

BLACK ISLE WARD FORUM

WORKING GROUP – SERVICES FOR OLDER ADULTS

REPORT ON THE COMMUNITY COUNCIL QUESTIONNAIRE

Funded with support from HealthWays and The Highland Council

SECTION 1: THE QUESTIONNAIRE AND ADDITIONAL MATERIAL

Purpose of this Report

1. The purpose of this report (written by Donald Macleod, an independent consultant) is to:
 - present the results of a questionnaire, distributed to community councils in the Black Isle, which asked questions about services for older adults living on the Black Isle;
 - make some recommendations for further action.

The Questionnaire

2. The questions were designed to elicit information about existing services at various levels as well as to find out the opinions of respondents as to what developments or changes might be required to enable people to be cared for either in or near their own homes in the Black Isle. The answers supplied to the questions are to be found in **Appendix 1**.
3. Note that the questionnaire was not designed to generate the detailed information (population projections, statistics on existing provision, quantification of requirements for services etc) that would be required for a robust needs analysis.
4. In preparing this report I discussed with the Ward manager, Di Agnew, how it might be possible to build upon the results of the questionnaire. To that end, I have made some preliminary recommendations about some preliminary approaches that might lead to improved services for older people in the Black Isle. I have done this within the context of some European, Scottish and local initiatives. None of this though is by any means comprehensive – it merely offers suggestions as to routes which could be pursued.
5. In a document presented to the Welsh Assembly entitled '*Demographic Trends: Older People in Wales*', there is a brief summary of UN, European and UK policy responses to demographic trends which is instructive. I have attached this as **Appendix 2**.

The Scottish Agenda - All our Futures: Planning for a Scotland with an Ageing Population

6. The publication by the Scottish Executive in March 2007 of the report '*All our Futures: Planning for a Scotland with an Ageing Population*' - and the implementation that is now taking place of the recommendations the Report contains - indicates that there is seen to be a need at a Scottish level to give a much more attention to this whole area. There are numerous approaches detailed both in this Report and also in the first Progress Report on the implementation of the recommendations (presented to the Scottish Parliament on 8th December 2008) which would be worth considering for incorporation into plans to develop services for older people in the Black Isle. It is worthwhile perusing the documents mentioned below in pages I extracted from the Scottish Government's website:

"**All Our Futures** (<http://www.scotland.gov.uk/Publications/2007/03/08125028/0>) is published in three volumes:

- All Our Futures: Planning for a Scotland with an Ageing Population: [Volume 1: Summary and Action Plan](#)
- All Our Futures: Planning for a Scotland with an Ageing Population: [Volume 2: Full Strategy](#)
- All Our Futures: Planning for a Scotland with an Ageing Population: [Volume 3: The Evidence Base](#)

On 8 December 2008 the Scottish Government presented its first progress report on *All Our Futures: Planning for a Scotland with an Ageing Population* to the Scottish Parliament. It has been presented in the context of the 5 strategic objectives, and of the national outcomes, indicators and targets. The Report looks back to the document published in March 2007, and forward to older people's issues and demographic ageing in the context of the present Government's policies. See:

(<http://www.scotland.gov.uk/Topics/People/Equality/18501/Experience/AOFParliamentReport>)

Work is underway on the main *All Our Futures* commitments, as detailed below.

The Scottish Centre for Intergenerational Practice came into being in late 2007.

Initial priorities were to:

- develop a website, with materials accessible and useable by all, and
- run introductory roadshows across Scotland, held in February and March 2008.

The Centre is working with public, private and voluntary sector organisations, as well as individuals and families, to gather and share best practice, provide information and support, and develop new opportunities for intergenerational working in communities.

The Centre's web-site with up to date information is at www.scotcip.org.uk

The first meeting of the **National Forum on Ageing Implementation Group** was on 16 September 2008. It is a working group about implementation of *All Our Futures*, acting as a champion, providing direction to *All Our Futures* in the current context, and taking thinking forward beyond *All Our Futures* for new issues and challenges arising. It is chaired by the Minister for Public Health. Its papers and notes of meetings will be on these pages.

