

Help the Aged

Choosing Health, Choosing Activity

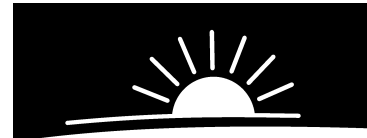
The Help the Aged Response

JUNE 2004

Help the Aged's vision is of a future where older people are highly valued, have lives that are richer and voices that are heard. The Charity is working to combat poverty, reduce isolation, defeat ageism and to promote quality in care.

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The Help the Aged Response

Summary

- There is a significant and growing body of evidenceⁱ which suggests that diseases and conditions (including, for example CHD and Stroke) which are the primary cause of loss of function and independence in later life are preventable and that physical activity can play an important part.
- For a range of reasons, not all older people are able to experience such benefits. The reasons are many and varied and include a lack of opportunity or understanding of the benefits, an absence of role models, concerns for personal safety, a loss of confidence and inappropriate or inaccessible provision of services.
- Help the Aged is extremely disappointed about the paucity of ideas and content in the consultation paper in relation to older people and physical activity. Older people are absent from national sport and physical activity strategic thinking and as a result, funding and resourceing continues to ignore their needs.
- Help the Aged, working with the British Heart Foundation National Centre for Physical Activity and Health at Loughborough University are working together to launch a National Coalition for Older People and Physical Activity. The coalition brings together 20 key national organisations and will be launched early in 2005.
- Adult education has a role in filling the provision gap for older people. However, a severe lack of funding, resources and professional (older) trainers hampers efforts in this area.
- Age discrimination is one of the key reasons for early departure from the workforce with a person made redundant after age 50 being eight times less likely to return to work than a person made redundant at a younger age. The encouragement of continuing employment gives greater choice for individuals as to the nature of their life in older age. Evidence suggests that work, as opposed to unemployment, brings with it better health and greater self-esteem as well as income.ⁱⁱ Therefore, action on age discrimination must form part of any strategy to increase choice and opportunity for activity amongst older people.
- Local Authorities should be required to carry out work to improve the pedestrian environment in the immediate vicinity of the main housing conurbations, shopping areas and bus corridors. This would seem vital to taking forward an integrated approach to the development of sustainable transport.
- Government departments and local authorities should work together to reduce crime and fear of crime amongst older people. A better local environment (including

more benches and public toilets and less graffiti and anti social behaviour), would encourage more older people to be more active in their local community.

- The vast majority of physical activity and sport funding and resourceing is targeted at the younger population. Providers of activities for older people do not currently have the capacity to meet the needs of older people and some voluntary sector provision will be required. Whilst it is clearly vital to focus efforts on the young, there is a need for a shift of some resources towards people at other life stages (mid life, pre retirement, retirement etc).
- Help the Aged has welcomed the development and publication of the cross-Government action plan to tackle health inequalitiesⁱⁱⁱ. However, we remain disappointed that this strategy has not placed a high priority on actions to tackle health inequalities and health deprivation among older people, except on the specific issues of fuel poverty and falls.
- Government policy on older volunteers is high in rhetoric but low in content. Support for volunteering by the over 50s is very poor and the Experience Corp, the Government's much vaunted initiative for older volunteers has lost its significant Home Office funding. Government must put more of a priority on initiatives to support and develop older volunteers.
- There is a shortage of trainers and peer mentors for older people. Government should encourage the governing bodies to actively seek out and develop the skills of older trainers and professionals.
- There needs to be a strategy for involving older people in all forms of physical activity and consulting them on the content of this strategy.
- There is a huge collective benefit in shifting public policy towards the prevention agenda and we believe that that better resourceing of physical activity programmes will be cost effective for Government.
- There is much good work taking place at a local level, with many initiatives to support activity programmes for older people. However, there is no coherence or integration at this level and as a result. In many ways, work on older people and physical activity at a local level is a long way ahead of national work and government thinking. We believe that sport and recreation policy at a local level should be a statutory service across the whole of the UK.

Introduction

Help the Aged welcomes the Government's commitment to increasing the levels of physical activity amongst the population. We are pleased to have the opportunity to comment on the consultation paper.

There is a significant and growing body of evidence^{iv} which suggests that diseases and conditions (including, for example CHD and Stroke) which are the primary cause of loss of function and independence in later life are preventable and that physical activity can play an important part. The evidence is clear that physical activity can confer immediate and long-term physiological and social benefits particularly for certain conditions directly associated with old age. Whilst the preventative effects of physical activity remain a priority, there is increasing evidence of its potential contribution towards maintaining mobility and independence in later life and an improved quality of life through social integration, enhanced self esteem and positive images of successful ageing.^v

Yet for a range of reasons, not all older people are able to experience such benefits. The reasons are many and varied and include a lack of opportunity or understanding of the benefits, an absence of role models, concerns for personal safety, a loss of confidence and inappropriate or inaccessible provision of services. Together with a lack of recognition of the importance of physical activity among national agencies and providers, this has meant that physical activity is not an integral part of the life of every older person.

