developing quality of life strategies

4

improving the quality of life for older people

the older people's shared priority

4

developing quality of life strategies

clearly older people are not a homogenous group – there is an immense diversity of experiences, needs and aspirations – and an inclusive approach must be developed from the start

4.1 shared vision & shared purpose

An increasing number of authorities are developing Quality of Life Strategies for Older People. This is because they provide a framework through which to improve engagement with older people and to work more effectively as a whole system.

These strategies need strong foundations. In particular, they need a clear vision and strong sense of purpose that is underpinned by a shared understanding of what matters – and what counts – for older people.

Older people must be central to the process of building these foundations. This is so partners understand issues from the perspectives of older people and place their aspirations and concerns at the centre of the strategy. Clearly older people are not a homogenous group – there is an immense diversity of experiences, needs and aspirations – and an inclusive approach must be developed from the start. Guide 2 in this series offers examples of approaches taken by different localities to achieve this.

Guide 2
engaging with older people

Evidence also highlights the importance of engaging all partners at the early stages of the strategy's development.[1] This is so they understand the benefits the strategy can bring and so they ultimately own it, contribute to its delivery and feel responsible for its success. This is a critical part of the process because quality of life strategies rely on strong whole system working.

This engagement may be achieved through many mechanisms but whatever approaches are taken, as well as actively engaging with older people, it is important to draw in the perspectives and knowledge of politicians, senior managers (for example Chief Executives) as well as practitioners. Guide 3 in this series offers further information and ideas.

Guide 3
working as a whole system

1. ADSS and LGA [2003] All Our Tomorrows. Inverting the Triangle Of Care [2003]. http://www.adss.org.uk/publications/other/allourtomorrows.pdf

4.1 shared vision & shared purpose

The Local Strategic Partnership can clearly act as a focus for driving this engagement and involvement, but care needs to be taken to make sure there is clear accountability and responsibility for developments and for the application and co-ordination of resources. Older People's Partnership Boards offer one mechanism for achieving this.

Question of perspective

The task of leading the development of a strategy can fall to people who work primarily in one part of system, or who have a particular professional or organisational perspective. It can be difficult for these people to 'step back' and widen out the way they think about older age, let alone help others to do so.

A practitioner or manager from a social care background may think of older people as predominantly in need of health or social care services; someone from the Department of Work and Pensions may see people predominantly in terms of need for financial assistance; a Police perspective may use vulnerability as the key reference point.

Unless this is understood and addressed, the focus of the strategy and its priorities can easily be distorted, its relevance limited, ownership weakened and ultimately its effectiveness reduced.

Because the way we perceive older age influences the strategies and priorities we feel are necessary, it's important for people to reflect on their perspectives of older age and to share their views. Guide 1 in this series has highlighted the need to think differently about older age and stressed that engaging with older people is a key to achieving this.

Guide 1
why bother?

4.2 a framework for developing strategies

The need for a framework

Because the scope of the strategy is potentially vast and because older people and partners from across the whole system of services will be involved, a framework needs to be developed. This is to allow people to

- Understand the factors that affect people's quality of life
- Identify priorities
- Develop and sustain a focus on outcomes
- Make connections across services

The Domains of Quality of Life [the factors that contribute to it] provide such a framework.

Domains of quality of life

Definitions of 'Quality of Life' abound in academic literature[2] and however hard we try to pin its meaning down, it will always mean many things to different people. It is, however, often acknowledged that there is both a subjective and objective dimension.

> 'Subjective quality of life is about feeling good and being satisfied with things in general. Objective quality of life is about fulfilling the societal and cultural demands for material wealth, social status, and physical well-being.'[3]

There are dangers of marginalising the subjective dimensions – people's perceptions about their own quality of life – because, from an organisational or managerial perspective, it is easier to focus on the objective elements, such as income or benefit take up. This is an issue explored later in this document, when considering performance measures.

2. See for example: Scottish Executive [2006] Quality of Life and Well-Being. Measuring the benefits of culture and sport. Chapter 1.2. Defining quality of life and well-being Scottish Executive. http://www.scotland.gov.uk/Publications/2006/01/13110743/2
3. Noll, Heinz-Herbert [1998] Societal Indicators and Social Reporting: The International Experience. QOL Research Centre, Denmark

4.2 a framework for developing strategies

The process of developing a shared vision and purpose will allow localities to develop their own perspectives, but this can be facilitated through reflecting on commonly identified 'domains' of quality of life.

A great deal of work has been carried out by national agencies to define the 'domains', or factors, that contribute to quality of life. This has been informed by research and an evolving understanding of what matters most to older people. These domains offer a valuable starting point when thinking about the areas on which the strategy needs to focus. Chart 1 highlights domains derived from the following sources:

- The Audit Commission's 'Area Profiles'[4], which are made up of domains that have been agreed between the Audit Commission and the Office Deputy Prime Minister (now the Department for Communities and Local Government). They provide a picture of quality of life and public services in every local authority area of England and may be increasingly used at a national level. There is specific guidance on building area profiles from the perspective of older citizens.
- Department for Work (DWP) and Pension's Opportunity Age[5], which sets out new approaches and relationships to meet the future needs of an older society.
- Audit Commission/Better Government for Older People (BGOP) Study – Seven Dimensions of Independence[6], which identifies the factors that older people say have most impact on their lives.

4. Audit Commission Area Profiles. http://www.areaprofiles.audit-commission.gov.uk/ and http://www.areaprofiles.audit-commission.gov.uk/staticfiles/OCPguidance.pdf
5. Department Work and Pensions [2005]. Opportunity Age – Meeting the challenges of ageing in the 21st century. Stationary Office. http://www.dwp.gov.uk/opportunity_age/
6. Older People: Independence and Well Being (2004). Better Government for Older People and Audit Commission. http://www.bgop.org.uk

4.2 a framework for developing strategies

- Independence, Well-Being and Choice[7], the Government's Green Paper, which sets out a vision for the future of social care for adults in England.
- UN Madrid International Plan on Ageing[8], which offers a broader international perspective. It helpfully highlights that while there are many common factors associated with quality of life in older age, different localities have different needs and priorities. For example, HIV is rarely associated with older age in the UK but is a significant issue for many countries.
- The work of Dr Tim Anstis[9], looking at the factors that are most likely to make people happy. His work, for example, highlights evidence to show that feeling part of a society – be it through belonging to a religious group, being politically active or active in a club – increases a person's sense of well-being. This column particularly highlights subjective dimensions of quality of life.

Chart 1, perhaps frustratingly, highlights that departments or agencies have created slightly different domains. However, while the wording and emphasis may vary, there is close correlation.

