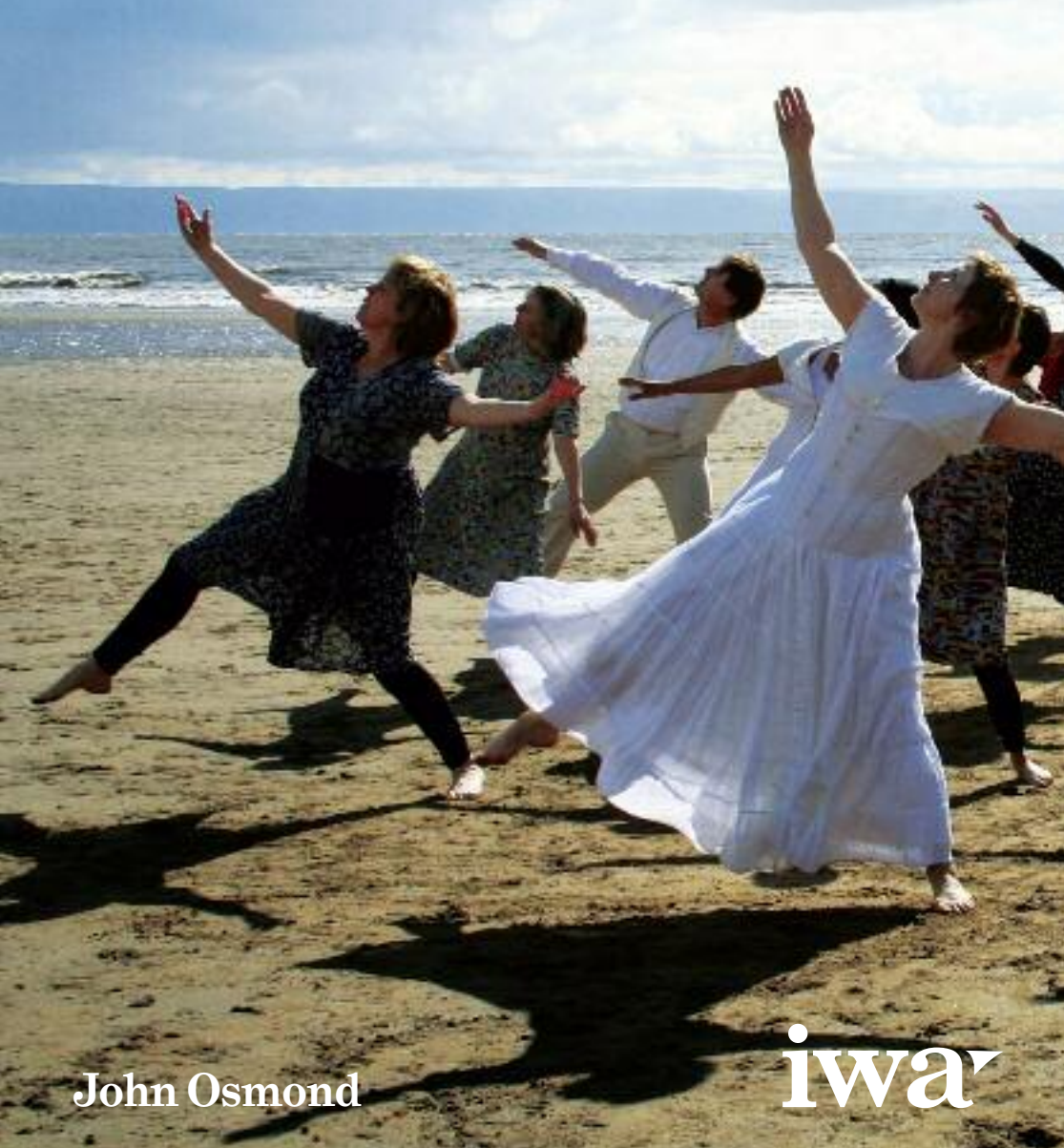


# Adding life to years

Welsh approaches to ageing policy



John Osmond

iwa



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John Osmond is Director of the Institute of Welsh Affairs, and has written widely on Welsh politics, culture, and devolution. His books include *Crossing the Rubicon: Coalition Politics Welsh Style* (IWA, 2007); *Welsh Politics Come of Age: Responses to the Richard Commission* (Editor, IWA, 2005); *Birth of Welsh Democracy: The First Term of the National Assembly for Wales* (Editor, IWA, 2003); and *Welsh Europeans* (Seren, 1997). A former journalist and television producer, he is a Fellow of the University of Wales Institute, Cardiff.

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# Adding life to years

Welsh approaches to ageing policy

## John Osmond

The past is a foreign country,  
but so is old age, and as you  
enter it you feel you are treading  
unknown territory, leaving your  
own land behind. You've never  
been here before. The clothes  
people wear, the idioms they  
use, their pronunciation, their  
assumptions, tastes, humours,  
loyalties all become the more  
alien the older you get...  
Kindness is what matters, all  
along, at any age – kindness,  
the ruling principle of nowhere!

Jan Morris  
*Trieste and the Meaning of Nowhere, 2001*

**Cover photo:** Cardiff-based theatre dance company  
*Striking Attitudes* performing during the making of  
their film *Remains To Be Seen* at Dunraven Bay,  
Southerndown, in the Vale of Glamorgan. The short film  
celebrates the grace, vitality, inner strength, spiritual  
pose and experienced physique of the older dancer.

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## Introduction

The independent Older People's Commission for Wales aims to provide strategic leadership and be an ambassador for older people's issues. We want to engage in public discussion about attitudes to ageing because understanding and influencing the views of the public about the experience of older people is a vitally important part of developing policy. As one means of taking this work forward, we have asked John Osmond, Director of the Institute of Welsh Affairs to write this paper on some of the issues around ageing and the specific policy context that is evolving in Wales. The paper has been informed by a seminar of experts, which was of great value not only for this publication but also in informing the Commission more generally.

It is important that contemporary discussion on ageing engages with a wider audience than experts and professionals in the field, those working in government, academic institutions, and the public and third sectors. It is also important that it engages all generations. Our understanding and expectations of growing older are changing and there is a pressing need to promote the rights and dignity of older people and to tackle prejudice and discrimination. It will be harder to move further and faster on an agenda for change in Wales if many ideas and assumptions about ageing remain unexamined and unchallenged.

The next stage of this project will involve discussions with people of all ages, looking at views and expectations of ageing and the contact between generations. This document is a contribution to a continuing conversation and we hope it will stimulate thinking and debate. It will certainly assist the Older People's Commission's **own** thinking and forward planning.

### Sarah Stone

Deputy Commissioner  
Older People's Commission for Wales

## Preface

Extended old age is a modern phenomenon, and a tremendous achievement for contemporary society. It should be a matter for celebration but we often talk about it as a problem. *Older People are a Problem* is the title of one of our leading novelists, Emyr Humphreys' recent works. Inevitably, older people pick up the message that they are a burden on society, overcrowding the health service and so on. In many ways, however, the reverse is true. Older people are a huge asset to society, providing most of the volunteers that sustain the third sector. To a large extent they are the most active part of our community. They are a huge resource to younger people growing up.

Ageing is one of the most important issues in public policy today. Wales, alongside other western nations, is experiencing a significant population shift towards greater numbers of older people, corresponding with fewer numbers of younger people as birth rates have fallen. This will have considerable effects at every level of society. As individuals we are likely to live longer and have longer periods of life spent in retirement, which will affect families and wider communities. Collectively, the provision and costs of public services, especially supporting people in their own homes and care home charges together with pension provision, present major challenges.

This paper explores specifically Welsh responses to these demographic changes, in particular the Welsh Government's policy which has been developing in a number of innovative ways since 2003. That year saw the appointment of a Minister for Older People which was followed by legislation for the appointment of a Commissioner for Older People, thought to be the first of its kind in Europe. Indeed, these interventions led some commentators to observe that Wales was "leading the world" in its vision and strategy for older people. Certainly, the initiatives have opened up many possibilities for innovative approaches to policy. This paper is aimed at contributing to the debate on how some of these might be taken forward. Specifically, it engages with the emerging agenda of the Older People's Commissioner herself, Ruth Marks. How best can she marshal the resources at her disposal? What should be her priorities? How best can she balance responding to immediate pressures with putting effort into influencing longer term issues?

A major theme of the paper is that society as a whole needs to re-think its attitude to ageing and see the process in more positive terms than is generally the case. Faced with contemporary culture's obsession with youth and celebrity

this will be no easy task. However, everyone has an interest in participating in this debate. For whoever we are and whatever we do, we are all ageing. In future older age will be a much bigger proportion of our lives and one in which we will look for the same quality of life as when we were younger. Moreover, we will need the particular contribution older people can make if we are to adjust successfully to the changing balance of society.

In addressing this and other aspects of the agenda facing the Older People's Commissioner, there is an inevitable tendency to concentrate on the difficulties that we experience as we get older. There is also a temptation to treat older people as some kind of homogenous group. But older people are not a class. They are not even a coherent interest group or community. Being of a certain age is not as central to people's day-to-day experience as, for instance, being a woman, a man, being gay or being seriously mentally or physically disabled. Broadly, older people are often happier than other age groups. They only tend to identify themselves by their age when they face problems associated with being old.

Consequently, there is a danger in a paper of this kind in overly concentrating on the problems associated with ageing, and thereby addressing the concerns of only a minority of older people. We need to acknowledge that for most of the time most older people do not experience life as a problem. What this means for the Older People's Commissioner is that, as well as addressing frontline concerns such as age discrimination and the affordability of care homes, she needs to be an advocate for a broader agenda of adding life to years. This will embrace such wide-ranging concerns as developing more resilience in our young people to better fit them for dealing with the prospect of living longer, designing more appropriate housing, and finding more creative ways of engaging older people with the arts. Some ideas on these and other themes are explored towards the end of this paper.

Publication of this paper marks the end of the first phase of a year-long project the Institute of Welsh Affairs is undertaking in association with the Office of the Older People's Commissioner for Wales. It will be followed by a series of focus group interviews with different generations of people, leading to a further report, and will culminate in conferences in north and south Wales in the late Autumn of 2010. The aim is to explore a range of issues that are of concern to older people to give them greater salience among Welsh policy makers and to generate greater discussion and public debate around them.

