

STAYING CONNECTED

5050vision

and

Future North West

The North West Forum on Ageing:
CONFERENCE

2nd November 2011

Welcome and Introduction

Mike Hill

Chair of 5050vision

www.5050vision.com

5050vision Update

Viv Gee

Head of 5050vision

www.5050vision.com

Future North West Update

Pam Flynn

Chair of Future North West

Integrating the voice of older people

Pam Flynn,
Chairperson, Future
North West



Elbourne Review 2008

- “In my Review of the current arrangements for the engagement of older people and the ability of those arrangements to inform policy and actions of government at all levels, the conclusion I have reached is that there is no right or wrong way of engaging older people. What works for one part of the country may be completely inappropriate for others. I feel that the onus must be placed upon government at all levels to ensure that appropriate processes are in place to capture views which are representative of the communities they serve – this is especially true in the case of older people who are isolated or hard to reach and minority groups. By welcoming a rich diversity of views there is a very real likelihood that policy makers and service providers will be able to plan for and deliver policies that really meet the needs of local older populations”

Elbourne

- Recommendation 4 - Regional Forums supporting their respective local authorities to develop effective engagement strategies, to ensure a true diversity of older people's voices are heard
- Recommendation 5 - Older people's forums around the UK, including OPAGs, should be supported and built upon

Government changes; framework stays

- UK Advisory Forum on Ageing
- Regional Forums, supported by DWP
- Local OPAGs – Manchester “Valuing Older People”, Dudley Older Peoples Forum
- N E W – about to launch - Age Action Alliance

How value is added (1)

- EFAs contribute commentary and consultative responses
- Gather and disseminate information
- Share transferable good practice
- Explode myths about older people and their desire for engagement
- Share ideas and learning
- Act as a regional sounding board

How value is added (2)

EFAs also -

- Provide opportunities for engagement and influence
- Offer advice on the best means of engagement -
“Nothing about us without us”
- Offer straightforward and high quality communications and feedback to national and local government
- All this is true of local OPAGs too, when they are well organised

Future North West

- 23 local authorities (3 have not nominated)
- Government stakeholders – Health, Pensions Service, DWP
- Strategic partners – Transport for Greater Manchester
- Voluntary sector – Age UK
- Campaigning organisations – North West Pensioners

Future North West

- Meets quarterly
- Occasional newsletter
- Task and finish groups on key issues – health, transport, housing
- Plans an annual conference
- Focus groups – informing research by HEIs
- Virtuous circle of communications, from national to local

West Midlands

- Keith Sherman, Chair West Midlands Later Life Forum
- Shropshire, Staffordshire, Warwickshire, Worcestershire, Herefordshire and the West Midlands Conurbation (Birmingham, Dudley, Wolverhampton etc)
- kcpsherman@tiscali.co.uk
- 01562 884680 or 07980 576272

It's worth bothering

- “ For effective scrutiny, you have to include and listen to the people who are constantly criticising you”

Keith and Pam, conversation 7 Sept

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Keynote Speech

Charlie Massey

Director for the Ageing Society and
State Pensions

Department for Work and Pensions

LUNCH

12.30pm – 1.30pm

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Health Effects of Later Life
Working

