

# **A review of BIG funding for older people**

**Final Draft**

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# Contents

Executive Summary .....	3
1. Introduction .....	10
1.1. Methodology .....	10
(A) BIG funding review .....	10
(B) Review of policy and literature on older people .....	11
(C) Primary data collection .....	11
(D) Analysis and synthesis .....	11
1.2. Older people and the UK policy context .....	11
Northern Ireland .....	12
Scotland .....	13
Wales .....	13
1.3. Older people and the Big Lottery Fund .....	14
2. Big Funding, past and present – activities and impact .....	15
2.1. Closed Programmes .....	15
Community Fund .....	15
Project rejections by broad theme .....	21
New Opportunities Fund .....	21
Distribution of New Opportunities Fund Funding .....	23
Age distribution of funding .....	30
Evaluating impact – past programmes .....	33
2.2. Current Programmes .....	35
3. Future Directions: Identifying needs and service gaps .....	38
3.1. Key policy areas .....	38
3.2. Importance of BIG’s role in funding older people .....	43
3.3. Types of work to be funded in the future .....	44
3.4. Maintaining and improving access to BIG funding for older people .....	49
4. Conclusions .....	52
Appendix A .....	55
Appendix B .....	58
Appendix C .....	60
Bibliography .....	70

# Executive Summary

The Big Lottery Fund (BIG) has commissioned the Policy Studies Institute (PSI) to review past and current funding that benefits the quality of life for older people.

## Purpose

The purpose of the review was twofold:

- to assess the relevance and impact of BIG programmes with regard to older people;
- to identify outstanding areas of need and demand where BIG can make an effective contribution.

## Methods

The research followed a multi-methods approach and entailed:

- Funding review – quantitative analysis of BIG project grants and reports
- Policy and literature review related to older people issues
- Interviews with BIG staff, policy experts, grant holders and older people beneficiaries
- Case examples of funded older people projects
- A mapping exercise to identify funding gaps and future directions

## Policy background

By 2020 it is estimated that close to a third of the population will be over age 50. Knowledge of an ageing population has prompted Governments to prepare for and address the expanding needs of older people in the UK. As the older population can easily span a 50-year age gap, these needs extend to all aspects of life, including employment, health, housing, transport, citizenship, and leisure. **Opportunity Age** (DWP, 2005) and **A Sure Start to Later Life** (Social Exclusion Unit, 2006) represent the UK Government agenda on an ageing society, promoting active ageing, choice and control over services, and social inclusion and well-being. Likewise, the Northern Ireland, Scottish and Welsh devolved administrations have launched separate policy documents outlining plans to support their ageing populations. The BIG ethos to support quality of life in diverse communities complements these agendas.

## BIG funding for older people

In the past, older people directly benefited from the Community Fund (CF) as a priority group and were beneficiaries to a number of strategic programmes under the New Opportunities Fund (NOF). Older populations were also supported through generic programmes of benefit to the wider population. Now closed to applications, these relevant programmes can be summarised as falling under five broad themes: health, learning, information/advice, veterans and community support.

## Community Fund

In order to assess the prevalence of particular types of projects in terms of aims, beneficiaries and overarching themes, a Community Fund dataset

detailing all funded projects was analysed. It was found that most of the money was distributed to projects within the following broad themes: Social, Recreational, Educational, Health, Advice and Transport.

A wide variety of projects were supported, ranging from one-off events such as Jubilee or D-Day celebrations benefiting entire communities to longer-term initiatives such as educational opportunities or the repair of community centres. Also funded were housing or independent living schemes, respite care, transportation and advocacy services, many of which were primarily of benefit to older people. The most commonly funded projects, at around one fifth, were designed to promote social activities or support social centres and events while roughly one in ten grants were awarded to projects with a recreational orientation, involving physical activity such as walking, dancing and bowls.

Not surprisingly, as one of the priority groups under the Community Fund, older people accounted for around one third of the grants. A similar proportion of grants was allocated to ethnic minority groups of all ages as Black and Minority Ethnic groups were also a priority for the CF.

Initiatives supporting social, recreational and physical activities featured more prominently than projects and schemes devoted explicitly to 'problems' such as poverty, isolation, loneliness and social exclusion. Although the wide range of 'social' funding does of course function to combat social exclusion it is possible that much of the social and recreational funding was received by non-marginalised older people.

### **New Opportunities Fund**

The New Opportunities Fund strategically promoted projects in the areas of health, education and the environment. Grants **of benefit to older people** fell within five overarching themes: health, lifelong learning, preventative health, environment, and neighbourhood regeneration/other. Analyses were performed to determine which themes of benefit to older people received the most support from NOF. Two approaches were taken; the first assessed the **number** of projects funded within each theme, the second assessed the overall **value** of projects within each theme.

In terms of the number of grants, the overwhelming majority of projects associated with older people were awarded to environment related schemes; 40 per cent of projects fell within this theme. The second most common theme for funding was preventative health, with 29 per cent of all grants allocated to healthy lifestyles, well being and activity-oriented projects. A further 16 per cent and 14 per cent of grants went respectively to health and lifelong learning projects.

Yet, the level of grant support tells a different story with an emphasis shifting to health in later life. In terms of the value of all projects of potential benefit to older people, 57 per cent fell within this preventative health theme. These projects were designed to prevent ill-health, primarily through means of physical activity or promotion of healthy eating. Other common themes for funding were health and lifelong learning which each took 15 per cent of all

grant awards under consideration. A further 11 per cent of grants were awarded to environmental projects, many of which were designed to ease access to and improve the quality of public spaces.

In terms of the value of grants, separate analyses of England, Scotland, Northern Ireland and Wales showed similar patterns of funding but with two exceptions. Scotland and Northern Ireland devoted a notably larger proportion of their overall budget to health-related projects as opposed to the preventative health strategy. Around one quarter of the total grant budget in Northern Ireland (25 per cent) and Scotland (28 per cent) was received by health-related schemes, nearly double those found in England (12 per cent) and Wales (15 per cent).

While the Community Fund designated funding to older people as a priority group, the New Opportunities Fund did not. An analysis of NOF funding by age groups revealed that substantially more funding was awarded to projects that target young people (under 16) and people up to age 35. Similar age distributions of funding were evident for England, Scotland, Wales and Northern Ireland. Therefore, older people on the whole have received relatively less funding from NOF in the past.

## **Current Programmes**

Thirty two new programmes have been launched by BIG since 2005, the majority of which offer few opportunities to meet the distinct needs of older people. Around a quarter of these programmes focus on the needs of the broader community, including the interests of older people. Possibilities for funding directed toward older people are evident within the following programmes:

- Safe and Well
- Live and Learn
- Community Libraries
- Family Learning
- Investing in Communities
- Awards for All
- Parks for People
- Reaching Communities
- Well Being
- People and Places (Wales)
- Prime Time (Scotland)

In terms of the future, many of these initiatives reflect aspects of the prevailing policy agenda which is concerned with intergenerational cohesion, lifelong learning, neighbourhood regeneration, social exclusion, multiple deprivation, healthy lifestyles and an improved environment for all. There is considerable scope, therefore, within BIG's future programme remit to meet many of the most pressing needs of older people in their third and fourth ages. The former is typically defined as the period between age 50 and retirement age while the latter characterises the retirement age years.

## Evaluation of funding

Fifty three interviews were carried out with BIG staff, policy experts in all four countries, grant holders and older people project participants. The eight projects that were selected for study represent a range of provision and included fitness, handyperson help, befriending and intergenerational learning themes. BIG also commissions a range of evaluations, many of them survey-based, on individual programmes. These secondary and primary sources of data have been used to assess funding for older populations. This assessment is based on past projects and those being maintained. There was little information available on projects within the current funding streams.

## Impacts

In the case studies, project workers identified a range of impacts on older people who took part in BIG funded activities or benefited from services provided, some of which directly related to the project goals, for instance increased physical activity levels. Project workers also described more general but important impacts on older people, including reduced isolation because of increased social networks, improved mental health, self esteem and confidence levels. Older people participants described similar benefits, and emphasised how much enjoyment they derived from the activities. In some cases, project benefits went beyond the individual and improved levels of formal and informal representation and engagement of older people within communities more widely.

## Funding gaps

Increasingly, policy acknowledges the importance of whole system working for improving quality of life for older people. This underscores the role of BIG for funding projects that meet the needs of older people in their communities. Many voluntary and community sector organisations receive funding on a year-to-year basis from local authorities. By contrast BIG funding was felt to offer more stability, and to make it easier to work strategically across local authority boundaries.

The research highlighted the low levels of funding received by older people; animals attract more giving from the general population. Raising the profile of older people and their needs is therefore important. Allocating the available funding wisely is also vital. Our findings suggest that key areas of older people policy can be enhanced by BIG funding. These include:

**Health and social care.** Ageing populations and the accompanying demand for care will challenge existing support structures. Mental health, including preventative work aimed at reducing social isolation, is a critical area of concern. Whilst it is not within BIG's remit to provide healthcare services there is a role for the organisation in supporting prevention strategies and funding projects which aim to keep the older population healthy.

**Independent living.** Low level services can enable people to maintain their social networks and remain in their homes for longer, which in turn enhances both physical and mental well-being in later years. It was felt that BIG ought to continue funding this kind of help which encompasses volunteer programmes that are not supported by the NHS or social services.

**Poverty and social exclusion.** Financial poverty continues to be a prime issue for older people, as is isolation and social exclusion. Funding for benefits advice and take-up will remain important over the long term. While BIG has no direct role in income maintenance policy, it can continue to play a key role in helping to ameliorate the impact of poverty and social exclusion among older people. Of particular value are schemes that provide multiple services, for example social/recreational activities, befriending schemes and advisory/information services. Issues relating to social exclusion, such as Information and Communications Technology (ICT) participation were also identified.

**Employment and education.** BIG has a complementary role in the areas of extending employment and life-long learning. The challenge of extending working lives creates new needs for information and support, in order to enable forms of working that enhance quality of life for older people. A particular need was identified for supporting employment-related transitions for those who lose jobs in their fifties as well as for those who retire but subsequently decide that they want to re-enter the labour market.

**Active citizenship.** An active ageing agenda advocates active citizenship in later life, specifically community volunteering and engaging in governance, to utilise older people's experiences and skills to the full. BIG has a potentially important role to support the capacity and skills needed for wider participation in the community and it was felt this should include a focus on the more isolated or marginalised members of the older population.

The research also identified specific shortfalls or funding gaps:

Specific **older sub-populations** were seen to have particular needs or to be under-represented in funding streams. These include older people from Black and Minority Ethnic (BME) groups; older people with a disability (life-long or recent); older lesbian, gay, bisexual, transgender (LGBT) people; those living in a residential home; older prisoners; and the multiply disadvantaged.

Gaps were also identified in specific **areas of provision**.

- BIG was seen to have a role in improving public spaces and related infrastructure for older people, in the same way as it has often provided such support for children and young people. Provision of social activities suitable for a broader age range could encourage older people to enter public arenas at a wider variety of times, and enhance the role of community spaces as a medium for social cohesion.
- Because advocacy requires independence from other sources of funding such as local authorities, it was seen as a key area where BIG could make a contribution. Advocacy services along with the provision of Information and advice were viewed as essential for older people to be in control of their lives and the services they use.
- Transport is an area where BIG funding has already made a difference to older people's lives and can continue to assist. Access

to public transport was viewed as a particular issue in rural areas and many support schemes are run by volunteers who rely on charitable funding and grants.

- There is a general lack of crisis services during evenings, weekends and national holidays, and there is a need for services which can help older people with key transition periods associated with later life, such as bereavement, moving house, the onset of ill-health, moving out of hospital, or moving into residential care.
- Inter-generational work was seen as an area of growing importance, but one which has yet to receive major recognition in terms of project funding. Such projects also have the merit of building cross-sector support, avoiding the divisions which can be created by ring-fenced funding.

In general, most respondents felt it was desirable to have both strategic and demand-led programmes. The open programmes were seen as an important source of funding as was the availability of small amounts of money with a less stringent application process, i.e., the Awards for All programme. This was viewed as important for smaller voluntary and community organisations who were less experienced with the grant application process and might be viewed as a high risk by other funding sources. Indeed some interviewees questioned whether BIG was doing enough to fund projects which were genuinely innovative, and argued strongly for more risk-taking in funding decisions.

Most respondents were in favour of some targeted funding, at least for the present. It was argued that older people face a particular set of problems which required particular solutions. However, the majority of respondents tempered their discussion with an acknowledgement that there were also disadvantages to 'blanket programmes based on age alone' which could risk becoming rigidly defined silos and ghettos. The case was also made for adopting a lifecycle perspective, recognising that many of those who face poverty and disadvantage in later life were also poor earlier in their lives, and making links with preventative work for people of younger ages.

On the whole, the evidence suggests that ring-fencing funds for an older people target group, though with some reservations, is necessary to counterbalance a context in which funds are being earmarked for children and young people. It was also argued that targeted funding sent a helpful signal that older people and their organisations were expected and encouraged to apply, although it was argued that more could be done to market BIG funding via established networks of older people, whether or not this was targeted.

## **Conclusions**

Despite some recent developments, the statutory sector continues to focus resources on health and social care for those in their fourth age, with less attention and support directed at the lower level needs of those in their third age. BIG can therefore benefit older people most (in funding partnerships and through match funding) to support: preventative, low level services, transport, education and outreach activities to identify the most socially excluded.



Arguably these initiatives are best served by local, community-based organisations with a vision to meeting the needs of older members. There is considerable support for BIG to continue a dual model of funding which combines strategic priorities with a responsive mode allowing it to meet community-defined needs. Of particular value would be support for schemes that provide multiple services, for example social/recreational activities, befriending schemes and advisory/information services. The evidence suggests that ring-fencing funds for an older people target group, though with some reservations, was necessary to counterbalance a context in which funds are being earmarked for children and young people

# 1. Introduction

The 2001 Census indicated that the number of people in the UK who were over age 60 outnumbered those who were under age 16 for the first time. By 2020, it is expected that a third of the population will be over age 50 (Dean, 2004). Health has also improved over this period but less markedly, and the incidence of health problems among the oldest is actually increasing (Middleton et al, 2007). As a consequence, both men and women can expect to live longer but can also expect to live longer in poor health. The retirement years have come to be conceptualised in terms of two phases, classified as the third and fourth ages. The third age is typically a period of withdrawal from paid work but most older people still enjoy active lives in good health at this stage. The fourth age is marked by an increased risk of health difficulties associated with degenerative ageing and is also accompanied by a decline in social participation and civic engagement (Middleton et al, 2007).

Against the background of an ageing society and an intensifying focus on the benefits and challenges of demographic change, BIG is committed to meeting the evolving needs and aspirations of this expanding, heterogeneous social group. In order to optimise the impact of their funding streams and target expenditure to serve those most in need, BIG commissioned this study to identify:

- The direction of current government policy initiatives.
- Issues recognised by a range of stakeholders, academic researchers and other policy makers, as important for older people.
- The impact that BIG funding to date has had upon older members of the community.
- Gaps in provision and funding from both the statutory and third sectors which BIG may be in a position to fill.

## 1.1. Methodology

The research was designed to achieve a systematic overview of the range and performance of BIG's programme of funding to inform future funding decisions relating to older people in the UK. The research entailed three inter-related methods: (a) a BIG literature review and database analysis, (b) a general literature review and (c) primary data collection with stakeholders. This was followed by (d) an analysis and synthesis. Appendix A provides further details on the methodology.

### (A) BIG funding review

BIG databases containing information on closed and maintained project grants were analysed in order to classify the range and magnitude of funding for older populations. This analysis was performed separately for each of the four countries. Data relating to the benefits derived directly from a grant were collected by means of an End-of-Award Report. These reports stipulated the numbers of beneficiaries, and provided details of the manner in which project participants had benefited.

## **(B) Review of policy and literature on older people**

A comprehensive review of government and academic literature sources (including electronic and secondary sources) was carried out, including government strategy documents from the four countries in the UK and reports from campaigning and voluntary organisations. This information was synthesised to identify current and future policy directions and reputed gaps in attention to older people's needs.

## **(C) Primary data collection**

A total of 53 qualitative interviews were carried out with stakeholders in England, Northern Ireland, Scotland and Wales. Telephone or face-to-face interviews were conducted with: BIG policy staff and programme operations managers; project grant holders; older person beneficiaries; voluntary organisations representing older people. Researchers also visited eight case study projects (two in each country) funded by lottery programmes to meet with project staff and older people participants.