In preparing this paper I have benefited from extended conversations with Ceri

Black, former Head of Age Concern England's European Resource Unit; Hugh Gardner, former Director of Social Services with the City and County of Swansea and recently an adviser to the Welsh Government; Rhian Huws Williams, Chief Executive, Care Council for Wales; Robert Taylor, Director, and Bernadette Fuge, Chair, of Age Cymru; Graham Williams, Consultant on Community Services for Older People with the Welsh Government; Vanessa Burholt, Professor of Gerontology and Director of the Interdisciplinary Centre on Ageing at Swansea University; Bob Woods, Professor in Clinical Psychology with Older People at Bangor University; Angela Fish, former Director of the Wales Centre for Intergenerational Practice at the University of Glamorgan; Joanna Latimer, Professor of Sociology at Cardiff University; and Viv Sugar, Chair of Consumer Focus Wales.

Apart from Ceri Black and Professor Burholt, all were able to attend a weekend seminar held in mid Wales during late January 2010 to discuss an initial draft of this paper. At the seminar they were joined by Ruth Marks, the Older People's Commissioner for Wales; Sarah Stone, Deputy Older People's Commissioner for Wales; Alun Thomas, Head of Review, Examination and Policy with the Office of the Older People's Commissioner for Wales; Gordon Lishman, former Director General, Age Concern England; Judith Phillips, Professor of Gerontology at Swansea University; and Stevie Upton, Research Officer with the IWA.

I am grateful to all who have participated for their time, advice and encouragement. Needless to say, however, none are responsible for the views set out here which are my own and which represent a layperson's rather than a professional's perspective.

**John Osmond**  
Director, IWA

# 1 | Our outlook on ageing

Ageing is a matter of perspective. Some regard retirement as a watershed to old age. Yet the age of entitlement to a state pension – still set at 65 in Britain, but shortly to advance to 67 – is entirely arbitrary.<sup>1</sup> It has been attributed (apocryphally) to Germany's first Chancellor, Otto von Bismarck. When pressed to pay pensions to war veterans in the 1880s, he is said to have reluctantly agreed. When further pressed to set an age when they might receive their pensions he is reputed to have demanded, "How old are they when they die?" His officials replied, "Around 65". Whereupon, he is said to have retorted, "Then they get their pensions at 65!"<sup>2</sup>

The reality, of course, is that ageing starts long before 65 and continues long afterwards. There is no absolute way to distinguish ageing from development or to separate growing up from growing old. Perhaps growing up and growing old should rather be thought of as on a continuum of growing into and out of life. With so many people living so much longer, we need to re-think the whole process of ageing. During the last 100 years the average length of life has leapt from 35 to 65 years. Within 20 years or so half of the adult population will be over 50. One in four children born today can expect to live beyond 100.

Another way of thinking about this shift in demographics is to compare today's process of gradual ageing with what happened a generation or so ago. Up to the mid part of the 20<sup>th</sup> Century most people lived their working lives on a plateau to their mid-sixties, and then fell off. Typically they succumbed to cancer, cardiac or respiratory illnesses. Today, however, most people just live on. They may suffer from illnesses that would have ended their lives in previous generations, but suffer from them as chronic conditions ameliorated by ever more sophisticated medical interventions. Many others, of course, remain fit and healthy well into old age.

Increased longevity derives principally from reductions in peri-natal mortality, substantial reductions in communicable diseases (in the main the result of clean water and better sanitation), improved diet, and greater activity. For the first time in history individual medical interventions, especially around blood pressure and statins, are beginning to have a statistically noticeable effect. The key factor is not length of life itself. Rather, it is the length of the period of morbidity towards the end of life. There are important questions here about health inequalities, but broadly most people are living longer lives with comparable periods of ill-health towards the end of life.

If current trends persist the UK Government Actuary's Department predicts that the UK population over 65 years of age will triple from about 4.6 million today to 15.4 million in 2074. Meanwhile, the population over 100 years of age will increase from 10,000 now to a million in 2074. As one recent study has put it, "The future is not just old, or even very old, but is also extremely old. We are voyaging into a new realm of human life that has hardly existed before, and about which we know very little."<sup>3</sup>

Population projections for Wales suggest that the increasing proportion of older people in the total population will continue well into the future. Life expectancy for men is predicted to rise from 76.4 years in 2004 to 80.3 years in 2024. For women the rise will be from 80.7 years to 84 years in the same period. The projected population growth for over 65s and over 85s in Wales in the coming decades is shown in the following table:

**Projected population growth of over 65s and over 85s in Wales**

	2007		2020		2030	
	Number	%	Number	%	Number	%
<b>Over 65</b>	719,000	24%	890,000	28%	1,044,000	32%
<b>Over 85</b>	70,000	2%	98,000	3%	150,000	5%

In marked contrast to these figures, the number of people aged under 20 is forecast to decrease from approximately 719,000 (24 per cent of the total population) in 2007, to 710,000 (22 per cent) in 2020.<sup>4</sup>

The Welsh Government has acknowledged that these demographic changes will bring considerable challenges.<sup>5</sup> The most immediate impact will be economic, with fewer people of working age having to support more who are in retirement and claiming a state pension. Of course, the concepts of 'working age' and 'in retirement' are highly fluid. The reality is that many people cease full-time employment before they reach pensionable age and many others continue working after it.

As people age the incidence of long term conditions including dementia rises proportionately, especially among those over 80 years. Although still affecting a minority, dementia is expected to increase by 30 per cent in Wales by 2021.<sup>6</sup> The result will be increasing demands on public services such as the NHS and social

care. Today the central challenge to policy makers is to devise programmes that anticipate and manage the threats to independence and maintain people's quality of life as engaged citizens. This means developing services which sustain and restore independence and enable people to retain control of their lives even when they have to depend on others. This contrasts with overseeing services that act essentially as emergency responses to moments of crisis in the ageing process.

Although ageing affects everybody, as a policy arena it tends to be confined to those with professional responsibilities for older people. Yet policies being planned now will have an impact on young people who are far off retirement age. Moreover, as people live longer, the potential for their interface with younger generations is extended and their contribution to society becomes more crucial. This is one of the opportunities of ageing. Today more people have great-grandchildren than ever before. Ageing policy is policy for all ages.

One impact of the creation of the National Assembly a decade ago was the assertion of a holistic approach to ageing policy. The Welsh Government's *Strategy for Older People*, launched in early 2003, broke new ground with its emphasis on citizenship and participation of older people and capacity building within their communities. The focus was more on the quality of life of older people rather than the more traditional emphasis on maintaining individuals in social care settings. It also dealt with discrimination against older people and the need to promote more positive images of ageing.

The strategy set in train a ten-year implementation plan overseen by a Cabinet sub-committee to ensure a cross-departmental approach within the Welsh Government. A Deputy Minister for Older People was appointed together with the formation of a National Older People's Partnership Forum for Wales. In addition there was a commitment to establish an Older People's Commissioner for Wales to "promote a culture of respect for human rights through providing systematic advice and guidance to public bodies".<sup>7</sup> The Welsh Government's holistic approach embraced in these initiatives led two observers to judge that:

*Wales leads the world in its vision and strategy for older people. However, the challenge is to implement its vision given that not all powers (benefits and pension provision; and long-term care funding arrangements, for example) are devolved to the Assembly Government.*<sup>8</sup>

The extent of the challenge has been quantified at length by the Welsh Government itself in a recent analysis of population trends and the impact of long

term trends on older people in Wales up to 2031. It concludes:

*Demographic shift, increased life expectancy due to improved lifestyle, the impact of new technologies and reduced mortality will mean that by the year 2030 there will be a greater proportion of the population living with a chronic condition and/or cancer than there is today. However, the demographic shift will also mean that there will be disproportionately fewer individuals of working age to both support and care for the aged in society. The burden of the cost of a state funded health and social care system will also be placed on the shoulders of the taxpayer of the future already burdened by the costs of the global economic slowdown seen today. In order to face these challenges we need to take bold steps in planning and restructuring our state care systems. We will need to radically invest in primary and community services, recognising that average general practice list sizes in Wales will need to be reduced in order for GPs and their teams to deal with the increasing complexity of care in the community. This means the training and employment of a far greater number of doctors, nurses and professionals allied to medicine than we see at present. It will require greater investment in our social care services and an increase in community based facilities, as more and more elderly live out their lives supported in their own homes, or care facilities. We will need to refocus our efforts on the systematisation of care for chronic diseases with increased use of information technology to monitor care and improve the quality of service delivery. A greater emphasis will need to be placed on empowering individuals to care for themselves and this will mean better information provided to patients and their carers. It may well be cost effective to broaden this education to the general population in the middle years of life for the major chronic diseases.*

*Decision makers now will be the cared for in the future, which should focus the mind to the task in hand. Urgent action is needed, with clear plans being put in place, to incrementally spend a greater proportion of our resources on health and social care over the next two decades, on services targeted to meet the challenges we will all face.*<sup>9</sup>

In themselves these conclusions are uncontroversial. However, the underlying philosophy and approach is simply to carry on doing much the same, but to a much greater extent and more effectively. What the thinking so far avoids is the sheer scale of the demographic changes that society is about to experience. As Professor Bob Woods, a specialist in ageing at Bangor University, put it, "The number of people over 80 in the UK is expected to double over the 40 years from

1985 to 2025. It's unprecedented. We've never lived in times like these." <sup>10</sup>

Two urgent questions arise from this analysis. How are we to communicate the magnitude of the demographic changes taking place to society as a whole? How are we to persuade them to want to allocate the increased resources, against other priorities, that will be needed to respond adequately? One of the themes of this paper is that we will need a fundamental shift in our underlying attitudes and approaches to ageing if we are to answer these questions positively.

Forward thinking on ageing policy led by the Welsh Government has provided us with a platform to respond. In particular the appointment and office of the Older People's Commissioner for Wales provides us with the mechanism for engaging in a debate. This is one in which we persuade society to move from merely managing the process of ageing, to regarding it as an opportunity to add to the fulfilment of life as a whole.

It is in everyone's interest to be aware of and to contribute to this debate. So far, however, it has been confined to a handful of imaginative policy makers within the Welsh Government, the NHS, some parts of local government, and some service providers, including housing agencies and older people's campaigning organisations. If we are to engage wider society the debate must be framed in ways that make it relevant to them. In short it must be about how we understand and live our lives as a whole. Of course, it impinges most directly on how we live and care for ourselves towards the end of life. As one commentator has put it:

*The critical issue is for more and more people to turn their attention to examining what makes up a life, rather than mere existence, for older people in homes and at home.* <sup>11</sup>

Yet this question 'what makes up a life?' is one that should be asked at every stage of our lives. In asking it we can see how far we can be diverted from this central question by yielding to a temptation to segment our lives into ages and, indeed, into stereotypes of ageing.