Prof. Tarani Chandola

Manchester University

The health effects of later-life employment

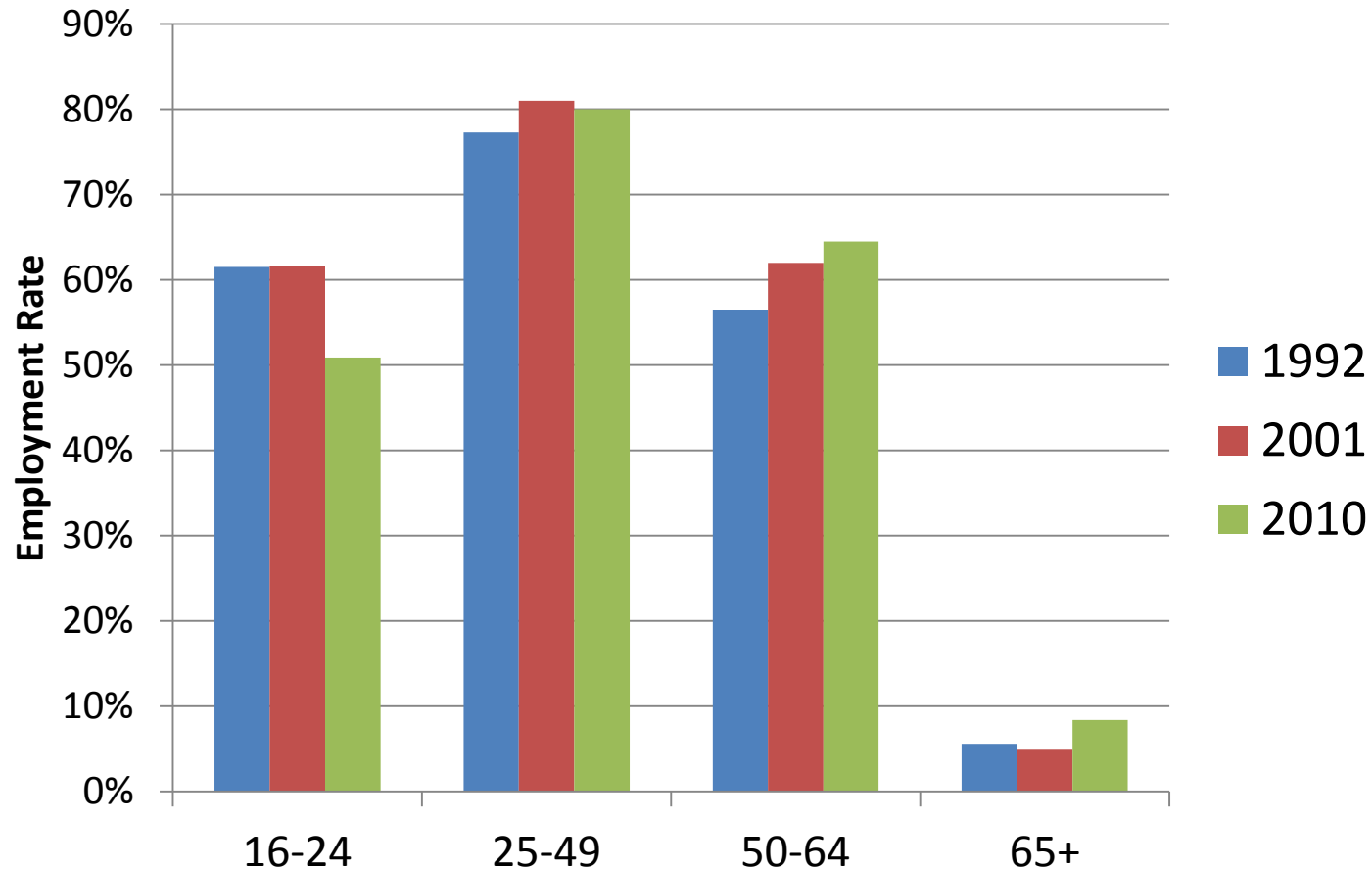
Tarani Chandola

Social Statistics and CCSR, University of
Manchester

Katey Matthews

ESRC & MRC PhD Student (2010-2013)
CCSR, University of Manchester

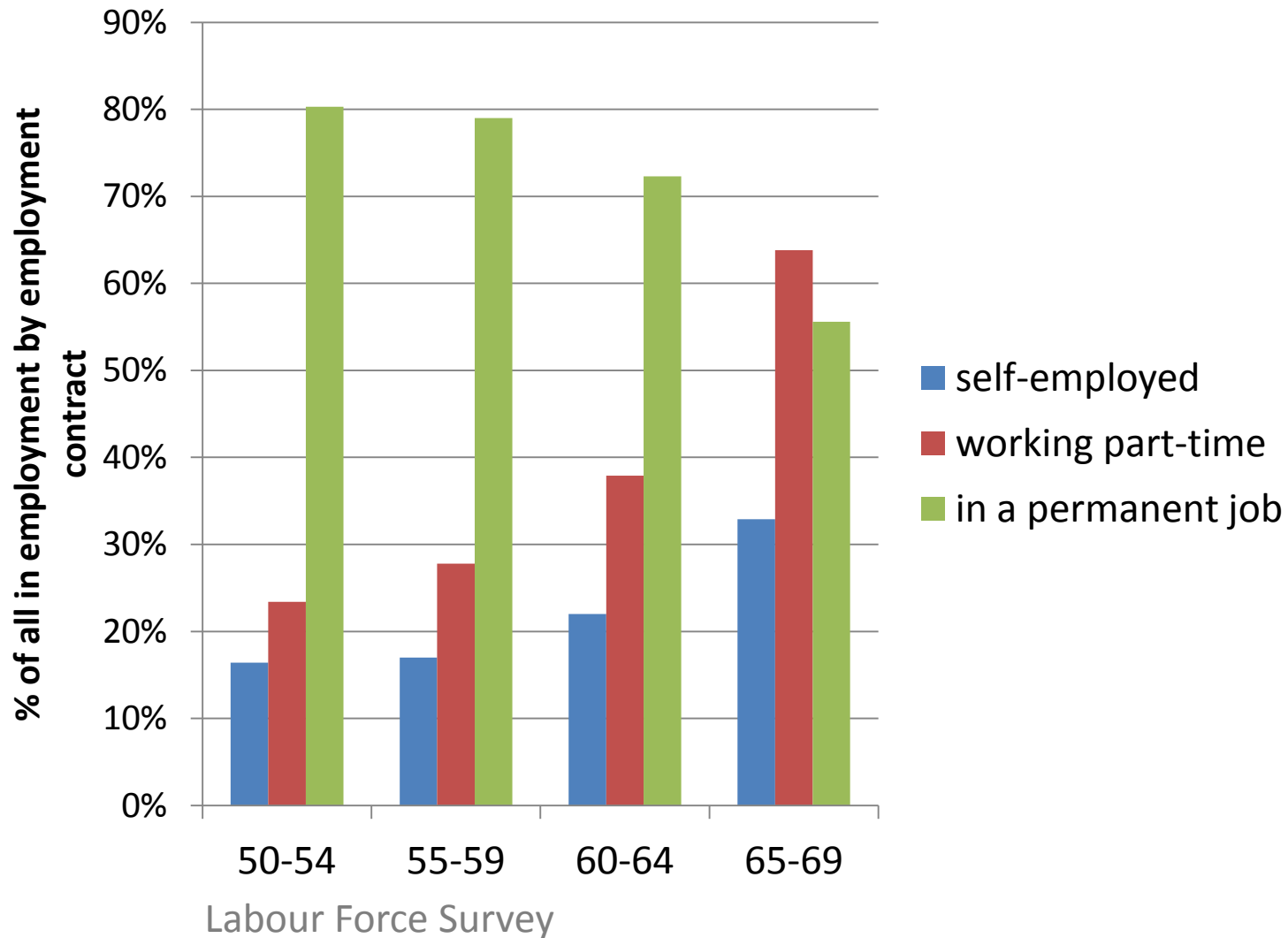
The proportion of older people in the workforce is increasing



