

# **Response to the House of Lords call for evidence**

## **The impact of demographic change on public services**

### **Submission by the Joseph Rowntree Foundation**

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The Joseph Rowntree Foundation (JRF) is one of the largest social policy research and development charities in the UK. For over a century we have been engaged with searching out the causes of social problems, investigating solutions and seeking to influence those who can make changes. JRF's purpose is to understand the root causes of social problems, to identify ways of overcoming them, and to show how social needs can be met in practice. The Joseph Rowntree Housing Trust (JRHT) shares the aims of the Foundation and engages in practical housing and care work.

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## Summary

JRF welcomes the establishment of the House of Lords Committee on Public Services and Demographic Change and the call for Evidence.

This response provides an outline of issues drawing on some of our existing evidence. The Committee may also be interested to know of work in progress (where research evidence will publish over the coming months). We would be delighted to offer further briefing on these areas:

- a better life for older people who have high support needs
- risk, trust and relationships in an ageing society
- risk and relationships in care homes
- neighbourhood approaches to loneliness (multi-generational approach)
- creating dementia-friendly communities and neighbourhoods for all ages.

We would urge the Committee, in discussing the challenges of an ageing population, not to lose sight of the bigger picture: increased life expectancy is to be celebrated and our society and economy is all the richer for the participation of older people. Discussion regarding demographic change is often focused on pensions and social care funding debates; both are important issues, but so too are housing, community life, and the way we all (as individuals and families) prepare for and understand the realities of longer lives. Old age is about all of us – a message highlighted on our website (see *Old Age, New Thoughts* at <http://betterlife.jrf.org.uk>).

## Introduction

JRF believes that all of us have yet to fully grasp the ways in which our society and economy will change due to our ageing population. Many of us are unprepared for the costs associated with a longer life – under-saving for pensions and remaining unaware of the costs of social care. Our labour market has not yet changed to enable people to work longer and, crucially, more flexibly, to take into account the fact that an ageing population also means a population living with health conditions and impairments, and caring responsibilities. Our public services – from transport, to health, education, housing and social care – could better reflect the needs and priorities of an older population which is more diverse and (in some respects) more demanding than previous generations. The government is not leading by example. While pension reform is welcome, we still see (for example) the poor treatment of older

people by health services and insufficient prioritisation of social care reform and appropriate housing (despite recent announcements). We need a revolution in the way we think about ageing and old age to drive the change required at the individual and household level, all the way up to national government. We must recognise that old age isn't about 'them' – it is about all of us (see <http://betterlife.jrf.org.uk>). Below we outline issues which need to be tackled to make this concept a reality.

## **Ageing and the individual**

The political debate regarding ageing often turns into a narrow discussion regarding pensions and social care costs. However, the challenge of an ageing society is not simply a financial one, but a social and cultural one. It is also a challenge which demands an approach that looks across age, lifestage and different generations, without assuming the presence or absence of intergenerational conflict.

Taking on board that we, and our families, friends and neighbours, will all live much longer than previous generations means changing our expectations on several fronts – about working and retiring, about becoming carers and needing care ourselves (often at the same time). More of us will experience 'sandwich' caring (e.g. looking after parents, grandparents and children while also working (Mooney, *et al.*, 2002)). Household composition will continue to evolve and diversify.

It is of great concern that many people remain unaware of the potential costs of care in later life, and remain inadequately informed and prepared. This compounds distress, hardship and poor quality of life for those currently experiencing the care system (Beresford, 2010; Stone and Wood, 2010). While care funding remains under review, there are fears that it will be several years before a fully functional, fair and sustainable funding system is in place. Moreover, in the current climate, caring and needing care are seldom compatible with working longer (Mooney, *et al.*, 2002), and indeed both are often associated with financial, physical and emotional hardship (Young, *et al.*, 2006; Himmelweit and Land, 2008).

## **Community life**

At community level, hopes are for a more visible and active older population, playing a role in economic and community life. Older people value trust, social bonds, and meaningful relationships with friends and family (Bowers, *et al.*, 2009; Katz, *et al.*, 2011). As they grow in number, communities will increasingly become shaped by these demands, not

simply by older people being ‘recipients’ of community support but as active participants – giving as much as they receive. (Brindle, 2008; Branfield and Beresford, 2010; Cattani and Giuntoli, 2010). Already a large number of community activists and volunteers are older people.

Community and voluntary life need not take the shape of working-age volunteers ‘looking after’ older populations. Older people can and do look after each other (Bowers, *et al.*, 2011), often providing valued and cost-effective self-help or peer support in ways that improve outcomes, and merit financial and other support (Centre for Policy on Ageing, 2011). There could be greater recognition of the role of older people as givers and receivers of community support through the government’s localism and community agendas (Brindle, 2008; Wistow, *et al.*, 2011).

