A happier old age : a discussion document on elderly people in our society / Dept. of Health and Social Security, Welsh Office.

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A Happier Old Age

A discussion document on elderly people in our society

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Foreword

This document is about elderly people. But it concerns everyone–not just those over pension age or those close to retirement. Major social changes are taking place and are having a profound effect on the lives of all of us–young and old. It is time we took a fresh look at our attitudes towards the older generation, their role in society and the kind of help they need from society.

–Helped by improved health services, better housing, and other social conditions, more people are living longer. But the rise in the number of very old people puts a great strain on the health and social services. And on all our pockets–because more pensioners living longer means more to pay in tax and national insurance.

–Although many families–rightly–recognise that they have a responsibility towards their elderly members and make an invaluable contribution to their well-being, more old people are living alone. Many have no close relatives living near them. Many have no close relatives at all.

–But at least elderly people are no longer seen as objects of charity, living at subsistence level for their remaining years. And rightly so, for they have made their contribution to the prosperity and stability of our society during their lives and society owes a debt to them for their past efforts. A longer life in better health can make retirement a time of opportunity to develop fresh interests and take an active part in the life of the family and the wider community. There is as much that old people can do for society as society can do for them.

How are we to respond to these great changes ? So far the Government has had two main aims.

First to ensure that retirement does not mean poverty. That is why we have substantially raised the real value of pensions, in spite of the economic difficulties; and introduced a new pension scheme that will give tomorrow's pensioners the sort of security previously reserved for those fortunate enough to have a good second pension from their employer.

Second we have aimed to keep old people active and independent in their own home. And where they have had to go into hospital, to get them back into their own home as soon as possible.

Now we must add a *third* vital aim. Old people must be able to take their own decisions about their own lives. They must have the fullest possible choice and a major say in decisions that affect them.

Because the issues involved are so important and because they affect the whole of our society we announced last year that early in 1979 the Government would be publishing the first ever White Paper setting out a general strategy towards elderly people for the period up to the end of this century. But before we do so, we and our colleagues in the Government who are most closely concerned decided that it was essential to seek the views of organisations and individuals with knowledge and experience of the needs of the elderly and of the services designed to meet their needs. We want especially to hear from old people themselves since they have a leading part to play in this discussion.

We began this process of consultation with a conference in July 1977 which was attended by a wide cross-section of people. We are now following this up with a few smaller seminars at which particular aspects of the care of the elderly are being discussed in some depth. And we have recently seen the results of a survey by the Office of Population Censuses and Surveys into the circumstances and views of elderly people at home which provides a rich quarry of useful information. We are now drawing together in this discussion document these and other themes, and setting the agenda for a wide-ranging debate that we hope will enable the Government to develop a long-term strategy to ensure the well-being and dignity of all elderly people.

This Discussion Document is confined to England and Wales save for matters such as social security which relate to the United Kingdom as a whole. The needs of the elderly in Scotland are at present being considered by a Programme Planning Group set up jointly by the Scottish Health Services Planning Council and the Advisory Council on Social Work. A similar study is likely to be undertaken in Northern Ireland after publication of the White Paper.

Among the issues raised in this Discussion Document is the age at which people should be able to start drawing their retirement pension. This is an important and difficult issue but there is a danger that, by setting a retirement or pension age at a particular point, we may be drawing an artificial line between those above and those below that age. There will always be many people over pension age who will wish to continue working full-time either in their usual occupation or a new one. Others will want to reduce their working hours or give up paid work altogether, so that they can spend their time in other ways.

With advancing age, people may become less active, but the change

is usually gradual. Increased reliance on others should not be taken as a sign that an old person's active life is coming to an end or that he or she has crossed some invisible line separating the 'old' from the 'very old' or from the 'elderly and infirm'. Everyone in our society whether young or old is both active and dependent, and the proportions in which activity and dependency are combined are a matter of degree and individual circumstances. Our aim must be to meet the needs of dependency in a way which maximises the use and enjoyment of an individual's powers, however limited they may be.

There is no doubt that as time goes on, growing demands will fall on the relatives of elderly people. But we have to bear in mind that the children of people in their eighties may well be past retirement age themselves. And that the number of middle-aged single women, and the number of married women who have not returned to paid employment after bringing up their children, are both much smaller than in the past. Although family links are irreplaceable we cannot assume that the family can carry the whole responsibility for caring for the growing numbers of very old people. We may therefore need to look increasingly to the wider community to give more support of the kind traditionally expected of the family.

We know that people want to help but sometimes need encouragement to do so. That is one of the reasons why the Good Neighbour Campaign was launched. The aim is to encourage community involvement and we have been very heartened by the Campaign's success throughout the country. The Campaign is not limited to particular methods of help nor to particular groups of people. Simple neighbourliness; the concern of the local milkman or postman; the work of young people from local schools; visits by recently retired people–all of these are invaluable. Good neighbourliness costs so little but can mean so much.

So that we can press ahead with preparation of a White Paper, we need to ask for comments on this Discussion Document by the end of October 1978. We have tried to identify some of the key issues and problems. While comments need not be limited to the agenda we have set, they do need to take proper account of the availability of resources. More for elderly people could mean less for other members of the community. We have to make sure that what we do is as well thought out as possible because our concern is for the welfare, security and happiness of all old people.

JOHN MORRIS
Secretary of State for Wales

DAVID ENNALS
Secretary of State for Social Services

STANLEY ORME
Minister for Social Security

1 Introduction

a. Profile of the Older Generation

1.1 There are now 6.6 million people in England and 0.5 million in Wales aged 65 years and over, representing 14% of the total population. Between 1966 and 1976, the number of people aged 65 and over increased by 20% and the effects of this dramatic increase are still with us. By 1986, there will be approximately 24% more people aged 75 and over than there are now. Charts A and B illustrate these changes so far as Great Britain is concerned. At present one in 104 of our population is aged 85 and over. By the year 2001, it is likely to be one in 65.

1.2 This change in the age structure of our population is partly due to changes in birth rates this century, partly to improvements in the expectation of life for old people, but to a much greater extent to a marked improvement in the expectation of life at younger ages. In 1911 a man aged 65 could expect to live a further 11 years compared with just over 12 years now; a woman aged 65 could expect to live 12 more years as opposed to over 16 years now. However, life expectancy *at birth* has improved from 49 years in 1911 to 70 years now in the case of men and from 52 to 76 years for women.

1.3 Because women live longer, three-fifths of all elderly people are women. Over the age of 75 there are twice as many women as men. Chart C sets out the age, sex and marital status of elderly people, and Chart D shows with whom they are living. Of particular note are the large proportion of old ladies who are widows; and the large numbers of elderly people who live alone. Some two-thirds of households in which old people live contain no-one below retirement age, and about a third of the elderly population have either never had any children or have had children who have not survived.

1.4 Probably over a half of all mentally disordered and physically handicapped people are elderly. About 13% of elderly people are physically handicapped in the sense that their living activities are severely restricted. According to a recent OPCS Survey[1] over half of all elderly people report that they have some disability. Just over 4% of elderly people living at home were found to be permanently bedfast or housebound and this figure rises to about 20% of those aged 85 and over. Among elderly people living at home who are not

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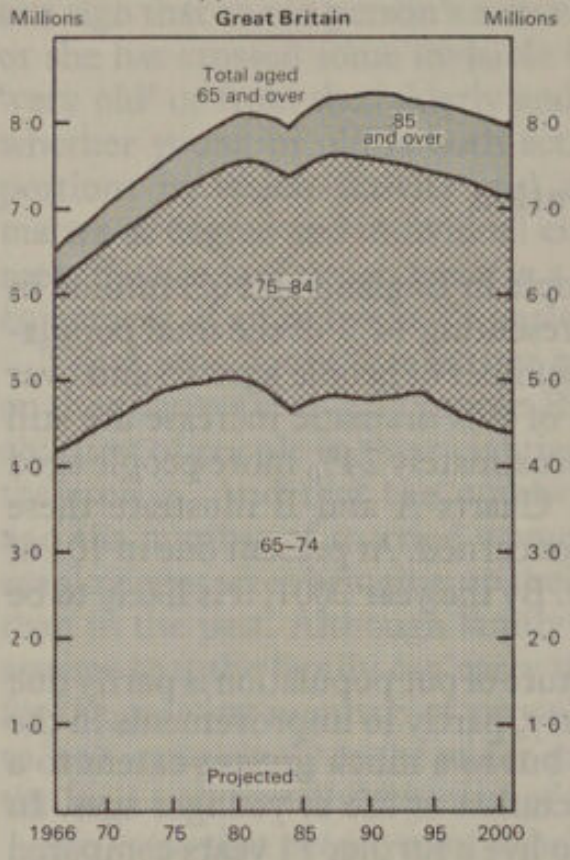
[1] 'The Elderly at Home', HMSO, price £7.00, 1978.