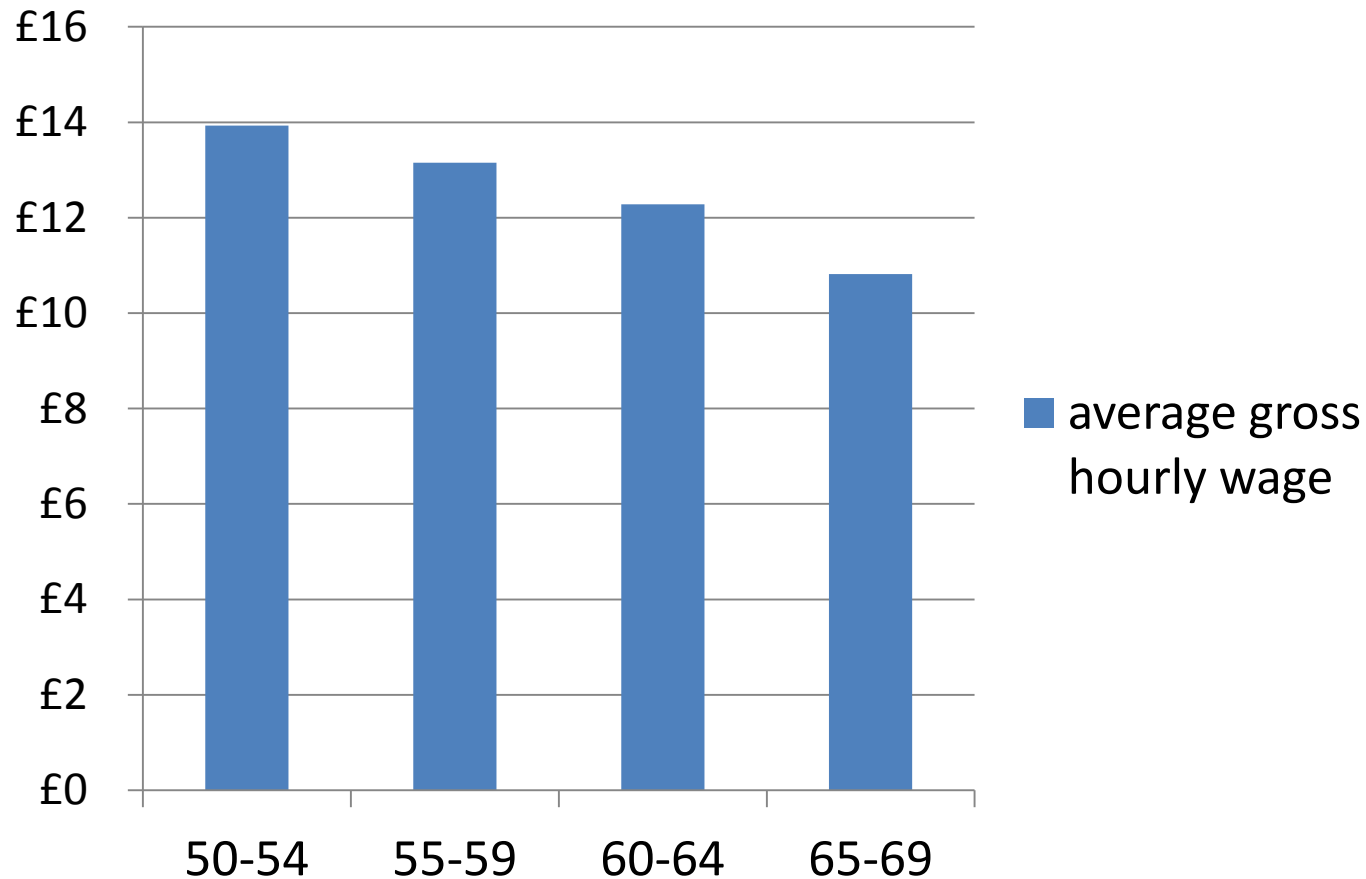
Who are older workers?

- Selected for their good health- “healthy workers effect”
- Heterogeneous occupations- consultants and cleaners