7. Department of Health [2005] Independence, Well-Being and Choice. Our Vision for the future of social care for adults in England. The Stationary Office. http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT_ID=4106483&chk=QpboYy
8. Madrid International Plan of Action On Ageing, United Nations. http://www.un.org/esa/socdev/ageing/waa/a-conf-197-9b.htm
9. From a presentation from Dr Anstis' to one of the Action Learning Set workshops

4.2 a framework for developing strategies

Chart 1: domains of quality of life

Audit Commission Area Profiles	DWP: Opportunity Age	Seven dimensions of Independence	Dept of Health Independence Well-being and Choice	Madrid International plan on ageing (United Nations)	Factors associated with happiness [Dr Anstis]
• Economic well-being	• Material well-being	• Income	• Economic well-being	• Employment opportunities • Eradication of poverty	• Work
• Environment • Culture and leisure • Community cohesion & involvement	• Independence within inclusive communities • Fairness in work and later life	• Neighbourhood	• Being free from discrimination • Being valued member of community	• Active participation in social development [incl. less marginalisation in rural areas] • Inter-generational connections	• Nature • Democracy • Trust • Friendship • Marriage • Spirituality
• Education & life long learning		• Social activities and networks • Keeping busy		• Access to knowledge and education	• Work • Education
• Housing		• Housing and home			
• Community safety			• Feeling safe & secure	• Elimination of abuse	

4.2 a framework for developing strategies

Chart 1: domains of quality of life

Audit Commission Area Profiles	DWP: Opportunity Age	Seven dimensions of Independence	Dept of Health Independence Well-being and Choice	Madrid International plan on ageing (United Nations)	Factors associated with happiness [Dr Anstis]
• Health & social well-being	• Healthy active living • Support and care	• Health & healthy living	• Health	• Health promotion • Access to health care • HIV/AIDS • Training for care providers • Mental health & disability	• Physical health
• Transport & access		• Getting out & about • Information			
			• Dignity • Respect • Choice • Control	• Supportive environment: Ageing in place & care for care givers • Positive images of older age	• The quality of interactions between people • Self awareness

4.2 a framework for developing strategies

A number of localities have used quality of life domains in this way. While they developed their strategies in different ways, a common theme was the way they all actively engaged with local older residents to determine the domains on which they would focus and from this to draw out the priorities for local action. They all also stress that their strategies have remained live documents and changes to their original domains have been made as new evidence of need arises.

Examples are given in chart 2 taken from the strategies of the following authorities:

- Manchester City[10]
- Nottinghamshire[11]
- Islington[12]
- Lewisham[13]
- Camden[14]

10. Manchester City: 'Valuing Older People Strategy'. http://www.manchester.gov.uk/health/older/
11. Nottingham County Council: Promotion of Independence of Older People Newsletter. Update of Best Value review. http://www.nottinghamshire.gov.uk/home/social_care/bvr.htm
12. Islington Council: 'Living Long and Prosper Quality of life Strategy'. http://www.islington.gov.uk/DownloadableDocuments/CommunityandLiving/Pdf/livelongandprosper.pdf
13. Lewisham Council: Ageing Well in Lewisham. http://www.lewisham.gov.uk/CouncilAndDemocracy/PoliciesPlansAndPerformance/EqualityAndDiversity/AgeingInLewisham.htm
14. Camden Council 'The quality of life strategy for Camden older citizens'. http://www.camden.gov.uk/ccm/content/council-and-democracy/plans-and-policies/quality-of-life-strategy-for-older-citizens/quality-of-life-strategy-for-older-citizens.en;jsessionid=aUx1WhlHfpf-

4.2 a framework for developing strategies

Chart 2: locally developed domains and priorities

Manchester City: 'Valuing older people strategy'	Nottinghamshire: Best Value Framework	Islington: 'Live long and Prosper' quality of life strategy	'Ageing Well in Lewisham'	'The quality of life strategy for Camden older citizens'
• Economic life and income	• Income	• Income & work opportunities	• Finance	• Income maximisation
• Sustainable communities	• Social inclusion	• Inclusive culture • Opportunities for individuals from a broad range of backgrounds	• Relationships	• Active engagement • Positive approach to ageing • Inter-generational approaches
• Continuing learning	• Meaningful occupation	• Educational & learning opportunities	• Life long learning	• Range of learning opportunities
• Housing and the Home	• Housing			• Independence through practical help
• Crime and the fear of crime	• Safe environment	• Safe to go out at any time	• A safe environment	• Feeling safe & secure at home and in the community
• Transport	• Transport	• Range of transport options		
• Cultural life				

4.2 a framework for developing strategies

Chart 2: locally developed domains and priorities

Manchester City: 'Valuing older people strategy'	Nottinghamshire: Best Value Framework	Islington: 'Live long and Prosper' quality of life strategy	'Ageing Well in Lewisham'	'The quality of life strategy for Camden older citizens'
• Health and social care	• Health & personal care	• Easy to stay healthy	• Health	• Facilitating health and well-being • Maximise knowledge of agencies & support mechanisms
• Better information • Tackling discrimination • Involving older people		• Good access to information • Treated with respect • Services that emphasise the individual • Meaningful consultation in the planning of services	• Valuing older people	• Equitable access to all services, both statutory and non-statutory • Preparing generations for later life through retirement opportunities

4.2 a framework for developing strategies

Defining and focusing on outcomes

The domains offer a framework for defining the outcomes on which the strategy will focus. Without this there is a danger of a lack of focus.

The focus on outcomes is all-important, because it means the strategy will reflect the world from the perspectives of older people, rather than from service led perspectives. By systematically considering issues from the perspective of older people, the need to work in partnership and the connections between domains becomes increasingly apparent and new opportunities to address priorities arise.

4.2 a framework for developing strategies

The domain of health: Thinking about health in the winter, a key NHS priority relates to flu vaccinations, but from an older person perspective outcomes may relate to:

- Having sufficient money to pay for increased winter fuel bills
- Keeping warm through having enough of the right clothes and being aware of the right dress for new migrants to the country
- Maintaining strength through eating healthily
- Keeping physically active to improve health
- Being able to getting out in bad weather to buy food, especially in areas of snow and ice
- Having access to emergency heating

No one agency can address all these issues and to optimise the outcomes, joint work is essential. This may involve GP's, PCT, Voluntary sector, Department for Work and Pensions, Housing, Healthy Eating Advice Agencies, physical activity classes, winter warmth agencies (such as energy centres), local information agencies and many others.

The domain of safety: The police clearly play a role in helping older people to feel safe. However from an older person's perspective getting from home to local shops can be a key concern, so housing and possibly town planners need to be involved. Local voluntary groups and newspapers can also be involved in disseminating information and/or promoting community safety initiatives. Health and social care services can become involved in supporting victims of crime.