## 2 | Ageing stereotypes

Are our concepts of being 'old' and 'old age' out of date? How useful is it to categorise everyone over the age of 65 as 'old'. Research has shown that, as might be expected, perspectives on age depend in the first instance on how old you are. That is to say, the older a person is, the later they believe 'old age' starts. In an attitude survey carried out by researchers at the University of Kent in 2006, the oldest group of respondents - those aged 75-plus - felt that old age started at just over 70. On the other hand, the youngest group of respondents, aged 16-24, estimated old age starting at around 55. In terms of the 'end of youth', the oldest estimated age for this was 57 whereas the youngest age was 37.<sup>12</sup>

These contrasting perspectives suggest that the phases of old age discussed below are merely stereotypes, based on ideas about age which are outdated and actually damaging to attempts to understand the course of life and rethink our approach to it. Nonetheless, we tend to divide our lives into phases based on age ranges and the experiences we associate with them. Policy makers have tended to divide the experience of ageing among older people into at least four stages:

### 1. Fifty to retirement

This has been seen as a time when people typically start contemplating their retirement, thinking about their pension, and the opportunities they might explore. They may begin to acknowledge for the first time that they are approaching older age. They may have experience of dealing with the issues and concerns of their own parents.

### 2. Retirement to later 70s

For many this can be a golden age, an opportunity to have their gap year in their middle sixties. As a group this generation might be called the 'silver skiers', perhaps tempted to spend their children's inheritance. For them the onset of old age is an exceptionally positive period in their lives. They have money, time, health and energy and a world that is more accessible than ever before. Cheap flights are one dimension. Another is the Internet, which has opened up a world of communication that was unimaginable to this generation when they were growing up. In general, too, their health has improved. Today, many people in their 70s have a level of fitness that they would have had at 60 a generation ago. People are gaining 18 months in these terms every ten years.

It is true that these attributes and experiences tend to be those of the middle classes, but by the time people today reach their sixties the middle class



encompasses quite a large group of people. Having said that, around 80,000 pensioners in Wales rely totally on the State pension and other government benefits and have no other source of income. This equates to approximately 21 per cent of single pensioners and 7 per cent of pensioner couples.<sup>13</sup> Inequality also has a stark geographical dimension in Wales. So, for example, in addition to living longer, people in Monmouthshire are also likely to enjoy 11 additional years of good health when compared with their counterparts in Merthyr Tydfil.<sup>14</sup>

### 3. Later 70s to mid 80s

The middle to late 70s is seen as a tipping point for many people. It is seen as a critical time for making changes, especially around ensuring their accommodation will enable them to remain independent.

### 4. Mid 80s to 90s

For many life begins to become more of a struggle. This is the time when people tend to need more support from others and a minority enter care homes. People tend to become less outward looking and more self-preoccupied as they need more help. Cognitive impairment, often the result of dementia, increases rapidly after 80. Women are especially affected, but this is simply because they live longer than men. Relationships and social networks have a greater tendency to break down.

As has been emphasised, these categories or stages in the ageing process should come with a health warning. It is impossible to place everybody into a single straitjacket that describes older people's experiences of ageing. An important question is whether this kind of categorisation is useful at all. We need to listen to what older people themselves have to say about this. A recent project carried out by researchers at Glyndŵr University interviewed 39 people aged over 50 years living in different parts of Wales to assess their perceptions of ageing. It reported that:

*Generally, there was resistance to ageing across the sample with respondents preferring to see themselves as young, until circumstances dictated otherwise. The younger respondent group (approximately aged 50-65) tended not to see themselves as older people and their expectations of, and fears for, old age were informed through the experiences of (mainly) significant others (including parents and other relatives). In contrast many of the older age group (over 65 years) had experienced, first hand, some of the exigencies of older age (including loss of spouses, increasing frailty, and in some cases, poor health). Whilst many still resisted the label of being old, for them increased perception of vulnerability and the prospect of (if not*

*actual) loss of independence were in sharp focus.<sup>15</sup>*

Rather than thinking primarily in terms of these four stages of ageing among older people, a better way of describing the process may simply be that it varies according to each individual's experience. At the same time, there is an emphasis amongst policymakers on what is termed 'life course planning'. This is an effort to gain a whole-life perspective on the ageing process.

### 3 | As we get older

The challenge is to persuade society more generally to take a holistic view of ageing, and regard life more as a seamless process which should be understood as a whole rather than segmented into, for example, Shakespeare's seven ages. In his romantic comedy *As You Like It* the playwright suggested that "All the world's a stage" on which in our time we play many parts, beginning with "the infant, Mewling and puking in the nurse's arms ...", and ending with:

*... second childishness and mere oblivion,  
Sans teeth, sans eyes, sans taste, sans everything.*

Undeniably, such attitudes are deeply embedded. Yet unless they change we will continue to devalue the later years of life, rather than seeing them as much a vital, indeed as essential an experience as any other, a continuum in which every part is part of the whole and a preparation for what follows.

It is noteworthy, therefore, that this was acknowledged by Welsh policy makers from the start of the Welsh Government's new thinking about ageing. So, for example, in their 2002 report *When I'm 64 ... and more*, the Advisory Group on a Strategy for Older People, observed:

*At any point in our lives we should be able to look back at our contributions and achievements, but also to look forward to those contributions we have yet to make, the achievements still to come ...older people are usually considered against the context of their past, rather than their future.*<sup>16</sup>

And earlier they argued that a change of culture towards older people is needed:

*Our vision for an ageing society in Wales must deal with the whole of society rather than breaking it down into separate parts.*<sup>17</sup>

Only if we make this kind of shift in our thinking will we have a chance of preparing effectively for the demographic challenges that will confront our children, grandchildren and their children.

It is no coincidence that the Welsh Government's Advisory Group called their report *When I'm 64*. It is, of course, the title of one of the Beatles' most famous lyrics that would have been held in the minds of most members of the Advisory Group whose formative years were spent during the 1960s. The lyrics

were published in June 1967, part of perhaps the Beatles' most successful album, *Sgt Pepper's Lonely Hearts Club Band*:

*When I get old and losing my hair  
When I'm sixty-four  
Will you still be sending me a valentine?  
Birthday greetings, bottle of wine ...*

More than 40 years later these lyrics reveal an intriguing view of ageing from the perspective of young people who were in their twenties in the 1960s. For them to be 64 was to be 'getting old'. Yet today the 67-year-old author of the song, Sir Paul McCartney, is still composing, still performing, is still a global celebrity, still has a full head of hair, and continues to be much photographed alongside his latest girlfriend, 49-year-old Nancy Shevell.

So ageing is, indeed, very much a matter of perspective. How would Sir Paul define 'getting old' today? Might he place the phenomenon as starting somewhere in his eighties? In other words for today's generation in their sixties, 'getting old' is probably much further on than they imagined it would be when they were in their twenties. A problem with such speculation is that it is simply that: 'getting old' is just another phase in our unknowable future. As Jan Morris put it, in the comment quoted at the outset of this paper, as you enter old age "you feel you are treading unknown territory, leaving your own land behind you". This is part of what ageing is, but at the same time it does have some predictable challenges.

It does not prevent us wondering what getting old will be like, maybe worrying about it, and if we are sensible planning to position ourselves to avoid the pitfalls and give ourselves the best chance for a fulfilling old age. We may choose to enhance our pension contributions, take stock of our lifestyle choices, and think about how manageable our situation may be if we become less fit. Of course, being human we may also observe that mainly it is other people who are 'getting old', especially our relatives, rather than ourselves.

One of the great benefits of inter-generational communication is that it can provide insights for younger people to counter-act the overwhelmingly negative image that ageing generally has. A recent study found that half of all people under the age of 24 have no friends over 70, and vice versa. The same data showed that those without intergenerational friendships are also more likely to hold negative beliefs about the competence of people over 70.<sup>18</sup>

It is hard to project notions of a 'good old age' in a society so obsessed with youth culture. Against this, many prevalent images of 'getting old' are over-associated with infirmity and illness, as the Welsh Government's Advisory Group put it:

*Many older people are fit and healthy and want to be valued for their potential to contribute now and in the future, rather than being seen only in the context of their past. However, old age is seen typically as a process of infirmity and illness. This is replicated throughout society, for example the road sign warning of old people crossing the road shows two hunched old people, both leaning on sticks.*<sup>19</sup>

Yet, even with much older people, the reality can be quite different. In his late eighties at the turn of the 21st Century, the late Professor John Lewis, who originally hailed from Bedwas in the Rhymney Valley, now lived alone in a small house in a Somerset village, having moved from Penarth to be near his son. He was virtually house bound. Yet within the confines of his limited surroundings he managed to live a rich and varied life, and was a source of humour, advice and delight to all who visited him, which of course made them visit often.

Professor Lewis was attached to the Institute of Education at the University of London, but spent most of his life abroad, in Africa and the Far East. Qualifying in chemistry from Cardiff University in the 1930s he became a teacher and then head teacher in Nigeria, and subsequently taught in a university in Ghana. On the transition to Zimbabwe's independence in the early 1980s he was invited to become Vice Chancellor of the country's National University. Later he became Vice Chancellor of the University of Papua New Guinea, only retiring in his late seventies. By the time he reached his late eighties his second wife had died and illness meant he was rarely able to leave his home.

However, his time was filled with activities, planned out with meticulous thoroughness from week to week. Mornings would be spent reading the papers and journals – he subscribed to the Literary Review, the Times Literary Supplement, and the London Review of Books - listening to a set piece of music on his Bose system, and dealing with correspondence. The afternoon would be set aside for a programme of reading. Although a scientist his main interests by this time were the humanities, and especially history. He was collecting and reading the complete works of the Dutch Renaissance humanist Erasmus. These took up some 100 volumes, the later ones yet to be completed, and he hoped to be still alive by the time the final volume was published. Evenings would be devoted to television documentaries and dramas, some recorded, and

more music. And, of course there would be visits, from family and later nurses on a regular basis to deal with his medical needs. It is true to say that all who visited him looked forward to doing so, found him a delight and a source of much counsel.

