ageing, encouraging all members of the EU to tackle ageing issues.

Furthermore, the right not to be discriminated against on the basis of age being part of the EC Treaty and the Charter of Fundamental rights, EC law thus heavily influences the UK policy priorities in this regard.

In relation to health care in England, the Department of Health has issued a major policy framework, the **National Service Framework (NSF) for Older People**^[34], which aims to eradicate age discrimination and to improve the quality of care and the provision of services in accordance to older people's needs.

^x Includes the Older People's Advisory Group and Independent Living for Older People Network

^{xi} For further information, see Robinson J. (2002): *Age equality in health and Social Care*, Institute for Public Policy Research, http://www.kingsfund.org.uk/pdf/AgeEqualityHSC_IPPR.pdf Accessed 20.05.04

To that effect, the NSF sets new national standards of care for all older people, whether they live at home, in residential care or in hospital, and advocates that older people should be treated on an equal basis to those aged under 65. The aim of the NSF standards is to optimize and promote better a treatment of older people as individuals, with respect and dignity. An additional £1.4 billion is to be invested every year by 2004 to try and achieve better quality of health and social care services for older people. The issue of the expense of long-term care is also addressed within the NSF programme, which sets out eight standards in the following areas^{xii}: 1) Rooting out age discrimination; 2) Person-centred care; 3) Intermediate care; 4) General hospital care; 5) Stroke; 6) Falls; 7) Mental health in older people; and 8) Promoting healthy living in older age.

Despite its commendable efforts, the NSF has received criticism and been accused of being ‘a framework written by civil servants working to a political agenda’^[35] and not necessarily for the benefit of the elderly; this view being supported by the fact that, although two reference groups (internal and external) were invited to contribute to the NSF, the framework was finally drawn up by the internal group^[36]. It has been argued that the NSF’s aim to decrease the number of elderly people in hospitals is only a cover to rid wards of the expense ensued by a high number of elderly patients^[35]. Nevertheless, since its publication, the NSF for older people has raised awareness of the changes that needs to be achieved and has proven to be a major drive in improving the situation and care of elderly people in England.

Following standard 2 of the Framework, a single assessment process (SAP) for older people, specifically designed with and for older people, has been introduced with the aim to provide a more person-centred care system with appropriate, effective and timely response to the health and social care needs of older people^{xiii}.

As regards social care, the government produced the **No Secrets**^[37] guidance on the protection of vulnerable adults, which is defined as an adult: “who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”. Although not solely addressed to older people, this guidance is nonetheless relevant here as the objective is to provide protection for vulnerable adults who may be in a position where their human rights and civil liberties are either abused or at risk of being infringed. The guidance covers various levels of abuse and includes: physical, sexual, psychological, financial/material, discriminatory abuse and neglect or acts of omission.

Better Government for Older People is a governmental initiative which aims to ‘promote healthy living in the elderly; provide a more sufficient and fair income; improve the work opportunities as well as attitude towards the elderly within employment; make travel more accessible and affordable for the elderly; making it easier for the elderly to stay at home as long as possible/they want to; striving to make communities safer for elderly people; providing the best and most appropriate care for the elderly; and encouraging and enabling the elderly to lead a more active life’^[38].

^{xii} For further details, see appendix 2

^{xiii} For further information, refer to the DoH website about SAP: <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/SingleAssessmentProcess/fs/en>

Active Ageing is a project of the Cabinet Office's Strategy Unit^{xiv} aiming to explore ways to improve the quality of life of older people by supporting them to keep being active and participating in society either by work or volunteering in their community. Following this project, the report *Winning the Generation Game*^[39] on how to enhance the chances of people aged 55 and over to participate to the country's economy, recommended that the government be more pro-active in encouraging older people to remain active within their community, without operating a reverse discrimination to the detriment of the younger generation. Further recommendations stipulates that there should be a culture change; employers should be encouraged and supported in retaining their over 50's workforce; displaced workers should be aided to re-enter the work market; and older people should be assisted in using their skills and experience for the benefit of the wider community.

A recent addition to the Cabinet Office is the **Social Exclusion Unit**^{xv}, which is part of the government's objective to eradicate social exclusion in England, across all levels of societal life, including (un)employment, housing homelessness, neighbourhood renewal and education. Although the Unit has not as yet specifically addressed the issue of social exclusion of older people, the latter are nonetheless included within its analysis of social exclusion and drive for it to be better understood and tackled by government departments and agencies.

The creation of these units and, for some, their particular focus on older people, is in itself at least a sign that older people are being considered and given due importance by the current UK government.

3.3.Housing in general

Housing issues, which have been on the government's agenda since the publication of the Housing Green Paper [24] for England in 2000, are the responsibility of the Office of the Deputy Prime Minister (ODPM), which "aim is to give everyone the opportunity of a decent home, and so promote social cohesion, well-being and self-dependence"^[40].

A Housing Policy Statement, **Quality and Choice: A decent home for all: The way forward for housing**^[41] followed the Green Paper that same year and presents policy strategies to modernize housing and give everyone the opportunity of a decent home. The policies are presented under eleven chapters, and include such issues as: raising the quality of social housing (chap.4); improving house benefit (chap.10); and tackling other forms of social exclusion (chap.11)^{xvi}.

Another key housing policy document for housing and development is the **Communities Plan (Sustainable Communities: Building for the future)**^[42] launched in 2003, which aims to invest £22 billion in improving housing and communities. The Community Plan addresses issues of housing shortage, decent homes, liveability, low demand and abandonment, as well as protection of the

^{xiv} Formerly known as the Performance and Innovation Unit. Web page: <http://www.number-10.gov.uk/output/page77.asp>

^{xv} Webpage: <http://www.socialexclusionunit.gov.uk/>

^{xvi} For further information, refer to the Housing Policy Statement on http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/downloadable/odpm_house_60190_4.pdf. See also table 2 (appendix) of the present national report.

countryside. £2.8 billion of this funding will go towards bringing council homes up to a decent standard^[43].

Although neither the Policy Statement nor the Communities Plan specifically address older people's housing issues, both refer to vulnerable people within which older people are included, and aim to improve their housing conditions. The Policy Statement initiated the Supporting People programme, within which structure Home Improvement Agencies^{xvii} work "to help elderly, disabled and vulnerable people to remain independent in their own homes by identifying necessary repairs and improvements, finding suitable contractors and ensuring the work is properly carried out"^[44]; whilst the Communities Plan has developed two initiatives, the 'Warm Front' programme or the 'Keep Warm, Keep Well' campaign, which "make a major contribution to decent housing conditions in the private sector, especially for older people"^[45].

3.4. Housing for older people

Other major housing-related policies specific to older people include:

Quality and Choice for Older People's Housing: A Strategic Framework (2001) [14]: This policy document, to which the Inter-Ministerial Group for Older People created by BGOP in 1997^{xviii} greatly contributed, aims to promote diversity and choice, quality, information and joint working to 'ensure older people are able to secure and sustain their independence in a home appropriate to their circumstances' and 'to support older people to make active and informed choices about their accommodation by providing access to appropriate housing and services and by providing advice on suitable services and options'. It is important to note that Quality and Choice is the only housing policy paper, which is specific to older people; others described are either general in nature or are guidance or good practice.

Supporting People (<http://www.spkweb.org.uk/>): The programme, led by the ODPM, the Home Office and Department of Health, aims to enhance vulnerable people's quality of life, stable environment and greater independence. The project supports the NHS, housing and social services by encouraging "independent as opposed to institutional solutions" and by promoting the development of "preventative services providing positive health benefits for individuals and reducing emergency admissions, hospital stays and demand on long term residential care"^{xix}.

Best Value in Housing (BVH) Care and Support: guidance and good practice^[46]: This guidance is part of the Best Value Framework, which provides local authorities with good practice advice and practical examples as regards the delivery and Best Value of services in housing, care and support, and advocates enhanced partnership within local government and between local authorities and external services/agencies. In relation to elderly people, this initiative encourages that all aspects needed to enable them live within the community are better addressed.

