

INDEPENDENT HEALTHY AGEING RESEARCH SHOWCASING EVENT – DISCUSSION GROUPS

SUMMARY OF KEY POINTS

- Need for easily accessible summaries of all the relevant information/statistics
- Sharing of good practice between professions/disciplines/Councils
- Importance of involving older people at early stages of planning any research/initiatives etc.
- The nature of poverty - income poor plus asset rich BUT some elderly income rich plus asset poor.
- How to engage isolated older people
- Older people are a very diverse group
- Gap in care as numbers of older people increase and carers decrease
- Housing - moving from family homes/transition
- Alternatives to care homes
- Shared responsibility for health - NHS/LA/individuals/communities/private and voluntary sectors
- Volunteering leading to better health in the long run
- Motivations for keeping active - fully involve older people in society
- Intergeneration learning - 2 way
- Difficulty re-entering labour market after 50 years old
- Age discrimination/attitudes

ANNEX – NOTES FROM FLIPCHARTS

KEY ISSUES WHICH NEED TO BE ADDRESSED

Group 1: Poverty

- Changing demographic → burden? Need to decide are elderly asset or burden
 - Should we be investing now to avoid poverty later? - Universal state pension
 - Stopping poverty by early intervention – investment in youth
 - The nature of poverty – income poor plus asset rich BUT some elderly income rich plus asset rich
Therefore should we transfer income from young poor to rich old → intergenerational equity.
(handing out scarce resources to people who don't need them)
Expensive universal U's means degrading testing – cost of providing care for the elderly
 - women and pension coverage
 - how do we fund old age?

Groups 2 & 3: Community Care

- Engage isolated older people (help set agenda)
- Isolated rural areas especially
- General planning for healthcare
 - District nurse provision
 - Growing # with dementia
 - Possible costs of informal carers in future
 - Need more elderly in clinical trials
 - Future housing needs
 - Transport & accessibility
 - Consistency of care homes
- Bringing all this information/statistics together – how can it be accessed? Web portal?
- Hard to find time to read it! Summaries which are easy to digest.
- Gap in the involvement of older people
- 'Older people' = a very diverse group
- Bridges between policy, research and front line
- Research is only useful if it permeates into 'real world'
- At the start of research, researchers should talk to older people and partisans to understand how the issues affect them and whether they are relevant

Groups 4, 5, 6 & 7: Health

- Gap in care - ↑ older people, ↓ carers by 2030
- Older people are not a homogenous group
- Need for research in informal care

- Need for preventative measures/health promotion
- Mental health, sexual health
- Housing – moving from family homes/transition→
 - impact on mental health
 - ensuring more adaptability in environments to support independent living rather than looking at long term care
 - can lead to “loss of intergenerational concepts”
- Need to consider statistics in context e.g. values
 - issues of minority groups e.g. gypsy travellers; BME Groups; Transgender
- Funding – struggling to meet demand for formal care at present (NHS+LA) – competing demands
- Shared responsibility for health – not just responsibility of NHS – inc. LA, individuals, communities, private + voluntary sector
- Outcome focussed evidence
- Activity for older people
- Healthy ageing
- Keep out of care for as long as possible
- Reward independence
- Enable people to be fit, well & independent
- Early interventions
- Support for carers
- Housing environment

Groups 8 & 9: Lifelong Learning

- Getting on the policy agenda (lifelong learning)
- Lifelong learning agenda focussed on skills
- Affordability/funding focussed on younger people e.g. arts
- Promote what's available – low take up funding, promoting benefits of keeping active. Lack of awareness among professionals
- Learning activities has wider benefits in other areas, e.g. isolation
- Development opportunities in IT – need for training for those without computer skills
- Keeping people active in communities. Encouraging people into volunteering
- Volunteering health better in long run
- Sharing experience
- Intergeneration learning – 2 way
- Technology – special equipment.
 - training takes time
- lifelong learning at work
- how to make change, learn new things in same job
- lack of confidence for women
- Training or re-training
- Funding
- Cultural issues
- Belief that its not worth training older workers
- Different patter to working life

- Learning to learn
- Disseminating good practice
- Dependent life prevention not just reacting
- Physical activity strategy
- What percentage of older population are doing exercise
- Prevention
- Funding
- Needs cost benefit research
- Money into University of Third Age. Rely on volunteers
- Difficulty of re entering labour market after 50 years old
- Training in later life
- Age Discrimination
- Attitude
- Finding ways to keep or share knowledge of older workers
 - incentives to keep older workers
- Do something at earlier stages
 - teach younger people about issue of old age
- Equality of life long learning
 - not necessarily well educated
- Learning is good for everyone
- Proper apprenticeships
- Financial disincentives for universities that don't have Lifelong learning
- Incentives for disadvantaged areas
- Learning opportunities outside universities – in local communities
- Literacy and numeracy

Group 10: Housing

- Increasing population/new expectations
- Lack of appropriate housing
- Still a need for end-of-life care
 - in care homes or community? What about the period leading up to final 15 months of intensive care need?