It might be argued, with some justification, that Professor Lewis was an unusual man, an intellectual with many rich and varied experiences to draw upon, and so hardly typical. So what lessons can be drawn from the way he conducted his last years for the discussion being developed here? There are at least three. First, and most important, he provided an inspiration for all who knew him of how even a seemingly restrictive older age can be a life well worth living, with constant sources of interest and engagement. Secondly, he was a man of some resilience, a quality that, as we shall see, is gaining currency as an essential resource for ageing that should be cultivated in younger people. Finally for all these reasons, and despite many vicissitudes of health, he remained until very close to his end, staunchly independent, and a fount of much wisdom.

## 4 | **Headline concerns for older people**

Professionals working in the field, including the Older Peoples Commissioner for Wales, have identified the following headline concerns for older people:

1. **Challenges of living on a fixed income.**
2. **The complex interface between social services and the NHS.**
3. **Independent living and care home charges.**
4. **Isolation and loneliness, especially in rural areas where lack of public transport is a common problem.**
5. **Age discrimination.**
6. **Dementia.**
7. **Dignity and respect.**
8. **Ill-health prevention.**

### **(i) Income**

Around 80,000 pensioners in Wales rely on the State Pension and other government benefits and have no other source of income. This equates to approximately 21 per cent of single pensioners and 7 per cent of pensioner couples.<sup>20</sup> Approximately one in ten people in Wales who were due to retire during 2009 expected to have as little as £10,000 or less a year to live on. Around 61 per cent of people due to retire feared that they would not have enough money to enjoy their retirement comfortably.<sup>21</sup> Even for those with incomes above benefit levels, older people in Wales are significantly less well off than those in England and Scotland.

In a worrying trend for the financial circumstances for Wales' future pensioners, more than half of current workers on below average incomes do not have any pension provision in place, be this a scheme run by their employer or a pension arranged by themselves. Of people aged 30-60, around a third have no pension.<sup>22</sup> As many as 119,000 pensioners in Wales are estimated to be living in a household with an income level below the poverty line.<sup>23</sup>

### **(ii) Interface between Social Care and the NHS**

The complex interaction of providers that deliver public services to older people is among the most challenging issues facing policy-makers. Co-ordination is important at several levels. Ideally, there should be a seamlessness in the way different professionals work together to achieve a rounded assessment and

delivery of a person's needs. Different providers should collaborate in exchanging information delivering care, helping people to pass smoothly between services, such as into and out of hospital. There should also be an emphasis on achieving a strategic approach to ensuring the delivery of an appropriate range and balance of services. Yet in spite of real progress, these are continuing challenges for the NHS and social services and are not consistently achieved across Wales.

The biggest challenge remains shifting the balance towards more care in the community. It is clear that there are some older people in hospital, and many more in residential homes, who could be more appropriately treated and cared for in their own homes by community-based services. This is important for older people because they are often particularly vulnerable in a hospital setting. It is also a critical for the services themselves in making the best use of their resources. Success can only be achieved by all agencies within a locality working together to reconfigure services within an overall plan which is understood and owned by the community. The key priority is for the services to work together to enable older people to remain safely at home or as close to home as possible in receiving the care and treatment they need.

Social care services in Wales currently support over 150,000 people, the majority of whom are older people. They account for £1.1 billion in public spending and employ more than 70,000 people. Social care services are delivered by around 1,800 public sector, private and voluntary organisations located throughout the country. Local authorities plan and then provide directly or purchase care services. They link at a local level with many other services, such as housing, education, youth services, leisure, economic and community regeneration.

As at 31 March 2009 the number of care homes for adults in Wales was 1,187 and the number of registered beds was 26,824. These were divided between homes providing personal and nursing care, as shown in the following table:

### **Care home provision in Wales at March 2009**<sup>24</sup>

	Number of homes	Beds
Personal care homes	890	14,454
Nursing care homes	297	12,370

However, in 2008 there were only 12,766 people aged over 65 with public funding in care homes. In spite of the demographic trend the number of placements have been falling from a high of about 22,000 people per year in 2004, to 14,117 people in 2008. This equates to a fall of 11.5 per cent in the rate of placements to 24.5 per 1000 of the over 65 population. This will to some extent have been offset by a greater number funding their own care.<sup>25</sup>

The Welsh Government report *Fulfilled Lives, Supportive Communities: Improving Social Services in Wales 2008-2018*, published in February 2007, predicts that by 2016 there will be:

- Increased demand for services and support for people with high care needs over longer periods of time.
- An increase in people aged 50-60 who provide informal care, but partly offset by more women in the workplace and by people choosing to work more years.
- An increase in lone living, particularly for older men.
- High demand for services from those of 85 or over.

The paper says service delivery will need to change to tackle these developments along the following lines:

- Better assessment and care management should lead to better solutions and outcomes. People will receive services which are proportionate to their needs, effective and provided at the time they need them. Local partners need to ensure that the appropriate professional help is sought.
- Individuals must be given the opportunity and financial assistance to design their own support. Self-care can enable people to maintain their independence and help them lead lives that are as fulfilling as possible. The Welsh Government will work with local authorities, the voluntary sector and service users to develop opportunities which encourage both self-care and independence.
- The Welsh Government's recently appointed 'Carers Champion' will, in partnership with others, develop a refocused, modern carers strategy, building upon its *Caring for Carers* report. Alongside this, strong local authority policies and structures will strengthen support for carers.

Few would quarrel with these strategic objectives. The problem is in the implementation and in the coordination of change between the NHS and the local authority social care service.

### **(iii) Independent Living and Care Home Charges**

It is undoubtedly the case that most people prefer to live in their own homes even through their frail old age. This reflects the pattern of support. Nearly 65,000 older people receive publicly funded social care although a larger number will be supported by carers. The opportunity to remain at home depends on appropriate housing and these supports.

Meanwhile, the scope for delivering safe care at home has grown with developments in care technology and improvements in housing. These include private sector and housing association retirement accommodation and new forms of 'extra care housing' which for many offer the scope to replace residential homes. Outside Wales retirement villages have successfully offered another option in suitable accommodation with facilities and a range of support. The growing market for support is driving innovation to successfully manage the risks and obstacles that will make living at home easier and safer.

The 2003 report of the Welsh Government's Care Strategy Group showed that, in spite of demographic changes, Wales will not need more residential care if it can change the pattern of services towards more support in peoples' homes and reduce the rate at which people become dependent. This is a challenge for government because it requires significant investment. But the alternative is a substantial increase in residential care which older people are clear they do not want. The degree of demand for residential care largely depends on the inadequacy of support at home and the lack of appropriate housing.

According to HM Treasury's long-term fiscal projections the costs of long-term care are set to increase by 17 per cent by 2027-28. The Department for Work and Pensions forecasting division has suggested that, in 20 years time, the costs of disability benefits for people aged over 65 could increase by 50 per cent.

In the introduction to its consultation document on paying for care, the Welsh Government says, "The current arrangements are complex and unsustainable in the long term. Our goal is to replace them with a system that is simpler, fairer and more affordable for individuals, their families and government."<sup>26</sup>

Wales has taken its own approach to people managing their own care. Direct payments for care have to be offered by local authorities in Wales but in practice have been taken up by a relatively small number of older people. A direct payment is available to people who have been assessed as needing community care and who qualify for help with the cost. It enables people to arrange care for themselves.

England has developed personal budgets as a further step. Personal budgets provide a potentially good option for people who want to choose how their care needs are met and by whom, but who do not wish to take on the responsibility of a direct payment. The local council retains responsibility for commissioning the service.

However, this is not a route the Welsh Government has been keen to follow to date. Inevitably, this will raise the question why people in Wales cannot have the same choice of self directed budgets as people in England. There is also a wider issue about service delivery tailored to the specific needs of individual users. The more this is achieved the more we are likely to deliver support which enhances quality of life. However, such questions have resource implications. As part of tackling these we will need to improve the way we measure the impact and quality of the services we deliver.

The predicted rising cost of long-term care for older people presents an issue in itself since, as stated earlier, it tends to drive a negative view of the achievement of longer life.<sup>27</sup> Nonetheless, many older people face deep quandaries about paying for their care home costs. Those who have savings or own a house worth more than £22,000 and whose spouse or partner is not living in their home have to contribute to the costs of their accommodation. The Welsh Government's recent Green Paper, *Paying for Care in Wales: creating a fair and sustainable system*, estimates average lifetime care costs for 65-year-old men to be £22,300 and for women £40,400.

However, some people will face much higher costs. An average stay in a care home is two years which can cost over £25,000 just for the cost of care; accommodation can cost as much again. But someone with a long-term condition such as Alzheimer's could need several years of residential care and so could face higher costs than this. Just four years of care and accommodation in a care home could cost over £100,000, and some people need residential care for more than ten years. As the Green Paper puts it:

*Although there are risk factors which can make it more likely that someone may need some care in later life, there is no way of knowing whether a particular person will need care at all, or how much it might cost.*<sup>28</sup>

The Green Paper discusses five options for finding the money: (i) Pay for Yourself; (ii) Taxation; (iii) Partnership between the Government and the person who has care needs; (iv) Voluntary Insurance, either private or state-backed; and (v) Comprehensive Insurance.

It is clear from the Green Paper that while the UK Government favours a Partnership model, the Welsh Government is leaning towards provision based on pooling risks across lifespans. This was the preferred option of the Advisory Group it established on the issue:

*Our strong preference for a new model of paying for care is one which is funded by payments from everyone in society, according to their ability to pay, primarily over the course of their working life. We recognise that the main options for achieving this would be increasing general taxation, or establishing a new social insurance fund or National Care Fund to which most people would be expected to pay.*<sup>29</sup>

The Advisory Group advocated establishing a national (all-Wales) system for giving support to those who need care, encompassing a clear eligibility framework and comparable assessment across Wales. However, it is not clear how such a system might operate if the UK government decided to implement a different model for England. Currently, benefits and taxation are non-devolved. Should the Welsh Government contemplate seeking legislative powers to establish its own comprehensive care insurance system for Wales? This would not remove the need for continued, and inevitably complex, negotiations between Cardiff Bay and Whitehall over Wales's overall financial settlement. However, there is no reason why it could not feature as part of the next phase in the overall UK constitutional settlement, necessarily involving Scotland and probably Northern Ireland as well as Wales.

#### **(iv) Isolation and Loneliness**

Societal changes over the last few generations have had undoubted impacts on older people. Some of these include:

- Higher divorce rates.
- Extended family living at greater distances away – sometimes on other continents.
- Four-generation families.
- The pace of change in society – with step-changes tending to take place every five years or so – are more difficult to keep up with the older you are.