CHART A

Elderly persons 1966-2001

Great Britain

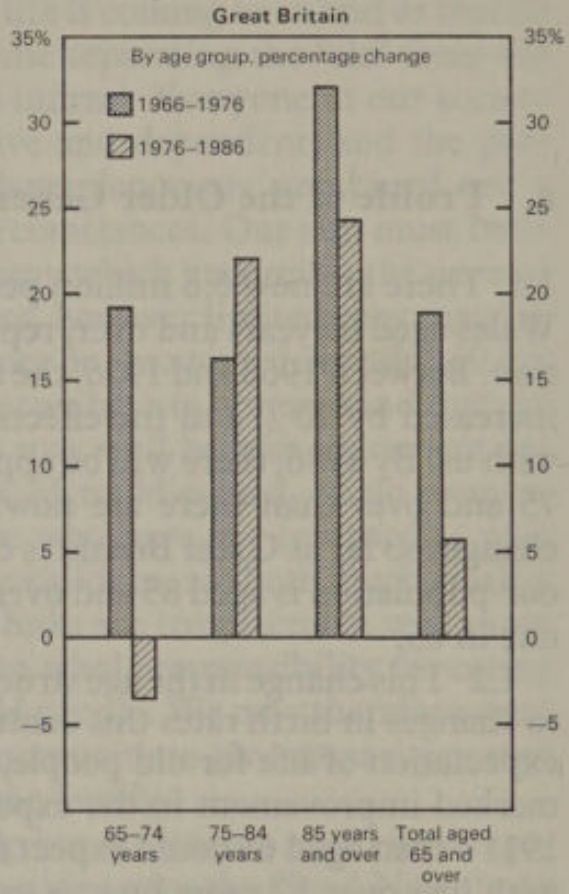


Source: OPCS

CHART B

Changes in the elderly population

Great Britain

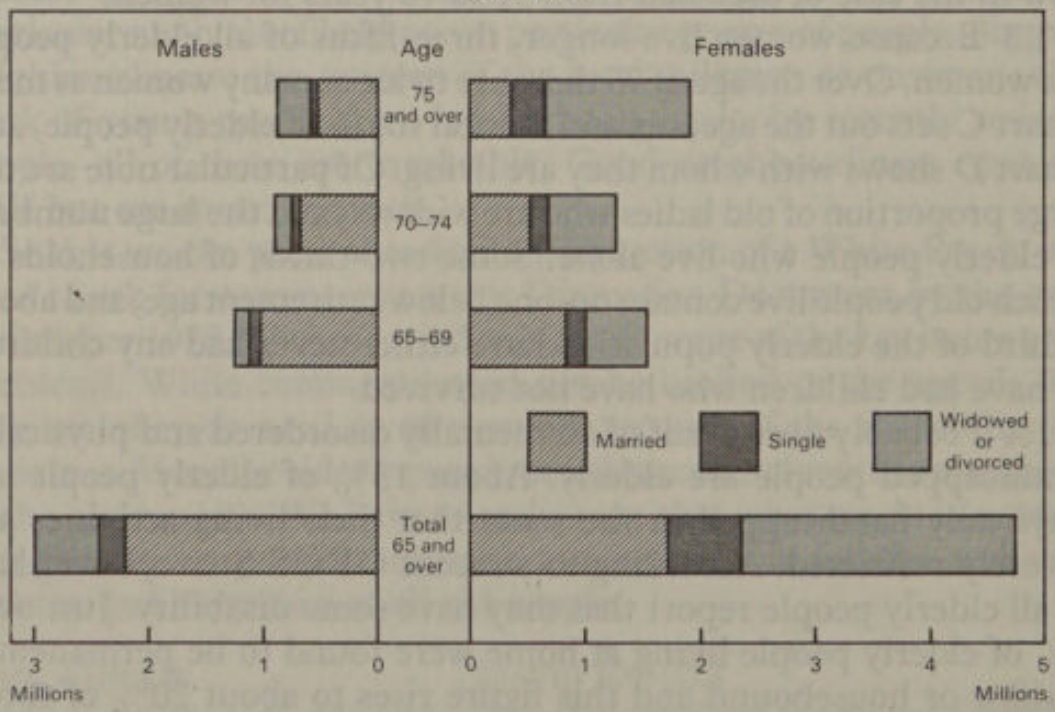


Source: OPCS

CHART C

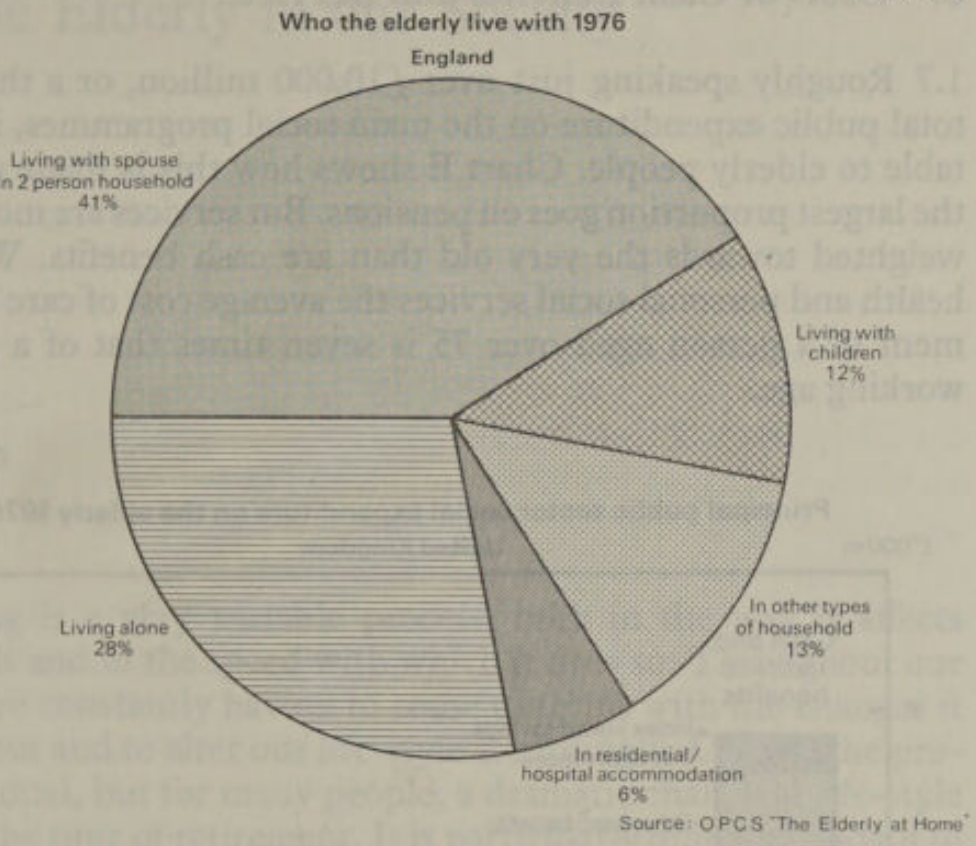
Population structure of the elderly by age, sex and marital status 1976

Great Britain



Source: OPCS

CHART D



bedfast or housebound, over 2% say they have difficulties in seeing, and nearly 3% that they have difficulties in hearing. The proportion of the elderly with mental infirmity rises rapidly in the age range over 75, and severe mental infirmity in the very old presents a serious problem.

1.5 Some old people were born abroad. At present most of these came from Continental Europe (a number as refugees), and some of them may not have families here to give support. In future, an increasing proportion of old people will be from the ethnic minorities, though the growth of this group will be slow.

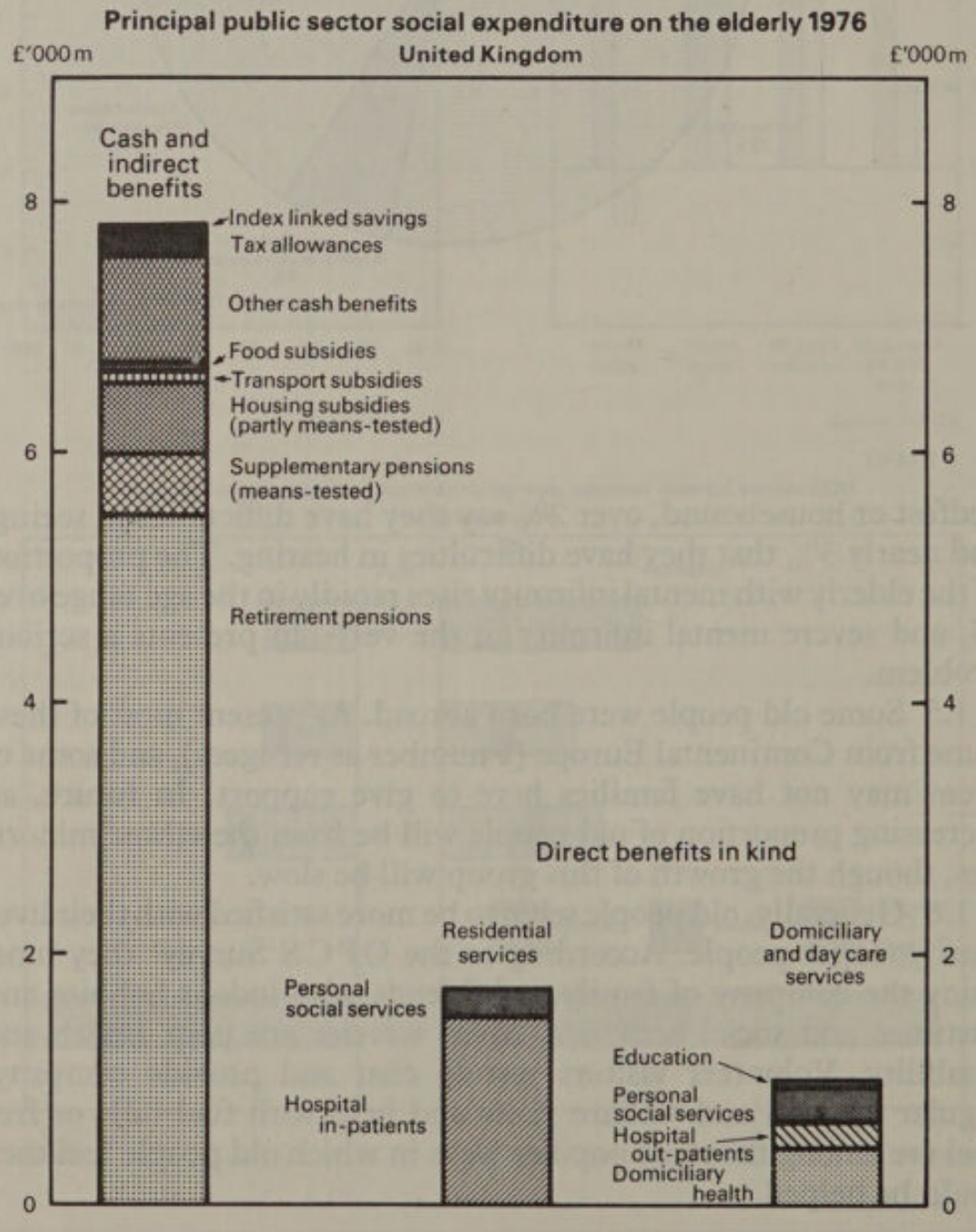
1.6 Generally, old people seem to be more satisfied with their lives than younger people. According to the OPCS Survey[1] they most enjoy the company of family and friends, also indoor hobbies and pastimes and social activities. Main worries are poor health and disability. Volunteer visitors just to chat and provide company, regular medical and welfare visits and help with fuel bills or free coal are among the most popular ways in which old people feel they could be helped.