^{xvii} ODPM: "HIAs are small, non-profit-making bodies managed locally, either by housing associations, local authorities or charitable bodies, such as Age Concern" - http://www.odpm.gov.uk/stellent/groups/odpm_housing/documents/page/odpm_house_601923.hcsp

^{xviii} See section 3.1

^{xix} <http://www.spkweb.org.uk/HowItWillWork/4.3InfoHPSS.htm> accessed 12/05/05

NSF for Older People (section 3.2.): This policy, despite making little reference to housing-specific actions in its text, is nevertheless relevant to housing issues, as, in order to satisfy standards 6 (falls) and 8 (promoting healthy living in older age) of the NSF, factors such as housing suitability, adaptations, repairs or equipment, which may help older people keep their independence and quality of life should be considered^[47]. The NSF, to a certain extent, will thus have implications for housing organizations as well as health and social care^[48], although specific reference to housing within this framework would be most effective.

Preparing for Older People's Strategies: Linking Housing to Health, Social Care and Other Local Strategies [47]: This document, produced for the ODPM^{xx} following *Quality and Choice for Older People's Housing: a strategic framework* (2001)^[49], is designed to be a guide for housing strategies to improve the quality of life of older people, as well as to promote independence, social inclusion and extra support for those living at home in the community. The guidelines discuss different approaches to combining services in working in partnership for older people and provide examples of areas where this has been implemented. An example of interest is the *Accommodation Strategy for Older People in Liverpool* where health, social services, housing and regeneration, together with Registered Social Landlords partners, recruited consultants to develop a service such as suggested above for older people. This guide is very detailed and emphasizes the need to combine different aspects of an older person's life and their input, along with current research in housing issues from organizations such as Age Concern to develop an appropriate joint working strategy for older people.

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002^[50]: This legislation represents a major policy shift especially with regard to the private housing sector, as it provides local authorities with the power to assist in repairs, improvements and adaptations. When an individual requires essential housing works on their home, local authorities will use their discretion to decide which form of help the applicant will receive, whether it be a grant, a loan or equity release. In other words, tenants and homeowners now have to seek help from local authorities, and not from the State, when there is a need for funding or undergoing repairs in their homes (further information in section 4.3 below).

Independent living and special needs housing are issues, which are receiving more interests within the housing policy making process. In terms of independent living, community care policies are encouraged to include provisions for home improvement services and adaptations, as a well-adapted house would enable older people to remain in their own dwelling rather than moving into residential or care homes, and would reduce their reliance on carers. Although the provision of services for the special needs of older people has been tagged to be 'ageist', housing schemes such as 'Care and Repair' (section 5.3) and 'Staying Put' (section 4.3) are contributing to improving matters in this area. Nevertheless, it has been argued that the government's drive to promote independence for older people is motivated by a desire to save money on institutionalized care, rather than to improve the quality of life and fulfil the wishes of older people^[51].

^{xx} Then the Department for Transport Local Government and the Regions

3.5. Health and social care for older people

Enabling older people to live independently in their own homes and not move into institutional care is not only an underlying principle of housing policy, but also of related health and social care policies, as the focus is increasingly towards promoting independence, helping older person staying put as long as possible and promoting well-being^[52].

In addition to the NSF, which encompasses all areas of older people's lives across England, thus including health and social services, the Government has developed a number of policies to modernize the latter:

The **White Paper 'Saving lives: Our Healthier Nation'**^[53] concentrates on improving health and inequality within the system.

The **'New NHS: Modern and Dependable'**^[54] aims to encourage partnership, to improve efficiency and performance, and to promote a higher quality of national standards of care and easier access to care services.

The **White Paper 'Modern Local Government: in touch with the people'**^[55] looks at quality and, in addition, requires reliability, cost effectiveness, rehabilitation and a reduction of dependency, which, in relation to the latter, could be done not only by rehabilitation but also by providing better and more adaptations and/or assistive devices [28]. The Royal Commission on Long Term Care [22] is another important player although this relates mostly to older people not living at home.

In relation to older people's special needs, the **'New NHS Plan'**^[56] aims to improve national care standards, extend access to services, ensure fairness in funding and promote independence. As regards the latter, the Plan touches on housing issues as it endeavours to provide additional funding to develop active recovery and rehabilitation services, prevent unnecessary admission to hospital, and provide additional home care and other support such as a variety of assistive technology^{xxi} and adaptations: "... 50% more people will benefit from community equipment services (assistive technology) ranging from simple care equipment and adaptations, like grab rails and pressure relief mattresses, to more sophisticated equipment such as fall alarms and remote sensor devices"^[57]. Furthermore, the NHS aims to increase the funds available for elderly people to pay for long term care and its policy of 'fairness in funding' advocates the facilitation of loans to older people to prevent them from being forced to sell their house in order to afford long term care.

With the report **'With Respect to Old Age'** [22] (section 2.1 above), the Royal Commission for Long Term Care has played an important role in setting standards and policy for the care and treatment of older people as it recognised the growing need for long term care, in response to the growth of older generations in the UK. The commission recommends many changes to improve the provision of long term care including providing: more care to people in their own homes (therefore increasing the role of housing in long term care), more services to those who have informal carers, and support to carers themselves. The report also recommends fairer funding strategies for long term care, moving away from means testing approaches.

^{xxi} See below, end of section 3.5, for further information on Assistive Technology

The funding of long term care, as mentioned above, is a major issue and continues to be a matter of great discussion. It is hoped that with new policy, such as the recommendations made by the Royal Commission and the NHS, the financial stress to both older people and their families associated with long term care can be elevated.

In 1988, the Griffiths report^[58] on community care was published and recommended that care services be provided by one main body, which would be responsible for coordinating and planning the provision of care services^[59]. The report suggested that this body be the local authority, for which a more organizational than provisional role was envisioned. This report prompted the Government to produce the **White Paper 'Caring for People'**^[60] in 1989, which set the path for major changes in community care and social services for the last two decades and defines the new functions of local government for the provision of community care, which is defined as "helping people who need care and support to live with dignity and independence in the community"^[61]. Social services, who are responsible for the assessment of individuals' needs, also ensure that care and support is provided by a range of participants, including local authorities, both private and voluntary organisations, and families and friends [59].

The Griffiths report and the White Paper were followed by a new legislation, the **National Health Service and Community Care Act 1990**, which enforces the recommendations and guidance set out in the former two documents and specifies the powers and duties of local authority in the provision of community care services. In relation to community care assessment, this legislation aims "to develop a "partnership" between two (or more) equals, and having identified individual needs, to explore the choices of solutions which will most effectively enable those involved to live as independently as possible with minimal intrusion"^[62]. The Act highlights the need for care to be provided at home whenever possible rather than in institutions, to secure users with more choice in their own care and to improve communication between members of the public and health and social services, including consultation processes^[63].

The emphasis of community care policy in the UK is thus heavily oriented towards enabling older people staying put and ageing in one place. The Wagner report (1988)^[64] for instance stated that going into residential care should be a positive choice and not the only alternative available to older people in need of care. It is thus apparent that the aim to bring care to the home corresponds to older people's wishes to retain an independent living at home for as long as possible; however, UK community care policy does have its limitations, as there still remains some problematic issues, such as a lack of access to support for the marginally frail and inadequate support to clients. In addition, community care in the UK tends to be rather instrumentally focused and ignores the social and symbolic/psychological domains such as social isolation and stress.

In this context, the single assessment process (SAP), introduced by the National Service Framework (NSF) as described in section 3.2 above, is also relevant as it has implications for both health and social services professionals working with older people. It is hoped that the SAP will be used by a wide range of health and social service providers such as GP surgeries, community health services, hospitals, walk-in centres, day hospitals, community rehabilitation teams, social services offices and CAREdirect (the latter is a pilot scheme which will further discussed in section 6).

SAP is considered an important process in which both professionals and older people have a say in the assessment of needs, aiming to maximize independence and efficiency of care provision.

It is important for the present report not to separate health and social care from housing issues, as these areas are inter-linked especially in matters relating to older people, a fact acknowledged by the UK government [49], which influences the latter's policy to promote joint-working across services, as illustrated by the Best Value in Housing Care and Support initiative for instance (above).

The **Health Act 1999**^[65] has generated the creation of Health Improvement Programmes (HimPs), which “are local health strategies developed by Health and Local Authorities and other key stakeholders, such as Primary Care Groups and NHS Trusts. They include local communities, which set out national health priorities in a local context”^[66]. HimPs bring together the NHS, social services, education, housing, transport and the police services in order to deal, in a three-dimensional way, with issues causing ill health to older people. In addition, health and local authorities, together with other partner agencies, are required to produce Joint Investment Plans (JIPs), which target shortfalls in services and areas in need of renewal and re-investment in order to improve effectiveness in the provision of services^[67]. There are four types of JIPs: mental health services; welfare to work for disabled people; learning disabilities; and older people's services, for which health and local authorities were asked to produce JIPs from April 1999. JIPs for older people's services are required “to consider the housing and outcomes identified in **Quality and Choice for Older People's Housing - a strategic framework**, jointly published by the DH and DETR in January 2001. They should also encompass other services that impact on older people's health and well being such as housing-related services to be funded as part of the **Supporting People** programme”^[68].