Chart 3 provides examples of outcomes related directly to the domains discussed. While these are only illustrative and by no means comprehensive, they provide a basis from which localities can think through their own specific outcomes.

4.2 a framework for developing strategies

Chart 3: outcomes for older people

Information	Economic and material well-being
• Older people can access the information they need about local services • Is available in a suitable format • Does not seek to segregate older residents from the rest of society • Images of older people are balanced and reflect the wide range of ages in the population group	• People can access help to plan ahead for retirement • Older people are able to sustain key elements of their previous lifestyle when they retire • Older people have sufficient wealth to provide security in retirement • Older people are able to use their resources to best effect • Charges for services are fair and consistent
Fullfilling lives	**Housing and help at home**
• Older people can access recreational and social activities that match their interests and needs • Older people are able to find jobs and older people in employment are treated fairly • Older people can access education and lifelong learning • Older people can have fun in their communities	• Older people's accommodation meets their needs • Older people receive the practical help they need at home (including, for example, support to change light bulbs or information about local builders, plumbers etc.)

4.2 a framework for developing strategies

Chart 3: outcomes for older people

Community cohesion and involvement	Community safety
• Older people feel equal and valued members of their local community • Older people have opportunities to contribute to their local communities • Older people are satisfied with the opportunities they have to be involved in decision making	• Older people stay safe and feel safe
Transport	**Health and social care**
• Older people are able to get out and about and there are resources to enable this (for example benches/W.C's) • A good range of public transport suitable to the needs of the older population	• Older people receive the health care services they need • Older people receive social care services that promote their independence and that support them to make the most of their own capacity and potential • Older people benefit from convenient, co-ordinated and person centred services

4.3 keeping track of performance

What needs to be achieved?

Progress against outcomes clearly needs to be monitored and because measures of performance provide focus, they can also play an important role in putting – and keeping – quality of life and well being firmly on the partnership's agenda.

Measures must, however, be directly linked to – and support the delivery of – the strategy and so they will inevitably vary between localities, depending on local priorities.

Measures need to be developed and used in a way that:

- keeps the focus on outcomes and what matters to older people locally – as a whole community, as well as to different communities of older people
- supports a whole systems approach, creating and sustaining a shared view of what's happening across the system of services
- encourages the whole system to shift its focus 'upstream' towards the promotion of well-being by helping people to understand what works and the impacts of interventions
- helps partners to understand their actual and potential contributions to quality of life so they can exploit the connections between quality of life and their other agendas and priorities.

'Buy-in' by the local community is also important. Research in America has highlighted the importance of this,[15] where indicators – known as 'town square' indicators – are owned and understood by everyone.

15. Centre for the Study of Social Policy, Georgia, Missouri and Vermont [2001]. Building Capacity for Local Decision Making (2001), Cited in All Our Tomorrows – see footnote 1 above

4.3 keeping track of performance

Measurement problems

Keeping track of performance is a tall order and significant problems are commonly experienced in developing and using measures.

Measurement fatigue

Existing national measures do not easily fit with locally developed Quality of Life Strategies. However because of the current plethora of measures, there is often resistance at a local level to creating yet more measures.

- Many measures have been centrally established and have relatively low ownership at a local level.
- More measures are being created. The Partnerships for Older People Projects are looking at new measures; the Audit Commission is introducing Area Profiles; Local Area Agreements require measures; CLG is currently consulting on measures.

Measurement measles

- There are already many measures [and more on the way], but they are often 'dotted all over the place', with significant gaps, overlaps and duplications and need to be tied much more effectively to local strategies.
- Measures are often restricted to the performance of one agency, when measures across the system are needed to prevent organisations operating in silos and to maximise incentives for joint working.

4.3 keeping track of performance

A lack of subjective measures

- While there are some measures that address people's perceptions of their quality of life [see for example CASP-19], most measures relate to the objective elements of quality of life – such as measures related to employment and income. These measures are at best 'proxy' measures for quality of life and few, especially at local levels, relate to the all important subjective elements of quality of life.

Problems with sample sizes and reporting frequencies

- Some national measures, which provide information about quality of life, are based on small sample sizes and while local data would be helpful, it cannot be reliably derived from them.
- The frequency of national surveys varies and may not mesh with the points that localities need data for.

4.3 keeping track of performance

A national approach: Opportunity Age

When developing Opportunity Age, the Department of Work and Pensions consulted on how to measure progress and outcomes. The approach has been to draw together data from existing national surveys – some of which include perception measures – rather than establishing new ones. These measures will be used to create periodic national snap shots of the relative quality of life. In time this will allow general trends to be mapped, but the measures will only be used at a national level. Appendix 1 provides an overview of the measures, relating them to the domains set out in Opportunity Age.

While therefore it will not be possible, in general, to use this national data to give detailed local information, in some instances local areas can request [and pay for] 'booster' surveys to provide more reliable local data.

Perception measures: Camden and CASP-19

Camden has worked in partnership with City University, London to evaluate its quality of life strategy. This is allowing Camden to measure changes in older people's perceptions of their quality of life, using a postal survey to a sample of over 600 residents. The survey tool was developed through the Economic and Social Research Council's (ERSC) Growing Older Programme Project and is called CASP-19.[16]

It has four principal domains:

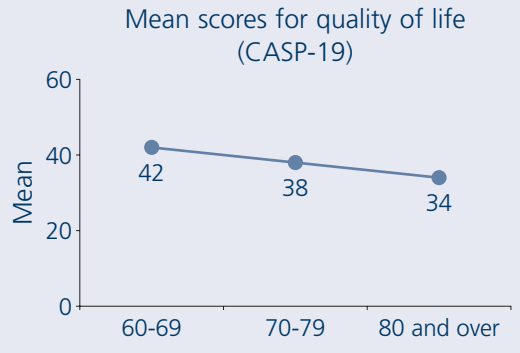
- having a sense of control
- autonomy
- self-realisation
- pleasure

[16] Presentation to LARIA Annual Conference (2005). Quality of Life Strategy – A Partnership Approach to Evaluation. Camden Council and City University, London. http://www.laria.gov.uk/content/articles/2005_conference_pdf/pdfs/mcgowanpussayapibulwiggins.pdf

4.3 keeping track of performance

Example data: CASP-19 in Camden

Wave 1: Preliminary findings:
Age profile and mean CASP-19 score



It examines influences on quality of life by taking account of the quality of people's social life, their safety and security in the home, feelings about their neighbourhood, health, and financial security. It also explores the extent to which people make use of Council services, which are designed to enhance their well-being or quality of life.