Help the Aged is extremely disappointed about the paucity of ideas and content in the consultation paper in relation to older people and physical activity. Older people are absent from national sport and physical activity strategic thinking and as a result, funding and resourcing continues to ignore their needs. The consultation paper does not give any indication that this situation may change.

The population of the UK continues to age, yet public policy has so far failed to confront the challenge of population ageing in a sustainable and positive way. The Government Actuaries Department suggests that the number of people over 65 in England is projected to rise from 7.8 million in 1996 to 12.4 million in 2031. By 2025, more than 25 per cent of the UK's population will be over 60. The numbers of the 'oldest old' will rise even more dramatically, with the numbers of people aged 85 and over projected to rise by 88 per cent, from 0.9 million in 1996 to 1.7 million by 2031. (GAD Projections Database)

At present, people reaching state pension age in the UK have on average a life expectancy of a further 20 years (for women) and around 10 years (for men). Help the Aged shares the Government's goal to maximise the proportion of later life spent in overall good health.

While population ageing offers many advantages and opportunities to our society, failing to respond more positively to the health needs and outcomes of our older population today runs the risk of storing up potential challenges later on. Without any steps to improve the overall health and wellbeing of older people, the numbers of dependent older people is set to rise from 2.5 million to 4 million in coming years^{vi}.

National Coalition for Older People and Physical Activity

Help the Aged, working with the British Heart Foundation National Centre for Physical Activity and Health at Loughborough University are working together to launch a National Coalition for Older People and Physical Activity. The coalition brings together 20 key national 20 organisations and will be launched early in 2005.

The National Coalition for Older People and Physical Activity will be established with the purpose of bringing together key agencies and stakeholders to act as a forum for the wide range of players with the potential to promote physical activity with older people of all interests, abilities and ages. Its purpose will be to:

- provide leadership, direction and coherence to the development of opportunities for all older persons to be able to chose to be physically active
- work with older people, key national agencies and stakeholders (including government) to influence policy, strategy and programming by highlighting priority areas and key issues
- build capacity, partnership and understanding among member organisations through the development of leaders and champions, the exchange of information and practice and joint working
- raise public awareness of the benefits of physical activity for older people through educational and campaigning activities

The national coalition will be responding separately to this consultation in due course.

Help the Aged
June 2004.

Specific Questions

Choosing Activity in Education

Much physical activity provision for young people is focused around the school environment. Whilst this makes delivery of services easier for statutory bodies, it does raise questions about how broader community activities can be best delivered. Given the large reduction in participation in activity for individuals at the point they leave school, there is a major need for ensuring that schools are not the only way of delivering activity.

Clearly, adult education has a role in filling the provision gap for older people. However, a severe lack of funding, resources and professional (older) trainers hampers efforts in this area.

Choosing Activity in the Workplace

Delivering activity through the workplace is an eminently good idea and would undoubtedly benefit future generations of older people. However, the current generation of older people are unlikely to benefit significantly from incentives in this area with the employment rate of people aged 50-65 being 14% below the 82% rate for the 25-49% group. The average retirement age is currently 62.

Age discrimination is one of the key reasons for early departure from the workforce with a person made redundant after age 50 being eight times less likely to return to work than a person made redundant at a younger age. The encouragement of continuing employment gives greater choice for individuals as to the nature of their life in older age. Evidence suggests that work, as opposed to unemployment, brings with it better health and greater self-esteem as well as income.^{vii} Far from denying the 'right to retirement', the removal of a number of obstacles and the creation of full and fulfilling employment opportunities has the potential to provide more secure and active futures. Therefore, action on age discrimination must form part of any strategy to increase choice and opportunity for activity amongst older people.

Employers are going to need to think more carefully about the needs of an ageing workforce. A point that Help the Aged has argued elsewhere is the case for periodic 'in the round' assessment of people's health, wealth and well-being – not a medical consultation to identify a specific problem but an interesting and rewarding stock-take of what is working or not working. If this becomes a workplace service, as natural as an annual appraisal, and was linked with the provision of certain sporting or exercise opportunities, it could play a valuable role in the whole concept of healthy ageing, as well as supporting the employer's need for a healthy active workforce.

Choosing Active Travel

Crime or fear of crime provides a significant barrier for older people to make journeys by foot. Perceptions that an area is unsafe acts as a serious barrier to older people, who are not prepared to make short trips from their home. There is in addition, a clear link

between enhanced pedestrian activity and increased perceptions of personal safety. Crime is also likely to be reduced in areas of higher pedestrian activity.