[1] 'The Elderly at Home', HMSO, price £7.00, 1978.

b. Costs of Cash Benefits and Services

1.7 Roughly speaking just over £10,000 million, or a third of the total public expenditure on the main social programmes, is attributable to elderly people. Chart E shows how this is made up. By far the largest proportion goes on pensions. But services are more heavily weighted towards the very old than are cash benefits. Within the health and personal social services the average cost of care and treatment of a person aged over 75 is seven times that of a person of working age.

CHART E



Source : Central Statistical Office

2 The Elderly in our Society

2.1 Ageing is a very variable process, both in the way it affects individuals and in the speed with which it does so. Throughout our lives we are constantly having to come to terms with the changes it brings about and to alter our life-style accordingly. Usually the process is gradual, but for many people, a dramatic change of life-style occurs at the time of retirement. It is particularly difficult to adapt to the loss of a full-time occupation when its timing is not related to the needs and wishes of the individual and there is inadequate preparation. In Chapters 3 and 4 we consider pension age and incomes in retirement. In this chapter we look at preparation for retirement and issues affecting the quality of life in old age, particularly after retirement.

a. Preparation for Retirement

2.2 Our society seems to assume that a major aspect of a fulfilled life is employment, but many people live for 20 years or more after retirement and may remain active for much of that time. People therefore need interests and activities during retirement, and there is clearly much value in proper preparation. A number of employers and local education authorities offer courses to help those nearing retirement. Certain voluntary organisations are also active in this sphere. But there are many people who do not receive such help and the Government is anxious that much more should be done.

2.3 It can be argued that such courses possibly come too late. True preparation for retirement may often require adjustments in attitudes and life-style throughout the last decade of paid employment and may also depend on financial decisions taken many years earlier. There are important roles for employers, trades unions, local educa-

tion authorities, and indeed families and the community to play in helping people to adjust to retirement. *What kind of help and advice is needed to assist people in making this important change in their lives and in developing the right mental attitude to retirement? How can families be helped to prepare for the changes and new opportunities – and in most cases the fall in income – that follow the retirement of a breadwinner?*

b. Leisure and Employment Opportunities

2.4 Retirement affords opportunities for people to use their time in many satisfying ways. Community affairs and work in voluntary organisations occupy some; others find fulfilment in voluntary service without being committed to a formal structure. The Government sees all this as most valuable for both the individual and society as a whole. But the scale on which older people participate in community activities is not as great as it might be. *How can opportunities for community service be extended, and older people encouraged to take them up?*

2.5 Elderly people can also make good use of the facilities for continuing and broadening their education and recreational activity. The adult education services and other local organisations generally provide a wide range of activities which enable elderly people to pursue new and stimulating interests and perhaps find a new base for social contacts. It has been suggested that insufficient account is taken of the recreational needs of elderly people, especially in the planning and design of new indoor sports facilities. Elderly people may not be able to take part in the more active forms of sport, but for many, exercise of some kind may well be important in keeping fit. *What can be done to improve the range of educational and recreational provision for elderly people?*

2.6 Some people wish to continue in employment after normal retirement age although the current high rate of unemployment highlights questions about the relative importance of work for different age groups and limits the scope for otherwise desirable developments. The current level at which the earnings rule begins to affect retirement pensions (see Chapter 4) allows quite a wide margin for those who want to do some kind of work after retirement. A number of employers provide facilities for their older workers to continue in employment by working shorter hours in a new setting. Other less formalised work schemes also provide the opportunity for some to develop latent skills. Voluntary bodies are especially active in this sphere. *What encouragement should be given to the extension of opportunities for work after retirement?*

c. Family and Community Support

2.7 Family links can assume increasing importance in old age and many elderly people get great pleasure from visiting their relatives and looking after grand or great grandchildren. Others find themselves less needed and in some cases suffer estrangement and isolation whilst some have no close relatives and few friends. Some 8% of the bedfast and housebound never receive visits from relatives and 47% receive no visits from friends. In some areas 'adopt-a-grannie' schemes enable lonely old men and women to become part of a family and act as a grandparent. Schemes of this kind can not only do much to relieve loneliness, and reduce isolation but also provide the opportunity for an elderly person to gain a new sense of belonging. They can be beneficial to all concerned – not least the children who might otherwise grow up without the experience of companionship with the older generation in their early years. *Are there ways in which family links can be strengthened and the exchange of help and support between elderly people and their relatives encouraged? Also, more generally, what else can be done to bring the young and the old into greater contact to the benefit of both?*

2.8 The Good Neighbour Campaign originally launched by the Secretary of State for Social Services in November 1976 was designed to stimulate the development of community support for the elderly. Just as retired people have much to contribute to the community, so there is much the community can do in return. Help with shopping, minor household jobs, gardening, providing company and many other small jobs and personal tasks – which can often be done by more recently retired people – can make a great deal of difference to the quality of life especially for the frail elderly, the handicapped and those living alone. *How can this kind of community support be provided on a wider scale?*

2.9 But there is a larger dimension to community support. Although the elderly represent 14% of the total population many of them find difficulty in their relations with commercial organisations and public authorities. In some public libraries, for instance, efforts are made to ensure that it is not difficult for elderly people to reach a good selection of books, but the same cannot always be said for modern supermarkets where elderly people sometimes cannot always reach what they require. Some items of food are sold in larger packs than they need or the smaller packs are disproportionately expensive. Clothing and shoes may not be suitable in style or price. Old people may also suffer from economic discrimination such as the difficulty in purchasing a television on credit unless they can find a guarantor. *How serious are these difficulties and what action is needed?*

d. Keeping Fit

2.10 Maintenance of good health in old age is also important. Much depends upon life-style and the ability to adjust to changing circumstances including isolation and loss; but there are many simple things which can be done effectively to promote an enjoyable old age as well as prevent ill health. The White Paper 'Prevention and Health' issued in December 1977 included a section (paragraphs 223–227) which set out the Government's policy on this matter. In essence this is the encouragement of physical, social and mental activity, and of measures designed to help prevent the development or worsening of handicapping conditions and cope with disability. *How might these aims best be pursued ?*

e. Death and Bereavement

2.11 Although death may come suddenly, some elderly people may face a period of terminal illness, and in recent years an increasing number have died in hospital. *Would such patients prefer to be in their own homes during this time and if so what additional support do they and their families need ?*

2.12 When an old person dies, those bereaved may be in need of considerable support and counsel, including help with practical tasks which they have not normally done in the past. Bereavement at any age is a traumatic experience. *What can be done to help old people to adjust to it ?*

3 Pension Age

3.1 The age for retirement from regular employment has become increasingly formalised in this country, in that most people are compulsorily retired at the minimum state pension ages – 65 for men and 60 for women. Some occupational pension schemes provide for retirement before these ages. Chart F shows the steadily decreasing proportion of men who work beyond minimum state pension age.

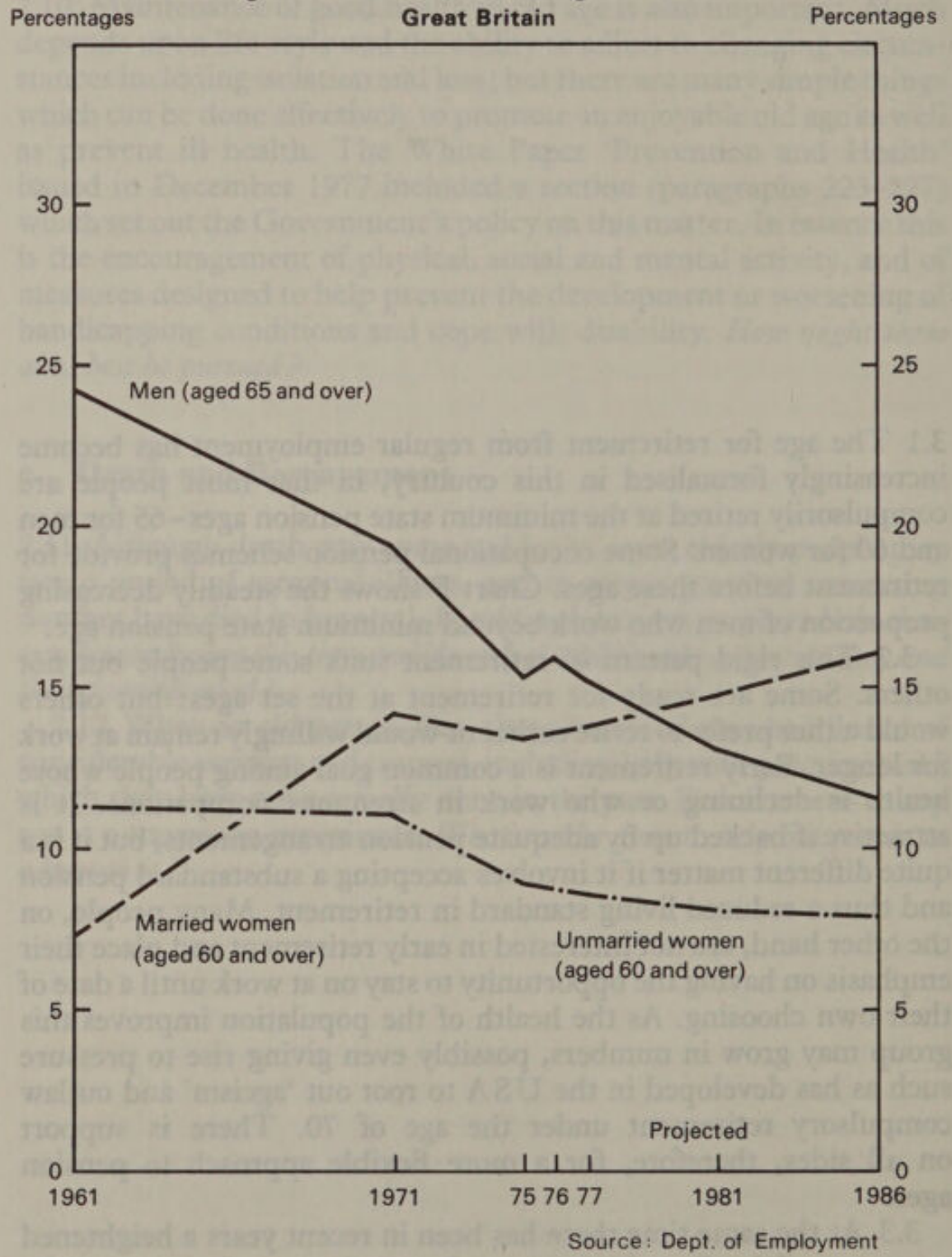
3.2 This rigid pattern of retirement suits some people but not others. Some are ready for retirement at the set ages: but others would either prefer to retire earlier or would willingly remain at work for longer. Early retirement is a common goal among people whose health is declining or who work in strenuous occupations. It is attractive if backed up by adequate pension arrangements, but it is a quite different matter if it involves accepting a substandard pension and thus a reduced living standard in retirement. Many people, on the other hand, are not interested in early retirement and place their emphasis on having the opportunity to stay on at work until a date of their own choosing. As the health of the population improves this group may grow in numbers, possibly even giving rise to pressure such as has developed in the USA to root out 'ageism' and outlaw compulsory retirement under the age of 70. There is support on all sides, therefore, for a more flexible approach to pension ages.