Importantly this quantitative approach is supported by qualitative work, including gathering stories from older people, in-depth interviews with selected members of Camden's 'Quality of Life Panel' and evaluation of specific interventions.

Perception measures, such as Camden's are important to hold the focus on what matters to older people. Without this the focus on outcomes can easily be lost and understanding of what works and counts will be diminished. Interestingly, for example, the use of CASP-19 has raised questions about an apparent tendency for people to perceive services and their quality of life differently, if they feel they receive the service solely because of age and infirmity. For example, people who use the service of the library tend to rate quality of life higher, than people who access specialist 'disability-labelled' transport services. There may rest lessons in this about both the design and 'labelling' of specialist services.

4.3 keeping track of performance

Towards a measurement framework

Localities need to develop measures around their own strategies. This is because what needs to be measured depends on what the locality is trying to achieve and how it is going about it. There may be commonality from locality to locality – as indicated in Chart 2 – but local priorities and local approaches are all important. There is no 'off the peg' solution.

Above all, this means focusing on the intended outcomes of the strategy: while input and output measures can assist in understanding performance, they only do so in the context of understanding the outcomes that are being delivered.

The focus on outcomes means taking into account people's perceptions of their quality of life – the subjective elements, such as those covered by CASP-19. Objective elements [such as benefit take up or income levels] have a role to play in understanding issues such as activity levels and they may act as 'proxy measures', where outcomes can't be measured – but their limitations need to be recognised. A high income or longevity doesn't necessarily mean a high quality of life!

The domains discussed again act as a framework for developing such an approach to measurement. This is because they are drawn from an evidence base of what contributes to well-being and because they provide a basis for localities as a whole to connect the measures they use with both the outcomes they are aiming for and the strategies they are employing to deliver these.

The charts following draw together these elements, linking the domains and outcomes discussed previously with examples of both perception and proxy measures.

4.4 bringing it all together

The following charts draw together the elements in the previous sections. They show how domains, outcomes and measures can be linked as well as offering examples of the type of strategic responses partner may take and examples of some interventions from different areas of the country.

Domain 1: information and access to services	
Outcomes	• Older people can access the information they need about local services.
Perception measures	• CASP-19* includes a series of questions about whether people have heard of key services and if they use them. • CASP-19 ask if people have access to the internet. • Percentage of people surveyed finding it easy to access key local services. [ACAP]** [Information not yet collected but the Audit Commission feels data is likely to become available in the next few years].
Proxy measures	• Service specific information on access to information [e.g. from call centres/first points of contact and Housing status surveys]. • No. of hits to older people parts of websites. • Take up of older people 'Citizen well-being' accounts. • Community care Assessments; Assessments per head of population; Assessments of older people that lead to provision of services; Ethnicity of people receiving assessment; Ethnicity of people receiving services following an assessment [Performance Assessment Framework].

* For explanation of CASP-19 see Section 5

** This data from Audit Commission Profiles is not currently analysed by age

4.4 bringing it all together

Typical strategic responses	• Maximise accessibility of information to all groups, using a wide range of different routes to access information. • Increase access for groups who are marginalised or hard to reach. • Information is available in a range of formats, not just written to meet cultural needs. • Ageing disability requirements – hard of hearing and visual impairment adaptations. • Ensuring practitioners/staff have an access guide of services/information.
Examples of interventions	Islington – 'Signpost' information sheets The library service developed an information sheet – 'Signpost' with a group of older readers. The older readers agreed with much of the content of the first draft, but felt the ordering was wrong. They moved Health and Social care to the back, seeing issues like bulky rubbish removal as a priority. They were also keen that information about the bus route which took people to the discounted cinema should have a place. By involving older people in the design, the end product is much more relevant to the majority of older residents. 'Signpost' was distributed to all people aged 55+ with the launch Islington's Quality of Life Strategy with a reference to where it could be accessed on the 55+ older people website. This is updated every 6 months and can be downloaded free. http://www.islington.gov.uk/DownloadableDocuments/CommunityandLiving/Pdf/signpost.pdf http://www.islington.gov.uk/Community/LifeEvents/55Plus/default.asp

4.4 bringing it all together

Islington – Citizen's well-being accounts

Islington is now taking this work further and its Customer Focus Team is looking at 'Citizen Well-being Accounts'. The aim of the 'My Islington' account is that it will show all transactions a person has with the Council (later to include other agencies) and will have a section which will be populated by individuals about their interests. This means that the account will have the facility to actively promote information about services and activities, rather than waiting for them to get in touch. The aim is to have peer support teams at places where older people go in the borough to assist in populating the accounts.

For further information please contact: 0207 527 2000 and ask for the AD Customer Focus (e Gov) or the 'Live long and prosper' Strategy Manager.

Nottinghamshire – Information and access to services

There have been a range of initiatives led by older people. These include:

- First Contact Signposting Scheme which allows all front line service providers to make referrals for home safety and security; welfare rights; home improvements and adaptations; energy efficiency; community transport; access to local clubs and organisations; accommodation; health and social care services.
- Older People's Web Portal which includes access information on all services relevant to older people including delivery of shopping; community groups and organisations; community transport; sheltered housing; health and social care.

4.4 bringing it all together

- Community Outreach Advocates who concentrate on informing community groups and help people who are hard to reach to access services.
- A Contact Centre with a single number to access all Council services and to signpost enquirers to other facilities and services.
- Resource Centres which offer a wide range of services for older people including chiropody, benefits advice, web enabled computers and Ti Chi. They also arrange access to other services such as benefits advice, equipment and adaptations.
- One Stop Shops which offer access to all County and District Services under one roof, including validation of benefit claims so income and saving details are seen only once for all benefits.
- A Joint Team with the Pension Service, Social Services Department and the seven Housing Benefit/Council Tax Benefit authorities who visit people in their own home, provide benefit advice and assistance. [In the last year an additional £4m in extra benefits gained.]

For further information contact:
John Hannam, tel 0115 977 4769
e-mail: john.hannam@nottscc.gov.uk

Rural areas

Some areas, in particular rural and smaller community areas have found that developing links with the local press is a good way of spreading information and news about what's on offer locally.

4.4 bringing it all together

Domain 2: economic and material well-being	
Outcomes	• People can access help to plan ahead for retirement. • Older people are able to sustain key elements of their previous lifestyle when they retire. • Older people have sufficient wealth to provide security in retirement. • Older people are able to use their resources to best effect. • Charges for services are fair and consistent.
Perception measures	• CASP-19 includes a series of questions related to perceptions of income and financial security.
Proxy measures	• The percentage of population over 60 that live in households that are income deprived [ACAP]. • Uptake of key benefits [including carer benefits]. • Localised unemployment data. • Employers training programme – including statutory sector. • Knowledge of, and take up of, equity release schemes.
Typical strategic responses	• Address extremes of poverty and deprivation through a strategic response to income maximisation. • Help younger generations to prepare for the opportunities and challenges of older age. • Promote the update of benefits.