## **(D) Analysis and synthesis**

The final strand of the research integrated findings from the different elements of the research to draw out key messages for future BIG funding. This entailed a mapping exercise which classified grant awards on a number of levels such as numbers and values of grants, types of projects that have been funded and which sub-groups of older people have most benefited, and a thematic analysis of qualitative data from stakeholder interviews. These assessments helped to inform recommendations on future directions for BIG funding of older people projects.

## **1.2. Older people and the UK policy context**

BIG programmes operate within the context of a wider UK policy agenda for older people buttressed by high profile programmes of research such as the ESRC **Growing Older Programme**, the Joseph Rowntree **Older People Programme** and **Older People's Steering Group**, the **English Longitudinal Study of Ageing** (ELSA), and the programme of multidisciplinary research being commissioned by five UK research councils as part of the **New Dynamics of Ageing**. The two key government policy strategies over recent years have been **Opportunity Age** (DWP, 2005) and **A Sure Start to Later Life** (Social Exclusion Unit, 2006). NHS policy across the UK is guided by a series of **National Service Frameworks**.

**Opportunity Age** presents the UK Government's cross-departmental national strategy on an ageing society that promotes a focus on independence, well-being and citizenship in later life. The strategy concentrates on three key areas:

- Active ageing – encouraging and facilitating full involvement in family and communities;
- Services – promoting choice, consultation, and responding to need;
- Work and income – tackling age discrimination, enabling continued employment, and promoting flexibility to combine work with family.

More recently, **A Sure Start to Later Life** set out a strategy for tackling inequalities, poverty and isolation and for streamlining services for older people, particularly in deprived areas. This includes addressing living standards, physical and mental health, housing issues, community inclusion, and ageism. The report set out a number of pilot schemes designed to provide opportunities for and information about lifelong learning, volunteering, preventative health care, independent living and leisure activities – all of which can function, in part, to promote community participation and inclusion among older people. The aim is to establish a single multi-agency gateway for services and assessment in the community to design effective and sustainable support arrangements for older people.

Partnership working across all sectors is an important strategy for responding to older people's needs. For instance, the **Link-Age Plus** initiative (DWP 2004) seeks to build partnerships for disseminating information and providing services in local areas. Other local initiatives that follow the Sure Start model are **Partnerships for Older People Projects** (POPPs) funding innovation in person-centred care, prevention and well-being and **Local Area Agreements** (LAAs) between central and local governments, in partnership with the NHS and voluntary and community services, to enhance healthy living and independence for older people. In addition, the Audit Commission's Comprehensive Performance Assessment requires that 'excellent' local authorities include a quality of life strategy for older people. The assessment focuses on local area partnerships amongst statutory, voluntary and community groups for achieving this end. Recent schemes designed to build capacity and infrastructure in the voluntary sector include the Home Office's ChangeUp programme, the Department of Health's Third Sector Commissioning Task Force and Social Enterprise Unit and the Futurebuilders initiative. However, these schemes are primarily interested in health and social care service delivery.

A UK Commission for Equality and Human Rights, which brings together the work of the Commission for Racial Equality (CRE), Disability Rights Commission (DRC) and Equal Opportunities Commission (EOC), will be launched in October 2007. This may also lead to changes in the ways in which older people's issues are conceptualised and dealt with; for instance via the development of single equality plans.

Since 1997, the current UK Government has been committed to decentralising its locus of power. This has resulted in the creation of the Scottish Executive and the Northern Ireland and Welsh Assemblies,<sup>1</sup> and the devolution of health and social care duties. Aspects of older people policy have therefore developed separately in the three devolved nations, with separate policy agendas in each.

### **Northern Ireland**

Growing from an anti-poverty agenda, the strategy for older people in Northern Ireland, **Ageing in an inclusive society** (OFDFM, 2005) promotes

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<sup>1</sup> The Northern Ireland Assembly was suspended in autumn 2002 and reinstated in spring 2007.

and supports the inclusion of older people in the country. The strategy draws together the 11 government departments to jointly meet four key objectives relating to the well-being of older people: financial resources, service delivery, equality of opportunity and community environment. The strategy has been updated and underscored by an Action Plan for 2006/08 (OFDFM, 2006). Other agendas to promote the well-being of older people in Northern Ireland include the commissioning in 2006 of the Minister of State as the Champion of Older People and Section 75 of the Northern Ireland Act, which mandates that the age of individuals be considered when designing policies and services.

Furthermore, to enhance quality of later life, key players in the non-statutory sector have linked to form the Changing Ageing Partnership (CAP). Formed in 2005, CAP consists of Age Concern Northern Ireland, Help the Aged, Queen's University of Belfast and the Workers' Educational Association. Together, these bodies will monitor and promote older people's interests in connection with policy and equality, research evidence, capacity building, advocacy, skills and training.

## **Scotland**

The Scottish Parliament delivers most services that affect older people including health, transport, policing and social work but employment, pensions, benefits and taxation are centrally delivered by UK government. In March 2007 the Scottish Executive published **All Our Futures: Planning for a Scotland with an ageing population**, which sets out a framework for older people over the next 20 years. The document outlines key actions to ensure that the country benefits from the talents and experience of current and future older generations. The strategy identifies six priority areas including life long learning, improved housing and transport and improved care, support and protection. It places responsibility on all sectors – Scottish and UK governments, local and educational authorities, private and voluntary groups – to carry the agenda forward. These objectives are backed with funding of £27 million and the establishment of a National Forum on Ageing and a new Scottish Centre for Intergenerational Practice in order to forge effective and meaningful links between generations. The Older People's Unit within the Department of Communities takes the lead on older people's issues in Scotland. Recent initiatives to help improve the lives of older people include free transport, tackling fuel poverty, control and choice over community care, and measures to eradicate anti-social behaviour.

## **Wales**

The values to which the Welsh Assembly subscribes and the direction of future service provision for older people have been set out in a number of key documents published by the Welsh Assembly Government; **Strategy for Older People in Wales** (2003), *Designed for Life* (2005) and *The National Service Framework in Wales* (2006). The ten-year older people strategy is being reviewed to inform the second five years of its operation, which may lead to a change in direction, while a strategy for social services planning and delivery over the next 10 years was set out in the Welsh Assembly's consultation paper; *Fulfilled Lives, Supportive Communities* (2006). Policy documents emphasise the need for prevention, the importance of improving

engagement with older people and the need to better integrate health and social services.

Demographic ageing is particularly marked in Wales, and economic restructuring has created particular challenges. Among the older Welsh population, poor housing, restricted employment opportunities, poverty and inadequate transport are widespread (WAGAG, 2002). Prompted by recognition of such problems and a lack of representation of older people in Wales, a Commissioner for Older People (Wales) Bill was passed in 2006 with a Commissioner to be appointed in 2007. The Bill demonstrates a commitment by the Welsh Assembly to ensuring the needs and interests of older people are fully met across all services devolved to Wales.

As the above sections demonstrate, there are varied but complementary policies on older people operating across the UK, particularly in the areas of poverty, health, housing, and citizenship. BIG needs to continue to ensure that its own funding priorities and practices align with the different administrations while at the same time recognising the diversity of older people's needs across the UK.

### **1.3. Older people and the Big Lottery Fund**

A range of initiatives to benefit older people has been supported since the Big Lottery Fund (BIG) was set up in June 2004, but there are few specific programmes which have older people as their target group. BIG represents an administrative merger of the two national Lottery distribution bodies: the New Opportunities Fund and the Community Fund. The Community Fund, which was established to distribute National Lottery grants to the voluntary and community sector, treated older people as a priority group. The New Opportunities Fund also ran a number of strategic programmes reflecting the needs of older people, including Healthy Living Centres, Veterans and Community Access to Lifelong Learning. In addition, the Awards for All Wales, Awards for All Northern Ireland and Awards for all England devoted a large number of grants to causes benefiting older people.

Following the merger, a range of new programmes have been developed and are currently being introduced under the themes of Community Learning and Creating Opportunity; Community Safety and Cohesion; and Promoting Well Being. Although none of the wide variety of new programmes exclusively targets older people, nine programmes throughout the UK, may nevertheless be of benefit to older people.

BIG has a dual funding approach. Many programmes reflect strategic thinking and are geared to specific outcomes. Others are demand-led, with communities setting their own agenda and identifying local needs. In terms of the distribution of funding between England, Scotland, Wales and Northern Ireland, this is not allocated according to population alone, which would entitle England to 83 per cent of total funding. Instead, BIG weights population by a deprivation index in order to ensure that funding streams reflect social need. This is consistent with BIG's remit to improve the quality of life of individuals and communities throughout the UK, particularly where lives have been blighted by poverty, deprivation, exclusion, ill health or discrimination.

## 2. Big Funding, past and present – activities and impact

This chapter seeks to achieve a systematic overview of the range and performance of BIG's programme of funding relating to older people in the UK. Analysis of past funding streams, completed projects and ongoing commitments will provide valuable information on the contribution that BIG has made and will continue to make to the lives of older people. The research provides formative feedback to inform the scope and direction of future programmes. The chapter also provides illustrative case study examples of projects which have been funded, and their impact on those involved.

### 2.1. Closed Programmes

The various funding programmes which are now closed to applications can be summarised as falling under five broad themes; health, learning, information/advice, veterans and community support. The following discussion of past programmes describes the range of projects and initiatives funded separately by the Community Fund and the New Opportunities Fund.

#### Community Fund

The Community Fund's grant award decisions were informed by a number of key goals; to reduce isolation, promote independent living, minimise the impact of failing health and mitigate the effects of low income. In this way, beneficiaries from projects would be better placed to contribute to and participate in society more fully. The Community Fund is now closed but some projects will continue to be funded until 2010. Community Fund projects which benefited older people, although demand-led, fell largely under the following headings:

- Home Front Recall<sup>2</sup>.
- Poverty / Low Income.
- Health, Disability and Care.
- New Opportunities/ Voluntary Sector Development.
- Improving Living Environments.
- Community Involvement.
- Poverty and Disadvantage.
- Health and Social Research.
- Research Grants.
- Ageing and ageing illnesses.
- Awards For All England.<sup>3</sup>
- Awards For All Northern Ireland.
- Awards For All Scotland.
- Awards for All Wales.

In order to assess the prevalence of particular types of project in terms of aims, beneficiaries and overarching themes, a Community Fund dataset detailing all projects funded and rejected was analysed. Available information

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<sup>2</sup> This was also a NOF programme, delivered by the CF but with NOF money

<sup>3</sup> The Awards for All programmes are funded by multiple lottery distributors, and run until 2009.

was limited to project title, funding recipient, value of award requested and a summary of how the grant would be used and, occasionally, which social groups would benefit. A key word search was used throughout all 28,173 project descriptions. Using this approach resulted in considerable overlap among the listed themes as large numbers of funding applicants were requesting support for multiple activities including, for example, social support in a community hall setting, with day trips and bingo planned. In this instance the project would fall within several distinct themes.

### **Oasis Centre – Good Neighbour Project**

The Good Neighbour Project in East Belfast started in autumn 2005 with BIG support for three years. It was recognised that some older residents were experiencing isolation that was exacerbated by recent changes brought on by regeneration (e.g. uprooted residents and altered surroundings). East Belfast also has a higher than average concentration of people over age 60. The Good Neighbour Project provides intensive support and works in partnership with statutory agencies which have invested interest in the project. It reaches people in their homes and addresses practical and emotional needs to help improve older residents' quality of life.

BIG funds a full-time development worker who matches clients with volunteer befrienders. Volunteers are police checked and receive induction training, Befriending OCN level 2 training, health and safety training in the home. To date, the project has 15 volunteers who help 37 clients. Volunteers visit their clients once or twice weekly and build a relationship of trust and friendship over time. One client who is sight impaired, described the weekly visit from her befriender as '**lifting her days**'. To alleviate loneliness clients are encouraged to become socially active and befrienders accompany them to community activities. Project staff also provide information on housing and benefits and act as advocates to sort out issues. One client was experiencing delays with external repairs to her council flat and problems with antisocial behaviour in the area. Good Neighbour Project staff have been liaising with the council on her behalf.

The Oasis Centre was established in 1998 and runs other community projects such as day and after school care, OAC accredited training, a shop and café. It works closely with its partners in the community. The Good Neighbour Project is distinct and stands alone in East Belfast for the holistic nature of the services it provides. It is the only befriending project in the area.



Comparing projects and initiatives supported by the Community Fund and categorised according to key aims and purpose, it is clear that most of the money distributed by the Community Fund supported projects within the following broad themes: Social, Recreational, Educational, Health, Advice and Transport. At least one fifth of grant applicants stated that the purpose of funding was to support social activities, centres or events. Many such grants were used to finance outings, day trips, holidays or luncheon clubs. The 'social' category includes a wide range of social activities, events and support, all of which, in different ways, promote social inclusion and the means for older people to come together and remain socially engaged.

Around one in seven CF grants of benefit to all members of the community were awarded to projects which were recreational in orientation, involving physical activity such as walking, dancing and bowls. Roughly seven per cent of grants supported the government's lifelong learning agenda by providing educational opportunities. Approximately six per cent of funded schemes provided advisory and information services and a further four per cent of grants funded provided transportation services or facilities. The importance of village halls, day centres and community centres in supporting a wide range of activities and social groups is also evident from the grants awarded, five per cent of which were used to build, repair or improve such sites.

Apart from these key areas of funding, a wide range of projects were supported, ranging from one-off events such as Jubilee or D-Day celebrations benefiting entire communities to housing or independent living schemes, respite care and advocacy services many of which were primarily of benefit to older people.

### **Age Concern North Wales Central – Advocacy in Nursing and Residential Care Homes**

This medium sized Community Fund project has now closed. During its 2 year life it funded a worker to provide an advocacy service for people living in or going into nursing or residential care homes in North Wales, which has very high rates of older people. Age Concern had become aware of the need for such a service due to repeated queries from older people or their relatives about the cost of care, their treatment in care homes, and the lack of choice some people had about going to live in residential care or in a particular home. Issues include older people being admitted to care direct from hospital, often with no opportunity to see the home where they would be placed, being separated from their partners or placed in a home many miles distant from their social networks, incorrect treatment of savings and differential rates of charging applied to those who are self-funding. The older people involved were seen to be in particular need of an independent advocate to challenge these decisions due to their frail state of physical and/or mental health, a widespread fear of reprisals from care home staff and the fact that close relatives did not always support the choices they wished to make.

For individual older people, examples of project successes include three people who successfully moved back to the community as they wished, reductions in fees, and a visit to allow someone to deal with practicalities as well as grieve and say goodbye to his former home. A group of residents was also represented to ensure that their choices were respected as part of the closure of one home. Although many issues remain problematic, and further work is needed, the project is also seen to have had some impact on the practices of public and private care providers in the area.

Although Botham and Lumley (2004) argue that most statutory and charity endeavour is directed toward fourth age needs, the Community Fund programme seems not to have adopted this approach. Much Community Fund funding is about social interaction, active ageing and companionship, whether this is dancing, bowling, day trips or just coming together in a village hall to reminisce. These initiatives, supporting social, recreational and physical activities, feature more prominently than projects and schemes devoted explicitly to 'problems' such as poverty, isolation, loneliness and social exclusion. Although the wide range of 'social' funding does of course function to combat social exclusion it is possible that much of the social and recreational funding was received by non-marginalised older people. The hard-to-reach socially excluded were only explicitly referred to in a minority of cases. In recognition that deprived areas had a low track record of applying for and receiving funding, the Community Fund and New Opportunities Fund set up the Fair Share programme which targeted seventy key areas across

the UK characterised by deprivation, hardship and shabby environments. In targeting these areas BIG aimed to improve the extent to which the poor and isolated were represented among funding beneficiaries. Around £150 million was made available to achieve the objectives of the Fair Share programme with around two thirds of the total funding awarded through the Community Fund small and medium open grants programme. The programme was established in 2001 and is to continue until 2011.

### **Lightburn Elderly Association Project (LEAP) – Hands On Project**

The Hands On Project (HOP) started in May 2006 to provide DIY and befriending support to older residents in the Cambuslang and Rutherglen areas of Greater Glasgow. The service is a response to a local survey identifying the needs of housebound individuals and is modelled on the success of a similar project run by LEAP in an adjacent area. The project relies on volunteers of all ages who visit disabled and older people in their homes. Some clients receive help for non-tradesman jobs that are not covered by local council services. This has included fitting smoke alarms, moving furniture, picture and curtain hanging, assembling flat-pack furniture, mattress turning. Others benefit from emotional and social support provided by a befriender who visits on a regular basis to provide company and companionship. In many cases, the DIY and befriending go hand in hand. One volunteer explained that her visits involve little jobs like cleaning cupboards, followed by a chat over tea.