Group ?

- WHO document age friendly cities. + now rural communities. Useful Research. Make a broader concept → disabled friendly/mother + pram friendly. Same barriers to all groups.
- Sheltered housing mismatch – too segmented barrier to community → house is fine but stepping outside problematic. How to get out of 4th floor flat.
- Lack of housing for elderly/disabled.
- Problems from past building decisions
- Mixing communities – sheltered housing and elderly + students, young people – does it work? Need more research in this area.
- Develop 'shared spaces' – intergenerational social interaction
- Mix of sheltered housing able + non able.

- Also older people 'play areas' ⇒ exercise
- Better initial design of housing, → for older people → better design of general housing so older people don't need to move out. Easier to adopt.
- More guidance for builders. Existing houses → problem
- Migration of elderly to suburbs. Migration of Scots Elderly back to Scotland. Research on second homes and impact on elderly → distorted pop on islands e.g. Arran + Highlands.
- Elderly migration to suitable housing. Rural lack of support/services → migration to these areas. WHO report + Stirling University, St Andrews Dementia Unit – today's presentation.

KEY PIECES OF EVIDENCE

Group 1: Poverty

- Quality of life issues not just poverty
- To what extent are older people dependant? A need for social accounting of age
- Elderly care – expectations have changed
- Concern that the NPSS will leave more people in poverty + dependent on public services if introduced in isolation

Groups 2 & 3: Community Care

- Lots!

Groups 4, 5, 6 & 7: Health

- Self-care – keep mobile assessment availability; translation of research into practice. Role of technology?
- Gap LE +HLE – what determines gap? (can we close it or is it “5 years!”)
- Mental health
- Environment – (signage)
- Isolation
 - geog
 - cultural
 - social
- Diversity
 - can we give tailored care?
 - Training needs
 - Understanding diverse needs
- Positive Images
- Information and choices (Diets Income)
- Review of sheltered housing statistics
- Database of all Irish publications
 - central hub of information
- Centre for families
 - Edinburgh University
- Centre for demography

Groups 8 & 9: Lifelong Learning

- NIACE – no coverage of Scotland
- Strathclyde University
- Age Concern (England) – active ageing and well being; recent reports on healthy ageing highlighting LL
- NHS Health Scotland

- Uni of 3rd Age
- WI opened centre in Paisley and similar groups – annual reports – quality information

Group 10: Housing

- Gender issues
- Data on demographics and current services – but not on future demands
- Experience within individual councils and housing associations – needs to be shared
- Identify opportunities for networking, including internationally
- How do we evaluate initiatives – to share knowledge – as happens with drugs.
- National test-bed?
- Where will future workforce and carers come from?

HOW TO EXPLOIT CURRENT EVIDENCE

Group 1: Poverty

Groups 2 & 3: Community Care

- Alliance between academics, policy makers etc on ageing
- SG should produce review documents on specific older person issues
- Briefing papers
- Involving people at many levels is time-consuming. This means it is costly and there needs to be recognition of this when funding research.
- Need to consider economics – cost of care etc, especially in terms of ‘credit crunch’, increasing costs of food, energy, care etc.
- Research/statistics must be presented in a way which makes it easy for policy-makers etc to understand and see relevance
- Learn from good practice on conveying key messages
- Working with the media – are some universities better at getting their work picked up?

Groups 4, 5, 6 & 7: Health

- Support funding applications with quantitative + qualitative research
- Engagement with older people at early states of planning → design of research
- Exploit existing effective local partnerships e.g. Shetland
- Need to build on what has gone before
 - outward spiral approach – start more focussed + work outwards
- Approaches need to be fluid
- Outcome focused evidence – built into design
- Need to consider monitoring and evaluation at outset
- Strategies for research/research guide
- Need different professions/disciplines to share
- Need champions of ageing research
- Multi-disciplinary research
- Tackle academic snobbery
- Better writing
 - documents for practitioners
 - documents for policy
 - documents for media
- Do small things well

Groups 8 & 9: Lifelong Learning

- Think tanks work with – invite range of different people

- Make invitations inviting – hold in accessible and welcoming places
- Involve older people
- Older people as researchers, the Hub, Queen Margaret University
- Use older people's groups as intermediates
- British Gerontological Society – Angela Kydd
- Whether evidence is actually used
- AOF: types of questions asked – types of evidence