The most comprehensive Welsh study of loneliness was conducted in rural north Wales and published by researchers at Bangor University in January 2007. This suggests that enhancing 'social resources' may be the best way of combating what is a central concern for some ageing people, though by no

means all. In their study a larger majority of the participants (71 per cent) said they knew five or more people well enough to visit in their homes. As the researchers say:

*Loneliness is perceived to be a 'problem' associated with old age. However, less than one-tenth of the older population are lonely. Although loneliness increases with age the prevalence in the older population is somewhat lower than the levels of loneliness in the current younger population of Britain.*<sup>30</sup>

The researchers found that poor social resources were related to:

- Increasing age.
- Marital status: widowhood and never having married.
- Migrant status: having moved to Wales from elsewhere.
- Multiple disadvantage.
- Lower levels of life satisfaction.
- Poor health-related quality of life.

And they concluded:

*If we could increase levels of social resources, perhaps we could decrease levels of loneliness and increase life satisfaction. We looked at the other data we had collected to find out what was related to social resources. We found that one-fifth of our sample could not go out of the house without difficulty and that the people who could not go out alone without difficulty had lower levels of social resources than those who could manage. The people that could not manage to go out alone had fewer friends that they could visit in their own homes than others, they were more likely to be women than men, and tended to be older and in worse health than those who could go out alone without difficulty.*<sup>31</sup>

Inevitably, research of this kind fails to pick up the extremity of feeling that attaches to loneliness for some people. In addition, some older people experience anxiety and depression. And even if these are experienced by a minority it is a large minority. The difficulty of quantifying such states coupled with their subjectivity only makes the issue that more intractable, but nonetheless a very real concern.

### **(v) Age Discrimination**

Age discrimination is the most common form of discrimination experienced in later life. According to an ICM poll carried out by Age Concern Cymru in early 2008, in Wales:

- 46 per cent of people report that being treated unfairly because of their age would be a serious concern for them as they get older.
- 57 per cent of people aged between 50-54 and 54 per cent aged 55-64 believe that age discrimination exists in the workplace. This is slightly higher than the figure of 51 per cent for adults of all ages.
- 18 per cent of people aged over 50, rising to 20 per cent aged 65 plus, feel that they have been discriminated against as a result of their age. This compares with 10 per cent aged 35-49.

Of course there are a many different types of negative attitudes to older people, ranging from the more hostile image of a 'cantankerous old codger' to less overtly negative images. A major study into ageism, carried out for Age Concern England in 2006, found that the most insidious and prevalent form of ageism to be what the researchers described as patronising or 'benevolent prejudice' whereby older people are perceived as 'warm' but 'not competent, or 'dodderly but dear'. As they put it:

*This form of prejudice runs parallel to benevolent sexism and is 'hidden' in that those holding these views often do not see themselves as prejudiced. For example, benevolent sexism may involve beliefs such as 'Women are purer and kinder than men', or as in our survey 'Older people should be valued and cherished'. People holding such views may see no harm in them and feel they are positive. However, the disadvantages arising from such attitudes can result in continued socio-economic exclusion of people seen in these ways. At the individual level it can mean infantilising, ignoring or failing to treat older people with respect. At an institutional level assuming lower competence means exclusion from employment opportunities and positions of power or decision-making.*<sup>32</sup>

Regulations have been in place since 2006 to abolish age discrimination in the workplace, and the UK Government is committed to undertake a review on whether the default retirement age should be abolished. This would encourage people to cease work at a time of their own choosing. However, employers would still remain able to judge the competence and contribution of an employee wishing to continue working beyond the 'normal' retirement age, so that business conditions could not be overridden.

The Equality Act, which became law just prior to the 2010 UK general election, will eliminate unfair age discrimination for those aged 18 and over in the provision of goods and services. This will be especially challenging for both the provision of health and social care services and financial services where arbitrary age discrimination has been commonplace. Examples include:

- Refusal to quote, or hiking insurance cover based on age assumptions rather than individual experiences and risk.
- Making decisions on who receives an organ transplant on quality of life assessments rather than solely on clinical judgements.
- A differential approach to screening and other health prevention measures.

Regulation making powers in the Act are scheduled to be enforced by 2012, pending agreement on implementation dates by the new UK Government following the 2010 election.

Given that health and social care are largely devolved, it will be important to minimise exemptions and ensure that regulations are drafted in such a way that existing favourable treatment for older people such as concessionary travel, television licence fee concessions, and free flu jabs can continue.

The Equality Act also places a statutory duty on public authorities to promote age equality. Responsibility for this in Wales has been devolved to the Welsh Government. Regulation making powers enabling this aspect of the Act to be introduced are due for implementation in 2011, again pending the decision of the incoming UK Government following the 2010 general election. Setting out duties as well as enshrining individual rights is of particular importance to older people many of whom are reluctant to challenge discrimination in their daily lives.

### **(vi) Dementia**

Dementia is often depicted as people's worst fear of ageing. It is estimated that around 39,000 people in Wales experience dementia, which is about 5 per cent of the population. This number is set to rise significantly by 2021, to approximately 48,000.

The proportion of people experiencing dementia increases with age. So in the over 75s the proportion is 10 per cent, in over 80s it is 20 per cent, and in the over 90s 40 per cent. One result is there are significantly more women with dementia than men, reflecting the fact that women generally live longer.

People who are more active and have more extensive social networks may develop dementia later than their peers, as may people who are bilingual, which is especially significant in the Welsh context. The likelihood of a person developing dementia is contingent upon the interplay of a number of variables, including genetic inheritance, social class, education, and possibly 'resilience'. If research confirms that this last is the case then it will reinforce promoting resilience as a key component of coping with old age and, indeed, adding life to years.

Despite the negative stereotyping many people live, and remain active with dementia. There are models of support which are exemplars of good practice in Wales and elsewhere. There is practical and positive support that can help people with dementia. We need to move beyond irrational fear. Moreover, there is hope that in future effective treatments will be found.

### **(vii) Dignity and Respect**

A number of international statutes and statements highlight the importance of treating older people with respect and dignity:

- The United Nations Principles for Older Persons includes the declaration that "Older people should be able to live in dignity and security and be free of exploitation and physical or mental abuse".
- Article 8 of the European Convention on Human Rights established a qualified right to privacy, while Article 3 establishes an absolute right for people not to be treated in an inhuman or degrading way by public authorities.

One might assume that respecting the recipient would be a given when services are delivered. However, while intentions are plentiful all too often they are not carried out in practice. Lack of dignity and respect ranges from sheer wickedness to circumstances where a service provider genuinely but mistakenly feels that they are acting in the best interest of the older person. Elder abuse can take many forms and be perpetrated by family members, carers, statutory and voluntary service providers, and complete strangers. A lack of dignity and respect can be as much about acts of omission as acts of commission.

Maintaining dignity and respect can be especially challenging in hospitals and care home environments. Concerns that have been identified include:

- Lack of communication and involvement in treatment and care.



- Staff attitudes and behaviour towards older people.
- Abuse.
- Nurse education.
- The NHS environment.
- Accountability and regulation.<sup>33</sup>

The Health Service Journal has reported that many NHS staff are prone to ageism and are reluctant to work with older people. It reported that derogatory terms such as 'goner' and 'crumble' are common terms used to describe the elderly, and a surgeon was quoted as asking ward staff "how do any of you stand working with all these old people?"<sup>34</sup> Another piece of research found that elderly stroke patients received less adequate care than younger counterparts. In it a poll found almost half of doctors who cared for older people believed the NHS was "institutionally ageist".<sup>35</sup>

It is easy to see how negative attitudes to older people can pervade the home care environment, so that in themselves home care and care homes become denigrated. Qualified nurses and social workers are mainly involved in managing and co-coordinating the delivery of care packages, rather than being directly involved in care work themselves. Care home staff tend to be low paid, frequently part-time, often migrant workers, and like the frailer older people themselves, potentially stigmatised and held in low esteem. As Professor Joanna Latimer, of Cardiff University, has put it:

*One of the problems is that this kind of work is constituted as semi-skilled, maintenance work. The people being cared for, the frail elderly, are figured as having no future, with no prospects ahead of them. They are going nowhere, either in terms of their health, or in terms of their social mobility.*<sup>36</sup>

Care tends to be predicated on meeting minimum standards rather than delivering quality of life. Of course, most care homes are profit-making organisations although the bulk of their funding derives from the public sector. This can lead to a dissonance in objectives. One side is more sensitive to the bottom line, which can militate against hiring good quality and better-paid staff, while the other responds more to the need to improve conditions. This is not necessarily a question of private sector versus public sector values. As argued later, in times of financial restrictions it is often the public sector that seeks to hold down costs, while the private sector presses for increased charges in order to improve standards.

While it is important to emphasise that there are many examples of good care

home practice across Wales, around a third of all residential homes are below the standards set by the care homes inspectorate. As the Relatives and Relations Association in England found in early 2009, in a report that has relevance for Wales:

*Publication of the Commission for Social Care Inspection's latest report on the state of social care in England worryingly reveals that around a third of all care homes for older people are rated as 'poor' or 'adequate' by government inspectors and that 22 per cent of older people assisted by their councils are being placed in such homes. Being rated as poor or adequate means that such homes are likely to have failed to meet a number of the national minimum standards, which inspectors check against when visiting homes. Characteristically, such homes may have fewer staff and as a consequence residents wait longer for such basic needs as food and drink to be met, or assistance to use the toilet.*<sup>37</sup>

In November 2009 the Care and Social Services Inspectorate for Wales analysed the findings of over 90 per cent of care home inspection reports and expressed concern about the following:

- 25 per cent of reports showed that staff did not have the appropriate competencies.
- 25 per cent of reports made requirements on sufficient staff being on duty to undertake their work.
- 16 per cent of reports had requirements in relation to appropriate arrangements for the training of staff in protection of vulnerable adults, an increase on the previous year.
- 29 per cent of reports raised issues about regular supervision of staff.
- 27 per cent of the reports had requirements in relation to the management of medication.<sup>38</sup>

These kinds of concerns are closely bound up with the language we use to describe ageing and older people and, more generally the images associated with the ageing process. As stated earlier this is a diffuse problem and so difficult to grasp. Tackling it must include a culture shift in the approach of society as a whole to ageing, combined with a greater sensitivity on the part of the media to the way older people are portrayed.