## **Intergenerational compact**

The current economic downturn and growing housing crisis mark a clear difference between current and future generations of older people, and give rise to important and difficult discussions around intergenerational fairness and distribution of resources. The current baby boomer cohort, the majority of whom are home-owners, are likely to be far more financially secure relative to both their predecessors and successors.

Dwindling numbers of working-age adults are set to support larger numbers of pensioners, while at the same time struggling to provide for their own old age and unable to get on the housing ladder (Clapham, *et al.*, 2012). Sharing the burden more fairly is essential for widespread buy-in and support for any future care funding settlement (Hirsch and Spiers, 2010, Stone and Wood, 2010; Keen 2008). Two-tier solutions, for example tapping into current older people’s accumulated assets and at the same time asking younger people to accumulate slowly, could be a most promising way forward (Hirsch and Spiers, 2010), as it recognises that an asset-based solution to care funding will be less suitable for future generations of older people. Public caution and government equivocation regarding equity release needs to be tackled, recognising such products have become better protected and more flexible over the last decade (Terry and Gibson, 2010).

Less researched but of increasing significance is the ethnic composition of different generations, which is already marked in some neighbourhoods, towns and cities where populations are composed of a growing population of mainly white older people and a growing population of mainly black and minority ethnic younger people. This will bring both opportunities and challenges, and we should also expect the

specific dynamics to play out differently in different places across the UK (even at the micro-level in different streets, estates and neighbourhoods).

## **The economy**

More people are being (and will be) required to work while managing health conditions or caring responsibilities, as well as being able to work longer. We cannot assume that only healthy and fit people with the ability to work full-time can carry the economy and generate adequate income from taxation to support ever increasing numbers of people locked out of the labour market and prematurely made dependent on benefits and public services. Yet many older people leave the labour market with increasing age, ill health and caring responsibilities, often without the option of bridging jobs, which would allow some continued income while taking into account these other factors. For those who do leave, their risk of poverty increases and they are at greater risk of social isolation (Hirsch, 2003).

Improving opportunities for older people to work longer requires action on several fronts as others (including recent work by thinktanks like Policy Exchange and Resolution Foundation, as well as work by campaigners like Age UK) have identified, including tackling ageism in the workplace, increasing the number of flexible and part-time positions and 'bridge' jobs, improving guidance for older workers to forge new career paths and improving lifelong learning.

## **Priorities for public service reform**

The shape and nature of all public services must change to recognise that a growing proportion of service users are older people, with a diverse range of needs (Falkingham, *et al.*, 2010; Blood, 2010), who also want to be able to shape services to meet those needs (Beresford and Andrews, 2012). This is as true of adult education as it is of healthcare, but nonetheless JRF recognises that the government's priorities for reform must lie in health, care and housing if it is to have an adequate response to an ageing population.

First and foremost, the balance between health and care must change. Investment and political emphasis has always been on health, but this is the mark of a time when life expectancy was much shorter and people often died of treatable illnesses. In such a context, acute care and 'treat and cure' services understandably took precedent. But that time has passed. Now, more people die from lifestyle-related and long-term

conditions and people live much longer with life-limiting illnesses. This requires greater integration between health and care so that we can shift our focus from curing to managing conditions, and from acute care to providing ongoing treatment and support (Beresford and Andrews, 2012).

Secondly, social care must become more empowering. Our ageing population is not simply a question of growing numbers, but also of changing characteristics. Older people are a more diverse group, with greater expectations that their diverse needs will be met. They demand more of the services they receive and of those who delivers them. JRF has a growing body of research providing insight into how expectations are changing across all care user groups (see Beresford and Andrews, 2012; Mauger, *et al.*, 2010; Bowers, *et al.*, 2009; Glynn, *et al.*, 2008; Hart, *et al.*, 2007; Branfield and Beresford, 2006 and 2010; Innes, *et al.*, 2006; Godfrey, *et al.*, 2004). These include increasing expectations:

- of person-centred support, where users participate and engage in planning and managing their own care rather than receiving support in a passive way);
- that care and support will facilitate greater independence, independent living and social engagement, including in residential settings and among both working-age and older care users;
- that care and support will actually deliver a far wider range of outcomes than those narrowly falling within either health or social care – including supporting housing, leisure, social and family outcomes within local communities, and being able to achieve a ‘normal life’ or live on as equal terms as possible to non-disabled peers;
- that there will be possibilities for people who use care and support to be more involved in the wider design, commissioning, delivery, monitoring and evaluation of support and services generally.

While the government has moved forward on many of these fronts, the shortage of adequate funding will naturally limit the impact of such reforms (Stone, 2011; Beresford and Andrews, 2012). Moreover, these expectations inevitably require a rethink of the approach to risk, and the regulation of risk, in social care, and this is not something the government has yet tackled in any meaningful way. A wholly risk-free environment, which social care practice has moved towards due to fears of blame and compensation culture, is not only artificial; it can also stand

in the way of greater independence and empowerment, and undermine the quality of the caring relationship valued by older people (Berry, 2011; Glasby, 2011).