The anti-ageism campaign began with a press launch on 4 July at Discovery Point in Dundee, and ran from 7 July to end-September. The message is *See the person, not the age*. It involves TV advertising over a 9 week period, radio over an 8 week period, press advertising, and public relations work with local authorities and the voluntary sector, e.g. Community Service Volunteers. The link to the campaign is at www.seetheperson.info/

The national stakeholder event is now to be held as 6 or 7 regional events, so more people can share in it. The Glasgow event was held at the Royal Concert Hall on 14 November and the Inverness event was on 3 December 2008. There will be others in Aberdeen, Borders, Dumfries and Galloway, Perth and Edinburgh/Lothians and details have still to be confirmed for these events.

O4O (Older People for Older People) - An International Project in which Highland Communities are Involved

7. Through the work of Professor Jane Farmer at the Centre for Rural Health, UHI Millennium Institute, Centre for Health Science in Inverness, the Highlands are involved in a major European project looking at ways in which older people can become involved in providing services for other older people in their communities. Older people in the Black Isle are likely to benefit if people locally keep from tracking this project as it develops. The following information is extracted from 2 websites – the Centre for Rural Health (<http://www.abdn.ac.uk/crh/040.shtml>) and the one set up specifically to inform people on the O4O Project in each of the countries in which it is happening (<http://www.o4os.eu/>)

What is O4O?

O4O is a 3 year project funded by the European Union Northern Periphery Programme with support from organisations including the Scottish Government, Highlands & Islands Enterprise and the Highland Council. It runs from 2008-2011.

O4O seeks to:

- maintain people living independently in their communities for as long as possible

- view older people as a positive force
- encourage intergenerational working.

O4O aims to go through a process of engaging older people in designing innovative services and health improvement activities to help keep older people living independently in their rural communities. An underpinning principle of O4O is to involve older people themselves in the process of planning, developing, co-ordinating and volunteering/working in a range of types of social organisational models for providing services and activities. These might include voluntary organisations, co-operatives and social enterprises, but all would have social goals as a primary focus. An outcome of the project will be to develop a toolkit for developing O4O organisations that can be used by other communities. Running alongside the supported development of O4O organisations, a programme of research will examine the impact of involving older people in planning, providing and running services and activities in terms of community social and economic capacity-building, help-giving behaviour, health and wellbeing of community members and costs to community service providers.

The Highland Choice

O4O was spoiled for choice in trying to choose four communities in Highland to be part of the 3 year project for older people. People from across the region expressed interest and enthusiasm for their communities to be involved. Ultimately, only four could be chosen. They are:

- *Assynt*
- *Tongue*
- *South West Ross*
- *Ardersier*

Older people in Highland can be isolated whether they live in an urban setting or a remote and rural area. O4O is interested in how different types of community can draw on their available resources to maintain people living independently.

What next?

Over the next few months, Kate Stephen, O4O Project Manager, will be 'out and about' speaking to people in each of the four communities. There are no plans for big public meetings; instead Kate hopes to attend Community Council meetings, lunch clubs, senior citizens groups, as well as speaking to public, private, and voluntary sector agencies which work in each community. O4O hopes to support communities to identify a service for older people which can then be developed throughout the duration of the project. The aim is for each service to continue in the long term and after the end of O4O.

O4O will undertake research about wellbeing and getting older in Highland communities.

What is an O4O service?

There are lots of O4O-type services throughout the Highlands and further afield. In some communities, it may be simply a matter of developing a service which has not previously been provided in the area. Alternatively, an O4O service may try innovative ways to address some of the issues faced by older people. Service provision through volunteering organisations, timebanks, co-operatives, and social enterprises will be considered. A main goal is to help develop resources that already exist within communities to promote the health and well being of older people.