Local Authorities should be required to carry out work to improve the pedestrian environment in the immediate vicinity of the main housing conurbations, shopping areas and bus corridors. This would seem vital to taking forward an integrated approach to the development of sustainable transport.

The Government's Walking and Cycling Action Plan could play a major part in reducing the barriers to walking and cycling, however, there still needs to be a much greater focus on the needs of specific users such as older people, the disabled and children.

We believe that there is a need for detailed walking and accessibility statements to precede all new public-building projects. Whilst this might also be part of the planning process through a transport impact assessment, a pre-emptive initial feasibility stage would allow early rejection of sites with very poor pedestrian accessibility. Higher thresholds should be used for facilities that are more heavily used by older people and other low car ownership groups.

The fundamental issue in relation to the promotion of walking is the quality of the pedestrian environment focused on removing existing barriers and major enhancements in design quality. Among the particular barriers to older people are: -

- Uneven and badly maintained paving
- Lack of opportunities to sit and rest, which are needed by particularly frail and elderly people under taking even short-journeys by foot.
- Poor street lighting
- Generally poor maintenance or vandalism leading to the perception that an area is unsafe
- Narrow pavements where less mobile older people come into conflict with other faster moving pedestrians.
- Pinch points can be a particular problem near bus stops.
- Close proximity to high volumes of fast moving traffic, e.g. greater than 30 Mph
- Insufficient time at crossing points.
- Poor access to some modern developments where access is deigned primarily by car.
- Over passes and under passes pose a particular barrier for older people.
- Accessing recreational walking routes away from city centres due to limited or non-existent public transport.
- Failure to clear snow or ice from pedestrian areas.

All of the above factors are common throughout the country and must become the focus of sustained action at a local level. In this regard the strategy must mark a sea change in the attitude of both local and national government. Whilst specific reference to the above factors may not be appropriate in an over arching national strategy, they are the sort of elements that could be tackled in a local audit process.

In 1949 34% of miles travelled using a mechanical mode were by bicycle. Today only 1-2% of miles are covered by bike. Increased levels of cycling, like walking, could produce significant health benefits for older people. There are no age barriers to cycling yet some older people are put off riding because they worry about falling off or the risks of injury, whilst others face the same problems as younger cyclists (pollution, lack of cycle routes, excessive traffic etc). A reduction in the barriers to cycling to older people could have a

significant positive impact on the health of the older population and as a result we urge the Department of Health and DCMS to ensure that older people's needs are included in cross-governmental strategic planning in this area.

Enabling an active community

Funding and Resources: The vast majority of physical activity and sport funding and resourceing is targeted at the younger population. Providers of activities for older people do not currently have the capacity to meet the needs of older people and some voluntary sector provision will be required.

Whilst it is clearly vital to focus efforts on the young, there is a need for a shift of some resources towards people at other life stages (mid life, pre retirement, retirement etc).

Age Discrimination: Some organisations have well intended policy but age discrimination remains rife. We hear of anecdotal examples of discrimination by those involved in both private and statutory provision of organised activity. An older person who complained in a private gym about loud music being told that the best way to solve this would be for them to wear headphones for example.

Help the Aged has previously received an example of a case of a private gym being unwilling to take on older members. This anecdotal information suggests that age discrimination is a real barrier although there is clearly a case for a more systematic review of case histories.

There is a need for more older role models in advertising. Exclusion from marketing plans and public sector strategies is itself a form of discrimination by omission. Advertising and the media should recognise the damaging effects of derogatory and discriminatory language and attitudes towards older people and actively change these. Government should take the lead in promoting a positive, realistic and up to date image of older people, which recognises their diversity, their past and present contribution to families, communities, society and the economy, and their citizenship.

Health Inequalities: The older population is not a homogenous group. The diversity within the older population itself creates considerable challenges within the much broader challenge of reducing health inequalities across the population. Indeed, there is mounting evidence of considerable health inequalities within the older population, following similar lines to that already documented among the working age population. Older women, for example, are more likely to spend a larger proportion of their later lives with poor health or disability than older men. Evidence also points to socio-economic differences among the older population, with self assessed general health more likely to be described as good, or very good among non-manual social classes^{viii}.

Help the Aged has welcomed the development and publication of the cross-Government action plan to tackle health inequalities^{ix}. However, we remain disappointed that this strategy has not placed a high priority on actions to tackle health inequalities and health deprivation among older people, except on the specific issues of fuel poverty and falls.

Most new activity provision is aimed at the higher social classes, with the goal of private provision being to sign up these groups of people to direct debits. However, affordability of private provision is an issue which may get worse rather than better for older people.

It is clear that it does not matter how old or 'dependent' a person may be for physical activity to be important. For example, provision of physical activity in care homes, sheltered communities and other settings can be very poor, with older people 'written off' because of their levels of dependency.