3.3 At the same time there has been in recent years a heightened awareness of the disparity between the pension ages for men and for women, and an increasing number of proposals for greater equality between them in the arrangements for retirement, as in other aspects of life. The occupational pensions movement have put forward a number of suggestions aimed at the eventual equalisation of pension ages. The Equal Opportunities Commission, who have been studying the issue for some time, have recently published a valuable consulta-

CHART F

Economic activity rates for persons over retirement age

Men aged 65 and over, women aged 60 and over



Source: Dept. of Employment

tion document,[1] which seeks a long-term solution along these lines.

3.4 One way in which equalisation could be achieved would be by enabling men, as well as women, to draw their state pensions at age 60. This is a long-standing policy of the TUC, and it would bring male workers in general into line with those professions which already have 60 as their accepted retirement age. But its cost would be large. An estimated £500 million would be needed for each of the five annual reductions which would be necessary to bring down the men's pension age from 65–some £2½ billion a year in total–assuming that the process was accompanied by a return to a level of full employment at which no significant number of the vacancies created could be filled from among the unemployed.

3.5 If high levels of unemployment were to persist over the period during which the pension age was being lowered the cost would be significantly less. More job opportunities would be made available to younger workers, and some savings in unemployment and supplementary benefit would be secured. The immediate effect on unemployment would not be great however and, even in the long-term, it is likely that a significant number of the vacancies created by men retiring earlier would not be filled. On the other hand it seems essential that a long-term, and irreversible, reform should be costed on the expectation that, in the medium and long run, policies to restore full employment will succeed.

3.6 The costings assume that the pattern of retirement between the new pension age of 60 and 65 would be the same as it is now between 65 and 70. They reflect the cost to central government funds by way of the additional retirement and supplementary pensions which would be paid; the savings in social security benefits which would otherwise have been payable; and the effect on contribution and tax revenue. They are based on the present level of pensions, so that none of the money would go towards raising pensions–nor is any account taken of the cost of entitling men under 65 to the emerging benefits of the new pension scheme. Once those higher pensions were generally available, payment of them to men at 60 instead of 65 would almost double the long-term cost of lowering the pension age. It follows that even a phased reduction in men's pension age would be a very expensive proposition and, though 60 as a common pension age might remain an eventual objective, there could be little prospect of achieving it quickly unless other social priorities were set aside.

3.7 In these circumstances it has been suggested–notably by the Equal Opportunities Commission–that it would be more realistic to think in terms of equalising the pension age, in the first instance, at

[1] Equalising the Pension Age, EOC, Manchester, 1978.

some point between the ages of 60 and 65. The EOC have put forward–not as a firm recommendation, but for discussion and further study–the possibility of a common pension age of 63. A proposal on these lines would allow some part, at least, of the cost of earlier pensions for men to be met by postponing their payment to women. But, even as a transitional measure, it raises the fundamental issue of whether it would be justifiable to deprive women of the right, which they have enjoyed for nearly 40 years, to a full state pension at age 60. Clearly, it would be an unacceptable breach of faith if full pensions were withheld from those who expect to receive them in a few years' time. At the other extreme, to maintain existing rights until every 16-year-old girl now in the work-force and contributing for a pension at 60 had reached that age would rule out the prospect of any change on this basis until well into the 21st century.

3.8 The approach discussed in the last paragraph also has implications for the introduction of greater flexibility into retirement. If, in line with the EOC's thinking, the age at which women can receive full pensions were raised above 60, it might nevertheless seem reasonable to continue to allow for retirement at that age with less than full entitlement. The national insurance scheme already allows those who continue to work beyond the present pension ages to qualify for an increased pension on eventual retirement, and it would be possible for a comparable adjustment to be made in the pensions of those who chose to retire early. It would not, however, seem appropriate that only women should be entitled to take an earlier, reduced-rate pension; if it were also open to men to retire on the same terms at any age from 60 onwards, this would allow for much greater flexibility in making individual provision for retirement. Provided that variations in pension entitlement were linked on a broadly actuarial basis to the age at which people chose to retire, there need be no great increase in overall cost.

3.9 On the other hand, the Government would not favour introducing arrangements of this kind if the pensions of those who retired early were generally below the supplementary benefit level: this would only increase the extent of poverty and of reliance on means-testing in old age. But the build-up of rights to the new earnings-related pensions (based ultimately on the contributor's 20 best years of earnings) will mean a steady progress towards levels of benefit from which it will be possible to make a deduction on account of early retirement without making people reliant on supplementary benefit or taking away their prospect of an adequate living standard in old age. This process will, however, take a long time to have any significant effect. More rapid changes to allow for earlier retirement would

be costly. Any movement in this direction would need to be weighed against other social priorities.

3.10 *Thus comments are sought on the desirability of an equalisation of men's and women's pension ages at whatever age can be afforded between* 60 *and* 65, *and on the possibility that pensions at less than the new scheme's full level should be made available to those who choose to retire earlier. Those who favour this approach are invited to give their views on the timescale over which it would be appropriate for such developments to take place.*

3.11 But the arrangements for retirement are not solely a matter of the structure and financing of state pensions; such changes would have a major impact on employment and retirement policy throughout the economy. At present a firm or industry which allows its employees to retire before the state pension age has itself to meet the cost of providing for their earlier retirement: indeed, in the Government's view it is right that this cost should be borne by the employer and employees concerned, rather than by the general taxpayer or national insurance contributor. In the long term, arrangements for flexible retirement within the state scheme would make it easier for individual firms or industries to introduce earlier retirement provisions. Meanwhile there are already some circumstances in which state money is available to assist those who give up work before the standard pension age. People who do so because of ill-health can draw a national insurance invalidity pension at the retirement pension rate; under the new scheme these invalidity pensions will begin to contain an earnings-related element based, in the long run, on earnings in the contributor's best 20 years. A more recent development, introduced in the light of the need to provide job opportunities for younger workers, is the Job Release Allowance which can be claimed by those who voluntarily choose retirement within a year of the state pension age. It is for consideration whether, in advance of any long-term changes in the direction of flexible retirement, more should be done to accommodate those individuals whose working lives, either through choice or because of conditions in their particular employment, come to an end before the standard retirement age.

3.12 Finally any changes in retirement ages, such as have been discussed in this chapter, would have substantial repercussions on occupational pension schemes and on the arrangements for contracting-out of the new additional state pension. It would also be necessary to make sure that the opportunity given to employees to retire early with less than a full pension was not used to force them out of employment earlier than they wished. The economic implications of changing the proportion of the population in active employ-

ment during the next century would also be important. In this context, future trends in birth rates – and hence in the age structure of the population – would be relevant. All these will require careful and detailed study before major structural changes in state provision could be introduced.

3.13 To sum up, the question of pension age and the provisions for retirement raises very important issues for everyone. This chapter has set out some of the problems and possible courses of action and the Government is anxious that all aspects, including equalisation of pension ages and provisions to make retirement more flexible, should be open for discussion. *Views on the subject and on what might be done would be welcome.*

4 Incomes in Retirement

a. Retirement Pensions

4.1 One of the most important adjustments which has to be made at the time of retirement is the change from a relatively high income based on employment to a lower income from various sorts of pensions. Chart G illustrates the scale of these changes.

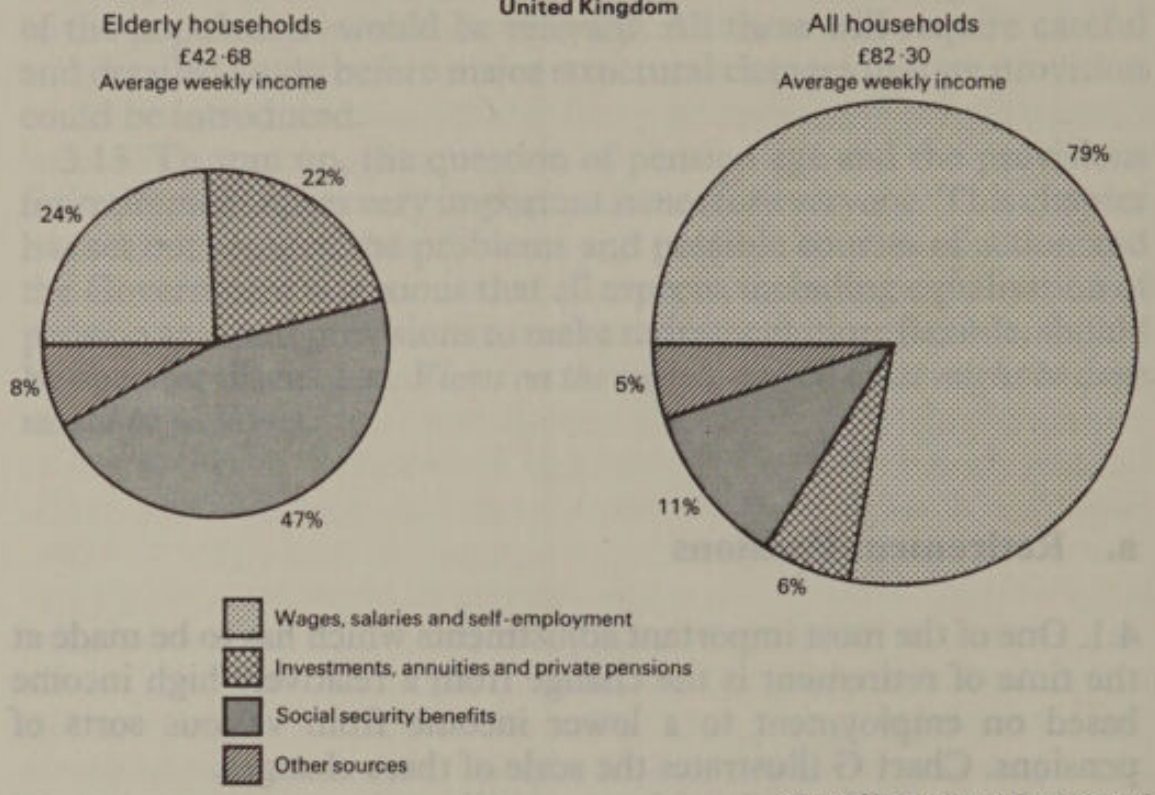
4.2 Increasingly during this century discretionary payments to the old and poor have come to be replaced by payments made as of right because certain conditions are satisfied. This remains a major objective of government policy. But it is important that not only should the retirement pension be raised to a respectable level, it should also be enabled to maintain its real value. In 1974 the pension level was raised by 30%, then in 1975 it was statutorily index-linked to the rise in prices or earnings, whichever is greater. This means that whenever earnings rise faster, as normally happens, the pensioner shares in the community's rising standard of living. When prices overtake earnings, as has recently occurred, pensioners more than hold their own by comparison with others. Thus over the years a continuing real increase is assured in the value of the pension. In fact, since 1973 despite the very high rate of inflation, the pension has increased in real value by 16%; this will rise to over 20% in November this year.