In terms of research and development within the field of housing, the link between housing and health is currently a popular topic. The bIG Picture report (section 2.5), for instance, argues that there is a clear link between housing and health, which, in relation to older people in particular, is illustrated by the impact of cold housing identified as a factor of respiratory infections, bronchospasm, heart disease and hypothermia [28]. Research, such as this, support policies, which aim to combine health and housing considerations with the aspiration that better housing will correlate better health. Emerging policies following similar research have led to the development of programmes such as Health Action Zones (HAZ), Health Improvement Programs (HImPs), New Deal and other initiatives linking health and housing together [28].

Nevertheless, the notion that housing is connected to health matters remained one for debate until the Health development Agency produced the ‘**Tackling health inequalities**’ report (2004), which acknowledges an explicit link between housing and health^[69]. In addition, the suggestion that poor housing can have an adverse impact on the health of its occupants has been supported by a recent systematic literature review in ‘Housing improvement and health gain: a summary and systematic review’^[70].

Furthermore, housing does not only impact on individuals' physical health but also on their mental health [52]. It is therefore important that health, housing and social

matter matters are considered and combined within a single policy framework, such as the NSF for older people, in order to improve the quality of life of older people.

Assistive Technology

This sub-section has been added as assistive technology (AT) is gaining an increasingly important role in all aspects of care for older people, such as in housing and health matters. AT is recognised by both governmental and non-governmental agencies as having the potential to improve the standard and choice of care, as well as the opportunity for enhanced independence and well being, of older people in the UK.

The term ‘assistive technology’, which has been defined as “any product or service designed to enable independence for disabled and older people”^[71], has a broad meaning and covers a variety of interventions. Indeed, AT may include the use of communication technology between health care and housing professionals for example, contributing to providing a more efficient and joint care delivery for older people, or between professionals and older people themselves. AT can also be more information-based with the Internet or chat rooms for accessing information or support networks. Finally, AT includes systems promoting independence as well as safety, from the community alarm system; to a more sophisticated 24hr monitoring system; through to a uniquely designed home such as ‘*Smart homes*’, for example. Community alarms have been used widely and have proven to be very successful [12]; however, this type of technology is limited by the fact that it is self-activated. Systems such as Telecare hope to be more effective in capturing problems as well as having a more preventative role, as its aim is to be supportive and not intrusive to the individual. This brief overview of the AT is not an exhaustive one, as technologies vary according to situations, people, individuals’ needs and environments.

The role of assistive technologies is recognised within governmental policies relating to improving the quality of life and independent living of older people. Indeed, the NSF for Older People (sections 3.2 and 3.4), for instance, refers to the need of using equipment services to ‘...improve the safety of the older person at home’. In fact, AT may contribute to many of the eight standards set out by the framework, especially in providing person-centred care, and in the prevention of falls. The Department of Health has, through the ‘new NHS plan’, ‘The New NHS: modern and dependable’ and the NHS Information Strategy^[72], made clear that technology will have an increasing role in their care for older people. The Information Strategy includes, for instance, 24hr online access to patient records, information sharing, the use of telemedicine and telecare interventions, as well as the use of video links and electronic monitoring by professionals such as social workers. In relation to funding, the government, through the new ‘NHS Plan’, aims to ensure that 50% more people will benefit from community equipment services, which means assistive technology. At present, social services provide equipment to make life easier and occupational therapists are available to assess individuals’ situation [6].

Other policies have also made reference to the use of technology. The Royal Commission for Long Term Care report [22] points out the need for technology and refers to the use of such technology as activity monitoring, which is hoped to benefit the individual and carer as well as cutting costs. The use of technology in the context of the provision of information, such as for learning, support and consultation, has, for instance, also been highlighted by the ‘Better Government for Older People’ initiative (sections 21. and 3.2. above). In addition, with such programmes as Supporting People (section 3.4 above), it is argued that there could be more funding available for the integration of such ideas involving technology into the lives of older people.

Finally, non-governmental organisations, such as the Anchor Trust (who published a report on Telecare [12]) and Joseph Rowntree Foundation, have also taken an interest in assistive technology.

Based on the aforementioned policies and existing research into the benefits of AT, the latter appears to be the way forward for the care and housing of older people, contributing to their independence, social inclusion, support and choice, and cost efficiency; however, it is important to note that assistive technology should not and cannot replace human contact, a fact in which lies AT's limitations.

4. General legislation and regulations etc

4.1. Old age and/or disability discrimination

Anti-discrimination law in the UK is around three main areas: sex, race and disability. The **Disability Discrimination Act 1995**^[73] probably is the most important in relation to older people and age discrimination. Indeed, section 1 of the act defines that someone with a disability “has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities”.

The act provides disabled people with rights in relation to employment; access to goods, facilities and services; and the management, buying or renting of land or property. Furthermore, schools, colleges and universities are also required to provide, within an annual report or a disability statement, information on disability issues and how they are addressed in the educational system. The act also empowers the government to set minimum standards in order to facilitate disabled people easy access to public transport; and creates the National Disability Council, which advises the government on discrimination issues against disabled people.

New legislation addressing age discrimination in the workplace will be introduced by the UK government by 2006, in order to implement the provisions of the EU Council Employment Directive on Equal Treatment 2000/78/EC^[74]. In the meantime, a Code of Practice on Age Diversity in Employment is available for employers to consult and become aware of the advantages and potential benefits of employing an age-diverse workforce. The Code of Practice covers such areas as recruitment, selection, promotion, training and development, redundancy and retirement. Despite its uses, the Code is only voluntary^[75]. Therefore, it is hoped that the new legislation, which will come into force into 2006, will be an efficient remedy and deterrent to age-related discrimination in the employment sector.

4.2. Accessibility legislation, regulations, guidelines

The **Chronically Sick and Disabled Persons Act 1970**^[76] was revised in 1976 to include new places of employment and public buildings and require that their structure be made accessible to disabled persons where ‘practical and reasonable’. Also, local authorities have been expected to introduce all newly approved planning proposals in conformity with the British Standards for buildings, a change which was initially brought about by the **Disabled Persons Act 1980**^[77]. Building Regulations are also to be observed for the construction of new buildings and the refurbishment of existing ones, as the regulations “ensure the health and safety of people in and around buildings by providing functional requirements for building design and construction.

[They] also promote energy efficiency in buildings and contribute to meeting the needs of disabled people”^[78]. In relation to the latter, the Building Regulations Access and Facilities for Disabled People (approved document M)^[79] defines disabled people as “those with mobility impairments or impaired hearing or sight”. Building Regulations have been updated to further facilitate the use of public buildings by disabled people, and to cover access to non-domestic buildings in 1991 and all new buildings in 1998. Currently, all buildings, including domestics and non-domestics, are to be built with features, which renders them suitable for the needs of people with disabilities [51].

A major development in terms of accessibility has been triggered with the introduction of the Disability Discrimination Act (DDA) 1995, which ensures the rights of disabled people in employment, access to goods, facilities and services as well as in buying or renting land or property. Part III of the Act refers to access to goods and services and states that discrimination against disabled people in the provision of goods, facilities, services and premises by building owners and/or occupiers is now unlawful. Service providers have been required to make reasonable adjustments to both the delivery of their services and to the permanent physical features of premises in order to facilitate disabled people’s service accessibility (thus indirectly addressing building accessibility). The Disability Rights Commission (<http://www.drc-gb.org/whatwedo/index.asp>) was subsequently set up to eradicate discrimination and promote equality of opportunity for disabled people by ensuring that the rights of disabled people under the DDA are respected and protected. However, the scope of the DDA is nevertheless limited to the employment, trade and goods & services sectors. Indeed, the act does not include an explicit legal duty of non-discrimination against disabled people for building designers [51]. Nevertheless, the Code of Practice for the Design of Buildings and their Approaches to Meet the Needs of Disabled People^[80] has been published to ensure that “architects, surveyors, town planners and builders are complying to the Disability's Discrimination Act, working towards making access easier for disabled people. This British Standard explains how the built environment can be designed to anticipate, and overcome, restrictions that prevent disabled people making full use of premises and their surroundings. It covers a wide range of impairments and the use of the built environment by disabled people who may be residents, visitors, spectators, customers, employees, or participants in sports events, performances and conferences”^[81].