O4O Contact Details: Kate Stephen, Project Manager, O4O (Older People for Older People), Centre for Rural Health, UHI Millennium Institute, Centre for Health Science, Old Perth Road, Inverness. IV2 3JH Tel: (01463) 255894 Email: kate.stephen@uhi.ac.uk

Active Lochaber 50+

8. From Age Concern Scotland's website (www.ageconcernscotland.org.uk/) I learned about an initiative in Lochaber that appears to me to be worth learning more about from Lochaber sources to see whether these ideas can be adapted for the Black Isle. Here is the description of the project:

Using an 'Awards for All' grant, and working in partnership with other local groups, Active Lochaber 50+ offered several 'taster' sessions throughout Lochaber.

The first event was held in Fort William and was attended by over 100 people. We then followed this with 10 smaller events in the surrounding area which reached 453 people over the age of 50.

The events offered a huge variety of activities, including salsacize, local history, healthy eating, craft, golf for beginners, singing, tai chi, new age curling, Gaelic, Polish, bridge, ceilidh dancing, walking, art, family history, exercise, indoor sports, computing and writing.

After each event, special interest sessions were held to assess the long term popularity of each activity.

Active Lochaber 50+ has since become the main point of contact for the over 50's to get information about what's going on in the area and has resulted in the set up of several other

groups.

New afternoon clubs have started up for people in some villages and existing groups have developed new links with each other.

Directory of Services and Activities for Older People in the Inverness Area

8. In June 2008, the Inverness Community Care Forum produced a very well-received 72 page (largish font) Directory of Services and Activities for Older People living in the Inverness area. There are 70 organisations – from the statutory, voluntary and private sectors - listed in the Directory with information about what they provide and details of how to get in touch. The Directory is available through the Highland Community Care Forum (Tel: 01463 718817). Is a similar Directory needed for older people (and for those who work with them) in the Black Isle?

SECTION TWO: RECOMMENDATIONS FOR THE WORKING GROUP TO CONSIDER

Introduction: The following 11 recommendations are based on my interpretation of the completed questionnaires and on the brief additional research I have done. What the

questionnaire has accomplished is identify areas which require further examination – and that makes it a valuable exercise.

Recommendation One: To place formally on record that, in common with the rest of the Highlands, Scotland, the rest of the UK and many other countries in Europe, the rapid ageing of the population, means that there are substantial and increasing challenges facing communities in the Black Isle as to how the needs of the older people who live there are to be met over the next 25 years and beyond.

Recommendation Two: To call for and participate in the creation of a high quality, robust, sustainable inter-sectoral plan for the development services for older people. This plan should fold into the whole community planning process and it should be influenced by and in turn seek to influence Highland, Scottish, UK, and European initiatives in this area. If the idea of a plan is thought to be a good one the Working Group will need to reach a view as to whether a discrete plan for the Black Isle Ward alone is warranted.

Recommendation Three: To sponsor the creation of an Information Pack for Older People in the Black Isle which includes, for example:

- Directory of Services and Activities for Older People in the Black Isle (based on the Directory produced by the Inverness Community Care Forum) which would contain full details about all the organisations listed in answer to questions 1 to 7 in the Questionnaire;
- Factsheets produced by Age Concern on topics such as community care, consumer and legal matters, health, housing, income and benefits etc;
- Information about helplines for older people (e.g. the Scottish Helpline for Older People).

The Working Group would again need to form an opinion whether any Directory and/or Information pack ought to be compiled for older people in the Black Isle alone.