Most workers aged 65+ are working part-time

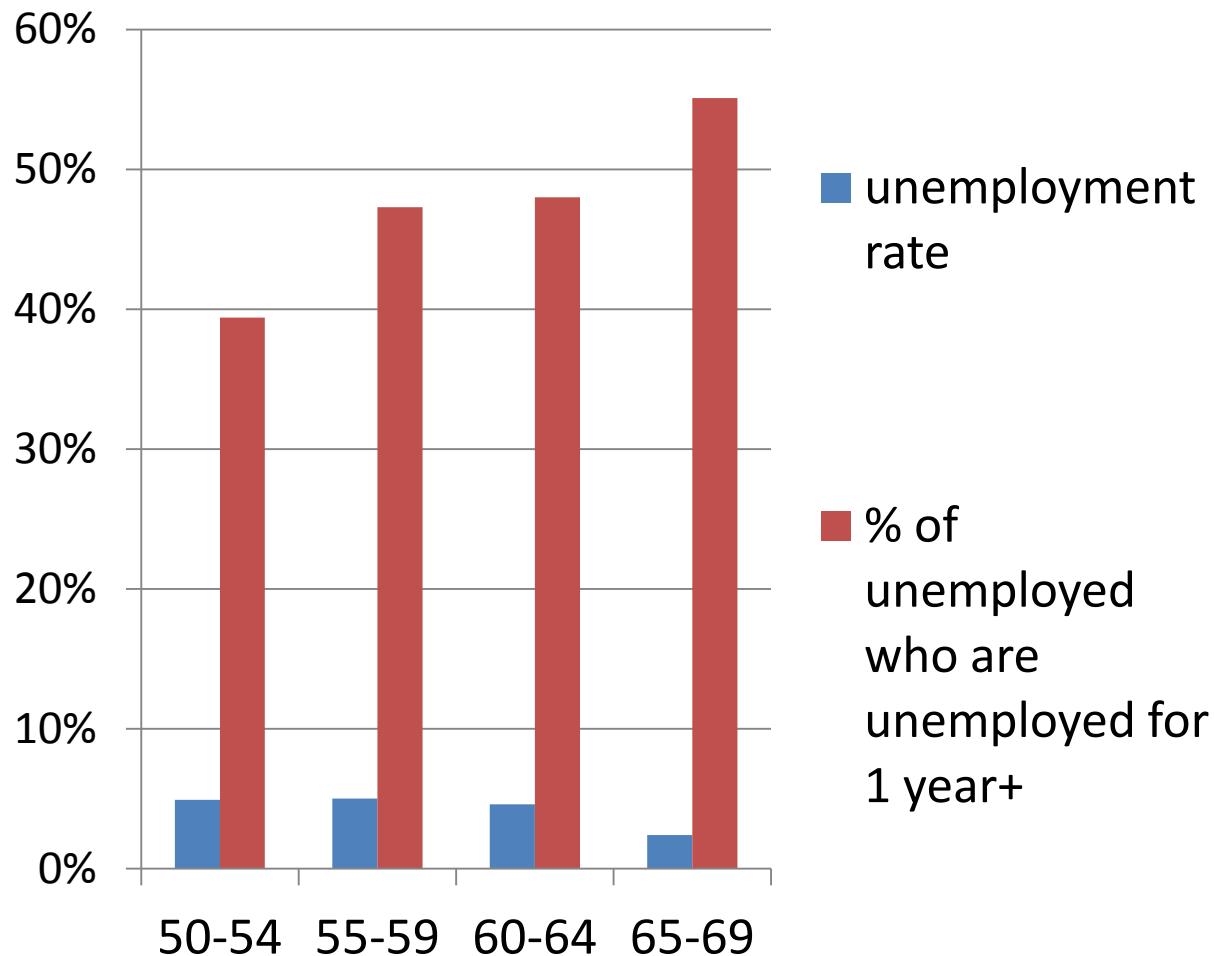


Workers aged 65+ earn less than those in mid-life



Labour Force Survey

Although unemployment among those aged 65+ is low, most are long-term unemployed



Labour Force Survey

Is working at older ages good for your health?

Yes

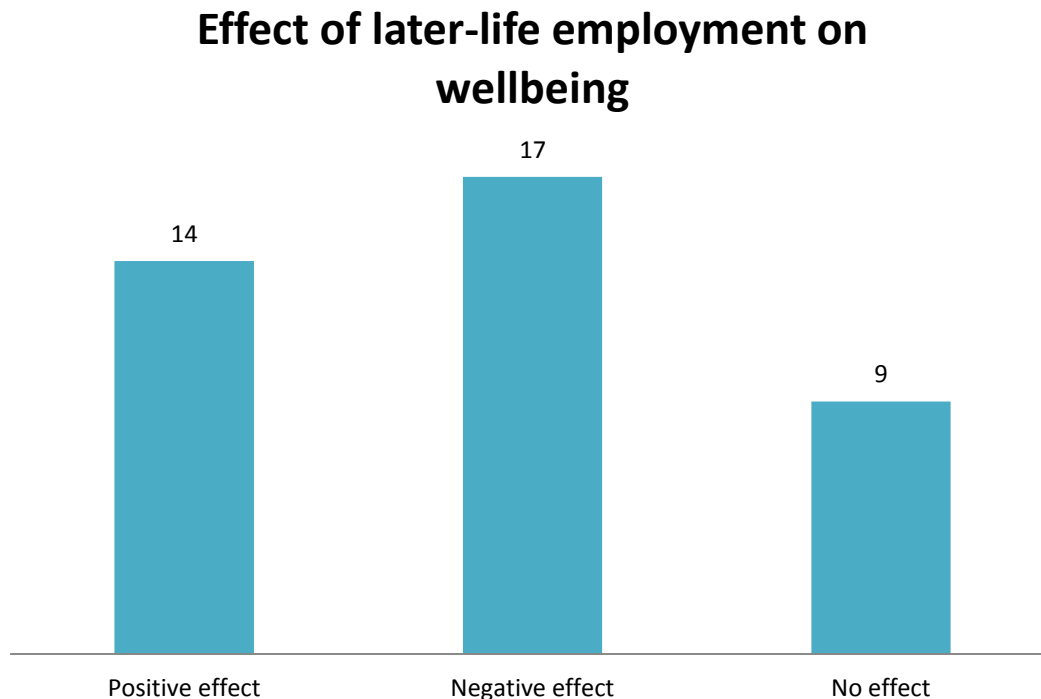
- “Use it or lose” it hypothesis
- Financial security and independence
- Social networks and relationships