It is relevant to note that, between 1979 and 2001, many advances in the field of design for disabled people have been made, including the drive to produce effective guidance for the design of buildings and homes for people with disabilities. Indeed, Selwyn Goldsmith was a pioneer in designing for the disabled in the United Kingdom, and has played a major role in identifying in-accessibility and providing advice on how to achieve accessibility. Barrier Free and Universal Design are the main concepts behind creating an accessible environment and seem to have been the drivers behind accessibility legislation in the last few years. Although the current code of practice (BS 8300:2001) is an important step forward, the needs of those with sensory and visual impairments still remain to be considered^[82], an aspect which is important in relation to older people as they often suffer from such disabilities.

In terms of adaptations, important legislation include the **Local Government and Housing Act 1989**, and the **Housing Grants, Construction and Regeneration Act 1996**.

The **Local Government and Housing Act 1989** was considered a step in the right direction by introducing a right to have adaptations provided by the government and to receive grant money for such elements as bathrooms, kitchen, suitable heating etc; however, some argue that this act was not a success due to its means tested nature [51]. The **Housing Grants, Construction and Regeneration Act 1996** has major implications for the funding of adaptations and is therefore discussed in greater detail under the funding section below. In the 1990's, a group of housing experts, along with the Joseph Rowntree Foundation, created the **Lifetime Homes standards**, which aims to create homes that are barrier-free, will suit a person throughout their lifetime and will be suitable for any changes in health, such as need for wheelchair for example. There are currently sixteen Lifetime Home standards, covering requirements such as the width of doorways, adequate living space and ground level accessible WC for the use of a wheelchair, accessibility of bathrooms, and so on^[83]. Building designers now have to conform with three main guidelines: Part M of the Building Regulations, the Housing Corporation's Scheme Development Standards and Lifetime Homes standards^[84]. New buildings also have to adhere to Part L of the Building Regulations, which sets minimum standards for energy performance. Many people within the field of housing adaptations believe that such guidelines as Lifetime Homes are only the beginning of developing age friendly homes.

4.3.Funding for housing adaptations

Older people who are homeowners and have some savings bear the responsibility to attend to any repairs, improvement or adaptations needed for their home. There are, however, grants available for funding housing adaptations if the house is in very poor conditions and/or if the homeowner is financially unable to assume this responsibility.

In the UK, local housing authorities play the main role in providing funding for housing adaptations for the disabled. Other players are local social service authorities, Registered Social Landlords, charitable organizations and Home Improvement Agencies (HIAs)^{xxii}, which are run by the not-for-profit-sector, voluntary organisations, housing associations and local authorities. Although originally started by charitable organizations, HIAs have become more of a governmental responsibility today^[85], the majority of which receive some financial support from the Supporting People programme (section 3.4). HIAs are involved in helping older people improve their homes and proceed to do so in various ways, which, for instance, include helping to fill in application forms and organising builders to come.

The **Housing Grants, Construction and Regeneration Act 1996**^[86] specifies the various types of grants and financial assistance available to homeowners and tenants whose dwelling needs some sort of essential repair. The Act establishes the conditions within which the local authorities are authorised to grant financial assistance. The main grants stipulated in the act are: 'renovation grant' (for house improvement or conversion); 'disabled facilities grant' (for the provision of facilities for disabled people) and 'HMO grant' (for improvement or repair of multiple occupation housing). The act also provides local authorities with the ability to initiate 'group repair schemes' and to provide 'home repair assistance' "in the form of a grant or the provision of materials for the carrying out of works of repair, improvement or adaptation to a dwelling" [86].

^{xxii} most often called 'staying put' and 'care and repair'

Home repair assistance^[87] can be given through such schemes as ‘minor works grants’ or ‘minor repair grants’ and are available, subject to the local authority’s discretion, to perform minor or small-scale repairs or works that are nonetheless essential to the house maintenance^[88]. In 1996, an average minor works assistance grant was around £650 [51] and was easily accessible to older people.

A disabled facilities grant covers adaptations that are necessary to make a house more suitable for a disabled person, for instance fitting a ramp or a stair lift [6]. This grant, which is given by the local authority, is means-tested.

A renovation grant may be available to older people if their home requires a lot of repair or if there are no basic facilities such as a toilet, bath or shower. Here again, older people are means-tested and grants are given at the discretion of the local authority [6].

In addition to the above, it may also be possible for certain individuals who are receiving income support (minimum income guarantee) to be eligible for a **Community Care Grant**, which can be used for minor structural repairs, maintenance costs and redecoration [6].

The UK is also aiming to tackle fuel poverty through schemes such as the Warm Front Team and Home Energy Efficiency Scheme (HEES), the latter stemming from **The Home Energy Efficiency Scheme (England) (Amendment) (No. 2) Regulations 2003**^[89]. The HEES regulation provides “for the making of grant for the improvement of energy efficiency in dwellings occupied by persons on low incomes with children, elderly persons on low incomes and persons in receipt of benefit relating to ill health or disability”.

The **Locks For Pensioners Scheme**, which ran between 2000-2002, was part of the HEES framework and aimed to provide low-income pensioners living in an area of England where domestic burglary rate was higher than the national average with reinforced security improvements, additions or devices to ensure better home security.

As the financial situations and policies vary according to council authorities, which are numerous, grants accessibility will also vary from area to area: it may thus be more difficult to obtain a grant in one council rather than in another. Therefore, applying for a grant can be a difficult and lengthy process.

For instance, application for the disabled facilities grant are processed by the housing department of each local council and include two application forms: an initial enquiry application and a formal application, which can be very complex. The council has six months to make a decision on an application and will ask the social services to ensure that the requested adaptations are necessary and appropriate (this is usually assessed by an occupational therapist). Means testing will be carried out in order to identify to which level the individual can contribute to the cost. The success of the application will depend on the results of these enquiries^[90].

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (section 3.4 above), however, has changed the manner in which housing assistance is made available by way of grants: local authorities now have discretion as to the type of help owner occupiers may receive. Despite having the power to provide such grants as mentioned above, local authority apply the policy that owner occupiers should first attempt to help themselves by using such methods as equity release, for instance. Therefore, it seems that grant aid is becoming less and less available or accessible,

and that non-grant sources of funding, such as interest only loans and equity release schemes, are favoured by local authorities.

Interest only loans are mostly for older people, who are lent a sum of money to pay for repairs on their home. The borrower pays a monthly interest only sum and the remainder of the loan is held as a charge on the property.

Equity release means mortgaging or selling part of the home for a cash lump sum or monthly income. According to the government there is an estimated £367 billion un-mortgaged equity tied up in older peoples' homes, many of which are cases in poor housing where much repair is needed [14]. Equity release schemes are still in a developing process, and the Quality and Choice for Older People Housing framework suggests that this scheme will progressively become more popular with the increasing collaboration between lenders and organisations, such as the Home Improvement Trust and the Aston Reinvestment Trust. By providing loans directly to homeowners, local authorities will also contribute to the facilities already in place to fund housing adaptations and improvements [52], extending the assistance to the use of assistive technology [14].

So far, however, equity release pilots, such as 'Care and repair Cymru' in Wales, have not proven to be successful in developing a low cost equity release to raise private funds for housing renewal^[91], further research is therefore needed in this area. A recent review, 'Ready, steady...but not quite go: Older home owners and equity release: a review' (2003)^[92], describes in detail the role and problems of equity release for older people today. Some of the issues, which have prevented a successful start to equity release include: a minimum property value high threshold; excessive administrative costs, and negative attitudes and publicity. Indeed, according to Care and Repair England, "Equity release is the cornerstone of new private sector housing policy. However, equity release has been extremely unpopular with older people to date. It will take a significant shift in attitudes, not to mention the creation of more attractive financial packages, before many older people in poor housing are willing and able to take this course of action. Good, independent advice about options is crucial if older people are to be enabled to make informed decisions"^[93]. This need for independent advice available to older people when considering equity release is an important matter and is supported by Help the Aged, which provides guidance as a broker service (or equity release advice service)^[94] to direct older people towards the best solution for their needs^[95].