Recommendation Four: To sponsor a Black Isle Older Person's Festival which would present a positive view of older people. It would aim to attract a large percentage of older people on the Black Isle as well as those from other generations interested in inter-generational work. The Festival would entail showcasing work taking place both in the Black Isle already (e.g. University of the Third Age, Lunch Clubs etc) and that which takes place elsewhere (e.g. O4O, Active Lochaber 50+, Food Train in Dumfries and Galloway, Singing for Pleasure Group in Merkinch etc). For older people in the Black Isle the Festival could aim, for example, to:

- Make them aware of and connect them appropriately to existing activities and services;
- Engage them in starting to plan for and deliver (as far as is practical) additional activities and services for them;
- Stimulate inter-generational work (e.g. mentoring, oral history, etc);

- Offer on site advice and information services such as: benefits, income maximisation, energy efficiency, careers (the over 50s being a growth area for the Career Service), educational opportunities (formal and informal), volunteering etc;
- Provide opportunities for people to learn about health topics like managed self-care.

Recommendation Five: To work with relevant agencies and community organisations to deliver a local campaign aiming to recruit more home carers. This could involve for example:

- Local media containing articles profiling existing home carers and their work, presenting the views of those who receive this service as to the value of it, and the views of professionals about the beneficial impact of home carers and how it assists them in doing their work;
- District Nurses, GPs and other professionals working in the Black Isle being prominently involved in the recruitment drive – displays at clinics, GP practice, library etc;
- Identifying target groups of people who could be approached to consider the work –e.g. older people themselves, people already active in the community, parents of school-age children;
- Using the Older People’s Festival as an opportunity to recruit.

Recommendation Six: To facilitate a meeting(s) of relevant personnel in health and social work services to address the immediate operational issues raised in the answers to the questionnaire. Such a meeting(s) would tackle the calls in the answers to the questionnaire to:

- improve communication between health and social work services;
- re-think the Single Shared Assessment form;
- establish an Augmented Care Team specifically for the Black Isle;
- gain access to biatric equipment for community use;
- provide a pulmonary rehabilitation service at home;
- improve IT systems;
- provide more support to home carers.

Recommendation Seven: To encourage a more detailed study of community transport needs in the Black Isle – a study in which the transport needs of older people and how best these can be met would figure prominently. The study could incorporate the prescription delivery idea which was highlighted within one of the responses to the questionnaire.

Recommendation Eight: To sponsor more detailed research into the nature of services required for older people who need higher levels of care (i.e. for those higher up the ‘hat’ diagram). There are several major ideas presented within the answers to the questionnaire which require detailed research to identify the extent to which services

involving higher levels of care will be required in the short, medium and long-term (i.e. from the perspective of 5, 10, 25 years). Following the identification of the extent of the need, an Options Analysis will need to be conducted to determine the optimal ways of providing these services for older people in the Black Isle - bearing in mind the resources required to sustain and develop provision. Examples of the major ideas presented which require more detailed research include:

- Day Centre/ Day Care Facility
- Respite Care
- Sitter Services
- Telecare Services
- Local rehabilitation unit
- Various types of housing requirements for older people – and the housing needs for their younger carers (and it could be argued, for professionals involved in health and social care working in the Black Isle)
- Locally based mobile food scheme(s)

Research into any of the proposals above would require to:

- identify the needs that the service would be attempting to meet;
- project the number of people who will require these service over the next 5, 10 and 25 year periods;
- detail the ways in which these needs are currently being met - whether in whole or in part or not at all;
- offer an analysis of options for meeting identified needs – including describing the improved outcomes resulting from the provision of services in the ways considered.

Building a substantial evidence-base for any significant new or enhanced service is a large piece of work – one well outside the scope of this present brief report. Hence this recommendation!

Recommendation Nine: To consider – given the priority being accorded to issues involving older people within the Black Isle Ward – whether encouragement should be given either to:

- forming a new Black Isle Older Persons' charity which can embrace large parts of this developing agenda and provide at least some new and/or enhanced services;
- encouraging a charity already at work in the Black Isle in one or more of the areas discussed to embrace other issues being raised;
- forming (or strengthening if existing) a branch of a national or Highland charity at work in these areas.