No

- Work stress
- “Unfair”
- Less physical activity

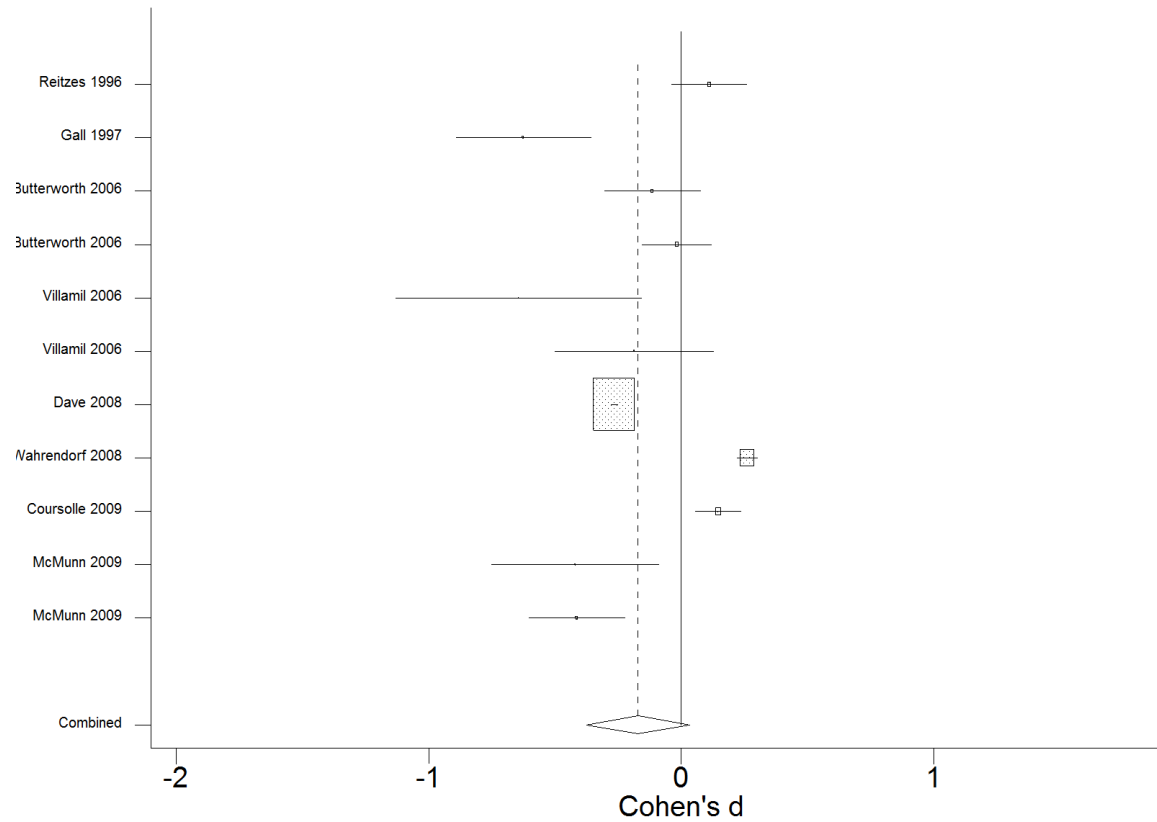
Katey's PhD: Early Results

- Systematic review of literature found a broad range of effects of later-life employment on health.



Health effects of later-life employment: meta-analysis

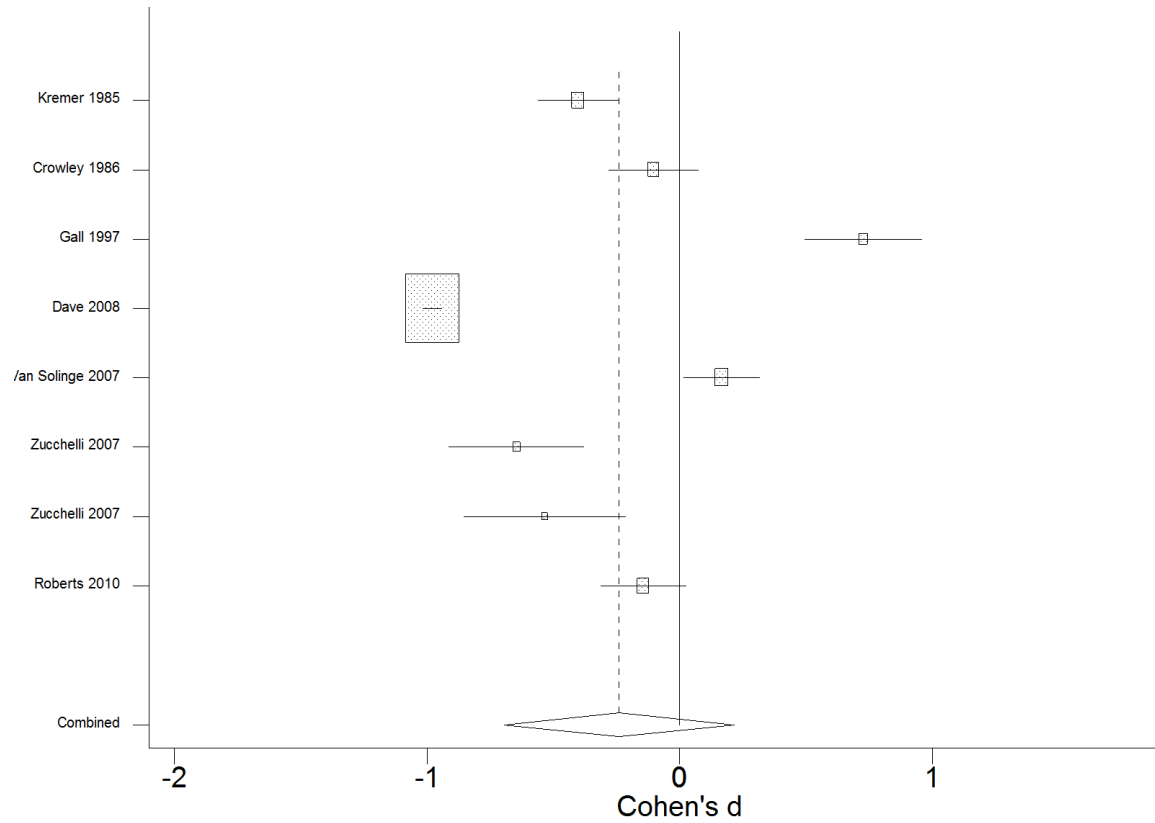
- Later-life employment is associated with **lower levels of depression and suboptimal health.**
- Results are highly **heterogeneous.**
- Subgroup analysis demonstrates differences in effects exist dependent on **gender, age** and **country.**