In comparison, for older people renting their homes, the funding of repairs and adaptations is different. For those whose tenancy started after 24th of October 1961, under the **Landlord and Tenant Act 1985**, the landlord is responsible for most repairs. Concerning those renting from housing associations and the council, under the **Secure Tenants of Local Housing Authorities (Right to Repair) (Amendment) Regulations 1994**^[96], which gave rise to the Right to Repair Scheme, and depending on the nature of the repair, the landlord must attend to the problem within a certain amount of time. If, according to a tenancy agreement, the landlord is not responsible for such a duty, the tenant may then apply for a home renovation grant such as that described above. The Housing Green Paper [24] outline (section 2.3) aims to achieve better quality and protection for tenants of all sectors, so that safer and more suitable accommodation is made available.

Despite the availability of grants and other assistance for housing adaptations, the current situation remains problematic in some respect. For instance:

- HIAs are of great benefit to older people by helping them make improvements to their home; however, their small-scale nature does not cater for the level of demand, thus leading to waiting lists. In addition, HIAs are not implanted in all areas across the UK, which means that a number of older people have no way of accessing their services [51].
- Lack of information may also pose a problem, as older people are not always aware of the fact that grants are available and that HIAs can provide assistance.
- As grants accessibility is subject to means testing, this may be difficult for a population whose money is often bound in equity.
- Equity release options are still in development and older people are not accessing this money to use for adaptations and repair.

Lack of information does necessarily mean lack of provision of information, as Age Concern and Help the Aged are two charitable organizations, which supply older people with information with a list of grants available and details on applications procedures.

5. Non-governmental Organizations and pressure groups

5.1. Structure of Independent Organizations

As mentioned within the last two sections of the present report, the UK government is not alone in its efforts to improve the quality of life of older people. Many non-profit organizations, i.e. charities as well as academic institutions, also bring their contribution, both in terms of influencing policy-making and research, and also in the funding of various programs throughout the UK. These organisations are also heavily involved in campaigning and raising awareness, and in lobbying the government to improve lives of elderly people. Non-governmental organisations can work independently or in collaboration with the government and rely mostly on private donations for funding.

5.2. Organizations concerned with older people in general

The UK counts several charitable organisations working for the benefit of older people in general; however, two of the most influential charities are Age concern England and Help the Aged, who are involved in educational, recreational, information providing, PR, research and policy activities. Their influence can be illustrated by the Millennium Debate of the Age for instance, led by Age Concern (in partnership with BUPA and Legal & General), which encouraged private individuals and organisations, public and voluntary bodies to participate and share their views on improving the quality of life of older people with an aim to impact the shaping of governmental policies^[97]; or by Help the Aged's efforts to see older people included within the government's agenda [82]. This is a non-exhaustive reference to some of these organisations' work; for further information, please visit their websites (www.ace.org.uk, www.helptheaged.org.uk).

5.3. Organizations concerned specifically with housing for older people

The work performed by charitable organizations is so great that it cannot be made justice here. The following section will thus only cover a few organisations. For a more comprehensive list please, please refer to the 'Quality and Choice for Older People's Housing: A strategic framework' publication [14].

Organizations concerned specifically with housing for older people include: **Abbeyfield Society**, which is a national charity providing housing with care for older people (www.abbeyfield.com); **Anchor Trust**, which provides care, support and housing for older people (www.anchor.org.uk); **Care and Repair England**, which develops and promotes new initiatives with the aim to help older people stay in their own homes (www.careandrepair-england.org.uk); **Elderly Accommodation Counsel (EAC)**, which is a great source of information for both elderly people and their carers on housing issues (www.housingcare.org/); **Foundations** (The National Co-ordinating Body for Home Improvement Agencies), which is funded by DETR to develop the Home Improvement Agency described above (www.foundations.uk.com); **HOPE Network**, which started after the European Year of Older People, is a European based charity organization aiming to enhance housing for older people (www.hopenetwork.org.uk); **Housing Corporation**, which is a public body funding and regulating Registered Social Landlords in England, focuses on good practice and has produced two especially interesting documents: 'Health and Housing: the big Picture' [28] and the 'Strategy for Housing Older People in England'^[98]; and the **National Housing Federation (NHF)**, which represents the independent social housing sector, and counts 1,400 non-profit housing organizations currently in membership; between them, they own and manage around 1.4 million homes.

6. Pilot schemes

There are many schemes for older people in the UK and below are only but a few, which cater for information support, home adaptations and people's independence, for instance:

CAREdirect is a pilot study developed by the Department of Health and local councils. The Care Direct help line is an information/referral line for people aged 60 and over, their carers and relatives, for advice about social care, benefits, health and housing. The hope is that people can receive or be directly transferred to the person they need with only one phone call [14].

The Quality Mark Scheme (<http://www.qualitymark.org.uk/>) is a "Government-backed register which gives consumers a simple and reliable way to identify reputable builders and other tradespeople who carry out repair, maintenance or improvement work on their homes"^[99]. This scheme is of particular relevance for older people, as it will ensure that they find reputable and reliable builders for their home repairs. A national register of builders will be produced, which will also allow for an effective complaint system [14].

Pilot Scheme to Test Choice-based Housing Lettings Approaches^[100] was introduced following the Housing Green Paper [24]. These pilot projects involve both local authorities and Registered Social Landlords, and aim to enhance the people's choice in their housing. The ODPM is allocating £11 million to the support and evaluation of these pilot schemes, their policies and practices.

Older Women’s Co-Housing Project is a housing project initiative, based in London, which is a response to the needs of older women “who are all housed separately at present but want to be rehoused together. Aged from their early fifties to seventies, they want to share activities and offer each other support as they get older”^[101]. The project involves self-contained housing, where older women from that particular community can live and support each other in their particular needs [14].

Smart Homes are often defined as “a residence that uses a home controller to integrate the residences various home automation systems (putting devices together). Integration of the home systems allows them to communicate with one another through a home controller”^[102]. Smart Homes aim to provide older people and people with disabilities with a safe environment at home, within which they can continue living, and enable users to control and automate various features, which assist them in their daily living. Older people can be monitored by the Smart Home system to alert third parties if they were in any difficulties, thus ensuring a sense of security for the user. A number of Smart Homes, which have been developed in the UK, have been specifically designed to demonstrate the technology for older people and people with disabilities. Devices such as door openers activated by telephone have not been considered for use within the care sector, but Assistive Technology is now becoming more accepted by the care sector and environmental control systems are beginning to be incorporated into the care provisions for elderly people. Smart homes caters for an environment that can be constantly monitored for reasons of safety, and may also perform tasks that an individual is unable to perform such as turning lights on or off. Smart Home therefore aims to enable and empower the older person, as well as facilitate in the rehabilitation of individuals [102]. For further information on smart homes and their benefits, please visit the Smart thinking website: <http://www.gdewsbury.ukideas.com/index.html>.

7. Summary assessment

7.1. Overview of national situation

Older people’s situation in the UK has much improved over the last twenty years as many efforts have been made to improve their quality of life with such initiatives as CAREdirect, the recent Social Exclusion Unit, a National Strategy for Neighbourhood Renewal, ‘Using Telecare’ [12] and the Age Positive Campaign. The government is putting great emphasis on the need for links between strategies and policies, particularly between housing, social care and health [47] in the care of older people; a drive which is demonstrated by the NSF for Older People (section 3.2. above) and the implementation of the Supporting People program.

Following the NSF for Older People, attention and funding have been oriented towards further research and development projects and initiatives for the study of older people and the relationship between their housing, health and wellbeing. The present Enable Age study (<http://www.enableage.arb.lu.se/>), funded by the EU as part of the policy to improve the quality of life of older people, is an illustration of the current drive for research. Other examples include a study, ‘Towards a health and housing strategy’, by Enterprise 5 Housing Association, or a study by the University of Birmingham Centre for Urban and Regional Studies, ‘Housing and Health – a scoping study’, which looks into the relationship between poor health and housing [28].

However, the aforementioned are only the tip of the iceberg, as various other bodies, such as the Government, universities and charitable organizations, carry out further research in this direction.

Nevertheless, some findings still demonstrate that the situation of older people is not optimal and key areas of concern remain, especially in relation to age discrimination and housing issues; moreover, the overall situation of older people in the UK appears to be better on paper than in reality. For instance, considering that the UK population is steadily ageing due to low birth rates and longer life span, despite a growing number of elderly who own their homes, they are nonetheless increasingly ‘property-rich’ and ‘cash-poor’, which is the case for those who are on low income^[103]. Efforts such as equity release pilots have so far been unsuccessful in combating this problem.