Charities can and do access sources of funds that are closed to statutory agencies and this can in turn lead to additional services being developed. It makes sense for older

people living in the Black Isle that there be a strong local charitable sector which is vigorously developing activities and services for them.

Recommendation Ten: To meet with representatives of existing voluntary groups– e.g. Crossroads, Marie Curie, those involved in providing lunch clubs and friendship groups – to see whether it is possible to identify any additional funding sources into which they might tap. There are funds available to organisations at work in rural areas alone. Involving Ross-shire Voluntary Action in any such discussion may prove fruitful.

Recommendation Eleven: To identify whether there are any geographical gaps in the provision of lunch clubs and friendship groups and to discuss with those already involved in providing these services and additional interested people/ groups how these gaps might be filled.

APPENDIX 1: COMMENTS MADE ON COMPLETED QUESTIONNAIRES

Question 1: What are the services and/or activities that are available to support healthy, active older people living at home and looking after themselves?

- Most of those given as examples [in the Hat Diagram]. Omitted are their own contribution to voluntary activities and participation in social activities (clubs etc).
- Family, neighbours, community, GP, handy person, clubs, walking groups, social lunch club, keep fit, learning adult classes, evening classes.
- Doctors' Surgery, Community Nursing, Chemists, Shops at hand, Friendship Club, Bowls, etc, Church, Dancing, Library, Lunch Club, Computer/ Photo Classes, Leisure Centre.
- Routine contact with GP, family, neighbours, privately arranged domestic help, handy-man scheme, lunch clubs, community car scheme, podiatry service – private and NHS, Green Gym, local walking groups, Shopmobility, dial-a-bus, mobile fish van, Invergordon equipment store, Community Psychiatric Nurse (CPN), Cromarty – Four Ways Club, Outdoor Gym.

Question 2: What are the services and/or activities available for the more vulnerable older adults living at home?

- Needs assessment; lunch clubs; very limited Day Care and Domestic assistance, Telecare; Meals at Home (of a kind that is). Family District Nurses did frequent visits.
- Meals at home service, visits from District Nurse, referral to physio, occupational aids e.g. ' outside hand rail at house
- Crossroads day Care, Taxies to day centre/ lunch clubs, Homecare
- Home care service, day care provision, lunch clubs, pharmacy – dosette box, prepared food scheme and delivery, fall prevention programme, help-call system, family, neighbours, privately arranged domestic help, podiatry, Invergordon equipment store, sheltered/ warden supervised accommodation, CPN.

Question 3: What are the services and/or activities available for increasingly vulnerable older people in the Black Isle?

- They lack: Respite services; Day care; proper Carer Support; Visitors and stimulation; Domestic help in keeping their home to their standards; General security.
- Home carers and carer support domestic help.
- Nurses, Special assessments, Crossroads, Physio, Handy-service, Homecare
- Access to multidisciplinary team (MDT) e.g. Augmented Care Team, CPN, Social Worker, Physiotherapist, Speech and Language Therapist (SALT), podiatrist. Specialist nurses e.g. Parkinson's, MS, Cardiac Rehab, Diabetic nurse.
- Respite care, assessment for increased home care package, Invergordon equipment store, family, neighbours, privately arranged domestic help.

Question 4: What are the services and/or activities available for older people who need intensive support at home or move into supported accommodation (e.g. sheltered housing)?

- Home care, District Nurse (DN) team, private car, GP contact, MDT involvement – as described in answer to Question 3 above, Crossroads support service, family neighbours.
- Social services care package.
- Abbeyfield, Marine Nursing Home

- Sheltered is very different from “supported” . Again it is difficult to say what is “available” when the service is described in absolute terms. All of these are, of course, relative. One might grade their presence on a scale; and conclude that there is a general deficiency of all.

Question 5: Nursing and Residential Care Homes – what facilities are used by people whose home is or was in the Black Isle?