Forest plot: meta-analysis of the effect of later-life employment on depressive symptomatology

Pooled effect = -0.171

$I^2 = 98.5\%$



Forest plot: meta-analysis of later-life employment on suboptimal self-rated health

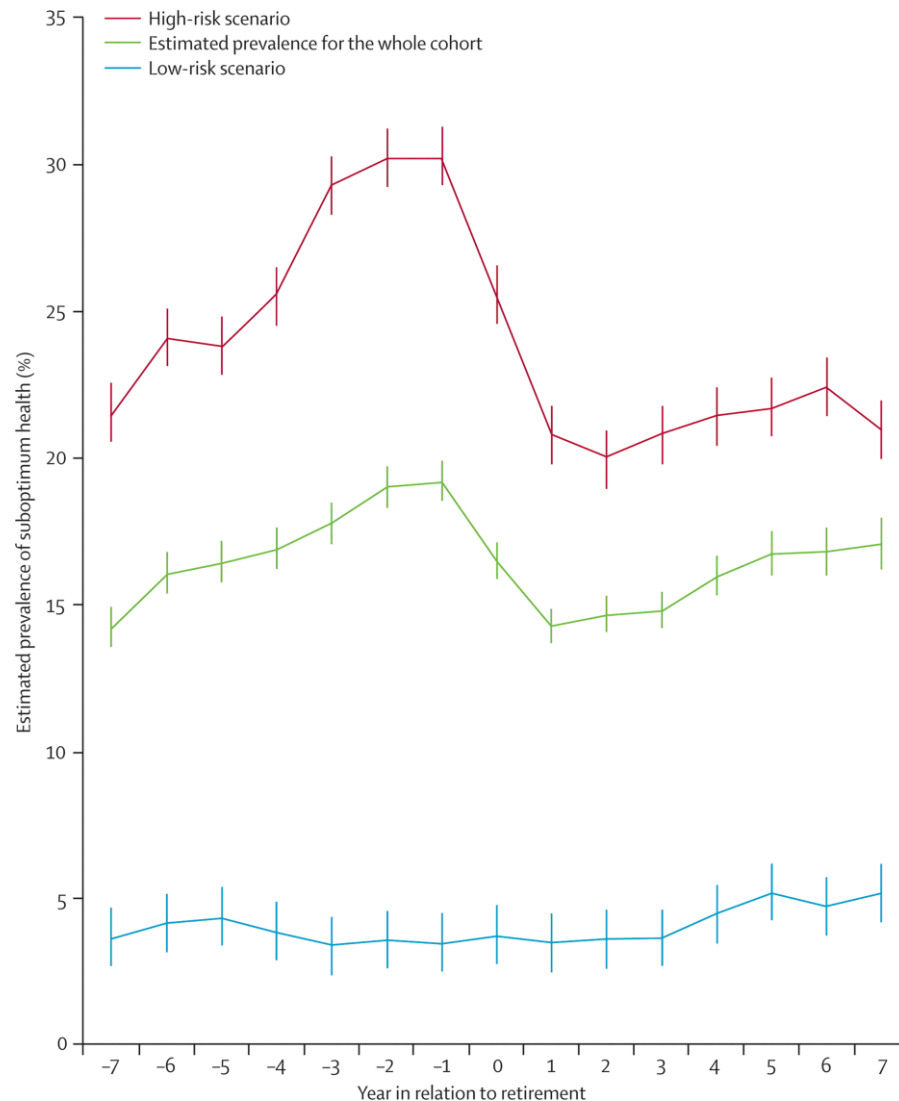
Pooled effect = -0.240

$I^2 = 98.7\%$

Health effects of later-life employment: meta-analysis

- Later-life employment is associated with **better health**
- However, beware the “healthy worker effect”
- We only observe the health of older workers who “choose” to work
- We do not observe the health of older workers who are “forced” to work