4.3 Some pensioners, although retired, want to continue to do some work, and the earnings rule has been criticised as an obstruction. The earnings rule–which applies only up to age 70 (men) or 65 (women)–requires a retirement pension to be abated if the pensioner has earnings above a certain amount. That figure is now £40 a week (index-linked) which means that for earnings up to about half the national average in the case of men, and not far short of the full national average in the case of women, the pension is untouched. The

CHART G

Household income by source 1976

United Kingdom



Source: 'Family Expenditure Survey'

Government considers these levels are not unreasonable bearing in mind that the pension is intended to be paid on retirement from regular employment. It is however committed to doing away with the earnings rule, when resources allow, and is due to submit a report on the operation of the rule to Parliament in October.

4.4 Several attempts were made by successive Governments to find a replacement for the graduated pension scheme as a means of developing earnings-related pensions. These attempts have culminated in the new pension scheme which began in April and which will provide future generations of state pensioners with a retirement income comparable with the occupational pensions provided by good employers. The new scheme represents the biggest step forward since the Beveridge proposals were given effect after the last war. A new feature of the scheme, principally of benefit to women contributors, is that basic pension rights will be protected during

absence from work to look after children, the old or the sick. As the new pensions build up they will greatly reduce the likelihood of poverty in old age and ensure that old people retiring in the future will be much less likely to have to call upon supplementary benefit.

4.5 Occupational pensions, which provide a counterpart to the new state scheme, have grown in value in recent years. About half the workforce–some 11½ million–is now covered, most of them in schemes where the pension is now related to final salary. More and more people will therefore in future be able to retire on incomes that can be expected to support a standard of living comparable with that which they enjoyed during working life. And the Occupational Pensions Board have been asked to consider how further to protect the occupational pension rights and expectations of those who change jobs before reaching retirement age. But while these developments hold promise for future generations of pensioners, those already retired are not so well provided for. A good proportion of men pensioners (about two-thirds), but relatively few women (about one-fifth), have an occupational pension. On average this pension is now about £10 a week, but this figure cloaks a wide differential between some enjoying a full pension from a lifetime's membership of a good scheme, and others whose pensions derive from short membership of modest schemes, particularly those which have given no protection against inflation. Half of those on occupational pensions receive less than £5.50 a week. Improvements in occupational pension provision are a matter for negotiation between employers, employees and trades unions. *Should these negotiations take more account of, for example, the degree of inflation-proofing which might be provided, or the relative benefit of lump-sums or continuing pensions? And should they cover the question of improved provision for widowers?*

4.6 The older generation of pensioners, most of whom are women, tend to be poorer and their savings have been eroded by inflation and time. For the over 80s an age addition to pensions of 25p a week was introduced in 1971. For many years ahead the very old will in general be unlikely to have substantial earnings-related pensions. *In so far as resources permit, is there a case for a higher pension rate at a fixed age without regard to individual need, or would it be preferable to provide more services for the very old?*

b. Help with Heating Costs

4.7 The sharp increases in fuel prices in recent years have seriously aggravated the problems faced by poorer people, including the elderly, in paying for fuel. Pensioners spend a higher proportion of

their income on fuel than other households. They are more likely to live in accommodation which is difficult to heat and are less likely to be able to invest in fuel-saving alterations. Continuing public concern about the risks to old people's health of living in rooms at low temperatures has kept attention on this issue. Increases in benefit rates compensate recipients for fuel price increases to the extent that these are reflected in the general Index of Retail Prices, and the Supplementary Benefits Commission pay additional benefit to those who, for one reason or another, have extra heating costs. Nonetheless, some pensioners find great difficulty in maintaining adequate heating. Further help has been given through the electricity discount schemes in the last two winters. However, these schemes have been criticised both for the low level of assistance (despite the allocation of £25 million each year) and for the limited coverage: only supplementary pensioners, and so not those only marginally better off, can benefit.

4.8 Quarterly billing by the gas and electricity industries can cause difficulties for pensioners and other poor consumers whose incomes are received and spent largely on a weekly basis. But the industries already operate and are further developing a range of pay-as-you-go schemes to assist consumers with personal budgeting. Where it is safe and practical to do so, prepayment meters may be provided. Pensioners are largely protected against disconnection under the Code of Practice; and the Supplementary Benefits Commission can also help by making direct payments to gas and electricity boards or by putting aside part of the weekly benefit as savings towards fuel bills.

4.9 Local authorities have been asked to undertake a programme of loft insulation in their properties, giving priority to those occupied by old or disabled people. They have a discretionary power to make improvement grants to old people owning private houses if they cannot afford to insulate them. The Government is also introducing new measures, to take effect this year, for grants to both private householders and tenants for basic insulation. *Should there be changes in the pattern of help given to old people to make it easier for them to keep themselves warm?*

c. Other Cash Benefits

4.10 At present 1.7 million people receive supplementary pensions. While such pensions will continue to be available for those whose resources fall short of their requirements, the Government believes that everyone should have entitlement to at least a basic income in old age without having to undergo a means-test to get it. However, it

will take time before the new pension scheme can provide an adequate income in retirement without resort to supplementary benefit, and for some years to come many pensioners will continue to need supplementary pensions.

4.11 The Government has set up a comprehensive review of the Supplementary Benefits Scheme, designed to bring about a simpler and more rational scheme. It is hoped that pensioners and others will be able to understand the scheme more clearly and therefore will be more willing to claim the help to which they are entitled. The Government will be publishing a separate document about the review in due course.

4.12 Nearly 800,000 pensioners in England and Wales receive assistance with their rent and 1.8 million with their rates, under the rent and rate rebate schemes. Because of the gradual way in which entitlements are tapered in relation to income under these schemes pensioners with quite high incomes may still qualify for assistance. Other benefits which may assist elderly people include the attendance allowance and the invalid care allowance. However, mobility allowance is not at present payable to men over 65 and women over 60 unless they used to be helped under the NHS scheme.

4.13 The Government is concerned to ensure that old people get all the benefits to which they are entitled and that the various forms of help should meet their needs. *Is the present pattern of benefits the best that can be achieved within existing expenditure limits? What improvements should be given priority if additional resources were to become available for cash benefits? How can the existing publicity material be improved? Are there other useful ways of informing old people of their rights?*

d. Income Tax Reliefs

4.14 The tax system recognises the lower taxable capacity of the elderly and the importance of saving for retirement. The age allowances which are available to those over 65 ensure that they can enjoy a little income in addition to the state pension before they become liable to tax. Furthermore, those with slightly larger incomes from savings are kept out of liability to the investment income surcharge through the higher threshold provided for the elderly. *In so far as resources permit increases in net incomes, should priority be given to improving pensions and other benefits or to increasing tax relief? Are there any particular points of difficulty about the way in which the tax system applies to elderly people?*

5 Accommodation

a. Housing

5.1 Although most old people live in the community, their ability to do so can depend as much on the kind of accommodation they occupy as the support they receive. Charts H to J tell us something of the housing circumstances of the elderly. Like the rest of the population, approximately half of all pensioner households live in owner occupied dwellings; the remainder are in rented accommodation, more than two-thirds of which is provided by public authorities. But over a quarter of households headed by people over 65 occupy accommodation which lacks at least one of the basic amenities of bath, hot water supply or inside WC. Current housing surveys will add further to our knowledge of the housing conditions of old people.

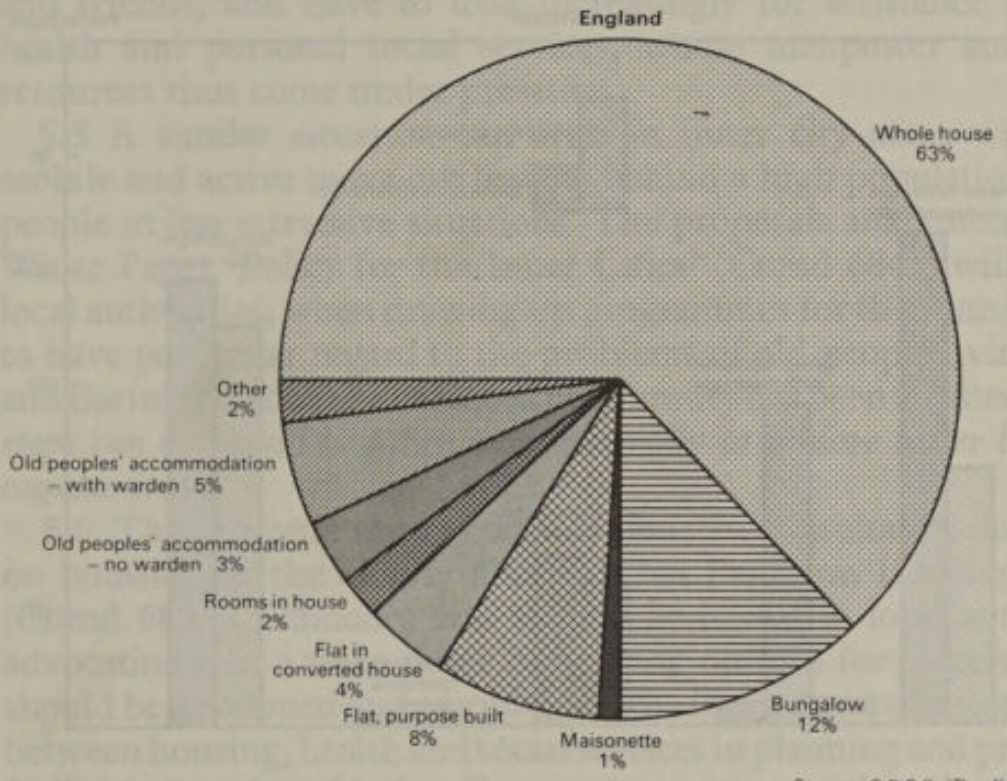
5.2 Under a new system of housing investment programmes, local authorities are invited to make their own assessment of local housing needs, including those of groups like the elderly. The housing programmes of local authorities and housing associations already make an important contribution towards meeting the housing needs of the elderly population. Smaller units of accommodation, which can meet the needs of most, are provided within the ordinary housing stock. Some are designed for handicapped people. Flats or bungalows for old people are sometimes grouped together so that the residents can give one another mutual support. When sheltered housing is needed a warden is employed to provide general oversight and assistance in an emergency. Other ways of helping old people to remain in the community, such as peripatetic wardens, are being studied. Nearly 30% of local authorities' new building programmes is devoted to housing designed especially for old people. Local authorities now have a duty to house old people who find themselves homeless.