- Black Isle; Shoremills Residential Home, Abbeyfield House, Marine Nursing Home. Then access to wider area i.e. Inverness, Dingwall, Invergordon.
- Shore Mills, Urray House, Abbeyfield, Marine Nursing Home
- Abbeyfield, Marine Nursing Home
- Some places available and of a high standard. Unfortunately financial considerations can, it is said, lead to preference in selection being made to applicants from outwith the Black Isle.

Question 6: What hospital or residential accommodation is available for continuing care where ongoing high levels of need are met?

- Dingwall Hospital, Invergordon Hospital, Raigmore Hospital
- Marine Nursing Home; Shoremills Nursing Home; Invergordon County hospital; Dingwall Ross Memorial Hospital
- Marine Nursing Home. Continuing care/ respite beds in Ross Memorial Hospital and Invergordon Community Hospital.
- Nothing that we are aware of.

Question 7: Can you list end-of-life care services available to people in your area?

- DN Team, Marie Curie Nursing Services, Home Care, Macmillan Nurse, Highland Hospice, GP, Marine Nursing Home, neighbours, family, Crossroad support for carers, private agencies, Specialist Nurses e.g. Heart Failure nurse, Respiratory nurse can advise community team.
- Highland Hospice
- Marie Curie/ Nurses/ Church/ Macmillan Nurses/ Highland Hospice

Question 8: What changes/ developments would allow more people to stay in their own homes or in or near to their own communities for as long as possible?

1. The activities, social contact, stimulation etc provided by a Day Centre/ day care Centre.
 2. Minibus transport to the above and other places.
 3. More supported accommodation and sheltered units.
 4. More resources for Carers and Domestic Help
 5. District Nurses as they were formerly employed
 6. Making government and local authority waken up to the imminence of a huge problem.
- Transport services that are free, regular, reliable, accessible
 - Produce a Contact Directory
 - Telecare services
 - More home carer support
 - Extra funding to Crossroads (Ross and Cromarty) and Marie Curie
 - Improved communication between social and health departments
 - Need huge increase in availability of home carers who are properly funded and contracted
 - Easier access to home care services – e.g. DN's are required to complete a 14 page document when applying for home car service (Single Shared Assessment)
 - Night sitter/ cover availability, day sitter service.
 - Easier access to respite places.
 - MORE respite places!
 - Pharmacy delivery service
 - Pulmonary rehabilitation service at home
 - Return of LOCALLY BASED mobile food schemes/ services
 - Develop Augmented Care Team specifically for the Black Isle – current team based in Invergordon and is a small team covering huge area therefore not always able to provide support

- Predication of increased number of people developing dementia-type illness will be a huge strain on families and services – locally based care and support will be needed
- Local rehabilitation unit
- Access to biatric equipment for community use to allow for increasing number of obese people
- Housing need for increased numbers of elderly people – for single occupancy, couples, sheltered housing, very sheltered housing.
- HOWEVER, it must be noted that more local and affordable housing is also needed for the generations who will be carers of the future, not only first time buyers but for those in their 40s-60s who will be caring for their elderly relatives. Throughout our answers we mention family and neighbours being needed at every level – they are frequently the lynchpin that all services depend upon.

Question 9: What barriers are there to people accessing the services and activities you have described?

1. Failure of government and local authorities to prepare a response to the demographic "time bomb".
 2. Failure to perceive physical and mental degenerative conditions as the responsibility of Health Services rather than Social Services, i.e. removal of the "cradle to grave" promise. Social Services have too broad a spectrum of care to give proper focus to healthy old age.
 3. To sum up: to put the supporting structure in place a universal change of attitude is required. It can be done.
- Lack of funding for home carers and lack of time for home carers in elderly person's home.
 - Ignorance of what is available. Don't want strangers in their home. Guilt at being unable to look after oneself.
 - Lack of awareness of HOW to access services
 - Concerns over funding, lack of information re their individual financial input
 - A general lack of Home Carers
 - Awareness of lengthy process to access social care (completion of SSA)
 - Concerns re how it will affect benefit allowance

- Lack of transport or 'pick-up' buses
- Poor IT systems, no current links to GPs, social services etc
- Lack of funding from government at local and national levels

Question 10: Any other comments on services for older people in the Black Isle?