A volunteer receives induction and training prior to being matched to a client. The project receives referrals from its many partners (e.g. social and health services) or self-referrals in response to promotion materials and publicity which has helped to raise the profile of the project in the local area. To date, seven volunteer befrienders and six handypersons have helped 150 individuals.

BIG supports running costs for the project and funds a full-time Volunteer Development Officer. The project is steered by a Management Committee comprised of older people from the community.

The most commonly cited beneficiaries were older people, with one third of Community Fund projects devoted to the needs of older members of the community. Older people were also served within many other schemes which were conceived to meet a variety of needs of the whole community regardless of age. A similar proportion of the demand-led community schemes were devoted to the specific needs of minority ethnic groups of all ages who were also a priority group for the Community Fund

### **Age Concern Islington - Voice and Choice project**

The Voice and Choice project at Age Concern Islington was set up to help marginalised or isolated older people, particularly those from ethnic minority groups, to develop the confidence and skills to voice their views and help bring about change in their local area. Since its inception in 2003 the project has been supported by two consecutive grants from the Community Fund, the second of which ended in 2006 with other funding provided by the PCT. Many individuals on the project's mailing list (now around 300 individuals and 300 organisations in the locality) are from minority ethnic groups, are refugees and or have a sensory or physical disability. They attend workshops on confidence building and communications skills, and English conversation and literacy classes are also provided for older refugees. Regular events and meetings are organised where local voluntary and statutory sector providers give talks on the services they offer. As the project has developed older people have gone on to participate in public consultations and to represent older people on steering groups set up by local statutory agencies. Older people are also involved in shaping the project itself as steering group members of Age Concern Islington. The success of the project is indicated by its award of Beacon status in 2006.

Participants were enthusiastic supporters of the provision and identified many benefits to attending the project including an increased confidence that enabled them to get involved in local activities and their increased understanding of and involvement in local governance. One partially deaf woman from the Caribbean reported that if the project closed she would be **'totally lost to services and various organisations helping Pensioners'** and she added **'There would be no opportunity for the likes of me to meet Government representatives'**.

## **Project rejections by broad theme**

Twice as many accepted projects were recreational compared with the rejected projects. Ten per cent of successful projects fall within the recreational category, by contrast just five per cent of all rejections described themselves as recreational in orientation. Social activities are one and half times more prevalent among the accepted projects compared with the rejected. Among all the projects funded, 22 per cent included a 'social' component, broadly conceived. Among the rejected applications only 15 per cent made reference to social aims.

It can be difficult attracting funding for both advisory and transport services, with considerable unmet need in these distinct areas according to Botham and Lumley (2004). Comparing CF rejections and successes, it is apparent that very similar proportions of 'advisory' and 'transport' schemes make up both the accepted and rejected groups. Advisory services represent six and eight per cent respectively of successful and unsuccessful applications. The equivalent figures for provision of transportation were four and five per cent. Patterns of funding by CF do not therefore shy away from these types of hard-to-fund scheme.

Projects designed to support disabled people or women-only groupings were not differentially represented among successful and unsuccessful applications, nor were they identified as under-represented by those interviewed. However, it was acknowledged that such provision may be important in meeting specific needs among groups of older people, and that this has perhaps been neglected to date:

**“There is also the issue of multiple identity and I think as people get older that becomes more important - even the needs between older women and older men can be significantly different and their experience of life can be significantly different and that's something that's not necessarily just a gender issue and it's not necessarily just an age issue. For example, the number of women over sixty who have a driving licence, despite there [being] more women over sixty than men, a lot fewer of the women have a driving licence, so that obviously impacts on their quality of life. But that's an area that I don't think has been sufficiently worked on.” (Project worker)**

## **New Opportunities Fund**

As discussed above, the Community Fund responded to local, community goals and preferences, allowing communities to set their own agenda for support within broad parameters. By contrast, the New Opportunities Fund established several clear cut objectives in terms of strategic outcomes and established programmes of funding accordingly. Three key themes structured the New Opportunities Fund programme;

- Health
- Education
- The Environment

Of the 44 main strategic New Opportunities Fund programmes (listed in Table C.1, Appendix C), the following list of 18 were of benefit to older people, either exclusively, or as part of the wider community:

- Diagnostic Equipment
- Active Lifestyles
- Community Access to lifelong Learning
- Veterans: Home Front Recall and Heroes Return
- Healthy Living Centres
- Cardiac Rehabilitation Programme
- National Defibrillator Programme
- Heart Failure Support Networks
- Cancer care
- Palliative Care
- New Opportunities for Health
- People's Network
- Information and Communication Technology
- Transforming Our Space
- PE & Sport

These programmes fall within the following five overarching themes; health, lifelong learning, environment, information/advice and veterans. Each is described briefly in Appendix C. In the next section, the proportion of New Opportunities Fund funding directed toward each of the five themes in terms of sums of money and numbers of projects is investigated.

### **Moira Friendship Group – Active Lifestyle Programme**

Moira Friendship Group was established in 2002 and today boasts more than 200 members. It was established to promote social cohesion and address loneliness and inactivity among older residents in an area that attracts retirees. Housed in the parish community hall, the project offers a weekly schedule of activities such as walks, aqua aerobics, chair aerobics, badminton, table tennis, new age curling and bowls. Members pay a nominal £5 annual fee and £1 each visit which goes towards refreshments. Members claim that the activities give them reason to get out of the house and mix with other people providing physical, social and emotional benefits. One retired couple who recently moved from Belfast joined the group to become more a part of the community. The activities provide as much a social outing as physical fitness.

In the past, the Group has received small grants from the Lottery for operating costs and equipment but as demand for its activities grew additional funding was sought to support a part-time coordinator. Current BIG funding runs for one year, until autumn 2007. The Friendship Group thrives on its older people volunteers who sit on the steering committee, organise and scope out events and excursions, arrange and dismantle equipment. The director, a volunteer, had been with the group since its inception.

### **Distribution of New Opportunities Fund Funding**

In this sub-section, findings from an analysis of the full range of programmes described in Appendix C, each of which is of benefit to older people, is presented. Two key issues are explored:

- Which types of project received the most support in terms of the overall value of funding and the number of projects supported.
- Comparing the full range of New Opportunities Fund programmes, including those oriented toward younger beneficiaries, what proportion of projects benefited older people in terms of the numbers of projects supported?

The discussion in this section focuses exclusively on the programmes of potential benefit to older people and investigates allocation of funding according to broad programmatic themes, these were classified as follows:

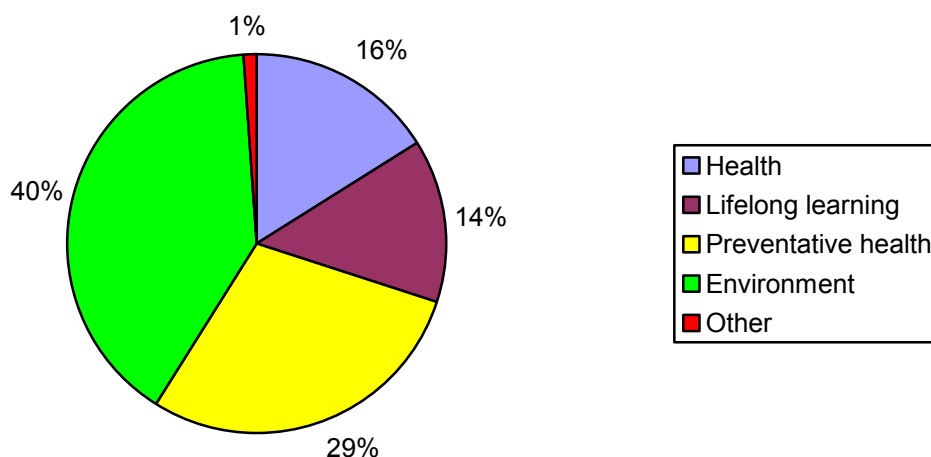
Theme	Programmes Included
Health	Cancer, Palliative Care, Cardiac Rehabilitation, CHD/Stoke/Cancer, Diagnostic Equipment, Defibrillator Programme, Heart Failure Support Networks and Palliative Care
Lifelong Learning	Community Lifelong Learning, People's Network, Information & Communication Technology
Preventative Health	Five a Day, Healthy Living Centres, Mentro Allan physical activity Wales PE & Sport
Environment	Green Spaces and Sustainable Communities (UK-wide, umbrella grants and Scottish Land Fund)
Neighbourhood Regeneration	Fair Share Trust
Other	Veterans

Table C.2 (Appendix C) shows how New Opportunities Fund funding, according to theme, was distributed across the UK in terms of **the number of grants issued**. It is evident from Chart 2.1 that the overwhelming majority which were of benefit to older people, were awarded to environment-related schemes. Forty per cent of projects fell within this theme. The second most common theme for funding was preventative health, with 29 per cent of all grants allocated to healthy lifestyles, well being and activity-oriented projects. A further 16 per cent and 14 per cent of grants were, respectively, health and lifelong learning related. Finally, just one per cent of awards were for veterans or neighbourhood regeneration. The small number of regeneration grants arises due to the formal allocation of just one grant to the award partner Fair Share Trust which in turn allocated funds to a wide variety of projects.

Presenting data in terms of the number of grants issued can be misleading however and is just one way of assessing funding priorities. Although the largest number of projects funded fell within the environmental theme, the average value of each of these environmental schemes was the lowest of all projects (see Table C.2, Appendix C). The average value of projects awarded under the Green Spaces and Sustainable Communities programme, for example, was £47,668 in England. This contrasts with an average project value in England of £790,738 within the Healthy Living Centres programme, £478,982 under the People's Network programme and £96,773 under the Community Lifelong Learning programme.



**Chart 2.1: Thematic distribution of NOF grants benefiting older people – by number of grants. UK**



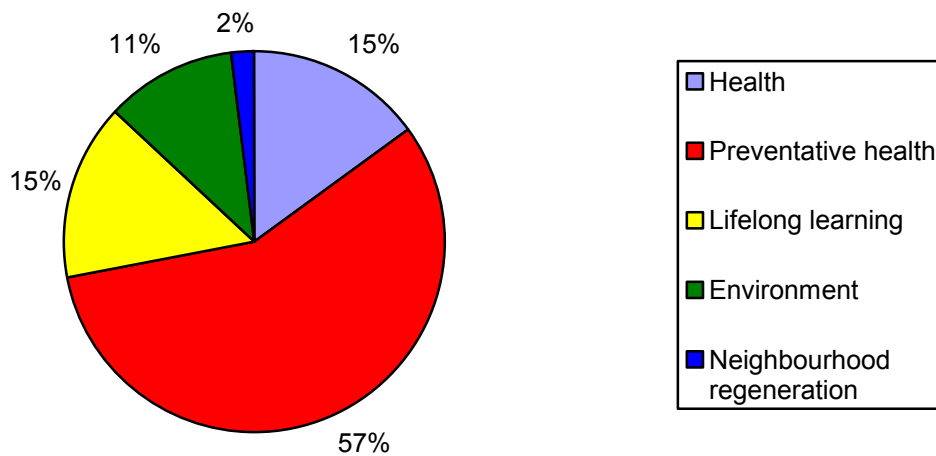
In terms of ascertaining levels of support for particular programme types, the value of grants issued to each theme is also informative. It is apparent from Chart 2.2 that the majority of grants which were of benefit to older people, were awarded to schemes designed to prevent ill-health, primarily either by means of physical activity or promotion of healthy eating. Fifty seven per cent of the value of projects fell within this preventative health theme. Other common themes for funding were health and lifelong learning, which each took 15 per cent of all grants under consideration. A wide variety of health-related programmes were established under the New Opportunities Fund, ranging from diagnostic equipment, to advisory services and palliative care. These schemes are complementary to local and central government health service provision and the role of the BIG is not to replace NHS activities. As a consequence, within the overall New Opportunities Fund programme, health-related schemes represented a modest proportion of total grants awarded. Much of the lifelong learning funding was absorbed by libraries which are well placed to reach a wide variety of people. A further eleven per cent of grants were awarded to environmental projects, many of which were designed to ease access to and improve the quality of public spaces. In this way, quality of life is enhanced and opportunities for physical activity promoted. Just two per cent of New Opportunities Fund grants were devoted to neighbourhood regeneration schemes and these were all funded under the Fair Share programme. Disadvantaged neighbourhoods are a key target for BIG, which strives to reach the most deprived and hard-to-reach. This small proportion of funding conceals a significant contribution to neighbourhood regeneration by BIG which was supported instead by the Community Fund.

## **Eastern and Coastal Kent PCT, Kent County Council and Natural England - East Kent Health Walks**

The 'Walking Your Way to Health' Initiative (WHI) piloted by the Countryside Agency (now part of Natural England) in 2000 was funded through the Healthy Living Centre Scheme under the New Opportunities Fund for 5 years with additional funding from the British Heart Foundation and Kia cars. It was mainstreamed in 2005 by Natural England who act as an umbrella organisation, supporting volunteer coordinators around the country in setting up walking schemes through the provision of training material, starter packs and until recently a newsletter. Just one of the 450 WHI schemes is the East Kent Health Walks project set up in 2003 and based at Eastern and Coastal Kent PCT who, with Kent County Council, provide two paid workers who are responsible for training and supporting the volunteer walk leaders, and running almost 50 Health weekly walks in a range of locations across the county, with a database of 2500 people. Older people are not the only participants in these schemes but they do constitute a very significant proportion of walkers. Whilst some have no experience of walking for fun, others may be experienced ramblers who have found they can no longer manage long hikes and are looking for ways to stay active.

A typical walk takes 40 to 90 minutes and has to be accessible (routes with stiles are avoided, for example) so the volunteers assess the routes in advance. Walks start from a known local centre (such as a library) with the walk leader giving a description of the route so walkers know what to expect. They finish with a cup of tea and participants get their WHI passports stamped to record how many walks they have completed. This provides a further chance to socialise. Older people and the paid workers speak enthusiastically of the benefits of the walks not only in terms of an increase in, or maintenance of, fitness and stamina but also the informal environment they provide for meeting and talking to people and getting to know the area, particularly important for those who had recently moved to a new place following retirement.

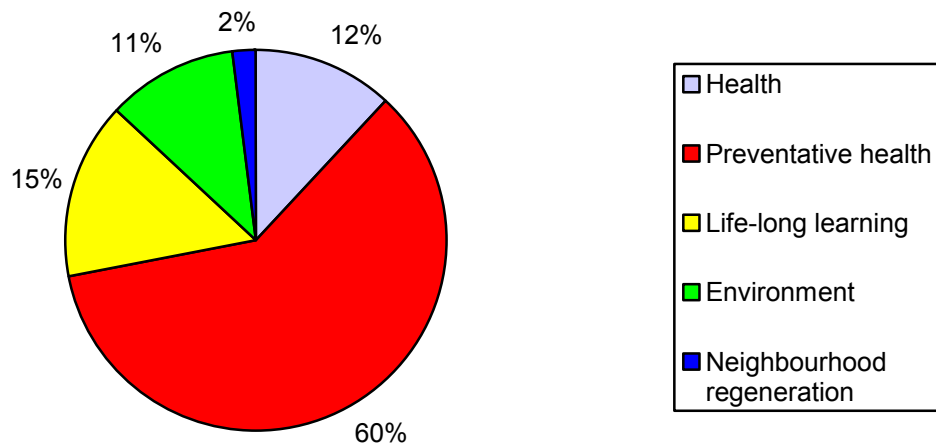
**Chart 2.2: Thematic distribution of NOF grants benefiting older people – by value of grants: UK**



Data source: analysis of BIG dataset of New Opportunities Fund programmes

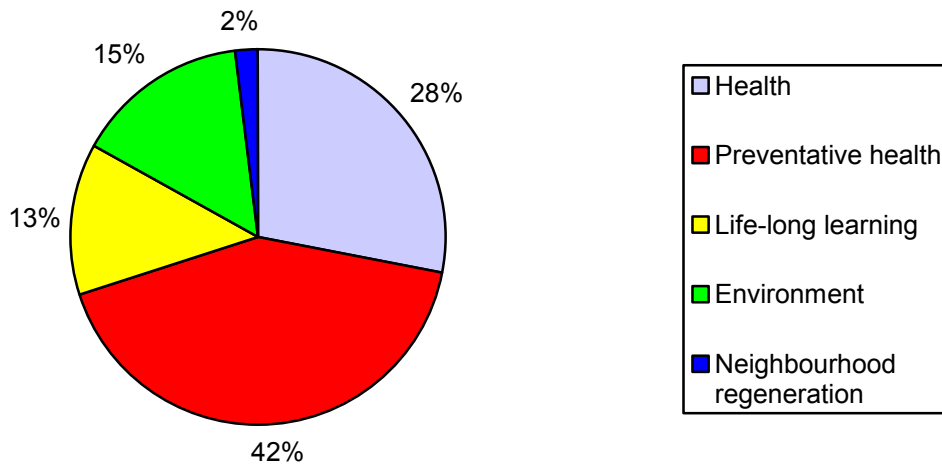
Charts 2.3 to 2.6 present separate figures for England, Scotland, Northern Ireland and Wales. The pie charts show clearly that similar patterns of funding were followed in each of the countries with two exceptions. In Scotland and Northern Ireland a notably larger proportion of their overall budget was devoted to their ‘health’ programme, primarily at the expense of their preventative health strategy. Around half the budget in Northern Ireland was allocated to preventative health projects (53 per cent) with a lower 42 per cent of the budget in Scotland. These figures contrast with around 60 per cent in England and Wales. Instead, around one quarter of the total grant budget in Northern Ireland (25 per cent) and Scotland (28 per cent) was received by health-related schemes, these figures are nearly double those found in England (12 per cent) and Wales (15 per cent).