5.3 Local authorities can help in other ways. The Government is

CHART H

Elderly households: type of accommodation 1976

England

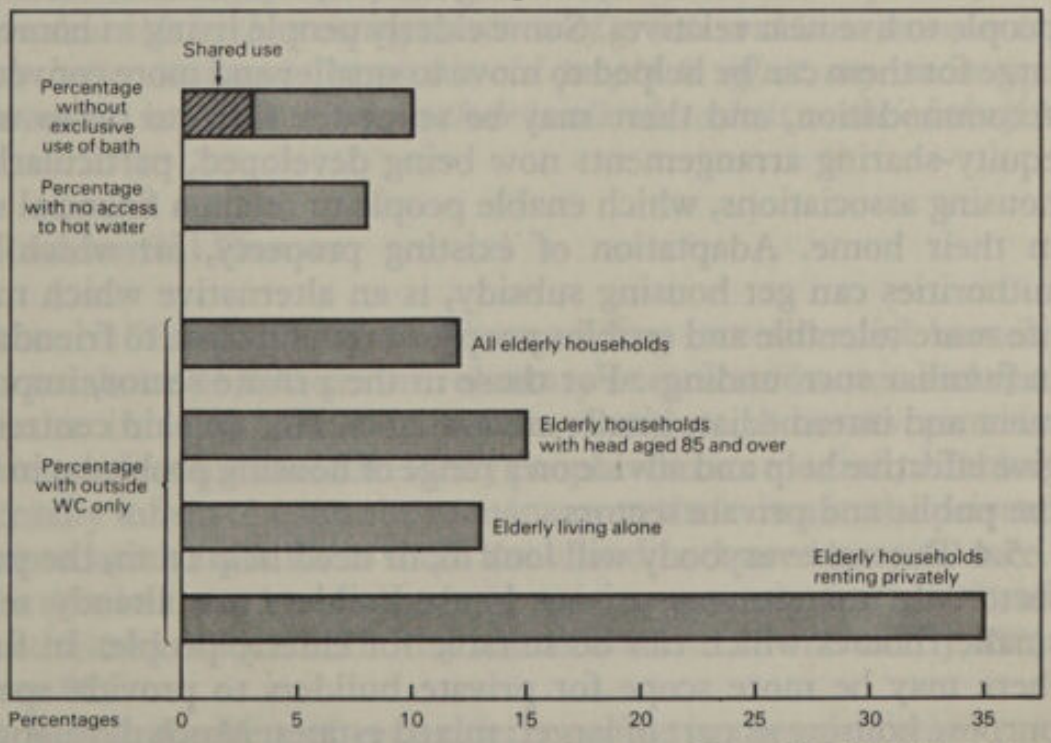


Source: OPCS "The Elderly at Home"

CHART I

Elderly households: amenities 1976

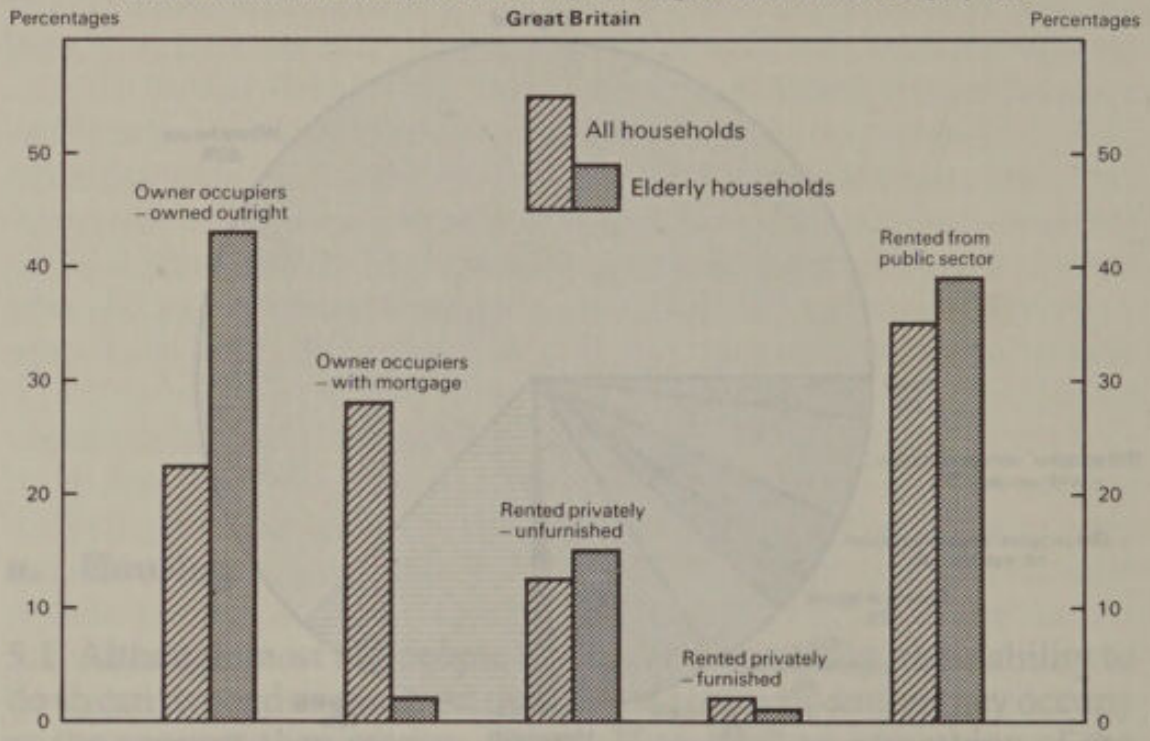
England



Source: OPCS "The Elderly at Home"

CHART J

All households and elderly households: percentage in each tenure category 1976



Source: "General Household Survey"

considering the abolition of residential qualifications as a basis for admission to local authority waiting lists, which could assist elderly people to live near relatives. Some elderly people living in homes too large for them can be helped to move to smaller and more convenient accommodation, and there may be scope for them to do so under equity-sharing arrangements now being developed, particularly by housing associations, which enable people to retain a financial stake in their home. Adaptation of existing property, for which local authorities can get housing subsidy, is an alternative which makes life more tolerable and enables people to remain close to friends and in familiar surroundings. For those in the private sector, improvement and intermediate grants are available. Housing aid centres can give effective help and advice on a range of housing problems in both the public and private sectors.

5.4 But not everybody will look to, or need help from, the public sector. In many areas private house-builders are already selling smaller homes which can be suitable for elderly people. In future there may be more scope for private builders to provide special-purpose housing as part of larger, mixed estates. Much development attractive to people in early retirement, particularly in the private sector, takes place in areas such as those near the coast. This can result in a considerable imbalance in the local community and create major problems for both the community and the individuals: as they

grow older the elderly residents become more isolated from family and friends, and have to look increasingly for assistance to local health and personal social services, whose manpower and other resources thus come under pressure.

5.5 A similar situation can arise in inner city areas when the mobile and active move out leaving behind a high population of old people in less attractive situations. The proposals announced in the White Paper 'Policy for the Inner Cities' (Cmnd 6845) will enable local authorities, when drawing up programmes for their inner areas, to have particular regard to the problems of old people living there and the importance of a balanced community has been stressed. *What steps can or should be taken more generally to achieve better balanced communities?*

5.6 The Government has already issued a consultative document on housing for the elderly and a Green Paper on Housing Policy (Cmnd 6851). Guidance will shortly be issued to local authorities advocating that a wide range of housing options for elderly people should be developed and emphasising the importance of co-operation between housing, health and social services in planning and providing facilities for the elderly. *But is the pattern of housing provision described on the right lines, and where should the emphasis lie between public and private provision? What kind of facilities are of greatest importance to elderly people? To the extent that resources permit, are changes desirable in the existing structure of grants and loans in order to provide better assistance to enable old people to effect any necessary improvements in their housing, or their landlords to do it on their behalf?*

b. Residential Homes

5.7 About 151,000 elderly people are living in residential homes, of whom about 46,000 are in voluntary or private homes and the remainder in local authority homes. Residential homes provide accommodation and care for elderly people who are too frail, disabled or mentally infirm to continue to manage on their own in the private accommodation available to them but who do not need hospital care. Age on admission to homes has been rising; currently nearly 80% of those admitted to local authority homes are over 75 and nearly 35% are over 85.