### **(viii) III-health prevention and sustaining active lifestyles**

In a recent report on health inequalities in England, Professor Michael Marmot

called for a near doubling of the proportion of health spending dedicated to ill health prevention.<sup>39</sup> He also questioned the effectiveness of blanket approaches encouraging individuals to make lifestyle changes to minimise their chance of ill-health. Welsh health inequality experts, such as Professor Gareth Williams of Cardiff University, have also questioned the balance between placing the onus on individuals to change lifestyles and enabling people in economically deprived communities to exercise changes.<sup>40</sup>

There are a number of excellent examples of community-based health promotion schemes. For example, the Gwent Frailty Project and Torfaen's Intermediate Care Services have reduced delayed transfers of care and excess occupancy of recuperation beds in care homes by providing services in the home. In general, however, we have a poor record in Wales on evaluating and rolling out such successful schemes, whether they are programmes for preventing ill health or for promoting active lifestyles.

Factors that militate against older people leading active lifestyles include:

- A fatalistic outlook or personal resignation.
- Lack of encouragement from others.
- Personal health.
- Concerns about safety outside the home.
- Disincentives to volunteering, such as expenses and taxation.
- Limited access to adult education as funding increasingly prioritises vocational courses and tackling economic inactivity.
- Lack of appropriate transport.
- Closure of local facilities such as post offices and swimming pools.

Opportunities to continue a more active lifestyle often become more limited when an older person becomes less independent. Entering a care home usually means there is less scope for a person to 'do their own thing', as they are required to fit into an institutionalised regime.

In June 2008 BBC Radio 4's *Today* programme reported on an investigation based on covert participation by Deddie Davies, a 70-year-old trustee of *Compassion in Care*. She compiled an audio report on her experience on being admitted to a home, much of which was recorded in situ. She states that care home life was like a "slow death". What her report revealed was an extraordinary level of inactivity and loneliness, with minimal interaction between residents, or between residents and staff. Critically, while the home was clean and meals and basic care were adequately provided, the overall

impression was that people in the home were in a sense stabled. They were 'just waiting', filling in time, and eking out an existence. Deddie Davies pointed out that although she was not particularly frail:

*It's not until you put yourself into the position of utter helplessness that you realize how much more is needed to make the days worthwhile other than being washed and fed.*<sup>41</sup>

There can be little doubt that these observations reflect what is a common experience in many care homes. At the same time there are other examples, especially in relation to dementia care, where care homes have adopted innovative approaches to keeping people mentally and physically active.

## 5 | Welsh Government Policy

Welsh Government policy on older people has developed in two phases, the first between 2003-08, and the second, ongoing, between 2008-13.

### First Phase of the Strategy for Older People (2003-08)

At the start of the first Strategy the Government appointed a Minister for Older People and a National Partnership Forum to advise on policy and to act as a channel of communication with older people and their representative organisations. Published in 2003, the *Strategy for Older People* sets out clear expressions of citizenship rights and an intention to tackle social exclusion, isolation and poverty.

The first phase was most noteworthy for the passage of legislation at Westminster and the National Assembly to appoint an independent Commissioner for Older People, thought to be the first of its kind in Europe. In addition each local authority was expected to appoint a Champion for Older People from among its councillors, generally a Cabinet member, to promote older people's concerns. In the first phase local government played a key role in partnership with the NHS, and the voluntary and community sectors. Local Authority Strategy Coordinators, funded by the Welsh Government, promoted engagement with older people through the establishment of Local 50+ Forums.

An evaluation of the first phase, co-ordinated independently by the National Partnership Forum, identified the following strengths:

- Provision of free swimming in local authority pools and leisure facilities for the over-60s.
- Support for local authorities to develop telecare services.
- Direct support to agencies such as Care and Repair Cymru.
- Support for agencies that nurture local networks of older people.
- Establishment of the LinkAge Wales programme, working with the Department of Work and Pensions. This helps organisations work in partnerships, reduces duplication, delivers preventative services, and promotes greater cost effectiveness.

The evaluation identified negative images of older people, social exclusion, and funding of care as matters that should be given more attention.

### Second Phase of the Strategy for Older People (2008-18)

The strategy's second phase, published in March 2008, focuses on 'mainstreaming' policy in four main areas:

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

A budget of £12 million was allocated to implement the second phase up to April 2011, the end of the National Assembly's third term. Indicators of change were identified in the following six policy areas:

- **Social inclusion:** fear of crime, contact with family and friends, access to transport.
- **Material well-being:** employment rates up to age 65, and work-related education and training for the over-50s.
- **Active ageing:** participation in sport and leisure activity.
- **Social care:** those aged 65-plus receiving help to live at home; those living in unfit or defective housing.
- **Health care:** access to hip and knee surgery.
- **Health and well-being:** healthy life expectancy and disability-free years at age 65-plus.

Taken together these represent a broader range of aspirations and indicators than have been identified in either England or Scotland and provide some measurable targets for when the second phase comes to be evaluated.

It is noteworthy that the material well-being indicator emphasises employment and training rather than increasing rates of pension credit take-up. Of course, in Wales it is harder to influence employment, a reserved area, than training, which is devolved. As elsewhere in the UK, there is much scope for increased take-up of unclaimed benefits which can be important in reducing poverty levels. One example, quoted in the 2008-09 annual report on the *Older People's Strategy*, was the £5.5 million of unclaimed benefit recovered by a partnership of Rhondda Cynon Taf with the Department of Work and Pensions.<sup>42</sup>

Improving access to public services is seen as a route to ensuring participation for older people. A single smartcard for older people to cover use of services such as libraries, leisure centres and buses is being considered. In May 2007 a pilot scheme was introduced offering a first in Britain: free concessionary rail travel for over-60s on two routes – the Conwy Valley and Heart of Wales lines. Pass holders living in the five local authorities of Conwy, Gwynedd, Carmarthenshire, Powys and Swansea became eligible for travel under the scheme.

A recent comparative examination of ageing policy in England and the three devolved administrations, undertaken by the Institute for Public Policy Research, found much in Wales to be praised:

*The Welsh approach seeks to extend some types of universal provision for older people further than the rest of Britain does; for example via a pilot concessionary rail fares scheme and extended free access to culture and leisure facilities. Overall the Welsh strategy looks distinctly social-democratic and has secured cross-party consensus beyond the Labour-Plaid Cymru coalition. It scores highly in terms of removing some barriers to inclusion and mobility ... The Welsh approach seems to be the most coherent long-term commitment to improving the position of older people of any administration in the UK in the last decade. A bolder policy on social care may have been enacted in Scotland, reflecting its greater legislative powers, but the Welsh Strategy appears the most likely of any to ensure a continuing high profile for older people's issues across many policy areas at a local level.*<sup>43</sup>

Militating against these achievements is the relatively modest £12 million budget for the Strategy, to 2011, especially when set against the very tight public sector spending restrictions that can be anticipated for at least the three years beyond 2011. The authors of the IPPR report also wonder about the financial practicality and therefore priority that should be given to commitments to the more costly universal services. Nonetheless, the progress made in older people's policy in Wales during the first decade of devolution should be commended. The various evaluations of the policy that have been undertaken give a clear direction to the priorities that should be adopted in future, not least by the Older People's Commissioner.

## 6 | Emerging themes for the older people's commissioner

The Welsh Government's appointment of the Older People's Commissioner in early 2008, the first such position in the UK and one of the first of its kind in the world, signalled an intention to drive the concerns highlighted in the previous section higher up the agenda. As the Government stated:

*The Commissioner will be a source of information, advocacy and support to older people. As well as representing their interests as a whole, she will be able to look into the cases of individual older people if these raise issues of wider significance. She can consider the effects that public bodies, such as the Assembly Government and the NHS, have on older people and may publish reports with recommendations for change. She will be able to look at providers of Assembly Government regulated care services across Wales and could, for example, hold local authorities or health bodies to account.*<sup>44</sup>

This is an extremely broad agenda, and to make an impact the Commissioner will need to be selective. The thrust of this paper suggests that, given the financial constraints on the Welsh Government and, as already noted, the constraints on its powers – particularly over benefits and pension provision and the funding of long-term care – the Commissioner should emphasise the advocacy role. That is to say, ways should be found both to highlight the concerns of older people but also to take a lead in changing the attitudes of the population as a whole towards ageing. If younger people come to regard ageing in a more positive light and as an issue of central concern to themselves personally, now and not in some indistinct distant future, they are more likely to be receptive to these messages. Six suggestions are outlined here for issues the Older People's Commissioner might prioritise:

1. Ensuring easily accessible sources of information and advice on issues surrounding ageing.
2. Changing attitudes towards ageing.
3. Housing for older people.
4. Enhancing the status of care homes and the care that is delivered within them.
5. Promoting learning about how people can cope and adjust to the challenges of ageing and question their own and others' expectations.
6. Exploring the possibility of Wales emulating initiatives which promote creativity

and engagement in older people such as that promoted by the Irish organisation *Age and Opportunity*.

### **(i) Information**

Provision of easily accessible and reliable information for older people is variable across Wales. This often becomes most evident at moments of crisis when advice is needed on options for an older person who suddenly finds living alone at home extremely difficult. The issue here is more one of timely access to social services than advice. There is some improvement around telecare services but it is not consistent or universal. Lack of other options can sometimes result in a hospital admission as a default position of last resort. In turn this can lead to a spiral of decline in which placement in a care home becomes the only alternative.

Advice is also needed on a range of other issues. For instance it is estimated that in Wales as much as £293 million worth of means-tested benefits are unclaimed by older people.<sup>45</sup> While about half of Welsh pensioners are entitled to Pension Credit, latest figures from the Department of Work and Pensions show that take-up is between 69-76 per cent of those eligible. It is estimated that between £98m and £141m a year of Pension credit goes unclaimed in Wales.<sup>46</sup> Similarly around 10 per cent of Housing Benefit and as much as 40 per cent of Council Tax Benefit goes unclaimed.<sup>47</sup> *The Voices of Older People in Wales* study, referred to earlier, reported that “respondents expressed the need for more freely available information detailing the entitlements for older people. They also highlighted a need for information about ‘reliable’ local trades people”.<sup>48</sup>

The following comments, taken from a recent report *Living Well – Living Independent Lives* on housing and ageing policy, illustrate the importance of appropriate, accessible and timely information for many older people:

*Drip, drip, drip over the window. There was a puddle outside. I didn't know what to do, my husband did the DIY and my daughter lives in Yorkshire. When she visits I don't want to trouble her. I just worried and wondered what to do and how much it would cost. There was a poster in the Post Office and the rest is history.*

*They have to have the time... not like the doctor's – seven minutes. I don't want a call centre or another leaflet ... and I definitely don't want a website ... I want a person.*

*You go to the Council and they say the advice group. They then tell me Care and Repair. I gave up and asked a neighbour and paid for it from my savings ...*

*I want to talk to a real person who listens to what I'm saying.*<sup>49</sup>

While it may not be appropriate for the Office of the Older People's Commissioner itself to take the lead, it could encourage and promote better availability of information and advice services, with an emphasis on sustaining and developing what works. One option would be to promote a new initiative in association with the Citizens Advice Bureau which has recently received an £800,000 grant from the Welsh Government's Department of Social Justice to establish a national Helpline.