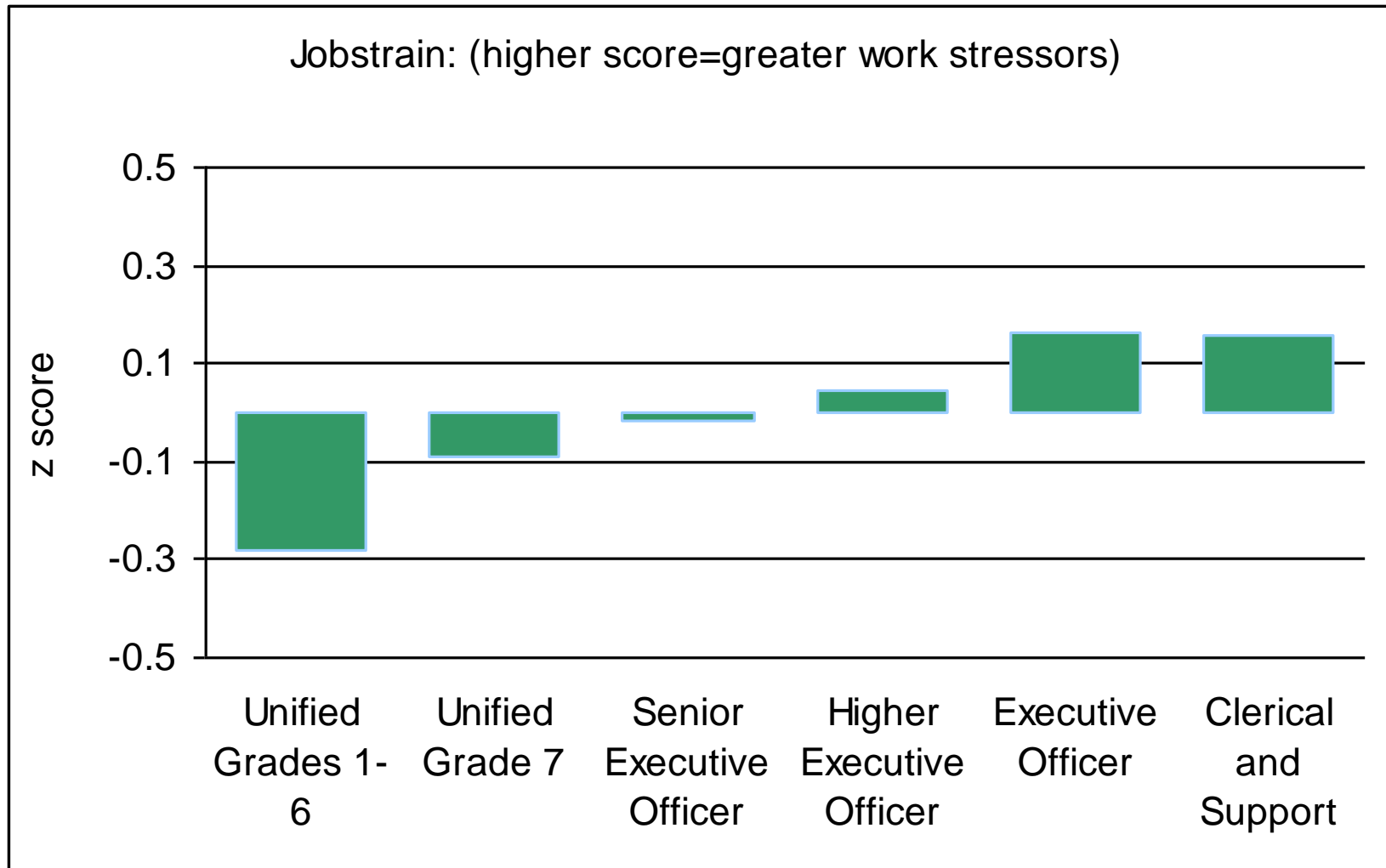
Prevalence of suboptimum self-rated health in relation to year of retirement: GAZEL men who retired at the statutory age of 55 years



High-risk profile=low grade, high demands, and low satisfaction.

Low-risk profile=high occupational grade, low physical and psychological demands, and high job satisfaction.

The occupational gradient in job strain among Whitehall civil servants



Conclusions

- Older workers tend to be healthier
- However, cause or effect?
- Increasing heterogeneity of older workers could result in health benefits for some workers and health deficits for others

WORKSHOPS:

Transport
Banqueting Hall

Digital Inclusion
Charnock Suite

L&I
Lancastrian Suite



Combating Loneliness and Isolation Workshop

Anna Goodman, Coordinator

Workshop Objectives



- Brief introduction into loneliness and social isolation in later life
- Share examples of good practice of:
 - Identifying loneliness
 - Delivering person-centred services
 - Partnership working
- Identify areas for improvement and have 1-point plan of action for the next 6 months

Loneliness & Social Isolation



Loneliness is:

“an individual’s subjective evaluation of his or her social participation or social isolation and is the outcome of ...having a mismatch between the quantity and quality of existing relationships on the one hand and relationship standards on the other”

(Perlman and Peplau, 1981)

- Social loneliness
- Emotional loneliness
- Can be transient, situational or chronic

Loneliness & Social Isolation



Social isolation is:

“an objective state that can be measured by the number of contacts or interactions between individuals and their wider social network”

(Andersson, 1998; Scharf and De Jong Gierveld, 2008)

Solitude is:

“Language... has created the word "loneliness" to express the pain of being alone. And it has created the word "solitude" to express the glory of being alone.”