7.2.Key issues and dominant problems

Key issues in relation to older people in the UK include: age discrimination, poor/inappropriate housing, poverty, lack of consideration for special groups including ethnic minorities, women and those suffering from dementia, negative attitude of society, lack of information, social exclusion, fear of crime, insufficient transport, lack of speedy/convenient/specialized health care, to name but a few [14].

Age Discrimination

Age discrimination can affect all areas of an older person’s life, including their health and well-being, their ability to remain in employment, to gain education and pursue leisure activities; as such, age discrimination is thus a major problem in the UK.

Instances of age discrimination are rife in the employment sector where age may be a determinant for employability and recruitment, notwithstanding the fact that many people reaching the retirement age would rather remain in employment, but are forced to step out. Age discrimination occurs despite the fact that there seems to be greater success in trainability of older workers^[104]. Furthermore, the financial sector operates an age discrimination policy in relation to loans: older people face many difficulties in obtaining personal loans, let alone student loans, which effectively restricts access to education to the older generation. The health service is also subject to age discrimination, with evidence of older people waiting longer in A&E^{xxiii} departments or to receive outpatient appointments, and of the application of an age limitation policy as regards rehabilitation, resuscitation and routine breast screening services. Furthermore, the provision of community care is also affected by an individual’s age [104]. In addition to the above, age discrimination can also be found in the voluntary sector with, for example, age restrictions on driving.

Age discrimination still applies despite the government’s pledge to root out discrimination, as highlighted in the NSF for Older People (section 3.2. above).

Poor Inappropriate Housing

The problem of poor, inappropriate, and/or available housing is a major issue for the elderly. As mentioned in section 1.3, 4.2% dwellings in England are considered unfit with 40% of single people over 60 years of age are likely to be living in unfit housing^[105].

^{xxiii} Accident & Emergency

1 in 4 houses in the UK were built before 1919 [52], and 1 in 10 of all households of those age 60 and over require essential modernization [10].

Unfit housing can contribute significantly towards ill health and accidents among older people's problems [14]. It is estimated that the NHS spends £2.4 billion on treatment of illnesses that are the result of poor housing^[106]. In addition 'falls are among the commonest causes of death in older people, 40% of fatal accidents occur in the home and 85% involve people over 65 years of age' [52]. Poor housing has also been proven to negatively affect the well being of older people, contributing to psychological illnesses such as depression [52]. 'Simple' activities, such as getting up and down door steps, using staircases, stepping in and out of the bath, and opening/cleaning windows have been identified as being problematic issues to older people living in their own homes^[107]. Housing adaptations may help resolve many of these problems and would thus enable older people get around their home more easily, consequently positively affecting their well-being and restoring their independence [52]. However, there remain issues as regards the funding of adaptations, which is sparse, and aid equipment and adaptations, which are not easily available. In addition, telecare systems need to be made more accessible if older people are to stay in their own homes safely [104]. In this regard, the government recognises that there is a need to address the problem of unfit housing for older people and acknowledges that there should be further efforts put into providing housing adaptations [14].

Housing problems extend from ordinary housing to include sheltered accommodation and care homes as well. Sheltered housing have been under criticism for various reasons: some argue that these accommodations are not in sufficient numbers [104]; whilst others suggest that sheltered housing cause segregation and are seen as 'special needs' establishments which do not promote independence or inclusion [51]. Furthermore, complaints have arisen about sheltered housing being 'difficult to rent' and their limited facilities are considered to be inadequate.

In its report, 'Home Alone: The housing aspects of community care'^[108], the Audit Commission questioned whether current sheltered housing were adequately located and of suitable quality. The report highlighted that 87% of local authorities had 'difficult-to-let' sheltered units, which, it was suggested, was due to the growth of care homes, along with a desire for older people to stay put. Lack of information was also another factor as many older people and their carers were unaware of such accommodation. The report further stated: "the principle of community care makes it harder to justify tying resources to property rather than people. Sheltered housing must accordingly re-invent itself as provision of older people who prefer the presence of a supportive community or it must re-think the levels of need it is able to support. If it does not it will face serious questions about its relevance in a system which can deliver high levels of support in ordinary housing" [108]. It thus appears that, in its current state, sheltered housing does not seem to successfully provide an alternative to either care homes or staying put options [12]. Similarly, very sheltered accommodations are also subject to criticism as they, too, appear to be difficult to let; in addition, questions have been raised as to their value for money and overall financial viability.

Problems in relation to care homes have also been identified, a major one being the question of funding abilities, as a large number of older people are often faced with the inevitability of selling their property or other assets in order to pay for their care.

This situation, apart from its inherent complexity, has inspired a strong sense of unfairness. By contrast, earlier criticisms that care homes are not 'homely' have faded to some degree [51], and been replaced by the concern that, with the emphasis on staying put, care homes are met with negative attitudes and the benefits which follow an individual's choice to move into a care home tend to be neglected. Indeed, there is a common attitude that moving into residential homes is a negative move, which implies a loss of independence and a failure to remain in the community. However moving into a home can create a gain of independence, with a decrease in stress and an increase in social activities. The fact that the positive aspects of care homes, when the move is based on a personal choice, are overlooked means that many older people may miss out on a beneficial living arrangement [51]. Another issue is raised by the fact that most people living in residential homes are very frail, with an estimated 20% of the residents suffering from some form of dementia [51]; this could be cause for some concern to other residents who may be disturbed by the latter, and to the individuals with dementia themselves, as the specific care required for their needs may not be available in this particular care setting.

It is apparent that the majority of older people prefer to remain in their own home (as early as 1994, a survey of 9000 older people showed that 84% wished to stay in their own home for as long as possible [91]). In addition to poor and/or inappropriate housing, which, as seen above, may arise in many housing sectors, other factors may affect older people's ability to live at home independently [52]. These factors, which include: lack of transport, lack of appropriate heating and support such as home help, lack of security i.e. fear of crime, and lack of information (to name but a few), are now further discussed below.

Poverty

In the UK, a quarter of the pensioner population live below the poverty line, with 17% living in a permanent poverty^[109]. It appears that older people are a greater risk of falling into poverty, with single pensioners, particularly women, more likely to be on a low income. This risk is even higher if the head of the household is from an ethnic minority background^[110]. Female pensioners are thus the poorest group of the older generation, with only 49% receiving full basic pension compared to 92% of male pensioners, and those aged over 80 years being more prone to deprivation^[111]. Furthermore, 1 in 3 pensioners do not claim their income support, suggesting that the government is 'failing to lift the poorest pensioners out of poverty' [111].

Cold Homes

Cold homes can be a major problem for older people, especially with regard to health, as this situation contributes to both respiratory and pulmonary diseases in older people, accounting for a large majority of winter deaths with those aged over 60 [24]. Moreover, the cold homes situation is to be considered alongside poverty and poor housing issues facing older people.

Specific Needs Group

There is a lack of consideration for special needs groups within the elderly population, particularly as regards ethnic minorities, women and those suffering from dementia, as their numbers are growing in the UK today. Indeed, the number of black, minority ethnic, and refugee households is increasing faster than the rest of the population; and a problem arises in that there is a lack of appropriate housing and other services that are sensitive to the particular/cultural needs of these groups.

A report by Age Concern has identified the different housing conditions of ethnic groups and found that black, ethnic minority and refugee groups often live in very poor housing in inner city areas [13]. Furthermore, language and cultural issues can often cause problems for these groups in gaining the appropriate information and support [24]. In addition to the lack of culturally appropriate services, these groups may be faced with a lack of cultural awareness and racism, evidence of which has been found within both health and social services in the UK [104].

Lack of Information

Lack of information extends to older people and their carers across the board, implying that the latter are not often aware of the types of support and benefits that are available and to which they may be entitled; a situation, which is examined in the Age Concern/HACT report 'Where can I go?'^[112].

Better information provisions would contribute to solving several issues faced by older people, including finding out about different types of housing available, home improvement entitlements, social exclusion/inclusion programmes and cold homes remedies. In addition, providing professionals and carers involved in the care of older people with increased information relating to the latter's needs would contribute to a better and more specialised quality of care for older people.

Social Exclusion

Social exclusion can take many forms and touch various areas of a person's life, and covers exclusion from: material resources (deprivation, poverty), from social relations (social isolation, loneliness, non-participation in common social activities), from civic activities (attendance of meetings, civic engagement), from basic services (in the home and beyond the home) and neighbourhood exclusion (perception of neighbourhood and neighbourhood security)^[113].