5.8 Rising numbers of very elderly people in the population can be expected to increase substantially the demand for places in residential homes. Local authorities have therefore been asked to find room within a reduced capital programme for more residential homes to meet increasing local needs. On the other hand it is some-

times argued that provision of sheltered or other suitable housing, backed by adequate domiciliary health and personal social services, could result in the need for residential care diminishing rather than increasing. Research is currently being undertaken to find out more about the relative costs of different forms of care. *If suitable housing and domiciliary services were available, to what extent would they offer an alternative solution for those now living in residential homes? Is there, in the long run, a place for residential homes for long-term care? If so, what kinds of homes and for what kinds of residents?*

5.9 The decision to enter a residential home should be taken wherever possible by elderly people themselves, with the best available professional advice and with full knowledge of the range of residential provision and relevant domiciliary services available in the area and of any feasible alternatives to residential care. Before the decision is made, there should normally be an opportunity to visit the home. *Should more be done to ensure that prospective residents are fully involved in making such decisions? What are the factors which may prevent this from happening and how can they be overcome?*

5.10 Although residential homes are at present used primarily for long-term care, many feel that, wherever possible, they should be used to help enable an old person to return to a more independent life in the community. This requires prior planning, and the availability of adequate medical and rehabilitation provision, also regular reviews of progress towards resettlement. It has been suggested that social workers who arrange admission to residential homes should maintain regular contact with residents and play an active part in plans for their return to their own homes, the homes of relatives or sheltered accommodation. *Comments would be welcome on ways in which the emphasis on rehabilitation can be strengthened and on the roles of social workers and others in this process.*

5.11 There is an increasing use of a certain number of places in residential homes for short-term residential care. Many authorities also use the premises to provide day care. The aim in both cases is largely to relieve families looking after their elderly relatives. *What scope is there for the development of these and other arrangements designed to provide care for people who are not long-term residents, and what are the main limiting factors?*

5.12 While living in a residential home, old people should be free to lead as normal a life as possible. Aspects of daily life in relation to which freedom of choice and the rights of the individual seem particularly important include: choice of bedroom, diet, medical care, access to shops (including freedom to choose and buy one's own clothing, even if it is paid for by the local authority), freedom to choose times of getting up and going to bed, room to keep personal

possessions, facilities for making tea and receiving guests in privacy, and access to a telephone. *Views would be welcome on what aspects of personal freedom are, in the context of a residential home, of the greatest importance, on the difficulties that arise in practice in maintaining the rights of the individual resident, and on ways in which these difficulties have been overcome.*

5.13 Only a very small proportion of the staff of residential homes have a recognized social work qualification. A larger proportion have a nursing qualification. Most have neither, though they may have the benefit of in-service training courses. *What should be done to raise the numbers of qualified staff or to provide more training for those without formal qualifications? Should training be provided for domestic staff who, in practice, may have more frequent contact than professional staff with individual residents?*

5.14 The increasing numbers of elderly people suffering some degree of mental infirmity present particular problems in residential homes. Their presence can be very disturbing to others and staffing may become difficult. In some homes the confused are not segregated from other residents. In others one part of the building accommodates the mentally infirm, whilst some authorities provide totally separate homes. *What are the views of residents and staff about these arrangements? To what extent should confused and lucid residents be grouped together?*

5.15 Problems may also arise from the very different backgrounds from which residents come. Most local authorities try to allocate a place in a home which enables links with the person's local community, friends and relatives to be maintained. Ethnic and other minorities with different cultural traditions, religious affiliations or dietary preferences may have special requirements, to which the older members of these communities are likely to attach particular importance. *To what extent should separate or specialised provision be made available for particular groups?*

6 Services for those Living in the Community

a. Health and Personal Social Services

6.1 An important objective of the health and personal social services is to enable elderly people to maintain independent lives in the community for as long as possible. Health services are provided by the primary health care team (the general practitioner, district nurse, health visitor, and their supporting staff) and by dentists, opticians, pharmacists and chiropodists. Social services are provided by the area social services team which might include social workers, home helps, people delivering meals on wheels, mobility officers for the blind, advisers on technical aids and adaptations, and occupational therapists.

6.2 In recent years there has been considerable expansion in most of these services. In the course of a year over half a million elderly people receive assistance from the home help service. Over 41 million meals are served in people's homes, luncheon clubs, and day centres. Over one million elderly people are treated by district nurses and around the same number by the chiropody service. Over 10% of elderly people go to specially run social centres at least once a week, and the number of day centre places provided by local authorities for elderly people has risen by over 50% since 1974. Three-quarters of all households to which aids, adaptations or telephones have been provided contain an elderly disabled person.

6.3 Elderly people account for about 20% of all general practitioner consultations; two-thirds of these take place at home where the person is over 75. General practitioners receive weighted capitation fees for patients over the ages of 65 and 75 in recognition of the greater demands made on their services and the more continuous attention required. The concentration of general practitioners into group practices and health centres can, however, create

problems for elderly patients where this involves the closure of branch surgeries. The closure of some pharmacies may also cause difficulties. A survey is being done to find out more about problems faced by old people and others in obtaining primary health care.

6.4 Development of the domiciliary services has so far largely relied on professional judgements and been influenced by demands pressed against a background of growth in the national economy and rising expectations. Overall the scope of these services seems to be right and no completely new professional skills need to be developed. However it is vital to make the best use of all available resources, to deploy these in a way which gives elderly people – and their relatives – the kind of help they need, and to ensure that those in greatest need are given priority. This means improving co-ordination between the statutory services, and between those services and the whole range of voluntary and informal help available (including family and community support). It also means exploring the scope for innovation especially in providing practical help to meet personal needs: it is here that volunteers and other informal effort can play a major part. *What examples of good practice and the imaginative use of resources deserve to be more widely shared? What scope is there for improving the present effectiveness of domiciliary services within the resources available? What special thought needs to be given to meeting the needs of ethnic minorities?*

6.5 Most social work with elderly people is done by assistants or trainees, sometimes supervised by trained staff. *Views would be welcome on the place of fully trained social workers, knowledgeable about the ageing process, and the effect of physical and mental disorders in old age, in providing the counselling necessary to enable some people to reach decisions acceptable to themselves.*

6.6 At present, just under 50% of cases dealt with by district nurses and about 15% of those of health visitors involve elderly people. Both the health visiting and district nursing services have responsibilities to other priority groups such as young children and it can be argued that health visitors should spend proportionately less time with elderly people and district nurses proportionately more. Nursing auxiliaries, with suitable supervision and in-service training, can often provide the kind of care needed by many elderly people. Personal tasks that many elderly people find difficult include bathing and cutting toenails. *What is the scope for adjusting the roles of community nurses and for expanding the help provided by auxiliary staff within the district nursing service?*

6.7 Old people at present receive free prescriptions when they reach pension age, but N H S dental and optical care is free only if they have low incomes or are in hospital. It has been argued that dental and

optical charges should be waived for elderly people but the cost of doing so would need to be set against other ways of providing help for elderly people. *How far do these charges deter old people from seeking services which they need? What else could be done to help elderly people obtain satisfactory dental and optical treatment?*

6.8 A small number of old men and women are rootless, drifting from one hostel to another and sometimes sleeping rough: this condition is often associated with social problems such as personality disorder, mental illness or alcoholism. The Housing (Homeless Persons) Act 1977 requires housing authorities to secure that accommodation is available for those who are homeless and vulnerable on grounds including old age or mental or physical disability. Social Services Departments and the Supplementary Benefits Commission can do much to promote their care and rehabilitation but many such people are suspicious of authority and voluntary bodies play an important role in helping them. Some are enabled to move into more independent and permanent accommodation. Others will need continuing support and some will continue to drift without a permanent home but will still need easy access to health services, day centres and support. *How best can these people be helped?*

b. Transport and Mobility

6.9 Most elderly people are able to get out and about although they are more dependent on walking and on public transport than the rest of the adult population. (Two-thirds of elderly people in England live in households without cars although about a third of these people do go out by car at least once a fortnight.) This may partly explain why the accident rate among pedestrians over 60 is 1½ times that of the rest of the adult population. *What more can be done to help elderly pedestrians, particularly in crossing roads, in road safety programmes and in traffic management schemes?*

6.10 Elderly people are bound to be concerned with the cost and availability of public transport. Some transport operators, including British Rail, offer reduced fares for elderly people. Many local authorities in England and Wales pay for concessionary bus fares and following the White Paper on Transport Policy (Cmnd 6836), the Government has asked them to introduce new or improved schemes, where necessary, to meet half the cost of the local bus fares which people would otherwise pay. But concessionary fares are of little help to people, particularly those in rural areas, who live out of reach of public transport. The Government is taking steps to encourage the development of less conventional approaches to transport in rural

areas such as post-buses, community buses, social car services and car-sharing arrangements. These new flexible forms of volunteer-driven transport can do much to help old people. *What priority should be given to improvements in concessionary fares as against other services for the elderly? Should local authorities be compelled to ensure that all areas have an adequate concessionary fares scheme?*

6.11 Important facilities–shops, Post Offices, etc are not now always available within walking distance or even a short bus ride and this raises questions of how best to plan the provision of such services (and of public transport) to improve access to them. *Comments on these aspects would be welcome.*

6.12 Although most elderly people live within ten minutes' walk of the nearest public transport some have difficulty in, or dislike, using it. *What more can be done in the design and operation of public transport vehicles to meet the needs of elderly people?*

7 Hospital Care

7.1 As we grow older we are more likely to need hospital care. Before 65 we are likely to be admitted only once in every 10 years compared with more than once every five years when we are over 75. Because old people are slower to recover from operations and illnesses, they stay in hospital longer. Although only about 2½% of old people are in hospital at any one time they occupy more than half of all the beds, those over 75 taking up nearly a third.

7.2 Nearly all hospital departments will be affected by the increase in the numbers of very old people but particular pressure will fall on departments of geriatric medicine where about three-quarters of the beds are now occupied by patients over 75. Likewise mental illness hospitals where over a quarter of the 80,000 beds are occupied by patients over 75–some 16,000 of them by old people who have been diagnosed as suffering from mental infirmity directly connected with ageing.

7.3 Old people suffer from the same physical and mental disorders as the middle aged, and can mostly be treated in the same way, but after the age of 75 years a range of problems becomes increasingly evident. Many patients are likely to suffer from more than one condition, and to show a complex reaction between their physical state and mental condition. Confusion may arise from physical illness, and mental disturbance may complicate and prolong physical illness, so that diagnosis presents particular difficulties. Social circumstances and the particular problems of coming to terms with old age, physical infirmity, bereavement and loneliness, along with mental deterioration which becomes more common with increasing age, means that old people have distinctive medical, nursing and social needs.

a. Medical and Surgical Provision

7.4 Current policy reflecting both modern medical practice and the wish of most elderly people to be in their own home is to promote an active approach to treatment and rehabilitation. This can only satisfactorily be achieved in a general hospital where the full range of diagnostic and therapeutic facilities, and advice from consultants in other specialties, are readily available; and if there is adequate and suitable rehabilitation provision to assist recovery.