Thirdly, we must invest in preventive and early support services. Costs associated with physical and mental decline with age are not inevitable. This enquiry is rightly concerned with tackling the fiscal implications of an ageing society – investing in preventative support must be a central feature (Raynes, *et al.*, 2006). There is evidence that many low-cost interventions can prevent or delay the additional health, care and other needs associated with physical and mental deterioration in later life. Many can achieve so-called compressed morbidity (i.e. delaying the onset of chronic and disabling diseases and conditions until the last years, and perhaps months, of life) (Centre for Policy on Ageing, 2011). Promoting independence and quality of life with low-level preventative support is highly valued by older people and in great demand. Many older people say they want what is best described as ‘that bit of help’, to help them remain independent and enjoy a better quality of later life (Clarke and Dyer, 1998; Raynes, *et al.*, 2006).

Another public service strongly connected with an ageing society is housing. Our current housing stock, and planning, investment and building regime, is not fit for purpose in the light of increased numbers of older people living independently at home. For example, the specialist housing currently on offer does not provide older people with the choices they want – there is a limited supply of properties for purchase (rather than rent) and too few with two bedrooms. Housing providers tend to focus on retirement villages and housing with care when thinking about housing that is ‘suitable’ for older people, and there is slow progress in developing different housing options for older people and in integrating these within mainstream new housing developments (Pannell, *et al.*, 2012). Yet the quality and suitability of an older person’s home has a significant impact on their mental and physical health and well-being. A suitably adapted, conveniently located home can make all the difference to an older person’s sense of social inclusion and independence, and can certainly delay, if not remove altogether, the need to move into residential care settings. The findings of the HAPPI report (HAPPI, 2010) give a clear picture of what can be, and has been, achieved in the UK and in other countries in terms of innovative and cost-effective ways of building sustainable and inclusive homes and communities for an ageing population. It includes a case study of Hartrigg Oaks, a continuing care retirement community built and run by JRHT in York.

JRF therefore welcomed the importance placed on the integration of housing with care and health in the recent government White Paper on social care, as well as the funding announced for the Disabled Facilities Grant and Handy Persons, and capital funding for new accommodation. However, it is too early to say whether such measures will fully address the issues, or whether, for example, the balance between building new accommodation and investing in existing accommodation (to enable people to 'stay put') is appropriate (Hill and Sutton, 2010; Pannell, et al., 2012).

## Overview

No one, and not a single business, organisation, institution or community, will be untouched by our ageing population. With a challenge of such scale change must be driven, and leadership by example is vital.

The government must lead by example showing courage to think longer term at a time when short-term economic crisis management is a top priority. If we are to cope with an ageing population we must rebalance 'treat and cure' and condition management in the NHS. We must rethink our housing and planning strategy in ways that reflect the needs of all ages and generations, including improving the housing offer and support for older people to move house should they wish to. We must invest, at a time of scarce resources, in 'that bit of help' for older people. We must look afresh at how to create non-discriminatory and inclusive workplaces for those who need to work part-time and flexibly to meet the challenges of older age and/or of combining work with caring responsibilities. We must create a transparent, fair and sustainable funding system for social care, which enables people to plan for later life, armed with the knowledge of what the state will and will not fund when it comes to care and support costs.

The focus of this call for evidence has been on the impact of an ageing population on public services. Key to this issue is the achievement of greater financial sustainability. It is of concern that health and care costs may absorb an ever growing proportion of GDP and that our economy is configured to function effectively only if fit, able and younger workers considerably outnumber those who are disabled or older, or who have caring duties. Maintaining sustainable public services in the face of an aging population is not only dependent on structural reform. A **cultural shift** at an individual and community level as well as in the workplace and in public services is equally important if reforms are to enjoy

widespread public support and have any real impact on the quality of life of older people and their families.

Therefore, alongside the areas for reform highlighted above, it will also be important for government to support or drive more nebulous cultural changes:

**Within families and communities:**

- a shift in expectations – of being active in one’s community and economy for longer, and of providing care and of needing care;
- a greater understanding of the need to prepare financially for later life and to maintain healthy ageing, making use of ‘that bit of help’.

**Within public services:**

- a change in the top down provider/recipient model to one of mutual support and reciprocity;
- an expectation that older people will have a much stronger voice in shaping the services they receive, and the possibility of a role in delivering them;
- a more positive and enabling approach to risk, to achieve greater independence and personalisation for older people around outcomes that they value;
- sensitivity to intergenerational fairness, recognising that an ageing population also has an impact on younger generations.

As we noted at the outset of our response, ageing – old age – is not about ‘them’. It is about all of us. We hope that this point will remain at the front of minds as the House of Lords Committee on Public Service and Demographic Change considers the responses it receives to its call for evidence.

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