Social exclusion is becoming more and more recognized as a problem area for older people, and can be related to poverty and fear of crime. Research has shown that 45% of older people live in poverty, 2/3rd of which reported to having a poor or very poor quality of life^[114], which could be explained by the fact that some pensioners/older people with low income may opt to cut out on some basic services, such as gas/electricity, water and telephone, in order to make ends meet [113]. Furthermore, 28% of older people have either had their home broken into or vandalised; consequently, 2/5th of elderly fear such crime being reiterated [113].

These factors may contribute to a feeling of powerlessness and vulnerability for older people. This may lead to social isolation and loneliness, which have often been associated with depression, poor health and mortality [12]. Other contributors to social exclusion include low levels of social contact, age discrimination and lack of information and transport; as for instance, many older people rely on public transport for mobility and for participation to social activities.

The Social Exclusion Unit (http://www.socialexclusionunit.gov.uk/SEUs_work.htm) has been created to inspire new policies towards reducing such a phenomenon; however, to date, the main targets of the Unit are: Children and young people, Neighbourhood renewal, Rough sleeping and Reducing reoffending. There is little explicit and direct reference to the situation of older people, who are certainly the population group most likely to suffer from social exclusion.

Fear of Crime

Fear of crime can affect a person's well-being and quality of life, and many older people are afraid to venture out from fear of being attacked or robbed. A lack of visible police presence and poor care of public areas are factors considered to contribute to older people's fear of crime [104]. In addition, a lack of information on available security devices and support systems may also add to already existing fears. Fear of crime, if not tackled, can result in social exclusion and poor mental health.

Insufficient Transport

As many older people rely on public transport, without sufficient transport, it is difficult for them to be fully mobile and to live independently. Indeed, research has shown that mobility is essential in maintaining independence, sustaining social networks and combating social exclusion and isolation. Problems of mobility can also cause low morale, depression and loneliness^[114].

Inappropriate Health and Social Care

There is a lack of speedy, convenient and specialized health and social care for older people, as their specialised needs are often overlooked. This can be illustrated by the poor availability of assistive devices in preventing falls, a common problem in the elderly. Moreover, diversity, choice, and quality of care within the services available to older people are often limited. One major problem is lack of communication (joint working) between different agencies involved in the care of older people, which can lead to for example inappropriate, slow, and inflexible care [24].

Negative Attitude of Society/Ageism

There currently exists a negative attitude towards older people in the UK society, as older people are often subject to prejudice and considered as lesser individuals [104]. Ageism within society includes negative, derogatory or abusive behaviour directed towards older people, and contributes to creating a negative stereotype/image of older people, which can be conveyed through the media's portrayal and employment practices. Ageism, which permeates all sectors (including health and social care, employment and education for instance), and the negative attitude of society towards ageing can lead to a loss of confidence and self esteem in older people, contributing to poor mental health and social isolation/exclusion.

7.3. Any suggestions under discussion on how to solve those problems

The UK government has, to some degree, addressed many of the aforementioned issues by producing policies (as described in section 3 above), which recognise their importance and the need for action. As such, the policies are a step forward and encourage relevant bodies to operate the necessary changes towards solving these issues. In the following sections, some of the ideas behind achieving these changes, particularly within the context of housing, are highlighted.

Plans to deal with issues of **age discrimination** within health and social services are dealt with by the National Service Framework for Older People which can be found at the Department of Health website (<http://www.dh.gov.uk>). The hope is to eradicate negative attitudes towards older people and any limitations to care based on age.

Other examples of movements to deal with age discrimination include the Age Positive campaign and a Code of Practice on Age Diversity in Employment published in 1999 (www.agepositive.gov.uk).

Dealing with **housing issues**, the focus here on enabling older people to continue living in their own home and solutions have included: improving housing design, by Lifetime Homes (a partnership between Habinteg and the Joseph Rowntree Foundation, <http://www.habinteg.org.uk/lifetimehomes/>) and other design guidelines described in section 4; improving the funding, provision and availability of housing adaptations, repairs and improvements, with such schemes as the Quality Mark Scheme and the investment of £5 billion to renovate properties and build new homes according to 'Building a Better Britain for Older People'^[115]; working on improving equity release possibilities for older people, releasing money for repair; and so on. The introduction of technology is also believed to be an affective way forward to improving the housing needs of older people, enabling them to continue living independently in the community and addressing both safety and security needs. Examples of the benefits of technology include Telecare and *Smart* homes (section 6), which are an advancement on the current community alarms. Supporting People (section 3.4) also has a crucial role to play in the future of housing for older people, by supporting services to provide for specialized needs. In addition, financial help, in the form of a guaranteed minimum income for pensioners on income support and the Home Energy Efficiency Scheme, is expected to solve some of the issues related to poverty and cold homes, and will also contribute to enabling older people to live independently in their own homes. Other ways in which older people's housing issues are being approached can be seen in more detail in the Strategic Framework 'Quality and Choice for Older People's Housing' [14], which expresses the view that adopting a more integrated, holistic, inclusive, involving and preventative approach to the housing and related needs of older people is the way forward. The Framework puts an emphasis on providing greater diversity and choice, information and advice, a more flexible service, and stresses the importance of quality and joint working.

Joint working has been a major focus point in solving issues of older people emphasized in the two most important documents for older people at present, which are the NSF for Older People and the Quality and Choice for Older People's housing strategic framework. Joint working is considered by the government and other experts in the field to be a crucial factor in providing adequate services for older people. Heywood *et al* [51] and Bernard & Phillips^[116] agree that an integrated social policy approach is needed and that 'housing is central to an integrated social policy' [51]. Many people today realize that good housing is a key factor to good physical and mental health, therefore steps to improve housing will also be contribute to improve health. The Best Value Framework in Housing Framework^[117] was published to help local authorities improve the links between housing, care and support. In terms of developing a more joint working approach, however, it has been recognized that there is a need for appropriate tools. The recently introduced Single Assessment process (SAP) for older people by the Department of Health is a tool, which has been developed with regard to the second standard of the NSF for Older People with the hope of achieving a more person-centred care^[118]. The assessment tool is a collection of scales, questions and other information, to provide a rounded picture of an individual's needs and related circumstances^[119]. It has also been recognized that a link between the use of the SAP by the health and social services and housing authorities should be made^[120].

The government views that it would make more sense for all the factors, which influence a person's well-being, to be considered together at the same time [120].

With respect to **health and social services**, the New NHS Plan and the NSF for Older People support a more home-based care service, with an increasing emphasis on the use of technology and joint working in providing a more efficient care service, and with an aim to help older people live independently in their own home. Only time (and auditing) will tell how beneficial these interventions are. In the meantime, ideas on how to solve problems of unspecialized and slow care for older people are being addressed by the NSF for Older People through the introduction of the SAP for instance.

In relation to **special needs groups** and the issues that are currently raised, such as a lack of diversity and choice within housing for women and ethnic minorities, the government has suggested to include and evaluate the needs of vulnerable people, as well as to follow guidance, such as those published by CIOH/FBHO/Housing Corporation [24], on good practice in the delivery and care of older people from black and minority ethnic groups. As regards women and those suffering from dementia, however, there does not, at present, seem to be any guidelines available although there are some initiatives, such as 'Older Women's Cohousing' (section 6), which aim to address this group's special needs.

To tackle the problem of **social exclusion** a special Social Exclusion Unit was set up by the government to both prevent the occurrence and revert the existing social exclusion in England, to tackle criminality, and to ensure that all people receive basic minimum standards in all areas such as health, employment and education. The government plans to tackle social exclusion by promoting inclusion through community renewal strategies. The Neighbourhood Renewal Unit (<http://www.neighbourhood.gov.uk/>) was launched to enforce the government's New Commitment to Neighbourhood Renewal National Strategy Action Plan^[121] (a.k.a. National Strategy for Neighbourhood Renewal), which aims to tackle social exclusion by making people (including older people) feel safer in their community and by providing them with improved services. Other social regeneration programmes include 'New Deal for Communities' (<http://www.neighbourhood.gov.uk/ndcomms.asp>), 'Health Action Zones' (<http://www.haznet.org.uk/>) and 'Health Living Centres' (<http://www.ohn.gov.uk/ohn/partnerships/hlc.htm>). These neighbourhood renewal strategies will also contribute to addressing poverty, housing and other issues relating to older people. New technology is also expected to play a preventative role in social exclusion by means of telecare systems, through bringing information to the home and providing access to society in this way [12].