4.4 bringing it all together

Examples of interventions	**Harrow – Joint Team** Harrow has established a 'Joint Team' between its housing benefit, Council Tax and local DWP office. The team has provided training to Voluntary and Community groups, which is increasing awareness and referral and signposting opportunities. They also opportunistically refer people on for Attendance Allowance. This has resulted in an increase of benefit take up and income to the older population in excess of £1.5 million a year since the service came into force. For further information contact: Harrow joint team email: mark.buckingham@harrow.gov.uk
	Somerset – Joint Team The Joint Team has – with the local Age Concern – established a link scheme in Taunton and the surrounding villages. This is where a nominated individual acts as an official link person to signpost individuals for help on advice on a variety of issues, including income. For further information contact: Ms Libby Lisgo, tel: 01823 423496 email: info@ageconcernsomerset.org.uk Taunton Information and Advice Office The Market House Fore Street, Taunton TA1 1JD

4.4 bringing it all together

Time Banks

There are numerous local Time Bank schemes. These enable people to build up credits by providing a range of services. People are then able to use the credits to pay for services from others in the schemes.

For further information see:
http://www.timebank.org.uk/

Equity Release

It is common for older people to be property rich and cash poor, as the values of houses have increased over their lifetimes. An Equity Release Scheme can enable people to release part of the cash locked up in the value of the home for essential repairs. This is recouped on the sale of the property at a later date. Some local authorities now offer an equity release scheme for older people. They recognise that often people are afraid to enter into an agreement with a private company for fear of being conned. The authority will negotiate with the family and the older person to reassure them that the scheme is safe, and assist the older person to make the repairs that are necessary to enable them to stay living in the home.

For further general information see:
http://www.helptheaged.org.uk/en-gb/AdviceSupport/FinancialAdvice/Investments/EquityRelease/

4.4 bringing it all together

Domain 3: community cohesion and involvement	
Outcome	• Older people feel equal and valued members of their local community. • Older people have opportunities to contribute to their local communities. • Older people are satisfied with the opportunities they have to be involved in decision making.
Perception measures	• CASP-19 includes a series of questions related to cohesion. • The percentage of residents who think that people being attacked because of their skin colour, ethnic origin or religion is a very big or fairly big problem in their local area. [ACAP]** • The percentage of residents who think that for their local area, over the past three years, community activities have got better or stayed the same. [ACAP]** • The percentage of people surveyed who feel they can influence decisions affecting their local area. [ACAP]**
Proxy measures	• Election turnout. [ACAP]** • Housing status survey. • The proportion of developed land that is derelict and the proportion of relevant land and highways that is assessed as having combined deposits of litter and detritus. [ACAP]**

** This data from Audit Commission Profiles is not currently analysed by age

4.4 bringing it all together

Typical strategic responses	• Engage older people in decision making and increase involvement among groups who are marginalised or hard to reach. • Promote inter-generational activities and address ageism. • Provide culturally appropriate services for older people.
Examples of interventions	Brighton's Older People's Council (OPC) This is a directly elected, independent body supported by Brighton & Hove City Council. It was established to ensure that: • the contribution of older people to family, community and society is recognised and valued • older people are able to influence policies and services that affect them. Nine people were elected in June 2003 from a special electoral role of 40,000 people aged 60+. The turn out for the election was 47%. The members sit on city forums, committees and panels. Officers of the City Council are invited to attend the OPC meetings and are asked to explain their position on subjects – for example how their services meet the needs of older residents and gaps in services or policies. The OPC have also organised actions which seek to remove the barriers to older people living healthy, fulfilling and independent lives. For further information contact: Paul Martin, tel: 01273 295045 email: Paul.Martin@brighton-hove.gov.uk

4.4 bringing it all together

Manchester Valuing Older People initiative (VOP)

This has placed older people at the centre of its programme of work in the following ways:

- fifteen older people make up the VOP Board, which holds local agencies to account, sets priorities and monitors progress.
- members of the Board and other older residents sit on the dozen VOP task groups, working closely with officers from statutory and community organisations.
- VOP has also developed Networks in four areas of the city, which bring together front-line staff, community groups and older people to develop local plans and projects and promote local activities and opportunities.

The VOP team have also worked on an Information directory which seeks to identify local data in different areas to be able to draw together a picture of life for older residents in the same way that nationally the DWP are seeking to do.

For further information contact:
Paul McGarry, tel: 0161 234 3503
email: p.mcgarry@manchester.gov.uk

4.4 bringing it all together

Lewisham – 'We Are Family Project'

There have been several examples of good practice which have been developed through short term funding initiatives, In Lewisham there is the 'We are Family' project. This sought to look at a small area and improve relations between the population as a whole in that area. One of the actions which worked well was the trip away to stay in caravans as a mixed age group. The caravans were arranged in a circle so that contact was hard to avoid and the result was a better understanding of each other's needs and fears. One outcome was summed up by an older woman: she spoke of being afraid of the gangs that hang about her street corner, but now she knew one of the boys from the trip. He would chat to her as she passed and introduce her to his friends. She no longer felt fearful of this group and said how she now understood why they hang about there through lack of other places to go. She now sees them as a source of comfort and friendship.

Local history

The use of local history is another mechanism which has been tried out in many areas as a means of creating a common link between communities. This works particularly well when seeking common ground between different ethnic groups, as what they all have in common is the place they live. Looking at the development of an area can be used to good advantage in planning work with community groups, as well as trans-generational groups.

4.4 bringing it all together

Domain 4: community safety	
Outcome	• Older people stay safe and feel safe.
Perception measures	• CASP-19 includes a series of questions related to perceptions of safety. • The percentage of residents surveyed who said they feel 'fairly safe' or 'very safe' outside a) during the day; b) after dark. [ACAP]** • The percentage of residents who think that a) vandalism, graffiti and other deliberate damage to property or vehicles; b) people using or dealing drugs; and c) people being rowdy or drunk in public places is a very big or fairly big problem in their local area. [ACAP]**
Proxy measures	• Domestic burglaries per 1,000 households. [ACAP]** • Violent offences committed per 1,000 population. [ACAP]** • Number of older people who are victims of distraction burglary. (CDP) • Theft of a vehicle per 1,000 population. [ACAP]** • Sexual offences per 1,000 population. [ACAP]** • Falls in the street.
Strategic responses	• Address community safety concerns of older people. • Agencies collaborate to safeguard vulnerable adults according to Govt guidance. • Care standards protect older people from abuse and neglect.