**Chart 2.3: Thematic distribution of NOF grants benefiting older people – by value of grants: England**



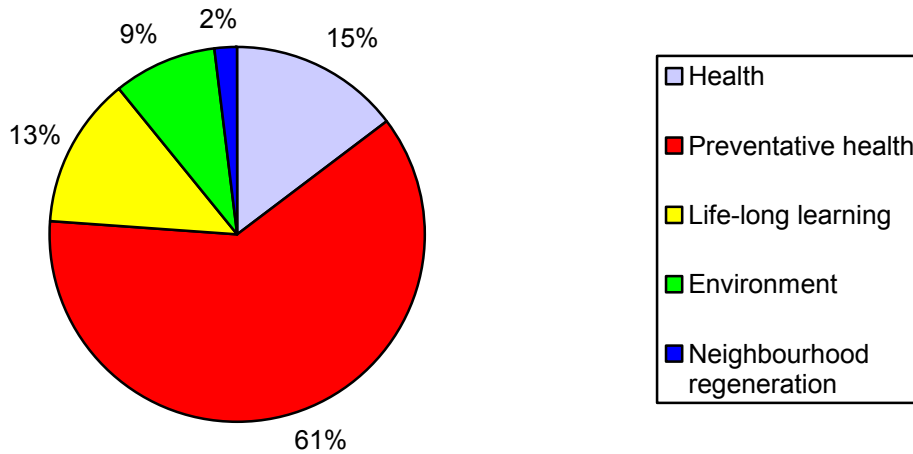
Data source: BIG dataset of New Opportunities Fund programmes

**Chart 2.4: Thematic distribution of NOF grants benefiting older people – by value of grants: Scotland**



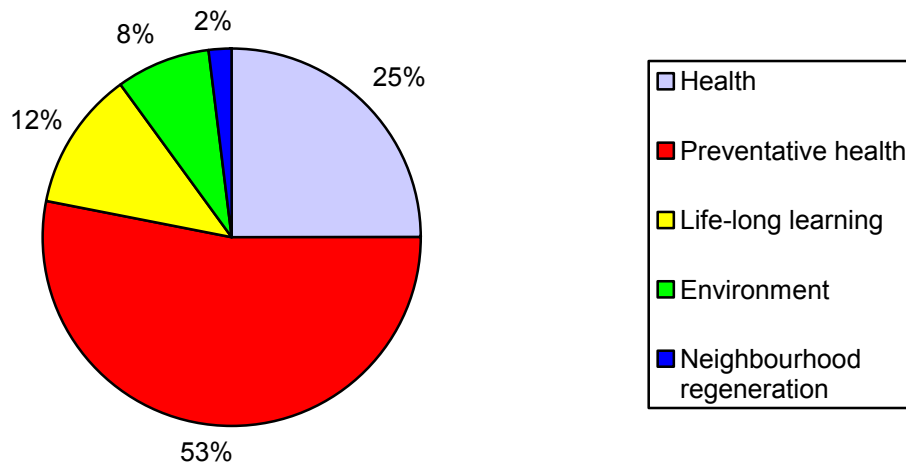
Data source: BIG dataset of New Opportunities Fund programmes

**Chart 2.5: Thematic distribution of NOF grants benefiting older people – by value of grants: Wales**



Data source: BIG dataset of New Opportunities Fund programmes authors' analyses

**Chart 2.6: Thematic distribution of NOF grants benefiting older people – by value of grants: Northern Ireland**



Data source: BIG dataset of New Opportunities Fund programmes authors' analyses

### **Lochaber Community Care Forum – Handyperson Scheme**

Located in the West Highlands of Scotland, the Lochaber Handyperson Scheme has been supporting older people for over six years. The scheme provides small home repairs and safety advice to older people in need of small measures of help. Lochaber, the area covered by the scheme, is a mountainous rural area the size of Greater London, with a population of less than 20,000. The project employs one handyperson, with a fire service background, to deliver the scheme. Home repairs range from unblocking a leaky gutter to moving furniture to purchasing and fitting a broken part. The home visits also provide an opportunity for the handyperson to advise on home safety such as fitting a smoke detector or fixing a loose carpet that poses a trip hazard or providing information on other sources of help. The project aims to empower clients by mitigating feelings of need, thus enabling them to stay in their own homes rather than move into residential care. The majority of the 435 registered clients are over age 75, many of whom are living alone.

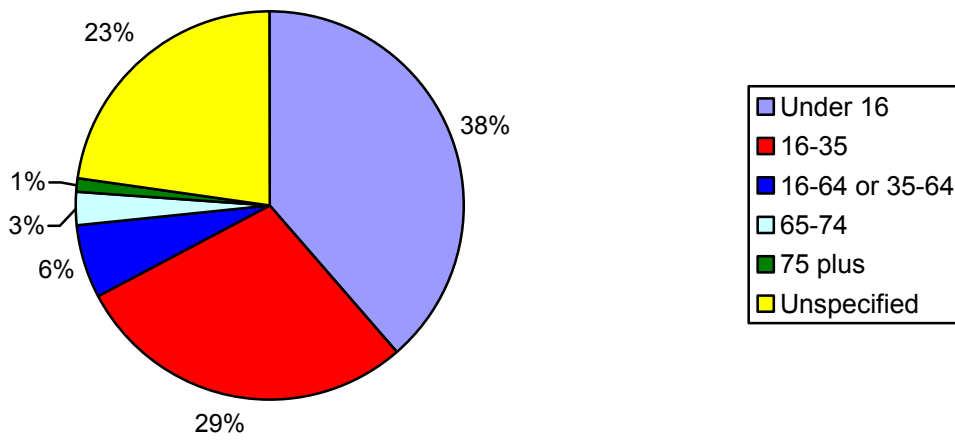
The Community Care Forum is a partnership of organisations and individuals promoting the well-being of people in receipt of care and health services. BIG funding for the Handyperson Scheme extends for three years until autumn 2007. This is matched by Lloyds TSB, Community Scotland and Highland Council.

## Age distribution of funding

Graphs 2.1 to 2.4 show the proportion of New Opportunities Fund schemes and projects allocated according to the age range of project beneficiaries in England, Scotland, Wales and Northern Ireland. These graphs highlight the extent to which New Opportunities Fund funding streams targeted older people and regarded them as a strategic priority. The following age groupings are used by BIG to classify grant recipients for funding programmes; under 16, 16-35, 16-64, 35-64, 65-74 and 75 plus. There is also an 'unspecified' residual category. Within the New Opportunities Fund programme, the incidence of funding allocated toward people in the age ranges 16-64, 35-64, 65-74 or 75 plus are in a distinct minority compared to funding for projects directed toward the under 16s or those aged 16-35. Similar age distributions of funding are evident for England, Scotland, Wales and Northern Ireland. England exhibits the lowest rate of funding dedicated toward age groups which include older people, with ten per cent allocated to older groups. In comparison, 15 per cent of Welsh funding is distributed toward older people. It must be noted, however, that these figures are lower limit estimates as one quarter of funding in each of the four countries is allocated to groups for which we do not have an age of beneficiary classification. It is likely therefore that a larger proportion of funding is enjoyed by older members of the community, but whether that reaches a representative twenty per cent (with around one fifth of the population being of retirement age) is unclear. Dodds (2003) also raised lack of funding for older people as an issue, noting that a great deal of BIG's funding was devoted to young people and children.

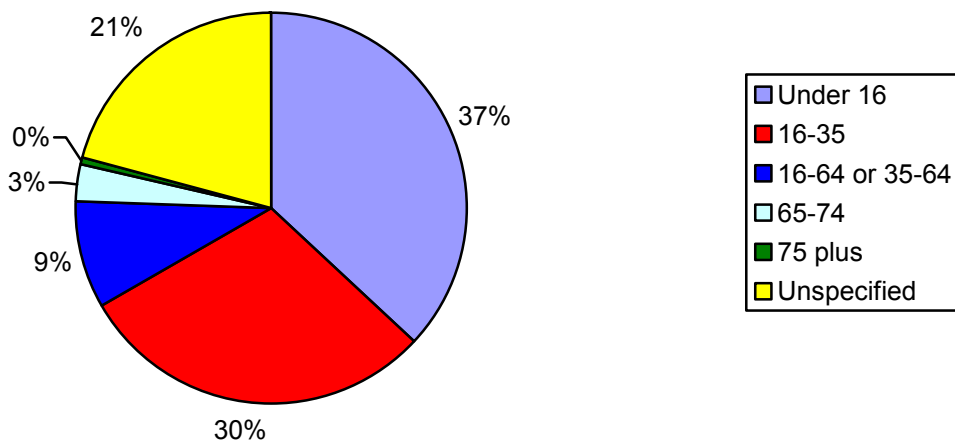
Whether the identified gap in funding for older people needs to be filled by more funding strategically aimed at citizens over retirement age remains a moot point. BIG has funded many projects designed to promote intergenerational cohesion and supports the principle of integration and mutuality. The extent to which schemes which target older people function to segregate the elderly is unclear but certainly many projects which are targeted at single groups could be extended to become more age inclusive. Turning again to graphs 2.1 to 2.4, very few projects funded by BIG took either a multi-generational or more specifically intergenerational approach. Just six per cent of projects in England directed provision at people aged 16 to 64 or 35 to 64, rising to ten per cent in Wales.

**Graph 2.1: Allocation of New Opportunities Fund funding according to age range of beneficiaries - England**



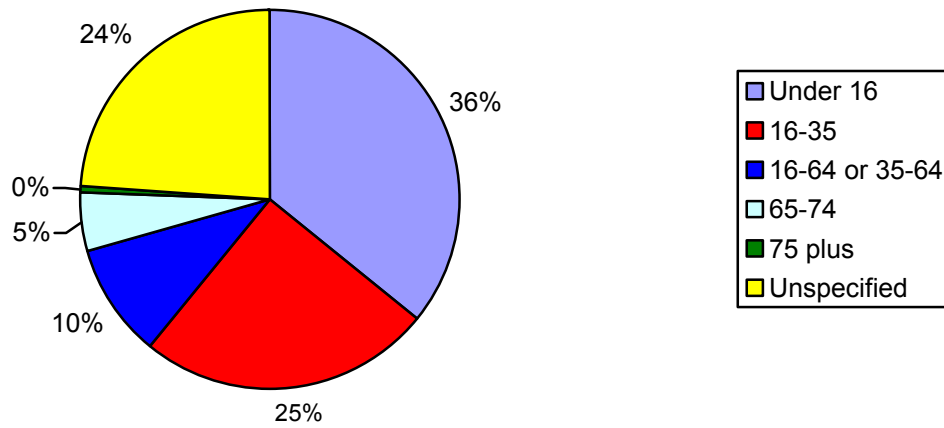
Data source: BIG datasets summarising age range of beneficiaries

**Graph 2.2: Allocation of New Opportunities Fund funding according to age range of beneficiaries - Scotland**



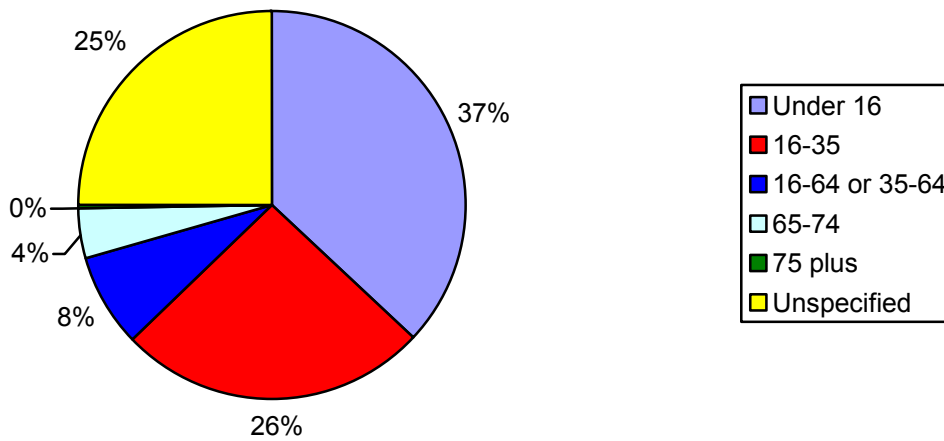
Data source: BIG datasets summarising age range of beneficiaries

**Graph 2.3: Allocation of New Opportunities Fund funding according to age range of beneficiaries - Wales**



Data source: BIG datasets summarising age range of beneficiaries

**Graph 2.4: Allocation of New Opportunities Fund funding according to age range of beneficiaries – Northern Ireland**



Data source: BIG datasets summarising age range of beneficiaries



### **Retired Senior Volunteer Project (RSVP) at Community Service Volunteers (CSV) – Schools Project**

The Schools Project started in 2003, to recruit active retired people to work as volunteer classroom assistants to schools in Wales. Initially funded by Comic Relief, it has now been awarded 3 years funding by BIG, conditional on raising matched funding from local authorities, extending its coverage to the whole of Wales, and diversifying the range of activities undertaken. The project recruits volunteers aged over 50 to work in a local primary or secondary school, usually on a regular day each week. Volunteers are Criminal Records Bureau checked and assessed for suitability before being matched with a school, wherever possible close to their home. They assist the classroom teacher in tasks as required, including listening to reading, providing one-to-one or small group help for children making slower progress in Maths or English, assisting with trips and outings and providing supplementary activities such as craft or cookery sessions. Increasingly, spin-off activities such as gardening clubs or reminiscence work linked to the history curriculum are being developed.

Volunteers identified a number of benefits of participation, including a renewed sense of purpose after early retirement, getting to know people when they had recently moved to the area, and the satisfaction provided by seeing that their work makes a difference, which had contributed to increases in confidence, mental health and general well-being. They also identified ways in which the young people benefited, not only in terms of academic progress but the positive impact on their confidence, general demeanour and behaviour in class.

### **Evaluating impact – past programmes**

A range of evaluations, many of them survey-based, have been carried out on individual NOF and CF projects and programmes, such as the Veterans programme, which benefit older people. This report does not attempt a summary of their findings. Instead this section considers the impacts of the case studies, and the extent to which ongoing evaluation of projects is seen to reflect their impact on older people.

Those running projects generally reported the balance between support, accountability and monitoring was well handled by operational staff, providing a relatively light touch, and not placing too great a burden on smaller organisations. Some people commented that their experience of running a BIG funded project had improved their internal monitoring and evaluation systems.

Many of those interviewed discussed issues and problems connected with evaluating the impact of a project or programme. Some felt that target outcomes were not always adequately specified in bids, so that it was hard to measure whether projects had delivered on their original aims. Others argued that while it was quite easy to adopt a 'tick box' approach, the real added value of the work was less easy to capture in standard evaluation formats.