- Abbeyfield Black Isle would appreciate all forms of support for its current proposals for an extended "new Abbeyfield" as part of a Black Isle Integrated Care centre. Any pressure that can be brought to bear on Highland Council Housing and Social Services Departments would be particularly welcome.
- Parking is difficult at shops (chemist, PO) in Fortrose.
- Not enough home carers.

APPENDIX 2: POLICY RESPONSES TO DEMOGRAPHIC CHANGE

(From: '*Demographic Trends: Older People in Wales*' A Report to the Welsh Assembly, February 2007)

United Nations

1. The United Nations Madrid International Plan of Action on Ageing 2002 provides the overarching aim of for the UNECE region which is to provide a framework of commitments to support member states in their endeavours to respond adequately to the challenges and opportunities of population ageing in order to achieve a society for all ages. This underpins the UN Principles for Older People – independence, participation, dignity, care and self-fulfilment
2. The UN global commitment is to mainstream ageing concerns in all policy fields with the aim of securing gender-sensitive and evidence-based co-ordinated and integrated policies to bring societies and economies into harmony with demographic change. This applies equally to the health, economic, labour market, social protection and education sectors.
3. The Madrid Action Plan sets out a range of interrelated commitments intended to assist member states to focus on the main policy priorities in relation to population ageing. It seeks to ensure the full integration and participation of older persons in society and implement the strategy in the closest possible partnership with the civil society, particularly older persons, organisations and the private sector.

European Commission

4. The EC Green Paper "Confronting demographic change: a new solidarity between the generations (2005)" considers how best to respond to the challenges that demographic change, particularly the ageing society and natural population decreases, pose to Member States.
5. The Commission's Green Paper summarises current forecasts of changes in Europe's demography, comments on the likely effects of the changes and invites views on a wide range of related questions. The objective of the Green Paper was "to collect the best practices of the Member States and other players" across a series of policy areas, and to discuss what role the Union should play. Some of the suggested solutions include:

- Better integration of young people – Combating poverty, especially amongst single parent families, and improving bridges between school and working life (employment chances)
 - A global approach to the “working life cycle” –Need to improve the quality of jobs and working environment, and improve incentives and combat discrimination against older workers, as well as modernising organisational structures.
 - A new place for “elderly people” – Make the bridges between work and retirement more flexible and keep “elderly people” economically and socially active.
 - Solidarity with the very elderly – Need to level up retirement provision and to provide more support and care for the very elderly, especially through social services and networks of solidarity and care within local communities.
6. In the light of the EC Green Paper and the responses received the European Commission continues to promote the development of comparative analysis and the exchange of views and experiences. The European Commission supports an annual study programme on specific social and demography issues and also finances the European Observatory on Demography and the Social Situation

UK Position

7. The Department for Work and Pensions' Five Year Strategy “Opportunity Age - Meeting the Challenges of ageing in the 21st Century ” identified the need to think across the lifecycle in response to the ageing society, and has set an aspiration for an employment rate equivalent to 80% of the working age population. This will help individuals and society in general, in responding to the demographic challenge.
8. The UK strategy reports on progress since 2001 in making the transition to a new view of ageing and builds on it by advancing an integrated government programme to promote and support faster and further change in society as a whole. In the years after 50 the Strategy suggests that we all want three main things:
- the opportunity to continue our career, or the choice of starting a new one which better suits our family circumstances
 - to play a full and active role in society, with an adequate income and decent housing
 - to keep independence and control over our lives as we grow older, even if we are constrained by the health problems which sometimes affect the final years.
9. The Government UK believes that achieving these key objectives should lie at the heart of future strategies for ageing in the UK.

ENDS