(Paul Johannes Tillich)

Loneliness in the United Kingdom



6 - 13% of older people say they feel very or always lonely (Victor et al, 2003)

6% of older people leave their house once a week or less (Harrop and Jopling, 2009)

17% of older people are in contact with family, friends and neighbours less than once a week, and 11% are in contact less than once a month (Victor et al, 2003)

Over half (51%) of all people aged 75 and over live alone (ONS, 2010)

Risk Factors



Wider society:

- Inadequate Transport
- Poor physical environment
- No Community
- Technology
- Change

Personal:

- Poor Health
- Loss of Mobility
- Low Income
- Bereavement
- Retirement
- Transitions or Change

Impact of Loneliness



Wider society:

- Health costs
- 'Wellbeing'
- Disconnected communities

Personal:

- Sense of belonging
- Mental Health
- Physical Health

Solutions?



- **Better identification of loneliness, outreach activities and sharing of information**
- Approaching the individual problem and avoiding generic solutions
- A partnership or 'multi-agency' approach

Case Study: Identifying the Most Lonely



LinkAge Scheme, Bristol

- Community development approach to engage older people in their community
- ‘Quality of Life’ survey funded by Bristol City Council showed there were 3 wards in Bristol with highest levels of deprivation in population aged 65+.
- Deprivation was defined using income and health indicators but also if they were living alone
- Set up two pilot ‘hubs’ each with a development worker to distribute information and run activities and groups through, then leafleted the 3 wards to raise awareness of the scheme
- Successes include a Bedminster Men’s Woodwork Club - established after consulting local men in the ward

Solutions?



- Better identification of loneliness, outreach activities and sharing of information
- **Approaching the individual problem and avoiding generic solutions**
- A partnership or 'multi-agency' approach

Case Study: Offering Choice



Cockermouth Centre for the Third Age, Cumbria

- Newly established in redundant hospital building in Cockermouth
- 2 rooms; 1 for information staff and the other available for booking by third sector organisations
- Groups run by Age UK West Cumbria, Alzheimer's Society, Cruse, Hospice at Home, and West Cumbria Carers
- Activities include a 'Memory Lane Café'; men's group; computer training; Sunday Lunch Club; church-based friendship club
- Referrals for other groups or services in the town
- Not always about securing funding – but sharing resources and information with similar groups in your area

Solutions?



- Better identification of loneliness, outreach activities and sharing of information
- Approaching the individual problem and avoiding generic solutions
- **A partnership or 'multi-agency' approach**

Case Study: Forming Partnerships



Health Ardwick, Manchester

- Local charity wanting to create more social opportunities in Manchester's fourth most deprived ward
- Fear of crime in the area is a factor in isolation and loneliness in the area, plus their target audience were generally not using the internet
- Formed partnership with local police so Police Community Support Officers now accompany them as they knock on doors to introduce themselves to people
- Lack of venues was another problem, so Healthy Ardwick persuaded local churches and facilities, including swimming baths, to share each other's space

What do you do well?



- Identifying loneliness
- Delivering person-centred services
- Partnership working

Write down **1** thing your organisation **does well** to reduce loneliness in one of the 3 above areas (*please put your name and organisation on the back*)

Stick it on the left hand side of the paper and then **share** your example with your neighbour or table

What would you like to improve?



Read your group's post-it examples and consider the following questions:

- What idea or practice do you like best? Why?
- How would you like your organisation to improve in identifying lonely people **or** offering choice **or** building partnerships?

Write down **one step** you could take to improve your organisation's work to reduce loneliness, stick on the right hand side and discuss this with your table.

Please write your **email address** on the back of each post-it note

Feedback



Per table:

- 1 example of good practice
- 1 example of a 1-point plan of action

I will:

- Send you a copy of these slides
- Send round a list of good practice in the North West region and share contact details
- Email you your 'one step' and ask for an update in 6 months time



VITAL CONNECTIONS

Building public and voluntary sector partnerships to tackle social isolation in later life

Tuesday 15 November 2011

10.00am – 4.30pm

Central Hall Westminster, Storey's Gate, London, SW1H 9NH

Confirmed speakers include:

Esther Rantzen OBE

Penny Mordaunt MP, Co-Chair, APPG for Ageing and Older People

Esther McVey MP

David Brindle, Public Services Editor, *The Guardian*

Paul Cann, Age UK Oxfordshire & co-founder, Campaign to End Loneliness

Phil Garrigan, Merseyside Fire & Rescue Services

Paul McGarry, Valuing Older People Team, Manchester City Council



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Further Reading



Age UK Oxfordshire *Protecting the Convoy: A Call to Action from the Campaign to End Loneliness*

Centre for Social Justice *Age of Opportunity: Transforming the Lives of Older People in Poverty* (Healthy Ardwick CS)

Mental Health Foundation *The Lonely Society?*

anna@campaigntoendloneliness.org.uk

T: 0207 012 1409

Workshop Feedback

Pam Flynn,
Chair of Future North West

Plus Workshop Leaders

Workshop Feedback

Transport

- Public and Social Transport, continued use of the car
- Lack of transport for older has an adverse effect on the economy
- Access to services should be set to a national standard by a statutory regulation

Workshop Feedback

Loneliness

- Communication between organisation's, and between organisations and older people. A key barrier for people to get connected in their communities.
- Importance and difficulties of identifying the most lonely and isolated people
- But we also discussed a lot of solutions and things we would like to change in our communities. EG. Village agents scheme and working with hospices.

Workshop Feedback

Digital

- Affordability in buying and running
- Accessibility for people with disabilities
- Support and training is crucial

Close

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