**“If you’re getting an older person coming out of the house to come to this, really they’re only capturing data to the point where the person is on the walk to take part in the activity. And their monitoring only reflects that well when the person is actually doing the activity. But ... we know that people are making friends on this, and then they are socialising with these people outside of these sort of walks and things like that.” (Project worker)**

In the case studies, project workers identified a range of impacts on older people who took part in BIG funded activities or benefited from services provided. Some of these were specific to the goals of the particular activity or service. For instance, increased activity levels were a successful outcome of the Walking Your Way to Health project, while other projects resulted in increased access to information and services. Project workers also described more general but important impacts on older people, including reduced isolation because of increased social networks, improved mental health, self esteem and confidence levels. Older people themselves described similar benefits to participation, and emphasised how much enjoyment they derived from the activities. Those taking part in befriending activities noted how this **‘lifted their day’** and a volunteer in a school, commenting on the satisfaction this gave her, said:

**“It’s like a Lottery win, actually when the kids are sitting there in class at the end of the lesson and each says, ‘Thank you’”. (Project beneficiary)**

In some cases, project benefits go beyond the individual and improve the level of formal and informal representation and engagement of older people within communities more widely. For instance, several of those who joined the walking group had gone on to stand as local councillors because they felt an enhanced connection to the area. Another project worker described how participation by minority ethnic groups had improved, and several older people had become trustees of the organisation. An older disabled refugee had subsequently applied to join a local authority consultative group:

**“She comes along to the English course, so that helps her. But over a period of time she has got more and more involved in giving her views and going to these events where she gives her views and now she’s actually applied to be on this Disability Reference Group for the Council. So that’s, you know, quite a high level and that’s quite rare that somebody from that community would get involved because that community is one of the most isolated.” (Project worker)**

While the case studies are not fully representative of the range of NOF and CF awards, they do provide some indicative evidence of the types of impacts these programmes had for older people and the wider community. These include reducing social isolation, increasing physical and social activity, increasing intergenerational contact, providing low-key preventative services, and increasing the ability of older people to make their views known and have these acted on.

## **2.2. Current Programmes**

Thirty two new programmes have been launched by BIG since 2005, the majority of which offer few opportunities to meet the distinctive needs of older people. Around a quarter of these, however, do focus on the needs of the broader community, including the interests of older people, and several have scope to meet issues identified as a priority. While it had been hoped to include case studies of current programmes in the research, in the event this proved impossible, as insufficient awards had been made, and projects were at too early a stage.

Possibilities for funding directed towards older people are evident within the following programmes:

### **Awards for All (UK)**

These awards, which run until 2009, are designed to bolster local communities, improve quality of life, bring people together and help groups become organised. The remit of this programme is broad; aiming to promote activities associated with art, sport, education, the environment and health. Projects are supported if they can demonstrate that they serve the needs of and actively involve communities. The scheme is also particularly keen to fund initiatives which target the hard-to-reach. Grants of between £300 and £10,000 are available with fast and straightforward application procedures, improving access to funding for smaller groups.

### **Reaching Communities (England, Northern Ireland)**

The Reaching Communities programme, which offers £100 million in England and £18 million in Northern Ireland, is tasked with improving local communities and aims to involve communities and provide support for those most in need, particularly for the hard to reach. Older people are not prioritised in this programme but groups working with older people are eligible to apply and indeed the fifth highest number of applications to this programme has come from representatives of older people in the community. The remit is broad with applicants invited to state what they believe their communities need to achieve a cohesive, vibrant social environment.

### **Investing in Communities (Scotland)**

This aims to bring about improvements to communities and lives of those most in need, and £257 million is available. This programme is driven by a perceived need to strengthen communities. Of particular relevance to older people is the focus on projects which target 'life transitions' and support those coping with change in their life or new patterns of living.

**Safe and Well (Northern Ireland)**

This programme provides £18 million between 2006 and 2009. It focuses on health and safety issues and is keen to fund projects which improve rural and urban environments and promote physical and mental health. Criteria for funding also include the need to promote social inclusion, tolerance and tackle poverty.

**Live and Learn (Northern Ireland)**

This programme, which, was established to promote well-being and encourage learning opportunities among the most disadvantaged communities. Funds will be directed toward community-based learning schemes which improve essential skills and increased opportunities for volunteering and engagement with and between communities.

**Community Libraries (England)**

BIG has identified libraries as playing an important role for communities and funding opportunities are provided in order to invigorate libraries as centres of community learning to meet the needs of all, including older people. Thereby it is hoped that libraries can function more broadly as wider information hubs and, for example, as drama or health activity centres.

**People and Places (Wales)**

This £66 million programme aims to bring people together to make their communities stronger and to improve rural and urban environments. This programme supports people working together to make their communities better places to live. It will support local and regional projects and projects that work throughout Wales. People and Places can fund projects that seek to achieve revitalised communities, improved community relations and enhanced local environments and community amenities.

**Family Learning (England)**

The family learning programme aims to bring families together to improve numeracy, literacy and language skills, and provides £40 million between 2006 and 2008. Projects support adults and children learning together, to boost the confidence and skills of adult carers in their efforts to support the learning of children or grandchildren are supported. The programme encourages grandparents to become involved, recognising the benefits to all parties as grandparents impart valuable experiences and skills to younger generations. This form of involvement prevents social isolation as intergenerational activities promote community cohesion. Ray et al (2006), in their study of ageism, highlight the importance of intergenerational activity and positive contact between members of different social groups in undermining prejudice, stereotypical views and discrimination.

**Parks for People (England)**

This programme aims to restore and regenerate public parks and gardens of benefit to entire communities, and offers £90 million. Improvements to the surrounding environment and public places promote quality of life for all those who use them – from the youngest to the oldest.

**Well-being - Healthy Lifestyles Initiative (England)**

The focus of the healthy lifestyles and well-being initiative is upon physical activity and healthy eating. A third strand is the promotion of good mental health both by changing attitudes toward and stigma associated with mental health problems and schemes to prevent problems such as stress, depression and anxiety disorders. Interventions under this initiative are consistent with the government's policy shift toward more preventative approaches to sustained good health.

**Prime Time (Scotland)**

This initiative targets funding to help the over-50 population in Scotland make a positive contribution to their community and build joint intergenerational projects. The focus of funding is on projects that improve older people's lifestyles in the areas of physical and mental health, nutrition, community and intergenerational support. This is a joint initiative with BBC Scotland that will televise shortlisted applicants and ask the public to vote on their favourite project.

These initiatives reflect aspects of the prevailing policy agenda which is concerned with intergenerational cohesion, lifelong learning, neighbourhood regeneration, social exclusion, multiple deprivation, healthy lifestyles and an improved environment for all. They also offer scope to meet needs identified as a priority by interviewees. There is considerable scope therefore within BIG's future programme remit to meet many of the most pressing needs of older people in their third and fourth ages.

### 3. Future Directions: Identifying needs and service gaps

This chapter outlines the range of issues BIG faces in planning programmes for older people in the future. It begins with a brief overview of some key policy agendas shaping provision for older people in the next five years: health and social care, independent living, employment and education, and active citizenship. These provide an important policy backdrop to the development of BIG funding programmes for older people in the future and have implications for the way in which Big will focus its funding opportunities.

The chapter goes on to explore the views of interviewees on the unmet needs of older people and gaps in provision and funding of both the statutory and third sectors. It is these gaps that BIG may be in a position to fill and the chapter identifies particular groups and areas of work as likely to benefit from an increased focus of funding. The chapter then explores interviewees' views on the administration of grants generally, and how this affects access to BIG funding for older people, suggesting some ways in which it could be improved.

#### 3.1. Key policy areas

Understanding the scope and emphasis of current government policy for older people is important in order to avoid duplication of services, and meet BIG's requirements for additionality, by funding initiatives which are complementary to overall policy aims in key areas.

##### Health and social care

The inextricable link between health and ageing is reflected in the amount of health-related policy targeting older populations, and this is unlikely to change. Policy directives increasingly advocate greater independence, choice and control over services. The recent White Paper, **Our health, our care, our say** (DOH, 2006) shifts the emphasis of health and social care from acute and intensive interventions to community and preventative services, promotes greater partnership working in commissioning and provision, and places the third sector at the heart of health reform. A Third Sector Commission Task Force (2006) has, however, identified significant barriers within the NHS to third sector involvement.

The Wanless Review (2006) demonstrates that local authority spending on residential placements has been rising more steeply than spending on home care. By directing resources toward these more intensive needs ‘**a substantial number of people with less, but still significant, needs are not being helped**’ (Wanless, 2006: xxi). In addition, the tightening of eligibility criteria is leading to heavy rationing of social care.<sup>4</sup> This gap between rhetoric and practice reflects budget constraints which are likely to continue. Under these circumstances, a significant role for the Third Sector persists, particularly in the types of preventative projects which BIG has funded to date.

Good mental health in older age is associated with staying active and maintaining a sense of purpose, regular contact with friends and family and maintenance of good physical health (Crown, 2006). By contrast, poverty is a risk factor for poor mental health. Geographical location is also an issue. BIG has consistently directed its funding at areas of economic disadvantage, and the emphasis on social activities highlighted in the previous chapter is clearly also appropriate in this context.

Projected service needs for people with dementia are another area of concern. A recent study has identified that currently one in five of the population aged over 80 is suffering from dementia (around 700,000 people) (Knapp & Prince, 2007) and it is estimated that this figure will rise to 1 million by 2025 and 1.7 million by 2050. The sheer extent of unmet need can make it difficult to respond - for instance one key informant noted that a recent mental health programme had excluded dementia from its remit as this would have absorbed all of what was a fairly limited budget. Much of the need arising will also be the responsibility of the statutory sector. Nonetheless, BIG may have a role to play in supporting carers, and in making services accessible to people with dementia.

Whilst it is not within BIG’s remit to provide healthcare services in themselves there is a role for them in supporting prevention strategies and funding projects which aim to keep the older population healthy. There is a successful track record in this area demonstrated in the Healthy Living Centres programme funded under NOF and currently within the programmes. The case study ‘walk your way to health’ run by Natural England, provides an excellent example of an innovative preventative health strategy in which older people were key beneficiaries, and which has since been mainstreamed by Natural England and rolled out across the country. One key informant described its success in recruiting particular members of the population:

**‘Older women are the most sedentary section of the population so it is, we feel, quite an achievement that we have actually got so many of them out and walking in a sustainable way’ (Policy maker)**

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<sup>4</sup> Adult care services white paper (Independence, Health and Well being) one year on (<http://www.communitycare.co.uk /Articles/2007/01/18/102818/adult-care-services-white-paper-independence-health-and-well-being-one-year.html?key=NO%20SEARCH%20TERM%20SPECIFIED>)  
Posted: 18 January 2007

### **Independent living**

Older people who are given the support to allow them to remain living in their own home rather than in residential care exhibit superior levels of physical and psychological health (Askham, 1999) but many older people require assistance in modifying their homes (Milne & Williams, 2000), and Dodds (2003: 6) indicates that as many as 18 per cent of people over the age of 60 live in unfit housing, in need of modernisation and, often, a substandard degree of repair. Quality of housing is a significant problem for older homeowners who are asset rich and cash poor, and this contributes to the decay of living premises (Terry and Gibson, 2006). Home safety is also a key issue associated with the independent living agenda.

Low-level services are key to the preventative approach to health and 'that little bit of help' is highly valued by older people beneficiaries (Clark et al, 1998, Adams, 2006; Dean, 2005) and may play an important role in reducing crisis interventions for older people, which are estimated to account for 47 per cent of the NHS budget (ODPM, 2006; Clough et al, 2007). BIG has funded many projects which offer the 'little bit of help' type services at the less acute end of the spectrum from statutory services which nonetheless support people living in their own homes. Two of the case studies provide interesting examples and highlight the preventative aspect of such work. The Lochaber Handyperson scheme in the West Highlands provides small home repairs and safety advice to over 400 registered clients many of whom are over 75 and live alone. The Lightburn elderly association project (LEAP) runs a similar scheme to provide DIY and befriending support (often hand-in-hand) to older people in Glasgow. Although it has only been running for just over a year it has already provided support to 150 older people.

The care of older people in their homes has traditionally been carried out by friends, family and neighbours and the voluntary and community sectors (Dodds, 2003). In 2001 there were 5.2 million carers, primarily women, providing varying degrees and types of support. The National Strategy for Carers (1999) was launched to support informal carers with access to information and support, but statutory care services are reserved for people with the greatest needs. With the labour market participation of women growing, a care crisis has been predicted for some years (Hochschild, 1996). There are issues here about supporting carers, including those who continue to do paid work alongside their caring role, and in providing forms of care which do not qualify for statutory funding, where BIG may have a role to play.

### **Poverty and social exclusion**

Recent Government figures suggest a decline in poverty rates among the pension age population yet it is still estimated that 1.8 million pensioners (21 per cent) live in poverty (Palmer et al, 2006).<sup>5</sup> Women and ethnic minorities are particularly overrepresented in poverty (DWP, 2006; Scharf, 2002). Of greatest concern are those experiencing multiple exclusion, typically associated with being over 80 (of whom over two thirds are women), in poor health, depressed, living alone in rented accommodation, childlessness, on low income and with no access to a telephone (Walker et al, 2006). A recent

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<sup>5</sup> Relative pensioner poverty after housing costs, based on households below average income (HBAI) figures.



JRF study confirmed that financial poverty remains the key policy issue not only for today's older people, but for future generations (Middleton et al, 2007). Funding for benefits advice and take-up work may therefore remain important over the long term.

Lack of ICT knowledge and limited access to the internet makes older people particularly vulnerable to some types of social exclusion, including community and government information and services such as on-line shopping (Richards et al, 2006) A report by the Social Exclusion Unit, **Inclusion through Innovation: Tackling Social Exclusion through New Technologies** (Social Inclusion Unit, 2005) set out how mainstream public services including education, training, health, employment, benefits and housing can be made more accessible through innovative technology. The cost of training and guidance, plus lack of knowledge about where to find help have also been identified as problematic in moving towards universal access to the internet (Pilling et al, 2004). BIG has played a role in the provision of equipment, facilities and training through the People's Network and CALL programmes. Demand for a continuation of funding support in this area is likely to remain high.

The Social Exclusion Task Force coordinates a cross-government strategy to tackle problems of social exclusion. In 2006, **Reaching Out: An Action Plan on Social Exclusion** set out a cross-government strategy to eradicate disadvantage. It envisions a partnership approach with government working together with the Voluntary and Community Sector (VCS) and directly with citizens in local communities. While BIG has no direct role in income maintenance policy, it should continue to play a key role in helping to ameliorate the impact of poverty and social exclusion among older people – social resources are highly valued, and help to counterbalance a lack of financial resources (Hill et al, 2007). Of particular value would be support for schemes that provide multiple services, for example social/recreational activities, befriending schemes and advisory/information services. Centres which provide a focal point, perhaps providing a 'drop-in' environment, can help to meet the multiple needs that arise in disadvantaged communities and may serve as a hub for a variety of projects. However, careful thought needs to go into making them accessible to all users; older people will not use facilities where they feel unsafe or marginalised. One of the BIG operations staff made this point in relation to one initiative which had been funded, arguing that more intergenerational work was needed to overcome such barriers:

**“They're afraid to go to the community centre, which we funded and put up, because there's young people hanging around the community centre. It's not as I say that they are doing anything, it's about the way the media has been highlighting these issues.”**

### **Employment and education**

Employment and education for older people are not areas where BIG has tended to fund work to date. However, BIG may have an important complementary role to play, as the challenge of extending working lives creates new needs for information and support, in order to enable forms of

working that enhance quality of life for older people. The increasing use of the voluntary and community sector to deliver statutory employment services may also lead to new partnership opportunities.

Prolonging the labour market participation of older workers has become a key labour market objective and is recognised as a human right. It also enjoys wide public support (McNair, 2005; Employers Forum on Age, 2005). Although age discrimination legislation and the right for carers to seek flexible working have been introduced, for longer working lives to become a reality it will be necessary to provide additional support to those with health problems and/or caring responsibilities. Around one third of the workforce is managing a chronic illness by age 50 (Munir et al, 2005) and this is an important cause of declining employment rates (Berthoud et al, 2006; Lissenburgh and Smeaton, 2003; Hirsch, 2005). People in their fifties or sixties may have elderly parents or a partner with health problems, and they are increasingly involved in the care of grandchildren, hence their identification as the 'pivot generation' (Mooney et al., 2002); those still in paid work may need additional help to manage these roles.