7.5 It has for many years been the policy of the Health Departments to encourage the inclusion of acute geriatric units in the same building as all the other acute hospital specialties, into which elderly patients can, where appropriate, be admitted directly under the care of a consultant physician in geriatric medicine. Planning Guidelines recently sent to Health Authorities stressed the importance of the department of geriatric medicine becoming firmly established in general hospitals where the expertise of the multidisciplinary team trained in geriatric care can be readily available to advise and support staff caring for elderly patients in other parts of the hospital.

7.6 Most acutely ill elderly patients are able to return home after active treatment and rehabilitation, but in some cases their stay in hospital can be shortened (and sometimes avoided) if treatment at a day hospital is available. The number of geriatric day hospitals has increased greatly in recent years: total attendances have risen from less than 600,000 in 1971 to nearly 1,200,000 in 1976. But transport difficulties and a tendency in some districts to concentrate more on social care sometimes reduces their effectiveness. The role and function of geriatric day hospitals are currently being studied. *How best, within available resources, can satisfactory provision be made in hospital to deal with acute illness in elderly patients? How best can members of the multidisciplinary team in the geriatric department share their knowledge and expertise with their colleagues in other parts of the hospital? Which patterns of service are particularly successful and ought to be more widely adopted?*

7.7 At present continuing in-patient care is often provided in old and unsuitable hospital buildings containing only geriatric beds, and this is likely to continue until a network of more broadly-based small local community hospitals has been developed. Beds are often set aside in these hospitals to enable heavily dependent patients to be admitted for short periods to provide relief for relatives who normally look after them.

7.8 It is important that hospitals providing continuing care contain adequate rehabilitation facilities and staff for those patients who, however slow their progress, can expect to be discharged, and

occupational therapy for those unlikely to do so. It is also important that the surroundings and general atmosphere in the hospital are conducive to maintaining the morale of both patients and staff and, especially, in order to provide a reasonable quality of life for those patients unable to be discharged. One suggestion currently being considered, particularly for the latter, is the development of a nursing home type of provision within the National Health Service which might also care for the more heavily dependent residents increasingly found in old people's homes. *What is the best sort of provision for those old people whose recovery is slow or who require continuing nursing care for the remainder of their lives?*

b. Psychiatric Provision

7.9 Hospital care for elderly people who are mentally ill or infirm is provided by the psychiatric services. Government policy on the future pattern of these services is set out in the White Paper 'Better Services for the Mentally Ill' (Cmnd 6233). It is based on the development of a network of health and social services in each district including a general hospital psychiatric unit, day hospitals, community psychiatric nursing services, local authority residential and day care and social work support. Initial treatment of old people is seen as taking place in the general hospital psychiatric unit and longer term care, as both in-patient and day-patient, in local hospitals.

7.10 Development of the new pattern of services is proceeding more slowly than hoped and its phasing in many districts seems to take insufficient account of the need to make satisfactory provision for elderly people suffering severe mental infirmity at the same time as a general hospital psychiatric unit is provided. In particular, places in some large mental hospitals, are being reduced ahead of the availability of alternative provision in local hospitals. There is evidence of a reduction in the number of admissions of severely mentally infirm patients at a time when a contrary trend would be expected.

7.11 The diagnostic and therapeutic facilities and staff of a district general hospital are as necessary for the assessment of elderly patients with suspected mental illness or infirmity as for those with physical disorders. Joint assessment by a psychiatrist and a physician in geriatric medicine is often necessary.

7.12 Where provision for the care of the elderly mentally infirm is not adequate, the task of coping inevitably falls on other parts of the health and social services not intended for this purpose and overburdens families. Care needs to be provided at home as well as in

hospital, and more districts are now developing a community psychiatric nursing service. *What more needs to be done to ensure a more effective service for dealing with the growing numbers of elderly people likely to suffer from mental infirmity? Are nursing homes needed? If so, how can adequate staffing standards be maintained?*

8 The Joint Approach

8.1 As we have seen, the promotion of a satisfactory quality of life for elderly people, and adequate provision for their care involve many different organisations and individuals. But the effectiveness of all the various efforts depends a great deal on the extent to which people work together and play their part in changing attitudes where these bar progress. It is also important that we get the right balance between various forms of provision.

a. Co-ordination and Collaboration

8.2 To promote co-ordination and collaboration in providing health and personal social services, joint consultative committees, backed by joint care planning teams, have been set up locally to look at services for particular groups, including the elderly. In many areas housing authorities have sought to benefit from these arrangements, and further encouragement to co-operation between all three services will be given in guidance to authorities about housing matters (Chapter 5 refers). To facilitate collaboration certain funds have been placed at the disposal of health and social services authorities acting jointly to spend on those projects which they consider to be of the greatest value. The Government has been encouraged by the imaginative use that some authorities have made of these funds. *How might authorities of all kinds be encouraged to extend this kind of collaboration and generally to develop wider perspectives when considering how best to serve the needs of old people?*

8.3 At the working level, co-ordination is dependent less on formal structures than on good inter-personal relationships. However, the different forms of organisation of the various services may inhibit co-operation. For instance, the primary health care team is

usually based on the general practitioner with whom the patient has chosen to register while the local social service team and housing area offices usually operate on a geographical basis (though in a few cases social workers are attached to primary health care teams). Difficulties may also be caused by the different boundaries of health and local social services and housing authorities. *How far in practice do these differences give rise to difficulties in communication and co-operation, and how can they be overcome? What adjustments might be made in the basic and the in-service training of the various professions involved to enable members to develop an appreciation of the importance of teamwork and co-operation at all levels?*

8.4 Voluntary organisations have for many years played an important role in supplementing services provided by statutory authorities, especially in devising new and novel ways of meeting need, and providing help of a more personal kind. But some of their efforts may be less effective, or may be duplicated, through lack of co-ordination with other voluntary bodies working in the same field or with the relevant statutory body. Also, many statutory authorities do not seem to consider fully ways in which voluntary and informal help of all kinds can best be encouraged and extended. *How can these problems be overcome? What further use could be made by statutory authorities of the provisions which enable them to give financial and other forms of help to voluntary bodies providing local services?*

8.5 Despite the priority which successive governments have asked to be given to services for the elderly, accommodation, facilities, and levels of staffing, are often less than satisfactory, making effective treatment or care difficult. For instance, minimum standards for the hospital geriatric service issued in 1972, some of which are now outdated, have still not been achieved in many areas, whilst elsewhere they are often regarded as an acceptable maximum. Staffing problems arise partly from the arrangements for training and education and the low status frequently accorded to working with the elderly. Insufficient attention is paid to the care of the elderly in many courses of professional education; this may be because teachers and senior members of the professions may not have themselves had an opportunity to learn of and fully appreciate the advances made in modern geriatric medicine and the social services. Often too little attention is also paid to the needs and care of the dying. Changes in training programmes are the responsibility of the professional bodies. *But what further action needs to be taken to ensure that there are enough suitable trained staff to care for the elderly? What more can be done to ensure that the deployment of funds available to authorities reflects the Government's priorities in relation to the care of the elderly and*

ensure that adequate standards are maintained? To what extent does the problem lie in public attitudes and if so how can these be changed?

b. Balance of Provision

8.6 It is clearly in the interests of all of us that in providing for elderly people we get the best value for the money expended. As we saw at the end of Chapter 1, public expenditure on cash benefits is much greater than that on services. Some people feel that it would be better if in future less emphasis were placed on increasing cash provision and more on services. *Should more emphasis be given to developing services? To what extent can people be expected to make their own direct provision for old age in order to maintain income or pay for certain services?*

8.7 Current policy for the development of services places emphasis on expansion of community care, but it may not be practicable to continue to do this when the numbers of very frail elderly are increasing. *What would be the best and most effective way of using such additional sums as might become available to improve services? What priority should be given to helping the very elderly rather than the younger elderly or are there other groups of elderly people who should have priority?*

9 Conclusion: The Main Issues for Debate

9.1 In this document a wide range of issues important to the well-being of elderly people have been discussed. A number of detailed questions have been raised but of course it is not expected that everyone who responds will wish to comment on all of them. Some issues are however of fundamental importance in the development of a strategy intended to cover the remainder of this century. These are listed below together with references to the paragraphs in the document which are the most relevant:

1. Are fundamental changes in attitudes towards elderly people necessary especially in view of the increasing numbers of very old people, and if so, how should these be achieved ? (Paragraphs 1.1–1.6, 2.7–2.9, 2.11–2.12, 5.4–5.6)
2. What more can be done to help people to enjoy retirement as much as possible ? (Paragraphs 2.2–2.6, 2.10)
3. What changes might be desirable in the existing pattern of retirement ? (Chapter 3)
4. What changes are needed in the present pattern of supplementation of old people's incomes by a mixture of cash benefits and various financial concessions ? (Chapter 4; Paragraphs 5.3, 5.6, 6.10)
5. To what extent do the relative roles of the family (including elderly people themselves), the community, and the statutory services in providing care for elderly people need to be reassessed ? (Paragraphs 2.7, 2.8, 6.4, 8.4)
6. In what ways does the development of current policies on housing, planning and transport need to be adjusted to give old people living in the community a more satisfactory quality of life ? (Paragraphs 5.1–5.6, 6.9–6.12)
7. What changes to the existing pattern of health and personal social services would give better value for money and ensure that

the right kind of help is given to those elderly people who need it most? (Paragraphs 5.7–5.15, 6.1–6.8; Chapter 7)

8. How can collaboration between all the various organisations and individuals involved in providing help for elderly people be improved in order to make the best use of all available resources and increase the effectiveness of the contribution of each agency or individual? (Paragraphs 8.2–8.5)

9. Within available resources what scope is there in practice for changing the present balance in the deployment of public expenditure on providing cash benefits and services? (Paragraphs 1.7, 8.6–8.7)

9.2 Any comments on the issues raised by this document will be carefully studied. They should be sent, to arrive by 31 October 1978, to Branch SH2B, Room B402, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1 6BY or to the Health and Social Work Department, Welsh Office, Pearl Assurance House, Greyfriars Road, Cardiff CF1 3RT.

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