Technology has been considered as solutions to unfit housing, health care and social exclusion, and may also be an important means of resolving the issue of lack of information, using technology to bring information to older people via the Internet or telephone services such as CAREdirect. The recent 'Communications Act 2003' will, in time, also contribute to remedying the lack of information availability to people with disability. Technology will also help in tackling the fear of crime by providing more security for older people, in the form of CCTV and alarm systems for instance.

Issues regarding **transport** and **improving attitudes** towards older people are also being considered by the provision of bus passes and, again, through the Age Positive campaign; however, more action and development are needed in this respect.

The above information gives a small idea of the type of solutions that are under discussion for improving the situation of older people in the UK today. For further information about how the government plans to improve housing for older people, please refer to the strategic framework 'Quality and Choice for Older People' [24]. Many policies and commitments (see Appendix 1), as well as pilot schemes have been put into place. It is debatable, however, whether these plans are adequate or facilitated for the right reasons. The involvement of older people is considered a positive way forward, and, although there have been attempts by charitable organizations and some governmental initiatives to include older people's perspectives in policy making, it nevertheless seems that 'policy initiatives and service provision are shaped by the assumptive worlds of policy makers and service providers' [51].

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9. Appendices

Appendix 1: Summary of Governmental Interventions

Below is a summary of governmental interventions towards reaching the goals set to improve the quality of life of the elderly. For further information, please refer to Building a Better Britain for Older People (1999).

Goal	Action
Healthy Living	<ul style="list-style-type: none"> • Introduced plans in <i>Our Healthier Nation</i> paper to help people remain free from illness and disability for longer. • Making older people's health a priority for the new Health Action Zones and health improvement programs. • Investing £21 billion more to modernize and improve the NHS • Abolishing eye test charges for over 60s from April 1999.
Income	<ul style="list-style-type: none"> • Setting a guaranteed minimum income for pensioners on Income Support of £75 a week for single people and £116.60 for couples • Encouraging pensioners to claim their entitlement • Making a guarantee that pensioners will not pay tax unless their income rises above a level set by the Government in the Budget in Spring 1999
Employment	<ul style="list-style-type: none"> • Published a Code of Practice for Age Diversity in Employment to promote the employment of people of all ages. • Extending the New Deal to older workers to allow them to retrain • Providing extra flexibility to allow members of occupational pension schemes to take partial retirement.
Travel	<ul style="list-style-type: none"> • Introducing a new minimum concessionary bus fare scheme for all pensioners • Setting aside £50 million to improve rural buses
Home Improvement	<ul style="list-style-type: none"> • Cutting VAT on fuel. • Providing £500 million to help with winter fuel bills. • Investing £5 billion to renovate properties and build new homes
Care and carers	<ul style="list-style-type: none"> • The Royal Commission on Long-Term Care reported in 1999. • We will publish a consultation draft of the Long-Term Care Charter. • We have published a 'National Strategy for Carers'. • We will publish a National Service Framework for Older People in April 2000
Active Lives	<ul style="list-style-type: none"> • Consulting on what can be done to increase opportunities for volunteering • Promoting lifelong learning for all ages. • Encouraging libraries to meet the special needs of older people. • Funding free entry to museums and galleries.
Consultation	<ul style="list-style-type: none"> • Supporting the 1999 UN Year of Older Persons • Setting up Better Government for Older People pilots and a new 'learning network' to share best practice in providing services to older people. • Organizing research on older people's attitudes and ambitions. • Working with business leaders and scientists to respond to the changing needs of older people.
Tackling crime	<ul style="list-style-type: none"> • Setting aside a further £250 million on crime reduction and prevention • Investing £217 million to tackle drug-related crime • Introducing plans to crack down on unscrupulous doorstep sellers.

Building a Better Britain for older people, DSS. 1999, accessed 20.10.03
http://www.dwp.gov.uk/publications/dss/1999/older/html_index.htm

Appendix 2: Overview of the UK Government

It is important for the Enable Age team to understand the implications of the repartition of governmental powers within the UK. Indeed, when proposing policy recommendations for the improvement of housing and living conditions of older people, it is necessary that the processes for consideration, planning and implementation in the different regions and subsequent local authorities be taken into account. This particular section has thus set the context within which the policy recommendations will have to be framed.

Scotland

The Scotland Act 1998 provides the constitutional framework for Scotland's exercise of its legislative and executive powers. Scotland has a Parliament comprised of 129 elected members and has the power to enact both primary and secondary legislation. However, the Scottish Parliament cannot legislate on 'reserved matters', as only Westminster can do so. These matters are specified in schedule 5 of the Scotland Act 1998 and include such issues as the constitution, defence & national security, macro-economic & fiscal affairs, social security and 10 other subjects on the list. Scotland also has an Executive, the head of which is elected by Parliament. The Scottish Executive is constituted of 11 ministers, including a First Minister and a Deputy Minister.

Wales

The Government of Wales Act 1998 created a National Assembly for Wales, called the Senedd, which is constituted of 60 elected members and which fulfils both an executive and legislative role. The National Assembly for Wales remains extensively subordinate to the UK Parliament and can only legislate for secondary legislation (i.e. orders, regulations) or through delegated legislation as Westminster retains both the power to produce primary legislation in devolved areas and its authority over the legal system and police affairs [i]. The Senedd is a corporate body also fulfilling an executive role by delegating executive powers to a First Secretary, chair of the Executive Committee. The National Assembly for Wales can enact secondary legislation in such areas as culture, education & training, health, social services and thirteen other areas which are all listed in schedule 2 of the Government for Wales Act 1998.

Northern Ireland

The Good Friday Agreement (10.04.1998) provided for the creation of a Northern Ireland Assembly (NIA) comprising of 108 elected members, and a Northern Ireland Executive constituted of 12 ministers, including a First Minister and a Deputy Minister. Due to the delicate peace process over Northern Ireland, both the Assembly and Executive have been suspended four times between 2000 and 2003. To this day, neither has resumed their functions. Considering the exceptional circumstances of Northern Ireland, devolution is thus a different matter from the previous cases of Scotland and Wales. When functioning normally, the legislative framework, defined by the Northern Ireland Act 1998, determines the repartition of powers into three sections, namely excepted, reserved and transferred powers.

Excepted matters (Schedule 2 NIA 1998) are areas on which Westminster only can legislate and cannot be transferred to the NIA. Reserved matters (Schedule 3 NIA 1998) are issues, which may be transferred to the NIA by way of Order from the Secretary of State provided the Assembly benefits from cross-community support. Finally, transferred matters are those that are neither excepted nor reserved. These cover such matters as education, social and regional development.

England

Since its creation in 2002, the Office of the Deputy Prime Minister is responsible for “policy on housing, planning, devolution, regional and local government and the fire service”.

Regional government

Under the Regional Development Agencies Act 1998, England is divided into nine regions: East Midlands, Eastern (East of England), London, North East, North West, South East, South West, West Midlands and Yorkshire & the Humber. An RDA comprises from 8 to 15 appointed members and aims to promote economic development and regeneration; business efficiency, investment and competitiveness; employment and sustainable development in its dedicated area (section 4 RDA 1998).

In its White Paper *Your Region, Your Choice, Revitalising the English Regions* [ii], the government made clear its intention to provide each of the English regions who so wishes with an elected assembly, to which the RDA would be accountable. The role of regional assemblies, who do not have legislative powers, will be to “develop a strategic vision for improving the quality of life in their regions, in particular improving economic performance. They will be responsible for setting priorities, delivering regional strategies and allocating funding. In addition, elected assemblies will have a significant influencing role...”. Two of the primary responsibilities of the regional assemblies are to set up regional housing and public health strategies addressing, amongst other issues, the improvement of social housing and the reduction of health inequalities. The creation of regional assemblies is set out in the Regional Assemblies (Preparations) Act 2003. As of today, Regional Assemblies are still to materialise.

Local government

Within the regions, counties, unitary authorities and metropolitan districts form the bulk of local government. Whilst counties are a two-tier system, with distinct county and district councils, unitary authorities and metropolitan districts are both single-tier councils. Local government’s function is to provide state services to the people at a local level. Local authorities can be described as ‘multi-functional’ as they cater for a wide range of services, which J. Kingdon classifies as: protective (e.g. fire and police services), environmental (e.g. public transports), personal (e.g. schools), recreational (e.g. cultural events), commercial (businesses development), promotional (development of employment opportunities) and regulatory (implementation and monitoring of both national and European standards) [iii].

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