** This data from Audit Commission Profiles is not currently analysed by age

4.4 bringing it all together

Examples of interventions	Buckinghamshire A joint best value review was carried out in 2004 to look at reducing the fear of crime in older people. This review was undertaken in order to develop a strategic approach to creating a safer and stronger community and improving the quality of life for older residents in the District. In planning the review it was recognised from the outset that in order to be successful a partnership approach was necessary. The review team comprised members of the following agencies: Age Concern, Aylesbury Vale District Council, Buckinghamshire County Council, Chiltern District Council, Older Peoples' Representatives, Primary Care Trusts, South Bucks District Council, Thames Valley Police, and Wycombe District Council. The result is a far-reaching implementation plan with cross agency working and funding. For further information and the full implementation plan see: http://www.chiltern.gov.uk/downloads/Best_Value_Review_-_Reducing_Fear_of_Crime_in_Older_People.pdf

4.4 bringing it all together

Domain 5: activities, relationships and meaningful occupation	
Outcome	• Older people can access recreational and social activities that match their interests and needs. • Older people are able to find jobs and older people in employment are treated fairly. • Older people can access education and lifelong learning.
Perception measures	• CASP-19 includes questions paid work and volunteering. • CASP-19 includes a series of questions related to contact with family, friends and networks. • CASP-19 includes a series of questions related to choice, control, fulfilment. • CASP-19 includes a series of questions related to involvement in activities. • The percentage of residents who think that for their local area, over the past three years the following have got better or stayed the same a) activities for teenagers; b) cultural facilities (for example, cinemas, museums); c) facilities for young children; d) sport and leisure facilities; and e) parks and open spaces. [ACAP]**
Proxy measures	• Older people living alone. • Uptake and use of leisure cards. • Use of local leisure facilities. • Uptake of lifelong learning. • CASP-19 includes a series of questions about whether people use key leisure services.] • Local data on older people in employment. • Local getting to know your neighbour and trans-generational schemes.

** This data from Audit Commission Profiles is not currently analysed by age

4.4 bringing it all together

Typical strategic responses	• Promote the involvement of older people in cultural, leisure and social activities. • Promote lifelong learning for older people. • Promote employment and volunteering opportunities for older people.
Examples of interventions	Camden – Networkers It was recognised that the most effective way of spreading information about healthy living and local opportunities for older people is through word of mouth and peer mentoring. Camden has developed the Networker Programme; recruiting and training older people to share information within their communities and encourage participation in local activities. People over 50 are recruited and attend training on a monthly basis to act as peer mentors and local information points. The programme has focused particularly around black and minority ethnic communities and issues associated with mental health and well being. For further information contact: Sophie Martin, tel: 0207 974 3265 email: sophie.martin@camden.gov.uk
	Enfield – 'Carry On Working Scheme' This recognises that not all people want to retire at retirement age. The Council makes a policy of not discriminating on the grounds of age and allow staff to continue working. The results for the Council are workers who offer high levels of commitment, enthusiasm, and dedication. Costs are minimised on recruitment, and there is a low rate of absenteeism.

4.4 bringing it all together

For further information contact:
personnel at the London borough of Enfield,
tel: 020 8379 1000

Nottinghamshire Initiatives

The following initiatives are being developed:

- training and recruitment of older people as ICT champions who will work in their community to train older people to make relevant use of ICT.
- recruiting older people as volunteers through peer mentoring, and volunteer initiatives.
- distributing positive images of older people.

Older people are encouraged to be volunteers through:

- peer mentoring projects. These projects help people become more active through friendship of an active older person by providing support and encouragement to take up new activities and interests such as walking, baking, and computing.
- active involvement in new older peoples resource centres.
- encouraging older people to become IT champions, we provide the training and support. An older person then champions the use of IT in a sheltered housing complex for example.

For further information contact:
John Hannam, tel 0115 977 4769
e-mail: john.hannam@nottscc.gov.uk

4.4 bringing it all together

Domain 6: health and social care	
Outcome	• Older people's health is optimised and people receive the health care services they need. • Social care services promote independence and support older people to make the most of their own capacity and potential. • Older people benefit from convenient, co-ordinated and person centred health and social care services.
Perception measures	• CASP-19 includes questions about perceptions of health. • [Periodic health and social care satisfaction surveys.]
Proxy measures	Headline health outcomes • Age standardised mortality rates for a) all cancers; b) circulatory diseases; and c) respiratory diseases. [ACAP]** • Life expectancy at birth (male and female) [ACAP]. • Death rates from suicide and undetermined injury [ACAP].** • Other public health data.
	Health promotion • Smoking cessation. • Mental health promotion targets. • Primary care targets – including flu immunisations, diabetes etc. • Falls and uptake of falls prevention programmes. • Environmental quality [e.g. air pollution] [ACAP].**

** This data from Audit Commission Profiles is not currently analysed by age

4.4 bringing it all together

	Health and social care services • Emergency admissions to hospital, discharges and re-admissions [PAF]. • Admission rates to long term institutional care [PAF]. • Intensive home care [PAF]. • Older people supported at home [PAF]. • Uptake of direct payments [PAF].
Typical strategic responses	• Maximise people's choice and control and assure their dignity. • Prevent age discrimination in health and social care. • Promote older people's physical and mental health. • Minimise and respond promptly to risks to people's independence. • Support recovery and rehabilitation after injury or illness. • Support people with long term conditions. • Support carers in their caring role. • Encouragement for people to take early action to prevent winter diseases.
Examples of interventions	Southern Cambridgeshire Falls Prevention Project This is using an inter agency, 3 tier assessment process to identify falls risk in older people. Screening tools and a care pathway have been developed together with a number of initiatives to reduce falls risk, including: • Health promotion campaign, 'Walk Tall, Don't Fall' – including an educational pack given to all participants. • Comprehensive Community exercise programme, which aims to ensure that each sheltered housing complex, day centre and residential home has an effective exercise group running regularly.

- Balance and safety groups – a 10 week educational and exercise programme for high risk fallers.
- 'Next step' classes are run by the City Council as an exit route from individual and group therapy programmes.
- Use of hip protectors with high-risk fallers in residential and nursing homes.