The life-long learning campaign supports older learners in continued training and education. Older people benefit from learning new skills, increased self-esteem, social interaction and self-satisfaction with meeting a challenge. In **Learning to Grow Older and Bolder** (Carlton and Soulsby, 1999) it was argued that the benefits of active learning in the third and fourth age create economic advantages for the state as people tend to remain independent for longer. Key informants identified a particular need for work-focused education and training – '**reskilling**' - for those who lose jobs in their fifties as well as for those who retire but subsequently decide that they want to re-enter the labour market.

### **Promoting active citizenship**

An active ageing agenda advocates active citizenship in later life, specifically community volunteering and engaging in governance, to utilise older people's experiences and skills to the full. Support for voluntary work has featured in the policies of successive Governments since the 1980s, and older people already make a major contribution in this area. However, specific initiatives to encourage volunteering amongst the older sections of the population are more recent. The Home Office Older Volunteers Initiative (HOOVI) which funded 26 projects between 1999 and 2003, aimed to improve the number and quality of volunteering opportunities for people aged 50 or over (Rochester et al, 2002). Voluntary work can also play a central role in mediating the processes of disengagement from the labour market and improving well-being on retirement (Barnes and Parry 2004; Hirsch 2003). The work of the Retired Senior Volunteer Project featured in chapter two shows the potential of BIG to contribute to these agendas.

Moves to increase citizen engagement with the policy process and local and regional governance have been extended in the direction of older people by the cross sector partnership, Better Government for Older People, which calls for '**older people to be engaged as valued citizens in all areas of public life - contributing to service planning, delivery and evaluation and to**

**their wider communities.**' (BGOP, 2003). The thrust of recent policy objectives is to move beyond consultation with older people toward their direct involvement and 'stronger voice' in the design and evaluation of services they currently or potentially use.

Similarly the concept of Transformational Government has contributed to a focus on older people as one among many groups of customers. The views and experiences of older people have increasingly been drawn upon in order to develop and reform services from the grassroots. Recent research on local authority engagement with older citizens revealed that community partnerships increasingly include older people in decision making but many of these partnerships lack the resources and the capacity to become self-sufficient (Veager et al, 2007) and may require increased investment.

Work on capacity building with isolated or marginalised older people to promote inclusion and community participation appears to be a potentially important role for BIG. Age Concern Islington's Choice and Voice project provides an excellent example of how this type of innovative provision can work. The project involved outreach work with local minority ethnic and refugee communities who were recruited onto ESOL courses, literacy classes, confidence building classes, communication workshops, conversation clubs and provided with social events and talks from local service providers. The project has been effective in routing its members onto public consultations, steering groups and other volunteering and social activities within the borough.

### **3.2. Importance of BIG's role in funding older people**

Despite the wide range of policy initiatives and third sector activities directed toward older people, the level of funding available to support the needs which arise in the third and fourth ages, cannot be described as adequate. In a broad review of older people and public policy Dodds (2003) notes that despite the upwards move of older people on the policy agenda there continues to be "**little statutory funding in this area except where care is an issue**".

Added to this, older people as a group benefit less from charitable giving than other groups and causes. Health-related causes attract the most charitable donations with 40 per cent of donors giving to medical research and 25 per cent to hospitals or hospices. Children and young people also effectively capture the imagination of the public, with 25 per cent of all donors giving to such causes. By contrast, just 8 per cent of donors contribute to charities for older people. Indeed, animals receive more charitable donations than older people, with 14 per cent of donors giving to animal charities.

As the previous chapter revealed, older people as a group have also received significantly less funding from BIG programmes than young people. Further evidence that older people are not typically prioritised when thinking about groups in need comes from a recent BIG stakeholder survey (BIG, 2007). Stakeholders were asked to prioritise from the six groups below. The highest priority, cited most often, was targeting funding to those most in need. This

group could, of course, include older people but only two per cent of respondents ranked older people as the highest priority out of a scale of 1-6.

The potential for BIG programmes of the future to make a difference to older people should therefore not be underestimated. BIG's strategic funding decisions and response to the larger demand-led funding streams have the power to counterbalance the lack of funds received by the third sector from charitable donations by private individuals and corporate bodies. However, while there is clearly a need for more strategic funding for older people the question is what form should this funding take, and how should it be targeted?

Research with various stakeholders clarified the issues in relation to these questions. Most respondents were in favour of some targeting. It was argued that older people face a particular set of problems which required tailored solutions. The need for targeted funding was felt to be especially crucial in the current climate, particularly in the light of the well-rehearsed demographic trends and likely effects of an ageing population. More importantly, it was felt that given the imbalance in the spread of BIG funding towards young people, as discussed above, targeting was a necessary strategy to increase 'fairness', redress the balance and protect older people's interests. It was seen as a way to fill a perceived gap in government support for older people's activities.

However, the majority of respondents tempered their discussion with an acknowledgement that there were also disadvantages to 'blanket programmes based on age alone' which could risk becoming rigidly defined silos and ghettos. Several respondents felt that BIG 'should be targeting vulnerable people, those in need, not an age group' Tied to this, many respondents were concerned with a tendency to view older people as dependent and in need of support and emphasised that older people are not a homogenous group but contain different generations, interests and needs. As one key informant put it how well you are surviving **'is a combination of your chronological age, your fitness, your social networks and your financial capacity. So you could be a hundred and if you are pretty fit and you've got a lot of friends you'll be doing pretty well. You could be sixty-five and if you're not well and you've got no friends then you could be really needing the sort of things that older people policy initiatives generate.'**

Ring-fenced funding was also seen as potentially divisive and contradictory to an inclusion agenda. One respondent pointed out that funding targeted at specific groups tended to lack mechanisms for increasing social cohesion or for stimulating partnerships, which they felt were important priorities for BIG, and that more could be done to build this into bids. Overall, however, there was broad support for targeted funding for older people. Questions about where that funding was best directed in relation to the unmet needs of older people gave rise to a wealth of suggestions.

### **3.3. Types of work to be funded in the future**

People interviewed identified **specific subgroups of older people** who have particular needs or whose needs are less widely known, highlighted

**particular areas of provision** that were felt to need extra attention, and also gave some **overall views on the future direction of funding**.

### **Groups of older people**

Minority ethnic groups face a range of distinct problems in older age, often derived from accumulated disadvantage over the lifetime. For example, they are more likely to have lived in poverty, in poor quality housing and have reduced access to pensions and benefits (DWP, 2006; Scharf, 2002). Katbamna et al (2004) identify further barriers facing older BME groups, such as language issues, possession of knowledge and access to information about services available and discriminatory or misinformed attitudes and practices among service providers. Some interviewees identified older people from minority ethnic groups as being under-represented as beneficiaries of awards and felt that this was a priority area for the future.

The prevalence of disability increases with age. According to 2001 Census figures, over 40 per cent of 65 to 84 year olds reported having a long term illness or disability that restricted their daily activity. Among those aged over 85, this increases to 74 per cent for women and 67 per cent for men. One older person with a visual impairment emphasised the issues facing older blind people, and the needs of disabled older people more generally, including those with dementia, were highlighted by other interviewees.

Older lesbian, gay, bisexual, transgender (LGBT) people were identified by interviewees as a neglected group in terms of funding for older people, and this group is one in which incorrect assumptions are often made about needs (Dodds, 2003). Most research on older LGBT groups concentrates on those aged 50 to 69 years, and does not differentiate between women and men (Age Concern, 2002). These sub-populations tend to experience discrimination on pensions, social security, inheritance, housing and incapacity issues.

The needs and rights of those in residential care were also highlighted by interviewees as an important area for future work. This issue is partly linked to the broader issue of elder abuse, which is becoming more widely recognised (Help the Aged, 2006).

Concern was expressed for those on the lowest incomes, or marginalised from increasingly popular forms of technology such as computers and the Internet, views that echo the social exclusion policy agenda. The needs of older people seen as less deserving by the public, such as older prisoners, were also raised.

Some communities were also recognised as having special needs. Cross-community initiatives were identified as an issue in Northern Ireland; while funding for such projects has declined as a result of the peace process, there was felt to be a need for some continued work in this area.

### **Areas of provision** **Space**

BIG may also have a role in improving public spaces and related infrastructure for older people, in the same way as it has often provided such support for children and young people. Research by Holland et al (2007) found that older people are frequently absent from public places, especially after dark, due to safety concerns and limited transport. Jones et al (2007) similarly found, from a study of local high streets, that public spaces suffer from a domination of traffic, absence of greenery and a lack of seating and public toilets. In order to encourage a wider spectrum of the community to take advantage of public spaces the researchers suggested more widespread provision of seating, lighting and toilets. Provision of social activities suitable for a broader age range would also encourage older people to enter public arenas at a wider variety of times, and enhance the role of community spaces as a medium for social cohesion. One of the added benefits of the 'walk your way to health' project was the way in which the walks provided older people with the confidence to use more of their local area. Those who were new to an area (often through a post-retirement move to the country) were enthusiastic about the opportunity the walks provided to get to know their new neighbourhood.

### **Information, advice and advocacy**

Information, advice and advocacy are essential for older people to be in control of their lives and the services they use. Significant life changes associated with later life, such as retirement, bereavement, selling of assets, and ageism, require special information and guidance that most individuals do not adequately prepare for (Dunning, 2005). Advocacy, though associated with basic needs such as housing, social services, pensions and benefits, also extends to travel, community involvement and leisure. Older people are increasingly becoming aware of their rights as consumers (IDeA, 2007) and of their role in governance (BGOP, 2003). The Older People National Service Framework mandates that each local authority appoint an Older People Champion to represent and uphold older people's rights in relation to choice and quality of services (DOH, 2003). Because advocacy requires independence from other sources of funding such as local authorities, it was seen as a key area where BIG could make a contribution. Work which has already been funded in this area, such as the nursing homes advocacy project featured in the previous chapter, shows its potential.

### **Transport**

Public transport is of critical importance to older people, providing a lifeline to the 91 per cent of single pensioners and 53 per cent of pensioner couples who do not own a car (ODPM, 2006). It is recognised that frequent transport options, close at hand, are critical for older people to remain independent, safe and able to participate fully in community life. A number of schemes have been introduced to promote the accessibility and affordability of transport systems. From April 2006 all adults aged 60 plus have been entitled to free off-peak bus travel. **Community Transport Schemes** such as 'Dial-a-Ride' are designed to provide a more flexible and responsive door-to-door transport. Local authorities are now required to review quality and accessibility of services as they affect older people in a five-year transport plan. Concessionary fare schemes deal with only some of the barriers facing older people. Journey routes, mobility problems and rural distances can cause additional difficulties (Scottish Executive, 2005, Age Concern 2001, Gaffron et

al, 2001, Hine & Mitchell, 2001) and many older people are also reluctant to use public transport because of safety concerns.

Most transport schemes depend on volunteers who either use their own cars or larger vehicles owned by charities. Interviews with multiple charity workers by New Philanthropy Capital (Botham & Lumley, 2004), revealed that the costs of purchasing, running and maintaining minibuses for example, were significant. Again, this is an area where BIG funding has already made a difference to older people's lives and could continue to assist in the future.

### **Crisis services**

Older people themselves identified a lack of services, other than those intended to provide for a crisis or emergency, during evenings and weekends, and yet these were sometimes the times when it was felt hardest to cope with social isolation and a lack of planned activities. Christmas was also identified as a time when older people could find themselves alone, or might prefer to have an alternative to spending time with family members.

There is also a need for services which can help older people with key transition periods, such as bereavement, moving house, the onset of ill-health, moving out of hospital, or moving into residential care. Previous research has demonstrated the value of support services during such transitions (Parry et al, 2004; Hill et al, 2007).

### **Inter-generational work**

There was a widespread perception among those interviewed that inter-generational work was an area of growing importance, but one which has yet to receive major recognition in terms of funding for projects. For some this was seen as a way to shift the balance towards older people and away from younger people. One key informant felt that an intergenerational programme, by itself was not enough, more of the funding should be contingent on intergenerational content across the programmes:

**“It's about saying if you are going to work with younger people you need to find an older person's organisation to work with in order to build the relationship, build the partnership, build that citizenship up between younger people and older people.”**

There was also a feeling from the BIG operations staff that intergenerational work, and work on community cohesion were an important part of the work many of the projects were doing but that BIG was not really picking up on or measuring these as outcomes and therefore they were not being recognised. It was this type of work that the respondent felt **'stood them in good stead'** for seeking other sources of funding later.

Intergenerational activity is promoted as a means for bringing local citizens together, addressing the priority areas of active citizenship, community safety, and building cooperative, inclusive, and sustainable communities (Pain, 2005). Reported benefits to older people include: enhanced self-esteem; increased skills; improved physical and mental health; extended social networks; reduction in fear of crime; and enhanced rates of volunteering and

active citizenship (Hatton-Yeo, 2006). The Centre for Intergenerational Practice at the Beth Johnson Foundation maintains a directory of intergenerational activities and hosts networks of support across the UK, but most projects tend to be short-term, mainly due to lack of sustainable funding. This is an area where BIG has the potential to play a key role, given its wealth of experience in the children and young people's sector, and such work also has the merit of building cross-sector support, avoiding the divisions which can be created by ring-fenced funding.

### **Overall views on BIG funding for older people**

Some of those interviewed questioned whether BIG was doing enough to fund projects which were genuinely innovative, and argued strongly for more risk-taking in funding decisions. Some interviewees argued that BIG could usefully fund demonstration projects that could inform broader (statutory) policy development, effectively taking on itself the risk of a new initiative which could go on to be mainstreamed if successful. They pointed out that there was a large emphasis on childcare provision in previous rounds of Lottery funding, much of which has since been mainstreamed, and felt that older people's services could also be developed in this way. It was suggested that BIG could add value by investing in large strategic projects involving matched funding and contributions in kind from the private sector, EU convergence funds and the voluntary and community sector. Some policy key informants felt that that might be merit in more regular meetings between BIG and national policymakers to plan strategic funding priorities in respect of older people.

When asked what areas BIG should actively avoid funding, the main issue identified was that of maintaining additionality; in line with its funding criteria, BIG should not be duplicating or substituting for statutory funding sources, although in practice there are some grey areas. For instance, one respondent noted that overlap was inevitable since bodies were working to the same agendas and saw nothing wrong in this. Other issues raised in this context included the funding of welfare rights advice services and schemes offering small amounts of practical help in the home. These were seen as very worthwhile, but some people felt this work should perhaps be funded by central government or local authorities. Others were more pragmatic about this, recognising that local government has less capacity to deliver some optional or preventative services than it had in the past:

**“I appreciate that in theory they're not really a substitute. I think being realistic, I can't see local authorities stepping in to deliver much in the way of practical support, whereas they might have done ten, twenty years ago. I don't see that happening in the future, unless local authorities have a big increase in funding.” (Project worker)**

Some people questioned the value of particular types of services for older people and felt that BIG should avoid funding them; examples given were traditional befriending schemes and day centres which were felt to be patronising and to reinforce the isolation of older people by segregating them. Others, however, argued that projects which are not especially innovative may still be enjoyed and have a positive impact for a particular individual. It was also pointed out by some interviewees that low-cost community-based



projects, such as those funding trips and outings, are a way of putting Lottery money back into the communities which contribute to it.

Others felt that ideally BIG would avoid funding service provision altogether, and concentrate on capital expenditure which could help local organisations build capacity:

**“I would far rather see support going in for training and development and capacity building rather than developing new services because new services need to be underpinned by sustainable funding and they need to be on a full cost recovery basis and they need to have some longevity to them. These particular areas, these services, are not services that you can put in place and then walk away from them because once you develop dependency in these services they’re not easily withdrawn.”**

Some respondents felt that funding umbrella groups in the voluntary sector should be less of a priority than smaller grass-roots projects which were felt to be less bureaucratic and thus offer better value for money. On the other hand others saw umbrella organisations as a way to manage the risks of funding small projects by enabling them to provide services without the administrative burden of grant applications and financial management. What is perhaps more important than the precise service delivered, or the organisation involved, is the type of values embodied and the involvement of older people themselves, as this project manager commented:

**“I think it’s about involvement and empowerment. I think anybody, not just the Lottery, but anybody who is giving money away, it has to be about the people who are receiving the benefit being involved in the way they receive it. To me it just makes good sense.”**

### **3.4. Maintaining and improving access to BIG funding for older people**

Many interviewees expressed concern about future levels of funding given a decline in numbers of people buying Lottery tickets. There was an assumption among providers and key informants that the Lottery's contribution to the Olympics was resulting in shortened timescales for project funding and reducing the chances of having a successful application; despite BIG's undertaking that the Olympic diversion from its good cause stream would have no material impact on current funding commitments. Interviewees commented that transparency about the high degree of competition for BIG funding was important if organisations are not to become disillusioned. There was also concern that changes in funding priorities (for instance the increased emphasis on employment issues in the European Social Fund) might reduce opportunities for older people, and lead to a greater demand for BIG funding.