Group 10: Housing

WHERE ARE THE GAPS

Group 1: Poverty

- Not just inequalities (income) but health inequalities
- Need raw estimates of number of elderly in poverty + who need assistance. (cant just assume that 65+ are a burden)
- Need to identify the distribution of benefits + costs.
- Need more research on quality of life issues → loneliness, access to services etc.
- Affect of direct payments in maintaining dependence

Groups 2 & 3: Community Care

- Need inter-disc research
- Longitudinal study of ageing
- ILC (UK) been useful – something similar needed
- More use of existing data (capacity building)
- Sustainability of current residential options
- More qualitative data
- Older people (older carers) looking after/supporting each other. Support needs of these carers.
 - many carers are older themselves. Could use Census? Need more research on their experiences
- Research on alternatives to care homes
- What makes care homes/sheltered housing good or bad?
- Research on ethnicity, especially in terms of health, inequalities, access to services
 - Can we use Census? Ethnicity plus caring plus illness. Use this to justify further research/develop policies
 - Take up of free personal care by different ethnic groups
 - Need among older people
- Importance of social networks among older men (especially widows).

Groups 8 & 9: Lifelong Learning

- Older people who are carers and still working and looking after grand-childrens – lifelong learning opportunities denied because of caring responsibilities. Focus tends to be on carers on employment
- Importance of IT technology – evidence available but gaps on positive benefits of LL
- Economic benefits of life-long learning – monetise saving
- Preventative element
- Recommendations for older people how to keep healthy – physical and mental activity – funding to actually enable old people to do these things
- Free bus fares – stats on impact
- Motivations for keeping active – fully involve older people in society

- Provide information on how to keep active when in hospital – integrate medical and LL information
- Involve family member

Groups 4, 5, 6 & 7: Health

- Implementation of research
- Dissemination of information/current research
- Methodology/knowledge transfer
- Engagement with professional research (esp. for vol. sector)
- Need for smaller pockets of research – commissioning
 - need for local based evidence e.g. NHS Board level, Local Authority
- Need support for people to use statistics/information
 - Assumption that this is understood
- Need greater consideration of qualitative data and not just quantitative
- Lack of evidence based outcomes in some areas
- Age friendly communities
- Independence in active ageing (and impact)
- Ethics – tendency for paternalistic approach in delivery of interventions
- Qualitative research
- Historic research
- Research investigating extending healthy life
- Research into men

Group 10: Housing

- Research on wider demographic issues – e.g. disabled people living longer into adulthood and old age
- What are the real needs and aspirations of this and the next generations of old people – are they the same?

Group ?

- Migration research across the board – lack some social research → lack of dissemination
- Need more cross cutting research, what works for individuals → e.g. – innovative technology
- Research on interaction, communities, built environment
- Health Scotland Research on care homes
- Research on care homes
- Training
- Differences between Scotland/England. Evidence can differ.
- Evidence on deprived elderly areas + more prosperous areas

HOW MIGHT THESE GAPS BE ADDRESS

Group 1: Poverty

Groups 2 & 3: Community Care

- More money
- Encourage more research (policy? academic)
- Stronger government push (Sutherland could lead)
- Need more link-up between policy makers & academic views

Groups 4, 5, 6 & 7: Health

- Cross-Council learning “Best Practice”
- Personalise/care
 - (Training)
 - (Assessments)
- Joint working
- Older people’s Commissioner
- “Dynamic” technology
 - coping
 - compensating
 - prevention
- “Digital Divide” or “Financial Divide”
- Evaluation “free” personal care
- Forums for knowledge transfer
- Funding for meetings
- Gaps needs fine-graining linking hospital admissions records to other data to understand pathways into care
- Use of Glasgow Cohort Study
- Not just medical care research
 - hdistic – help with finance, paperwork
- Research to stop spiral of decline
- Investigate pathways to care
- Need all-encompassing strategy
- Direct path to application
 - links to wider community/stakeholders
- Vision plus principles to lead research
- Top-down plus bottom up

Groups 8 & 9: Lifelong Learning

- Keeping people active in communities by encouraging people into volunteering
- Volunteering – health better in long run
- Sharing experience
- Intergeneration learning – 2 way
- Technology
 - special equipment
 - training takes
- Lifelong learning C work
- How to make change, learn new things in same job
- Lack of confidence for women
- Training or retraining
- Funding
- Cultural issues
- Belief that its not worth training older workers
- Different pattern to working life
- Learning to Learn

Group 10: Housing

- Networking
- Take forward Sutherland recommendations
- Look at equality issues