For further information contact:
Jackie Riglin, Falls Co-ordinator, tel: 01223 883710
email: jackie.riglin@cambcity-pct.nhs.uk

Camden and Islington – Spare Tyre Theatre Company

Work under the HiMP in Camden and Islington saw the development of theatre as a non-threatening method of challenging age discrimination in health and social care. Spare Tyre Theatre Company worked with the leads for the NSF implementation and HImP programme manager to loosely script a play looking at life events for an elderly man who experiences loss of a carer, followed by a stroke. The script was then worked up by the older actors from Spare Tyre, using their real life experiences, into a half hour long play. This was accredited through the Medical Deanery to encourage medical staff to attend, and taken round 12 venues across both boroughs. The actors performed in hospitals, GP surgeries, social care offices and at older peoples centres. The play was initially performed to show the bleak prospect for the main character, the audience were then asked to change the script to improve the impact of the services on offer to the older person.

4.4 bringing it all together

Most of this was by changing the way that staff interacted with the man. By changing the actions of staff in the play the staff started to consider their own behaviour and frank discussions were held to review practise. The first play 'Home Sweet Home' was so successful that the PCT commissioned a second play 'Falling through the cracks'. This took up the story and considered new issues for staff around assessment practices. The plays were hugely popular both as a training tool, and with the older people in the group who felt this was a way to make a real difference. More plays are still being developed on these themes, Spare Tyre has been successful at attracting Arts Council funding to continue this work.

For further information or to commission a play contact:
Clair Chapwell at Spare Tyre Theatre Company,
tel: 020 7419 7007
email: info@sparetyretheatrecompany.co.uk

4.4 bringing it all together

Domain 7: housing and help at home	
Outcome	• Older people's accommodation meets their needs. • Older people receive the practical help they need at home.
Perception measures	• CASP-19 asks people about tenure and if they would like to stay in their current home or move and if so to where? • CASP-19 asks about practical helped needed and received in relation to housework, laundry etc.
Proxy measures	• Indicators relating to quality of housing stock. • Lifetime homes. • Indicators from housing status surveys. • Indicators relating to access and supply of equipment and DFGs [referrals, waiting times, provision]. • Supply mapping and waiting lists for generic and specialist accommodation. • Measures from Supporting People programmes. • Take up of Equity release schemes. • No of older people completing energy efficiency questionnaires.
Typical strategic responses	• Address older people's housing needs. • Provide assistive technologies. • Floating wardens for those not on sheltered schemes. • Energy efficient incentives and schemes.

4.4 bringing it all together

Examples of interventions	Gloucestershire Warm and Well Scheme This partnership scheme aims to improve the home energy efficiency and reduce the levels of health problems associated with a lack of, or mismanagement, of heating. Targeted at everyone on a low income, it reaches all sections of the older population, not just pensioners. It involves multi-agency working between six district councils, Severn Wye Energy Agency (SWEA) and three PCTs as well as installation and utility companies. For further information contact: 0800 512012 or visit http://www.swea.co.uk/warmwell.htm
	Merseyside Fire & Rescue Service (MFRS) MFRS have challenged the notion that older people are hard to reach, taking the stance that older people are hard to influence. Their data on fires indicate that older people are more at risk and this is compounded if they live in areas of high deprivation. By taking this view they have developed a service based not on the principle that there is difficulty in knowing where to target services, but that it is hard to influence older people to make changes. Many older people declined to see a fire safety officer but they have discovered that older people are more likely to take advice from peers. They have appointed older people's advocates to take out the home safety and fire precaution messages. They have five older home safety advocates who go into people homes and offer advice and link people up to other services.

4.4 bringing it all together

In other areas of work MFRS launched a major initiative to influence grandchildren of older people via schools. The campaign takes the form of a competition where points are given to children who refer on older people for safety checks. The initiative, as well as increasing home safety checks, has also helped to improve understanding between generations.

For further information contact:
MFRS Community Fire Safety, tel: 0151 2964000

4.4 bringing it all together

Domain 8: transport	
Outcome	• Older people are able to get out and about.
Perception measures	• CASP-19 includes a series of questions related to getting out and about. • The percentage of residents who think that for their local area, over the past three years, that a) public transport has got better or stayed the same; b) the level of traffic congestion has got better or stayed the same. [ACAP]**
Proxy measures	• Access to car. • Take up of concessionary fares. • Transport usage. • Ad hoc transport surveys.
Typical strategic responses	• Develop and implement transport strategies that take full account of older people's needs.
Examples of interventions	Camden and Islington Scootability Scheme This is an evaluated project part funded via neighbourhood renewal, Camden accessible transport and Transport for London. This targets older people who have restricted mobility, but would not be classified under disability transport. The mobility scooters are loaned out (1-3 days) to individuals. The evaluation evidence demonstrated that people were using the scooters not only for the necessities of life like shopping and GP appointments, but also to visit friends and feed the ducks in the park – real quality of life / well-being. For further information contact: Camden Accessible Transport section, tel: 0207 974 4444

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4.4 bringing it all together

Cotswold Hospital Transport Scheme

This has been developed with funding from the Department of Transport. The project was developed in response to the difficulties of providing timely transport to people who live in rural areas in getting to hospital. Cotswold Council for Voluntary Service works with the PCT and the ambulance service to co-ordinate the ambulance and voluntary car service. The results are much shorter waits for older people and 30% reduction in patients missing their appointments. The drivers are also handing out themed messages and leaflets.

For further information contact:
Jane Winstanley (Manager)
23 Sheep Street, Cirencester, GL7 1QW
tel: 01285 658802
email: jane@sc-vs.com

Community Transport in Derbyshire

This is part of the mainstream public transport system. It provides a comprehensive public transport service using accessible vehicles, enabling individuals who are unable to use ordinary buses to undertake journeys normally taken for granted. It also provides transport for groups who wish to enhance community activities. All the Community Transport schemes in Derbyshire are registered charities and are managed by voluntary management committees.

4.4 bringing it all together

The scheme provides the following:

- Dial A Bus – a 'door to town' transport service, for individuals who experience difficulties with conventional public transport. Fares on the Dial a Bus Service are subsidised by Derbyshire County Council (or by Derby City Council in Derby).
- Dial A Ride – a flexible 'door to door' service for individuals experiencing difficulty using conventional transport (passengers pay the whole cost of the fare).
- Group Travel transport for groups affiliated to the schemes who are involved with community activities, for example Scouts, Schools, Luncheon Clubs and Church groups.
- Community Bus – a local bus service provided on a non-profit basis. This service is timetabled and open to the general public, but passengers who cannot get to a bus stop can pre-book seats and the bus will make a small diversion from the standard route to pick them up.
- Social/Community Car Schemes (Derby City, Amber Valley, Bakewell, Derwent, Wye and Hope Valley only). Volunteers use their own vehicles to provide one-off essential journeys and are paid a mileage allowance. This service is only available to people who are unable to use public transport or who do not have access to a service.