Most respondents felt it was very important to have both strategic and demand-led programme streams. The open programmes in particular were seen as an important source of funding for projects that would have no other access to funding and they provided an important mechanism for BIG to respond directly to the needs of different communities. A strategy of awarding small grants was considered to be helpful in allowing local community groups to develop projects and pilot ideas. This can strengthen the case for more sustained funding. For example, under the Northern Ireland Active Lifestyles Programme a small grants scheme helped one older people-led group to hire transport to various walking trails. The same project then successfully reapplied to extend their provision of fitness activities.

In order to address issues of sustainability, capacity building and the development of more innovative services, interviewees also suggested that BIG might look at creating more funding partnerships and extending the use of matched funding where possible. This was not generally viewed as problematic for established organisations, which felt that they could use BIG funding as a lever to secure money from other funders. However, it was recognised that such a requirement would be more onerous for smaller or newer organisations.

Many voluntary sector organisations receive funding on a year-to-year basis from local authorities. By contrast BIG funding was felt to offer more stability, and to make it easier to work strategically across local authority boundaries. Those working in the voluntary and community sector acknowledged how vital the Community Fund had been to their work in recent years, and commented that much of the valuable work carried out would not have been done at all in the absence of this funding stream.

The clarity of BIG's criteria, and the advance publication of deadlines, was compared favourably to some central government funding:

**“The Big Lottery have a very well defined programme ... you can find out about the programmes to develop an application. Whereas a lot of the Government's statutory funding you don't have those deadlines and you'll know three weeks in advance that there's a pot of funding and that's it.” (Project worker)**

In terms of BIG funding, there was a feeling shared by many respondents, from policy and operations staff within BIG through to key informants and older people who had sought funding for a particular group, that the bid process tended to favour statutory sector organisations and large organisations in the community sector such as Age Concern. As one of the operations staff noted, they were far more likely to fund an established group with policies and procedures in place. Those run by volunteers were seen as tending to be disadvantaged in the process:

**“If a group is just run by volunteers or has one part-time member of staff it's natural that their applications are weaker and they haven't thought things through as much as a larger charity.”**

Another of the operations staff felt that there was a tendency for more innovative projects generated by older people themselves, and by minority ethnic communities, not to make it through the application process, often because their lack of experience resulted in them being seen as a high risk.

The experiences of an older user of a BIG funded project who described how her group had been put off applying for lottery funding are also relevant here:

**“The thing that put us off was at that time they didn’t have the five thousand and ten thousand lower limit for small groups and when you are blind you can’t fill in thirty pages and there is no one to fill it in because the most difficult thing for the blind to get is sighted help.”**

BIG staff mentioned that this issue had been recognised and some capacity building work around the application process had been done in the past in areas felt to have low take up, with some degree of success. Another solution mentioned by several respondents was the availability of small amounts of money with a less stringent application process, as in the current Awards for All programme:

**“It can be quite a challenge for those sorts of groups to fill in complex forms or go for large pots of money and what they really need is access when they need the money rather than in funding rounds. They need small amounts of money rather than large.”**

## 4. Conclusions

The policy agenda relating to older people, while still dominated by health and social care, has increasingly shifted toward concerns with a range of additional issues, such as: poverty, empowerment, lifelong learning, age discrimination, independent living and the polarisation of circumstances among older people. Attention has also increasingly focussed on the third age and a 'preventative' agenda, with active ageing, low-level services and preparing for the future increasingly recognised as the route to a longer, healthier and more independent life. Grants have been made available to support the shift in policy focus toward preventative services and independent living.

In addition to the growing recognition that the needs of older people are disparate and varied, the way in which services are delivered is also being scrutinised. Increasingly, policy makers acknowledge the importance of whole system working for improving quality of life for older people. This underscores the role of BIG for funding projects that meet the needs of older people and their families in their communities. Central to the government's approach to service provision for older people is a commitment to the voluntary and community sector (VCS). Community-based organisations, often small scale, are regarded as best placed to develop long-term trust-based relationships, identify localised needs, deliver flexible services with a capacity to innovate and have knowledge of local vulnerable and hard to reach people and how to access them. A partnership approach is therefore favoured.

These policy developments have been accompanied by a growing body of academic research and commentary concerned with a broad range of issues affecting the quality of life of older people. Key themes to have emerged over recent years include: health and social care, prevention as a framework for care, volunteering, caring, involvement and voice, advocacy and rights, pensions, employment, independent living and housing, information technology, service provision, poverty, isolation and social exclusion. Research has also highlighted the importance of appropriate support at transitional stages in later life such as bereavement or the onset of a health problem. And older people themselves have legitimate expectations about service delivery which are as yet unmatched by current practice.

Despite these policy objectives, a number of independent observers have emphasised the effects of budgetary constraints on statutory services and therefore point to the growing significance of the Third Sector in identifying the hard-to-reach and meeting the needs and aspirations of older people. Against this background of shifting policy priorities which are not always matched by adequate resources, and an increased emphasis on the role of the Third sector in service delivery, BIG is in a strong position to facilitate the achievement of a number of the key goals identified by the policy and academic communities as critical to older people striving to pursue happy, independent, healthy lives

Looking back over the past few years, it is evident that BIG has already achieved much of value to older members of the community. The dual funding approach of BIG has given rise to distinct project portfolios from the Community Fund and the New Opportunities Fund. The Community Fund was demand-led, reflecting the needs and interests of local communities who set their own agenda for support. As a result, grants from BIG primarily supported what could be termed 'social and recreational activities'. These included, for example, day trips, bingo, holidays, dancing, WW2 commemoration, and healthy living initiatives. Older people were predominant among grant recipients and beneficiaries.

The New Opportunities Fund, by contrast, awarded grants on the basis of strategic decisions and the achievement of specific objectives. Of the 44 main strategic New Opportunities Fund programmes, somewhat less than half were of benefit to older people. These fell within the following broad themes; health, lifelong learning, environment, information/advice and veterans. In terms of expenditure, most funding of benefit to older people was directed toward preventative health initiatives. This is consistent with the recent direction of public policy. Preventative health projects absorbed 57 per cent of the funding allocated under the five themes benefiting older people. The second most common themes for funding were health and lifelong learning.

In contrast to the Community Fund, for which older people were a priority group, the New Opportunities Fund prioritised, in practice, youth organisations and activities. Throughout the UK more than one third of all grants were allocated to beneficiaries under the age of 16. Around a further one third were of benefit to the 16-35 age range. Just one in ten grants directly supported people over the age of 65 or those in an age range that included those 60 plus, reflecting the fact that younger people were a strategic priority group for the New Opportunities Fund.

Older people projects have generated a range of impacts contributing to improved physical and mental health, well-being and social inclusion. In addition to individual benefits, there have been contributions to wider community engagement and voice.

Despite some recent developments, the statutory sector continues to focus resources on health and social care for those in their fourth age, with less attention and support directed at the lower level needs of those in their third age. In terms of gaps that BIG is well placed to fill, we would therefore point toward third age requirements, preventative, low level services, transport, inter-generational work, and outreach activities to identify the most socially excluded. Arguably these initiatives are best served by local, community-based organisations which possess local knowledge to understand the particular needs of older members of their communities and thereby strive to achieve their independence and full integration. Certainly the Government is increasingly turning to the Third Sector to identify needs and deliver service provision.

There is considerable support for BIG to continue a dual model of funding which combines strategic priorities with a responsive mode allowing it to meet community-defined needs. Given the capacity issues reported, more might be done to support applications, particularly from minority ethnic groups and from smaller organisations, and there is an issue about what should replace Awards for All when this programme expires in 2009.

Not everyone felt that older people necessarily needed to be prioritised as a target group for funding, and some people identified disadvantages to doing so. Some people felt that more could be done to consider and address the issue of lifetime disadvantage, as those who experience hardship in later life have often done so at earlier stages also. On balance, however, targeted funding was felt to be necessary in a context in which funds are being earmarked for other groups, such as children and young people. It was also argued that making older people a priority for funding sent out a helpful signal that older people and their organisations were expected and encouraged to apply.

# Appendix A

## Methodology

The research was designed to achieve a systematic overview of the range and performance of BIG's programme of funding to inform future funding decisions relating to older people in the UK. Analysis of past funding streams, completed projects and ongoing funding streams provided valuable information on the contribution that BIG has made and will continue to make to the lives of older people.

Evaluation criteria were informed by research on what older people have said are important in their lives, for instance, the **seven dimensions of independence** in later life, identified by the Audit Commission and BGOP (2004):

- Getting out and about
- Health and healthy living
- Housing and the home
- Income
- Information
- Neighbourhoods
- Social activities, fun, social networks, learning and leisure

## Methods

The approach taken aimed to maximise the range of perspectives on programmes of funding by including multiple stakeholders (older people, project delivery staff, BIG regional and national executives) and varied data sources to supply the evidence. This project was based upon three inter-related methods of research: (a) a BIG literature review and database analysis, (b) a general literature review and (c) primary data collection with stakeholders. This was followed by (d) analysis and synthesis. The following provides more detail:

### (A) BIG funding review

This strand of evidence entailed analysis of BIG databases containing information on past and current project grants. Each project entry specified the programme of funding and a brief project description, including target population. Analysis was also performed on data sets containing unsuccessful project applicants. Key word searches were performed to identify projects that were targeted to older populations. The data was explored and summarised using Excel.

### (B) Generalised review of policy and literature on older people

This strand comprised a comprehensive review of government and academic literature sources, including government strategy documents from the four countries in the UK and reports from campaigning and voluntary organisations. This information was synthesised to identify current and future policy directions and reputed gaps in attention to older people's needs.

### (C) Primary data collection – fieldwork with stakeholders

A total of 53 qualitative interviews were carried out with stakeholders in England, Northern Ireland, Scotland and Wales. Telephone or face-to-face interviews were conducted with:

- BIG policy staff and programme operations managers
- Applicants of funded projects
- Beneficiaries of funded projects (some of these were group interviews)
- Voluntary organisations representing older people.

Researchers visited eight project sites (two in each country) to meet with project staff and older people participants. Projects were purposively selected as examples of good practice serving older people’s needs in local settings. A summary of the projects is provided in Table A.1.

**Table A.1: Project site visits**

<b>Funding Programme</b>	<b>Project</b>	<b>Organisation</b>	<b>Location</b>
Community Fund	Voice and Choice Project	Islington Age Concern	London, England
New Opportunities Fund Healthy Living Centre	Walk Your Way to Health - Natural England	East Kent PCT Health Walks	Kent, England
Active Lifestyles	Promoting Active Lifestyles Project	Moirra Friendship Group	Moirra, N.I.
Voluntary & Community	Older People Befriending Project	Oasis Centre	Belfast, N.I.
Community Fund	Hands On Project	Lightburn Elderly Association Project (LEAP)	South Lanarkshire, Scotland
Community Fund	Handyperson Scheme	Lochaber Community Care Forum	Highlands, Scotland
People and Places	Schools Project	RSVP at CSV	Bridgend, South Wales
Community Fund	Advocacy project for people in residential or nursing care	Age Concern North Wales Central	Denbigh, North Wales

Anonymised transcripts were imported into NVivo 7 and were coded and analysed for emerging patterns and trends both within the separate countries and across all regions of the UK.



#### **(D) Analysis and synthesis**

The final strand of the research integrated findings from the different elements of the research to draw out key messages for future BIG funding. This entailed a mapping exercise which classified grant awards on a number of levels:

- Identification of the range of Community Fund grants in terms of themes (for example, social activities, recreational activities, education, advice).
- Identification of the range of New Opportunity Fund grants in terms of themes (such as health, education, the environment).
- Within the themes, identification of project subtopics (for instance, within social activities, day trips, bingo, music, dancing etc).
- Breakdown by project target populations.
- Descriptive summary of failed Community Fund applications by the above criteria.

The mapping exercise was used to identify gaps in funding provision by programme, type of project and recipients in terms of existing priorities: numbers and values of grants, types of projects that have been funded and which sub-groups of older people have most benefited.

Assessments of past and current Big Lottery Funding for older people populations were informed by multiple strands of evidence gleaned from all four countries, and in consultation with BIG evaluation team staff. Identified funding needs and gaps in support (both statutory and non-statutory) were taken together with current and future policy agendas. This evidence was used to construct recommendations on future directions for BIG funding of older people projects.

## Appendix B

**Table B.1 Community Fund Schemes - Funding Strands relating to OP**

Code	Community Fund Programme	Number of awards	Total value of awards	Average value of each award
AHF	Home Front Recall	1690	£7,857,678	£4,650
ALS	Active Lifestyles: small grants. (Northern Ireland) Examples: 50+ dance, sport, exercise e.g. Bowling, walking.	159	£141,801	£892
LGD	Micro Grants Examples: community based outings, bingo, day trips, social afternoons.	58	£28,013	£483
MA	Poverty	245	£11,108,981	£45,343
MB	Low income Examples: Community centre support, garden maintenance for OP, day centres, elderly Asian assistance, activities for pensioners. Self-help groups to assist benefit claimants, hot meals for OP	133	£6,838,251	£51,415
MC	Health, Disability and Care	221	£14,419,493	£65,246
MD	New Opportunities/ Voluntary Sector Development	212	£20,752,197	£97,888
ME	Improving Living Environments	373	£28,782,324	£77,164
MF	Community Involvement Examples: Village Hall funding, transport.	655	£69,946,612	£106,789
MG	Poverty and Disadvantage e.g. hot meals for OP, voluntary nursing home, information provision, handyman service	210	£26,613,349	£126,730
MH	Grants for projects up to £60,000 e.g. Respite care, build capacity in voluntary centre	123	£4,667,469	£37,947
MJ	Main Grants e.g. Build a community centre	280	£37,172,989	£132,761
MK	Grants for large projects e.g. Escorts for shopping, train volunteers for mediation, develop a good neighbour scheme, befriending services	994	£140,671,993	£141,521
ML	Medium Grants e.g. refurbishment of premises	419	£17,074,638	£40,751
MM	Scotland Grants	27	£2,795,574	£103,540
RB	Health and Social Research All focussed on aging related illnesses and conditions	13	£2,949,065	£226,851
RC	Reaching Communities Examples: Support for volunteering, health related activities and activities to relieve isolation	5	£1,160,762	£232,152
RG	Research Grants Ageing and ageing illnesses	19	£4,514,515	£237,606
SA/SB	Small Grants Wales	1186	£3,085,683	£2,601

	Examples: social group activities, village halls and clubs. Old or disabled in need of respite.			
SG	Small grants UK Social group activities, village halls and clubs. Elderly or disabled in need of respite.	803	£2,336,374	£2,910
A4E	Awards For All England	6013	£22,247,791	£3,700
AAE	Awards For All England	4615	£14,321,674	£3,103
AANI	Awards For All Northern Ireland	960	£3,334,764	£3,474
AAS	Awards For All Scotland	2707	£6,996,405	£2,585
AAW	Awards For All Wales	1156	£3,556,732	£3,077

## Appendix C

**Table C.1 New Opportunities Fund Programmes**

<b>Code</b>	<b>Programme</b>	<b>Oriented toward older people</b>
5AD	Five a Day (England)	√
ACL	Active Lifestyles (NI)	
ACT	Activities for young people	
AVS	Activities for young people	
AYP	Activities for young people	
BNN	Building Neighbourhoods -New nursery places	
BOF (S)	Opportunities for training/education	
CAN	Cancer	√
CLL	Community Lifelong Learning	√
CPC	Palliative care (all ages)	√
CPN	People's Network	√
CRB	Cardiac Rehabilitation Programme	√
CSC	CHD/Stroke/Cancer	√
DEQ	Diagnostic equipment	√
DFB	Defibrillator Programme	√
EXT	Extended Schools	
FFN	Football Foundation	
FSH	Fair Share Trust	√
GET	Get Real youth activities	
GRR	Get Real, Youth Hostels	
	Green Spaces and Sustainable	
GSG	Communities UK wide	√
GSS	Green Spaces Scottish land fund	√
GSU	Green Spaces umbrella grants	√
HFS	Heart Failure Support Networks (England)	√
HLC	Healthy Living Centres	√
ICL	ICT training for public library staff	
	Information & Communications	
ICT	Technology	√
MAW	Mentro Allan, physical activity Wales	√
NQC	Childcare scheme	
OSC	Out of school clubs	
OSL	Out of school learning	
OSS	Out of school activities	
PAY	Positive activities for young people	
PCA	Palliative care adults	√
PCC	Palliative care children	
PCW	Palliative Care – Wales	√
PES	PE & Sport	√
REN (S)	Renewable energy	
SCO	Outdoor activities – children	
SFP	School fruit programme	
SSA	Spaces for Sport and Art	
TRW	Sustainability and recycling	
	Transforming	
TSE/S/W/N	Your Space (E)	√
	Veterans (Their past your	
VTP	future)	√

**The programmes listed above as relevant to the lives of older people fall within the following themes:**

## **Health**

### **Prevention:**

#### **Well Being (Healthy Lifestyles Initiative) (England)**

This programme focuses on prevention and is designed to promote healthy lifestyles. It has three strands of action; physical activity, healthy eating and positive mental health. The programme is relevant to the needs of older members of the community for whom mental health, diet and mobility issues can arise.