### **(ii) Changing Attitudes**

The difficulties of combating negative images of ageing were underlined by one response captured in the *Voices of Older People in Wales* study:

*There are relatively few words to do with being older that are positive, if you put them in front of a description of a person. If you say, for example, 'an old woman' – that's not a positive thing. The only euphemism that is positive that I can come up with at the moment is 'mature' – but then all the euphemisms they come up with just wind up meaning old and that doesn't have much that's positive about it.*<sup>50</sup>

Outlooks such as this tend to sideline more positive attributes of ageing, such as growth in experience and wisdom, and the important role that older people play within extended families, as grandparents for example. As the proportion of older people in society increases so does the potential strength of their collective voice and, not least, their commercial strength as a sector with a relatively large amount of disposable income. In itself these should be major reasons for the media and advertisers to be more positive and upbeat in their representations of older people and the way they frame their discourse around them.

Nonetheless, it is undoubtedly in this arena that the role of the Older People's Commissioner will need to be most evangelistic. One approach might be to follow other sectors and interest groups in finding ways of publicising examples of outstanding individuals and achievements. In the environmental field, for example, Cynnal Cymru-Sustain Wales publishes a Green List of people in Wales who have made an outstanding contribution to combating climate change. In association with the Western Mail, the Institute of Welsh Affairs has

launched the Inspire Wales Awards during 2010. Could there also be a Platinum List of older people in Wales who are making inspiring and outstanding contributions to society?

### **(iii) Housing for Older People**

A longer-term project would be to promote thinking on how future housing developments can incorporate design features more attuned to the needs of an ageing population. In 2005 a report estimated that in the UK falls are responsible for two million hospital bed days a year and 40 per cent of admissions to nursing homes, costing £1.7 billion a year. And it concluded, "Minor safety adaptations to homes can significantly reduce the number of falls experienced by people in later life by up to 60 per cent."<sup>51</sup>

This was underlined by a report on *Housing Our Ageing Population*, commissioned by the Whitehall Department of Communities and Local Government in 2009.<sup>52</sup> In it a panel chaired by Lord Best report on their investigation of a wide variety of housing schemes across Europe. They came to four main conclusions:

- The time has come for a national effort to build the homes that will meet our needs and aspirations as we all grow older.
- We should all plan ahead positively, creating demand for better choice through a greater range of housing opportunities.
- Housing for older people should become an exemplar for mainstream housing, and meet higher design standards for space and quality.
- Local Planning Authorities should play a key role to ensure delivery of desirable housing in great places, tuned to local need and demand.

Their report, which showcases many examples of good practice across Europe, concludes:

*Why do we spend so much time planning our next holiday and yet choose not to think about the rest of our lives? This report challenges the perception that we are worth less as we get older, by suggesting that we are in fact worth more. Learning from built examples across Europe, the panel proposes that housing for older people can, and should, lead the way in terms of space standards, design quality, place-making and sustainability, rather than lag behind. The fact that when we get older we spend up to 90 per cent of our time within our homes turns this unlikely idea into a logical conclusion. And this is not a minority issue. Half of all babies born today will*

*live to 100 years old. We must all ensure that the second half of their lives is comfortable, manageable and fulfilling, and that society recognises their right to a high quality of life.*

There is a strong case for the Older People's Commissioner for Wales to establish an expert group to investigate how the messages of this study can be applied in the Welsh context. This could build on the work of the National Assembly's Social Justice Committee's 2003 report on housing and older people and the 2009 report *Living Well – Living Independent Lives*, by Wendy Bourton, Chief Executive of of Care and Repair Cymru, commissioned by the Welsh Government's Minister for Housing Jocelyn Davies AM.

### **(iv) Long-term Care**

In a situation where most people want to remain in their own homes for as long as possible, the support services to sustain independent living in the home are inadequate and cost more for people with significant care needs. It is generally regarded as easier and cheaper for public services to make provision within care homes than to cater for a myriad of individualised needs within the setting of individual homes. However, there is a need for more research into these assumptions. For instance, one study, carried out at the Centre on Ageing at the University of Victoria in Canada, found the reverse to be the case.<sup>53</sup> As it is, care homes can easily take on the character of a warehouse, with large groups of people brought together under one roof as the most cost-effective way of coping with them.

Local authority social care provision does not give sufficient recognition to issues of loneliness and relative isolation in prioritising access to services. Home care is predicated around maintaining people in their home rather than helping maintain social contacts. Meanwhile, thresholds for care tend to exclude low level and early support.

The major distinctiveness in Welsh policy is its approach to public services which is seen as inclusive of all sectors, that is both private and voluntary as well as public services. There is a clear expectation that agencies within localities will work together to deliver citizen-centred services shaped by people's voice rather than choice. There has been a rejection of escalating market dynamics and adoption of 'clear red water' by building upon a foundation of universal entitlement and equality of service delivered through the public sector.

However, in the key service area for older people – long term care – the substantial majority (of between 70 and 80 per cent) of domiciliary and residential care is delivered via independent, private profit-based organisations. In these circumstances we need to find new mechanisms to drive up the standards of care homes, so that ‘quality of life’ is seen as a major component alongside provision of the more basic services. There may also be opportunities in Wales to develop not-for-profit social enterprises or community trusts which could provide locally-based care and employment.

At the end of the day, the main issue that needs to be addressed is funding. We need to negotiate better contracts between public sector commissioners and private sector deliverers of care homes. Charges should reflect the actual costs of delivering higher quality care, together with the need for private sector deliverers to make a reasonable return on capital, just like other private business. However, at present the main driver of charges is the budget constraints of the public sector commissioners of long-term care.

If working conditions in domiciliary and residential care are to improve more money must be found. Wages in the sector hover close to the minimum wage. This raises questions about the calibre of staff, quality control, and also difficulties in recruitment. For example, jobs in the care sector typically compete with retail employment. So, if a supermarket like Tesco opens in a locality and starts recruiting staff, the availability of people to fill care home jobs can go into crisis.

There are some encouraging trends in Wales which should be developed. For example, minimum qualifications, set at NVQ Level 2, have been established for staff working in care homes. Wales is the first country in the UK to have set qualifications for these staff groups. In Wales, too, a decision has been made that the managers of residential care homes will have to be registered with the Care Council. That means that they will have to hold relevant qualifications and be signed up to the Council’s Code of Practice. The intention is to register the rest of the workforce over the next few years.

The Older People’s Commissioner could explore the prospects of establishing in Wales an organisation, linked to a dedicated housing association, aimed at providing innovative living spaces for older people along the lines of the ExtraCare Charitable Trust in England. This was formed in 1988 and currently operates 30 supported housing schemes and retirement villages throughout the greater Midlands and North of England. The Trust works in partnership with like-minded local authorities, regeneration bodies, other charitable trusts and

developers to enable more older people to enhance their lifestyle.<sup>54</sup>

Ultimately, the funding nettle will have to be grasped, both to improve standards in care homes and to make them affordable. The Older People’s Commissioner should consider leading a debate on a distinctive Welsh approach to funding free personal care for older people. One suggestion is that this could take the form of a National Care Insurance Fund, financed by a hypothecated addition to council tax. The implications of this proposal, and other alternatives, should be the subject of an inquiry led by the Older People’s Commissioner, building on the report of the Welsh Government’s Stakeholder Advisory Group, *Paying for Care in Wales*, that was published in June 2009.

#### **(v) The Resilient Personality**

Researchers at Bangor University have been investigating the concept of ‘the resilient personality’ whose ability to cope with difficulties and overcome problems is seen as being central to successful ageing. This is difficult territory to explore since a concept like resilience, which reflects inner psychological qualities such as self-confidence, self-discipline, self-esteem, curiosity, and intellectual engagement is difficult to quantify. Nonetheless, in 2002 a survey of 1,847 people aged between 50 and 90 across Wales, England and Scotland found, as might be expected, a strong correlation between resilience and well-being.<sup>55</sup>

The question arises whether resilience can be learned or developed in young people in relation to their understanding of what life may be like in their older age. In studying resilient children and their families, researchers have identified protective processes and resources that make some young people more stress resistant and help them develop strength, courage and positive mental health. These so-called ‘protective factors’ protect regardless of a child’s diagnosis, disability, or experiential risks. They comprise the environmental conditions and personal skills that can alter or even reverse predictions of negative outcomes for young people who encounter hard times or ongoing difficult circumstances.<sup>56</sup>

A useful experiment has been undertaken in Scotland where for three years from 2006 a scheme was piloted to develop emotional resilience in pupils within schools in the Falkirk Local Authority. The project focused on pupils’ transition from primary to secondary school and the relationships between the schools involved. Funded by the Scottish Government and the local authority, the scheme’s main goal was to enhance the ability of pupils to cope with challenges and improve their confidence and self-esteem. It was also aimed at enhancing understanding of resilience and emotional well-being amongst teaching staff. It

was significant, therefore, that an evaluation of the project found that the various interventions that were piloted did succeed in enhancing pupils' self-esteem and resilient attitudes and the confidence of teaching staff in improving them.<sup>57</sup>

The notion of resilience as important in enhancing children's capacity to learn has been explored by a number of educationalists, most notably Guy Claxton, Emeritus Professor of the Learning Sciences at the University of Bristol. In a number of books, papers and lectures he has investigated the role of resilience in promoting creativity:

*Whether the sense of creative satisfaction derives from meeting an external challenge (designing a new gizmo) or from an inner need to capture and express something through an artwork, creative people have a strong feeling for what is 'right' which often prevents them from accepting easier solutions. Children too seem to have that sensitivity to what is 'just right', and what is not. Quick and easy encouragement and reassurance do nothing to strengthen their trust in this inner compass. The sense of 'quality', and of the tolerance for effort and frustration that the commitment to quality entails, is essential to creativity. That ability to tolerate confusion and frustration, to relish a challenge, and not to give up prematurely, has to be a core attribute of creative people. An environment that routinely acknowledges and rewards the fast answerer, and which even uses the word 'slow' as a euphemism for 'unintelligent', is probably going to be 'creaticidal'. Creativity requires patience – and the quality that John Keats referred to as 'negative capability' – that is when a man is capable of being 'in uncertainties, mysteries, doubts without any irritable reaching after fact and reason'.*

*There is also a kind of social resilience that is required of creative people: the tenacity to stick with your questions, ideas and projects even though most other people can't see the point or think you're nuts. Creativity means thinking, acting and producing in ways that they don't, and that often takes a good deal of courage. You have to be willing to stand out from the crowd, and think for yourself – and there is always the real risk that you might indeed turn out to be wrong. Independence of judgement is one of the stand-out personality traits of creative people.<sup>58</sup>*

Claxton queries whether such qualities, and in particular resilience, are capable of cultivation and being learned. He makes the point that cognitive neuroscientists believe that our brains have evolved to make us disposed to learn by imitation:

*So-called mirror neurons' in the cortex automatically prime us to mimic what we see others doing around us, and that disposition towards imitation is one of the main ways in which cultural habits of thinking and learning transmit themselves from generation to generation. Just as children moderate their emotional responses by watching how those around them react, so they pick up learning dispositions such as 'persisting in the face of difficulty', 'relishing a challenge', 'pausing to reflect', and 'honest self-appraisal'.<sup>59</sup>*

This emphasis on imitation and inter-generational learning suggests that inter-generational relationships should be promoted more within the schools of Wales. What could be achieved was demonstrated by an inter-generational pilot project *Write On!* undertaken as a collaboration between the University of Glamorgan's Centre for Lifelong Learning and local comprehensive schools and communities between 2000 and 2007. In all, 264 young people aged 12 to 18, and 95 adults aged over 50 were involved in the project. The aims were to improve communications between the generations, to break down negative, age-related stereotypes, and to inculcate the desire to engage with lifelong learning.<sup>60</sup>

Commitment was sought from older people to return to and continue learning, and to develop self-reliance, flexibility and breadth of knowledge, in particular through nurturing competence in generic skills, especially communication, through a programme of training, group workshops, field trips, and guest speakers. Highlighted was the sharing of information about common life experiences in relation to local social and economic history, and also personal development. Generations were brought together through the investigation and recording of common life experiences through the ages, based on personal testimony. Themes included *Schooldays, Being a Teenager, Leisure Through the Ages, Idols, Heroes and Role Models, Food and the Environment, and Games*. Participants attended for two hours a week over 25 weeks per year. The feedback was extremely positive, as the following extract from an evaluation of the project shows:

*Ninety four per cent of adult respondents and 79 per cent of young respondents felt that the project had developed an understanding of each generation's point of view, giving the opportunity to meet regularly, which they would not otherwise have, and a chance to interact, realise similarities and develop friendships. One young respondent stated that in the sessions, 'both points of view were aired and taken into account'...*

*... The project allowed participants to gain an insight into what life is/was like for each other, and facilitated an exchange of perspectives, particularly*



for the adults. One stated that the project, 'gave me an insight into the low expectations of the less academic and the lack of support they got to achieve what ambitions they had'. Another had gained, 'an understanding how young people coped socially and education wise'. Young respondents indicated that they had had the chance to get to know the adults' feelings and thoughts, and one commented on, 'how refreshing some old people's views were'...

... When asked if there was anything unexpected that they learned during the project, both age groups highlighted surprising things they had learned about the 'other' generation, thus combating stereotypes. One adult remarked on 'The vulnerability of the pupils, despite their behaviour as self sufficient young persons.' A young respondent commented, 'We learnt that old people can be fun and don't just knit all the time and their stories are interesting, not boring'. Another said, 'I did not expect to become friends with older generations and I did not think that we would have so many similar interests'.<sup>61</sup>

These positive messages suggest that a programme along these lines should be embedded within the curriculum of all secondary schools across Wales, aimed at developing an appreciation of resilience as an essential life skill. It would be especially appropriate for the developing Welsh Baccalaureate qualification which has community service as a structural part of its core studies. Is this something the Older Peoples Commissioners could support and promote in conjunction with the Children's Commissioner for Wales? Certainly, if the two offices could combine on championing this cause the impact would be much greater.

#### **(vi) Age and Opportunity**

A profound opportunity for "adding life to years" is to tap into culture, the arts and also sport. This is being demonstrated by Gwanwyn, a month long national festival held across Wales in May celebrating creativity in older age. Entering its third year in 2010 Gwanwyn is a collaborative initiative between national organisations led by Age Cymru, the Arts Council of Wales and the Welsh Government, working closely with local arts groups, active retirement and community groups, public libraries, museums, schools and care centres. The aims of the festival are to:

- Celebrate the opportunity of older age for renewal, growth and creativity, hence the connotations of new-life in the name 'Gwanwyn' meaning 'springtime' in Welsh.

- Promote the benefits of exploring creativity, developing a critical voice and participating fully in the artistic and cultural life of local communities and Wales as a whole.
- Offer opportunities for greater participation by older people in the arts, such as painting, photography, music, drama, storytelling, literature, dance or film during the month of May.
- Highlight existing artistic work and creativity of groups and individuals who are older people themselves or whose work revolves around the concepts of older people and creativity.
- Promote the participation of older people in the arts throughout the year and highlight existing or new opportunities available locally.

As the Gwanwyn website puts it:

*Popular notions of who makes art and who participates in the arts in Wales are often founded on stereotypes and myths. In relation to older people, there are false assumptions that older age is about inactivity and dependency when, in fact, the opposite is often true. Older people are a hugely diverse section of the population. However, many older people grew up in a time when economic, educational, social and geographic obstacles greatly impeded opportunities to participate in the arts. For many, older age is a fresh start: an opportunity to explore creativity, develop critical voices and participate fully in the artistic and cultural life of the country. Older people represent a largely untapped resource of artists, organisers, critics and audience.*<sup>62</sup>

The opportunity is to build the Gwanwyn initiative into a much larger enterprise. There should be plenty of scope for undertaking this since many older people are already actively engaged as participants, organisers, and leaders of a rich network of cultural life, embracing organisations such as the University of the Third Age, Silver Surfers Clubs, the WI and Merched y Wawr. One way of assessing the potential would be to examine the role and impact of the Irish initiative *Age and Opportunity*, a national not-for-profit organisation that promotes opportunities for greater participation by older people in society through partnerships and collaborative programmes.<sup>63</sup> These are national in their reach with a sense of high profile mobilisation that has the potential for being emulated in Wales. The most outstanding initiative is undoubtedly the annual month-long national arts festival Bealtaine.

Bealtaine has grown steadily in the past ten years and the number of participants has multiplied sevenfold to more than 60,000. Meanwhile, the

number of organisers and partners has increased tenfold since 1996. This growth is observable in all sectors, with a particularly large increase in the number of day care centres and Active Retirement Associations involved in the programme. Most organisations currently engaged with Bealtaine have ongoing events or programmes for older people that run every year.

An evaluation of the festival, carried out by the Irish Centre for Social Gerontology at the National University of Ireland, Galway, and published on Age and Opportunity's website, came to the following conclusions:

- Bealtaine brings people together. The festival's unique approach harnesses contributions from small community groups and local active retirement organisations as well as national and regional arts and cultural bodies, local authorities, public libraries and care settings. As a result of Bealtaine, there is more interaction between State agencies, non-governmental organisations and individuals. As a festival, it is unique in this regard.
- Bealtaine makes people feel better. Existing research tells us that creativity is a key factor in adaptation to ageing. Involvement of older people in creative activity strengthens self-confidence, morale and improves psychological outlook, contributes to physical health and enriches relationships through greater social connectivity.
- Bealtaine is beneficial for communities. Bealtaine is a glue for social cohesion. Taking part in local arts projects is a popular way of becoming involved in community activities and extending social networks. Lasting friendships, networking with other groups and further involvement in other community events follows on from Bealtaine participation. The evidence suggests that deeper involvement with community has helped break down barriers between old and young and between those in residential care and the wider community. Having an outlet for social connections enriches the experience of ageing and provides hope and expectation.
- Bealtaine has a positive impact on the Arts. Bealtaine attracts new and participatory audiences to the arts and is changing how arts organisations work with older people, breaking down existing barriers to involvement and engagement. The festival is having a positive impact on arts practice in Ireland for older people.

It would undoubtedly be the case that if the Welsh Gwanwyn festival were built up to a similar scale it would bring similar benefits. What we need is an *Age and*

*Opportunity* version of the National Eisteddfod. Consideration should also be given to adding sporting activities and events to the portfolio, perhaps in association with the Sports Council for Wales. Such an initiative might do more than anything else to add life to years in Wales.

## 7 | The policy opportunity

In taking forward a distinctive Welsh agenda for promoting the interests of older people the Commissioner has a number of distinct advantages. One is the very fact of her appointment. The role is unique within the United Kingdom and is attracting a good deal of attention around the world. It reflects a determination on the part of the Welsh Government to devote more attention and, potentially, more resources, to the needs of older people. As a recent assessment of ageing policy across the devolved administrations and England has judged, “The Welsh approach to advocacy and scrutiny, with the appointment of a fully-fledged Commissioner for Older People, is the most promising in the UK.”<sup>64</sup>

Secondly, the relatively small scale of Wales and its population makes it easier to develop the social networking that will be required to bring together the large variety of interests, in NHS Wales, local government, the voluntary sector and elsewhere that will be necessary to drive the changes that are needed. One role of the Older People’s Commissioner is surely to act as a catalyst to help sustain an ongoing debate on older people’s concerns within the wider Welsh policy community.

Thirdly, as a society Wales is culturally attuned to the social solidarity and community empathy that will be needed to put together policies and programmes designed for the less well off and those in need of a public sector safety net. This bodes well, for example, for the prospects for introducing a National Care Insurance Fund of some kind.

Together these characteristics provide a great opportunity for the Older People’s Commissioner to build up coalitions for change in the areas she chooses to focus her attention on.

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