Volunteering

Government policy on older volunteers is high in rhetoric but low in content. Support for volunteering by the over 50s is very poor and the Experience Corp, the Government's much vaunted initiative for older volunteers has lost its significant Home Office funding. There is no Government priority for older volunteers but many programmes for younger people.

Older volunteers played a vital part in the running of sport and, for example, the London Olympic bid will rely on older volunteers for it to be a success (as did the Manchester Commonwealth Games). Volunteering is a good way of helping increase the activity levels of the older population, yet age discrimination still exists. There is a need to extend the forthcoming Age Discrimination in employment regulations to volunteers as well as paid employees. At the same time, the Home Office must develop a comprehensive strategy for the promotion and development of older volunteers.

Another barrier to participation of older people as volunteers is the insurance issue. Some organisations have age limits to volunteering and blame insurance as an issue. We are unconvinced that in most cases, insurance is a real barrier to volunteering and believe that it is often used as an artificial barrier to participation by older volunteers.

National Governing Bodies

An 80 year old centre forward in a German veteran team was recently awarded a prize of goal of the year^x. This decision led to the German Football federation making a positive attempt to find ways to entice older citizens back onto the football field and the authority developed minor changes to the rules of the sport to make it more accessible to older people. There is a role for Government to encourage the National Governing Bodies to be as proactive as the German Football Federation in this field. There is a shortage of trainers and peer mentors for older people. Again the governing bodies should actively seek out and develop the skills of older trainers and professionals.

Involving Older People

There needs to be a strategy for involving older people in all forms of physical activity and consulting them on the content of this strategy. This needs probably two approaches: opening up existing opportunities to active older people (who don't need special provision but do need to know about the opportunities available and see these as 'for them' and to be able to afford these) and encouraging the less active to make a start on walking, dancing, swimming or other forms of activity.

An active health system

There is a huge collective benefit in shifting public policy towards the prevention agenda and we believe that that better resourceing of physical activity programmes will be cost effective for Government. Help the Aged recently published "Our Neglected Assets" which considers this issue in more detail. A copy is attached with this response.

Falls represent the most frequent and serious type of accident in the over-65s age group. Falls destroy confidence, increase isolation and reduce independence. The after-effects of even the most minor fall can be catastrophic for an older person's physical and mental health.

Around 30% of over 65s living in the community will fall in a year. This rises to approximately half of those aged 85 and over. An estimated 1,500 older people die each year as a result of a fall in the home.

There is a strong consensus that up to a 30% reduction in falls can be achieved if local health and social care communities work together. Falls cost the NHS an estimated £581 million a year. Reducing falls by 30% would reduce the bill by £174.3 million.

Hip fractures due to falls cost the NHS £910 million per year. There are an estimated 70,000 osteoporosis-related hip fractures each year at a cost of £13,000 each to the NHS. Reducing falls by 30% would mean 21,000 fewer hip fractures and would reduce the bill by £273 million.

Personal social services for long term care resulting from a fall costs an estimated £400 million. Falls are a major factor leading to premature admission to permanent residential care. Reducing falls by 30% would reduce the bill by £120 million.

Evidence is clear that physical activity and muscle strength are a major protective factor against injury resulting from falls in older age.

A more holistic service for later life would be the ideal delivery vehicle for the messages on exercise, medicines checks and diet which are an important part of falls prevention. Messages delivered by a nationally recognised service for later life would be less stigmatised than more traditional delivery vehicles.

Enabling Local delivery

There is much good work taking place at a local level, with many initiatives to support activity programmes for older people. However, there is no coherence or integration at this level and as a result. In many ways, work on older people and physical activity at a local level is a long way ahead of national work and government thinking. We believe that sport and recreation policy at a local level should be a statutory service across the whole of the UK.

ⁱ Chief Medical Officer. At least five a week: Evidence on the impact of physical activity and its relationship to health

ⁱⁱ Help the Aged and Third Age Employment Network (2003). Work after 60.

ⁱⁱⁱ Department of Health (2003) Tackling Health Inequalities: A Programme for Action.

^{iv} Chief Medical Officer. At least five a week: Evidence on the impact of physical activity and its relationship to health

^v See memorandum by Bob Laventure, British Heart Foundation National Centre for Physical Activity and Public Health to the Health Select Committee. (2001).

^{vi} Comas-Herrera, A., Pickard, L., Wittenberg, R., Davies, B., Darton, R (2003) Demand for Long-Term Care, 2001 to 2031: Projections of Demand for Long-Term Care for Older People in England. London: PSSRU, London School of Economics and Political Science

^{vii} Help the Aged and Third Age Employment Network (2003). Work after 60.

^{viii} Office for National Statistics (2001) Health Survey for England 2000: The General health of older people and their use of health services.

^{ix} Department of Health (2003) Tackling Health Inequalities: A Programme for Action.

^x German Football Federation 2004