(Available funds: £165 million with £45 million ring-fenced for healthy eating schemes)

#### **Healthy Living Centres (HLCs)**

352 HLCs have been funded across the UK for periods of up to five years. The Centres, some of which are networks rather than physical locations, benefit whole communities from the youngest to the oldest. A year 3 evaluation of HLCs (Big Lottery Fund Research Issue 19, 2005) outlined the varied approaches taken to encourage and retain participation, including exercise clubs, cookery sessions, stress counselling, music groups, stop smoking classes and groups to support alcoholics and drug users. Of 1619 users of HLCs surveys, over two thirds (69 per cent) felt that their mental health had improved as a consequence of HLC participation. The monitoring exercise also revealed that a wide variety of people have enjoyed the benefits of HLCs with all ages and ethnic groups well represented among users. One of the objectives of HLCs was to meet the needs of deprived and isolated people – this has been achieved according to the evaluation with users on lower incomes and in worse health than on average.

(Funds: £232 million England, £19.5 million Wales, £34.5 million Scotland, £13.5 million Northern Ireland).

#### **Active Lifestyles (Northern Ireland)**

Designed to promote physical activity among all members of the community.

(£2.1 million made available)

#### **Active England**

Funding under this scheme has been used to increase sports and physical activity at grass roots level among all members of local communities from the youngest to the oldest. The scheme promotes all sport, exercise and physical activity.

(£17.3 million)

## **Heart Related:**

### **Cardiac Rehabilitation (England)**

Cardiac Rehabilitation (CR) is the first of two heart programmes run by the British Heart Foundation. The scheme provided services, advice and training materials related to living with heart conditions. For example, healthy eating advice and information was disseminated and services for exercise offered. The importance of this programme is highlighted by research findings which show that, over a period of 2-5 years, CR reduces the death rate by 26 per cent compared with people with heart disease who do not attend any CR programmes. Non-attendance was most probable among ethnic minorities, older people, women, the depressed and people living in rural areas (BLF, 2006). The CR programme was therefore designed also to improve access for these harder to reach groups.

(£5 million made available)

### **Heart Failure Support Networks (England)**

This programme operated in partnership with the British Heart Foundation with the objective of boosting the number of 'nurse-led community management programmes' for people with heart failure. Heart failure is the most common trigger for hospital admission among the over-65 age group. The programme aims to give more people access to home-based specialist expertise to help sufferers cope with the symptoms of heart failure.

(£10 million made available)

### **National defibrillator programme (England)**

The British Heart Foundation acted as a BIG partner to distribute funds across the country. The programme funded the purchase of around 2,300 Automated External Defibrillators (AEDs). In addition, a Community Defibrillator Officer at each of the 32 funded Ambulance Service NHS Trusts was financed. Overall, the programme supported skills development, increased the number of people active with 'life support' expertise and provided the resources necessary to improve heart failure survival rates. Defibrillators have been deployed throughout local communities in sites such as leisure venues, shopping centres and bus stations. The best chance of survival after a cardiac arrest is to receive defibrillation within 4-5 minutes of collapse.

(£6 million made available)

## **Cancer related:**

### **Cancer Care**

The 'Living with Cancer' initiative was a UK-wide programme but with a different emphasis in England. Projects were funded in Wales, Scotland and Northern Ireland under the following themes;

- Prevention education (Health promotion activities and community schemes)
- Detection (Improving awareness and funding of screening equipment and programmes)
- Treatment (Funding new and improved equipment)
- Care information (More extensive palliative care, support and services)

In England, three strands of funding were supported;

- Home care
- Carer support
- Access to information

In England Black and Minority Ethnic groups (BMEs) were targeted to reduce inequalities in provision and access.

Funding within this programme for cancer treatment and diagnostic equipment was directed primarily toward primary care trusts, hospitals, hospices, Macmillan cancer relief and cancer caring centres. The awards were used to fund critical equipment, including x-ray machines, ultrasound, MRI scanners, linear accelerators and multiviewers.

(Total grants available; England - £23.25 million, plus £93 million for treatment and diagnostic equipment, Scotland - £17.25 million, Wales - £9.75 million, Northern Ireland - £6.75 million)

### **Palliative Care for Adults (England)**

Awards have been made, where palliative care need is highest, to 55 multi-professional teams. These teams provide comprehensive home-based care, offering therapeutic, nursing and emotional support.

(£22.4 million made available)

### **Palliative Care (Scotland and Northern Ireland)**

Funds provided for support and information services for children and adults with cancer and other life threatening conditions.

(£5.4 million available to Scotland, £4.1 million made available to Northern Ireland)

### **Palliative Care (Wales)**

Unlike elsewhere in the UK, the Welsh initiative was a capital programme which focussed on improving the quality of environments, such as hospitals and hospices, in which palliative care is delivered and organised.

(£4.5 million made available)

### **Multiple conditions**

#### **New Opportunities for Health (England)**

In partnership with the Department of Health, this programme aimed to improve access to services for patients. Equipment for heart disease, stroke and cancer was provided, on the basis of need, for NHS Trusts and Ambulance Trusts.

(£89 million made available)

#### **Coronary heart disease (CHD) /cancer/stroke (Wales)**

Awards were given to community-based schemes which promoted prevention or provided rehabilitation services for those suffering from CHD, stroke or cancer. Projects directed toward the detection and diagnosis of CHD were also supported.

(£15 million available)

#### **Coronary heart disease/cancer/stroke (Scotland, Northern Ireland)**

In Northern Ireland support was given to projects with the aim of helping people to stop smoking, eat healthily, exercise and take care in the sun. In Scotland schemes were supported if they were designed to improve access to services for the diagnosis of treatment of CHD, cancer and stroke. New Opportunities Fund also funded rehabilitation schemes and prevention programmes.

(£36 million made available)

### **Learning**

#### **Stepping Stones (Wales)**

This programme provided funding to help people develop life skills either to manage their lives, contribute to communities or re-engage in learning, volunteering or employment.

(£15 million made available)



### **Community Access to Lifelong Learning (UK)**

This scheme funded the development and running of a nationwide network of ICT learning centres. These centres were established in a wide variety of locations from traditional places such as colleges and community centres to the more imaginative including shops and pubs. In addition, websites providing learning opportunities were also established.

(Funding distributed as follows: £77.5 million to England, £11.5 million to Scotland, £6.5 million to Wales and £4.5 million to Northern Ireland).

### **People's Network (UK)**

This scheme funded libraries up and down the country to provide computers with internet access. 24,000 new PCs were installed throughout 4,000 libraries providing people with email accounts, internet connectivity and the ability to produce CVs etc.

## **Information/Advice**

### **Advice Plus (England)**

This scheme is designed to promote comprehensive advice services for all members of the community. Groups which provide guidance and support relating to a wide range of problems are eligible for funding. Older people often need support and advice on health, housing, benefits and other financial related matters. The programme is therefore of direct interest to older people and can contribute to improvements in their quality of life and help overcome disadvantage.

(£50 million made available)

## **Veterans**

### **Veterans Reunited**

UK wide, 11 million people became involved in activities associated with this scheme which was conceived to commemorate the 60<sup>th</sup> anniversary of the Second World War. In total, £45 million was awarded to over 17,500 projects and 39,000 veterans. Veterans Reunited was composed of three programme strands.

### **Home Front Recall**

Around 3,300 community commemorative events were funded in which more than 8 million people took part. £19.2 million was awarded to these community projects.

### **Heroes Return**

£16.6 million was awarded to 18,000 veterans and 210,000 spouses, widows and widowers who were given the opportunity to revisit destinations around the world where they or their spouses saw active service during the war.

### **Their Past, Your Future**

This was an education-oriented scheme involving nine exhibitions which toured the country and many other projects based at various sites throughout the UK. Many activities were located in museums and libraries. Hundreds of veterans shared their memories and experiences with thousands of young people who found the experience informative, emotional and inspiring (Morris Hargreaves McIntyre, 2006). The project evaluation also highlighted the scheme as a highly effective means of teaching and helping people learn. The inter-generational learning strategy also promoted self-respect among the veterans. In total £9.6 million was awarded.

## **Environment**

### **Fair Share**

Fair share funding was distributed both through the Community Fund (open grants) and New Opportunities Fund (Fair Share programme and Transforming Your Space programme). This ten-year programme which began in 2001 was designed to target deprived areas which had a low track record of securing funding in the past. 70 areas were targeted throughout the UK. Objectives of the programme included; promotion of local regeneration, improvement of local environments (including green areas, safety, design and cleanliness) and enhancement of local skills and employment opportunities. Funding aimed to strengthen capacity and achieve long-term, sustained benefits with grass roots community initiatives a criteria for awards. There were no age-specific priorities under this programme but it clearly had the potential to benefit older people in disadvantaged neighbourhoods in a myriad of ways. Local social developments enabled communities to become safer, cleaner, greener and more accessible to all members of the community.

(£92 million available from the Community Fund 2002-2006, primarily through the small and medium open grants programme. £50 million available from the New Opportunities Fund, distributed by partnership organisations Fair Share Trust and Community Foundation Network )

### **Green Spaces and Sustainable Communities**

In partnership with Barnardos, The Countryside Agency, English Nature and the Royal Society of Wildlife Trusts, the Green Spaces and Sustainable Communities (England) programme aimed to create, preserve or improve access to open, public spaces of educational, recreational or environmental value to the community. It also aimed to promote sustainable development and nurture care for the environment by encouraging community-based

projects. Many of the schemes target deprived areas for environmental regeneration.

Most of the projects funded catered to the needs of entire communities irrespective of age and other social groupings. Examples of projects include development and improvement of playing fields, walking or cycling routes, community green spaces and external environment of housing estates (Downs & Millward, 2005).

In Wales the GSSC programme is managed by the Wales Council for Voluntary Action in partnership with the Environment Agency Wales and the Princes Trust Cymru.

In Scotland the programme functions as the Green Spaces Scottish Land Fund Scheme in partnership with the Highlands and Islands Enterprise and Scottish Enterprise. The initiative pursues two key objectives; to acquire or manage land and land assets and to undertake land development opportunities.

In Northern Ireland a Creating Common Ground Consortium had been established, led by the Northern Ireland Housing Executive, composed of statutory and voluntary organisations. Urban and rural disadvantaged communities are key targets for environmental improvements, leisure and healthy living initiatives.

(£96.8 million available in England, £8.1 million in Wales, £5.6 million in Northern Ireland and £15 million in Scotland)

## **Other**

### **Poverty and Disadvantage**

This programme had a very broad remit, supporting a range of schemes designed to improve the lives of individuals and communities disadvantaged by poverty. Projects funded included holidays, therapeutic activities, day care facilities, advice centres, transport hire, support for people with arthritis and rural support for the isolated, garden maintenance programme for older people and a day centre for elderly Asian people among very many more.

(£309 million available between 1999 and 2002)

**Table C.2 New Opportunities Fund Programmes of benefit to older people - number and value of awards**

<b>Code</b>	<b>Programme</b>	<b>Number of awards</b>	<b>Total value of awards</b>	<b>Average value of each award</b>
ACL	Active Lifestyles N.I	62	£183,389,6	£29579
CAN	Cancer England	622	£111,509,675	£179,276
	Cancer Scotland	69	£33,225,697	£481,532
	Cancer Wales	55	£9,382,853	£170,597
	Cancer Northern Ireland	30	£12,894,270	£429,809
CLL	Community Lifelong Learning			
	England	736	£71,224,752	£96,773
	Scotland	82	£10,706,849	£130,571
	Wales	34	£5,885,635	£173,107
CPC	Northern Ireland	34	£4,172,493	£122,720
	Palliative care (all ages)			
	Scotland	82	£9,374,688	£114,326
	Northern Ireland	32	£7,509,303	£234,666
CPN	People's Network			
	England	153	£73,284,316	£478,982
	Scotland	33	£10,923,989	£331,030
	Wales	22	£6,033,713	£274,260
CRB	Northern Ireland	1 (5)	£4,302,000	£4,302,000
	Cardiac Rehabilitation Programme (England)	38 (1)	£8,990,787	£236,600
CSC	CHD/Stroke/Cancer			
	Scotland	220	£44,961,744	£204,372
	Wales	42	£14,180,529	£337,632
	Northern Ireland	68	£17,292,399	£254,300
DEQ	Diagnostic equipment	147	£84,199,728	£572,787
DFB	Defibrillator Programme (England)	BHF (2)	£5,676,181	£5,676,181
5AD	Five a Day (England)	67	£10,492,942	£156,611
FSH	Fair Share Trust			
	England	CFN	£38,650,000	£38,650,000
	Scotland	FSS	£5,750,000	£5,750,000
	Wales	FSTW	£3,250,000	£3,250,000
GSG	Northern Ireland	FST	£2,285,000	£2,285,000
	Green Spaces and Sustainable Communities UK wide			
	England	2122	£101,151,623	£47,668
	Scotland	60	£3,305,739	£55,096
GSU	Wales	341	£13,952,279	£40,916
	Northern Ireland	90	£3,975,453	£44,172
	Green Spaces and Sustainable Communities umbrella grants			
	England	747	£74,372,060	£99,561
GSS	Scotland	29	£3,278,565	£113,054
	Northern Ireland	41	£5,257,542	£128,233
	Green Spaces Scottish land fund	267	£29,783,881	£111,550
HFS	Heart Failure Support Networks (England)	28	£18,339,819	£654,994

HLC	Healthy Living Centres			
	England	260	£205,591,976	£790,738
	Scotland	47	£32,229,636	£685,737
	Wales	29	£18,548,501	£639,603
ICT	Northern Ireland	19	£12,642,680	£665,404
	Information & Communications- Technology			
	England	165	£158,993,008	£963,594
	Scotland	39	£20,602,239	£528,263
MAW	Wales	22	£11,845,744	£538,443
	Northern Ireland	10	£10,041,168	£2,008,234
	Mentoro Allan, physical activity Wales	16	£6,301,799	£393,862
	PCA	56	£21,020,877	£375,373
PCW	Palliative Care – Wales	10	£4,184,535	£418,454
PES	PE & Sport			
	England	1687	£981,992,246	£582,094
	Scotland	193	£98,570,105	£458,466
	Wales	215	£92,385,315	£429,699
TS	Northern Ireland	152	£64,135,327	£421,943
	Transforming Your Space			
	England	51	£36,601,319	£717,673
	Scotland	107	£9,841,183	£91,974
VTP	Wales	22	£3,086,786	£140,309
	Northern Ireland	14	£2,128,925	£152,066
	Veterans (Their past your future)			
	England	103	£3,286,810	£31,911
	Scotland	25	£765,439	£30,618
	Wales	18	£771,397	£42,855
	Northern Ireland	6	£334,347	£55,725

BHF – British Heart Foundation  
CFN – Community Foundation Network  
FST – Fair Share Trust Northern Ireland  
FSS - Fair Share Trust Scotland  
FSTW - Fair Share Trust Wales

- (1) The BHF received £4,680,000 and distributed 36 grants
- (2) The BHF distributed 26 grants and funded 76 nurses

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