4.4 bringing it all together

- Shopmobility – a free service providing electrically-powered wheelchairs and scooters for the use of people who have limited mobility to access shops and other facilities. The shopmobility service is often independent of the Community Transport schemes.

For further information contact:
Amber Valley Community Transport, tel: 01773 746652
email: PLDawson@avct.org.uk

4.5 making it happen

Leading on quality of life work has been described as 'leading a multi-faceted project with no boundaries'. It is not the same as leading on a discrete piece of work and entails juggling many balls. It can, however be exceptionally rewarding.

Unless there is a desire at a high level to develop cross cutting work it is exceedingly difficult – if not impossible – to be successful. The same is true for engaging older people: the strategy won't work if you don't! Please refer to the accompanying guides for help in these areas.

Guide 2
engaging with older people

Guide 3
working as a whole system

Leading on the development of a strategy requires a robust understanding of the local 'environment'; it requires the ability to engage people and to help them think differently; it requires a roving eye that is always looking for new cross-cutting opportunities.

It is an evolving and developing area of work and will continue to be so as new generations enter older age with new needs and aspirations and as the macro environment changes.

Localities that have progressed their strategies well have therefore stressed the need for the officer leading the strategy to have strong support from a very senior level – normally 'Chief Officer' or at a political level.

Strategy leads have described the point when they feel they have really started to succeed in getting older people onto the agenda locally, when they stop knocking at doors and people from different organisations, departments and teams start knocking at theirs.

4.5 making it happen

Checklist for local strategy development

Develop a shared vision & shared sense of purpose

- Put older people at the very centre of the process to help partners understand local issues from their perspectives and to place their aspirations and concerns at the centre.
- Engage partners from the beginning, so they understand the benefits and own the strategy; well-being strategies rely on cross cutting whole systems working.
- Engage people across the Local Strategic Partnership: politicians, CEOs, managers and frontline staff, as well as local older people.
- Help people to understand the evolving national agenda and to translate it to local circumstances.
- Reflect on your perceptions of older age and help others to do so.

Define the outcomes and your local priorities

- Use domains of quality of life and well-being as a framework to think through the scope of your strategy, the priorities and the outcomes you want to deliver.
- Define your outcomes from older people's perspectives: don't marginalise the subjective dimensions of quality of life.
- By analysing issues from the perspectives of older people, identify connections between domains and the opportunities for cross cutting work.

4.5 making it happen

Develop a local approach to keep track of performance

- Use existing and national measures where appropriate, but design a measurement framework around your local outcomes, priorities and strategy; there isn't an off the peg answer.
- Scope out who is currently measuring what – at both the national and local level: look at ways of building on this.
- Make sure you keep a firm focus on measuring outcomes so you can understand what works and what counts for older people and keep older people's aspirations and concerns on all partners' agendas.
- Use measures that relate to input and outputs to inform your understanding of the outcomes you are delivering.
- Supplement quantitative measures with qualitative work, for example gathering stories from older people, in-depth interviews and evaluation of specific interventions.

Get ideas and help from others

- Use the references in this and the other guides.
- Contact Better Government for Older People (BGOP) and other bodies.
- Don't forget there isn't one correct way of taking this work forward, all strategies and ways of developing them will differ according to the local circumstances.

All the successful localities in the field of older people quality of life and well-being have stressed the importance of linking up with others that have been through this process. Strategy development can be a lonely job and the support and advice of others can make the difference between a successful outcome, and a document that pays lip service to older people. After all this guide came about as a result of a national initiative to link up people in this field.

5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

Survey name		English household conditions survey	English longitudinal survey of ageing	General household survey	British crime survey
Domain	Indicator				
Independence in supportive communities	Reduction in the number of OP who live in a home that falls below the standard of decency	■			
	Access to labour saving devices			■	
	Reduction in the number of OP whose lives are greatly affected by fear of crime				■
	Experience of crime				■
	Frequency of contact with family & friends		■		
	Access to goods and services		■		
	Access to motor vehicle / using public transport		■		
	Number of trips made				

5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

National travel survey	ONS census and general household survey	Government actuaries dept.	British household panel survey	Local area labour force survey	Taking part: the national survey of culture & leisure	Labour force survey	British social attitudes	Family resource survey	Family resources & British household panel surveys	Health and social care information centre	Com. for social care inspection	DH: community care stats

5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

Survey name		English household conditions survey	English longitudinal survey of ageing	General household survey	British crime survey
Domain	Indicator				
Healthy active living	Increase in life expectancy				
	Increase in general life expectancy				
	Number of OP suffering from mental health problems				
	Proportion of OP reporting a limited illness				
	Older people in education / training				
	Attendance/ participation in sports &/or leisure activities				
Support & care	Satisfaction with home care				
	An increase number of people receiving direct payments				

5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

National travel survey	ONS census and general household survey	Government actuaries dept.	British household panel survey	Local area labour force survey	Taking part: the national survey of culture & leisure	Labour force survey	British social attitudes	Family resource survey	Family resources & British household panel surveys	Health and social care information centre	Com. for social care inspection	DH: community care stats
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5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

Survey name		English household conditions survey	English longitudinal survey of ageing	General household survey	British crime survey
Domain	Indicator				
Support & care continued	An increase in the number of OP being helped to live independently				
	Number receiving home adaptations or equipment				
	Informal care for carers				
	Extent to which providers meet minimum national standards.				
Fairness in work and later life	Employment of those aged 50+				
	Inactivity of those aged 50+				
	OP in work related education or training				
	Those aged 50+ exercising democratic rights				

5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

National travel survey	ONS census and general household survey	Government actuaries dept.	British household panel survey	Local area labour force survey	Taking part: the national survey of culture & leisure	Labour force survey	British social attitudes	Family resource survey	Family resources & British household panel surveys	Health and social care information centre	Com. for social care inspection	DH: community care stats
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5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

Survey name		English household conditions survey	English longitudinal survey of ageing	General household survey	British crime survey
Domain	Indicator				
Material well-being	Median net income for pensioners				
	Wealth				
	Reduction in pensioners with relative low income				
	Reduction in pensioners with absolute low income				
	Persistent low income				
	Proportion of working age people contributing to non-state pensions				
Global measure of well-being	CASP 19 questionnaire on quality of life				

5.2 appendix for guide 4: opportunity age: national surveys relating to quality of life

National travel survey	ONS census and general household survey	Government actuaries dept.	British household panel survey	Local area labour force survey	Taking part: the national survey of culture & leisure	Labour force survey	British social attitudes	Family resource survey	Family resources & British household panel surveys	Health and social care information centre	Com. for social care inspection	DH: community care stats
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