

# Life after work

What Scotland's baby boomers want as they grow older



# About Consumer Focus Scotland

Consumer Focus Scotland is the independent consumer champion for Scotland. We are rooted in over 30 years of work promoting the interests of consumers, particularly those who experience disadvantage in society.

Part of Consumer Focus, our structure reflects the devolved nature of the UK. Consumer Focus Scotland works on issues that affect consumers in Scotland, while at the same time feeding into and drawing on work done at a GB, UK and European level.

We work to secure a fair deal for consumers in different aspects of their lives by promoting fairer markets, greater value for money, improved customer service and more responsive public services. We represent consumers of all kinds: tenants, householders, patients, parents, energy users, solicitors' clients, postal service users or shoppers.

We aim to influence change and shape policy to reflect the needs of consumers. We do this in an informed way based on the evidence we gather through research and our unique knowledge of consumer issues.

## **Acknowledgements**

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# Introduction

## Demography

While there is debate about the size of Scotland's population in the future<sup>1</sup>, there is no disagreement that the population will age significantly. The number of people aged 60 and over will increase from 1.17 million to 1.75 million (around a third of the population) by 2033. The number of households headed by people aged 60 or over will increase by 50 per cent, and the number headed by someone aged 85 or over will more than double over the same period, from 73,000 to 196,000<sup>2</sup>.

Providing good quality care and support for older people in a sustainable way is becoming an increasingly important issue with expenditure on services for older people projected to increase from 20.1 per cent of GDP in 2007/08 to 26.6 per cent in 2057.

While only 3 per cent of people aged 65–74 use care services, this rises to 14 per cent for people aged 75–84, and 40 per cent for those aged 85 and over. But it is important that older people are not only considered a burden. Older people provide a significant amount of care to others, while contributing to the economy as tax payers and volunteers.

*'Older people have a huge impact on the economy not only as workers and tax payers but in terms of the money they save the state by providing unpaid care. More than 40,000 older people in Scotland provide more than 20 hours of unpaid care each week'<sup>3</sup>.*

There are other aspects of social change which affect the demography of Scotland, including the 31 per cent increase in single person households in the 45–65 age group over the last 10 years<sup>4</sup>, and the changing pattern of migration both into and out of Scotland.

## Baby boomers – the older people of the future

Baby boomers – those born in the 15 or so years after the Second World War, and now in their 50s and 60s – represent the older service users of forthcoming decades. This cohort may have different needs and expectations from earlier generations. Baby boomers have typically enjoyed greater freedom of choice and higher disposable incomes than those who went before, often living in double-income households through a period of rapid increase in home ownership. In planning future provision, there is a need to identify and understand the lifestyle, aspirations, and the care and support expectations, of the generation who have had jobs, owner-occupied houses and now longer life expectancy than those who went before.

This is a cohort that may have much higher expectations, but also the resources to contribute towards meeting their living costs after they stop working.

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<sup>1</sup> ESRC, *The Demographic Trends in Scotland: a shrinking and ageing population*, Economic and Social Research Council, 2005, London; R Raeside and HTA Khan, 'The ageing Scottish population: trends, consequences, responses', *Canadian Studies in Population*, vol 35(2), 2008 pp 291-310; Office of the Chief Researcher, *Demographic change in Scotland*, Scottish Government, 2010

<sup>2</sup> <http://bit.ly/qDnkpS>

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<sup>3</sup> David Manion, Chief Executive, Age Scotland <http://bit.ly/nvO1g5>

<sup>4</sup> BBC Today programme, 15 April 2011

It is also important to bear in mind that this cohort may currently be very aware of the experiences of their parents' generation as they deal with the challenges of accessing appropriate services in older age. The baby boomers' exposure to, and sometimes direct involvement with, their parents' and relatives' choices, decisions and situations may inform their own planning and hopes for the future, though there is not much evidence of this in the findings.

Thinking about the next generation of people who will need care, the Dartington Review of the future of adult social care in England (2010) sets out ways in which these people may differ from previous generations:

- they will be wealthier, due in part to house price inflation and changing patterns of inheritance over the past 20 years
- a large proportion will not be eligible for public funding and will use private services
- they will be information-hungry and will want maximum choice and control over the options available to them
- many will be avid users of technology to procure goods and services, or as lifestyle or personal communication tools
- this in turn will reinforce expectations of immediate and timely access to resources – 24:7 – that are likely to be transferred to expectations of care and support services
- their relationships with public services will be characterised by how satisfied they are with the experience and outcome, rather than by relief or gratitude for what they have been offered by those in authority

These characteristics seem likely to offer a challenge to service providers in the future and may require a radical change in the culture of the social care sector.

But while people who fund their own care and support might be thought to have the greatest choice and control, there is also evidence to suggest self-funders are often the most disadvantaged and isolated in the whole system. Rather than making active choices, many appear to end up in their situations as a matter of chance<sup>5</sup>.

## Policy context

There are currently a number of national programmes and strategies aimed at improving care and support for people in Scotland as they get older. These are set out in Annex 1.

They tend to focus on:

- an aspiration to provide personalised care services
- the need to make better use of restricted financial resources
- the need to shift resources from institutional to community settings
- more early intervention and support in community settings
- more integrated working between health and social care services
- a move towards more co-production of services, in which people take greater responsibility for planning and directing their own care

Much of this policy focuses specifically on older people, carers and people with particular medical conditions.

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<sup>5</sup> Humphries, R. 2010. *Dartington review of the future of adult social care*



# Research with baby boomers

## Aims and objectives

Our research aimed to find evidence about what the baby boomer generation will want when they are older and if they are in need of care, and about what kind of services would contribute to them not needing some of the more intensive interventions which will become less affordable, and less compatible with independent living.

The first objective of the research was to provide evidence of the expectations of the 'baby boomer' generation about what a 'good life' looks like, covering the following key issues:

- their worries about old age
- what they will do when they are older
- what kind of environment or community they would like to live in when they are older
- attitudes to alternative models of care
- attitudes to environmental sustainability
- concerns about money

The Scottish Government, through its programme on *Reshaping Care for Older People*, has also been carrying out its own extensive public consultation on care for older people. Our research aimed to complement this, by exploring the views and interests of people who were less likely to have engaged in this public consultation: people who did not necessarily describe themselves as old; who did not necessarily have any direct involvement with care or caring; but who would constitute the older people of the future.

A secondary objective was to challenge participants to consider how their future choices might be affected by variable factors such as the state of the economy, the impact of climate change, or the level of public spending.

## Methodology

We wanted to use a deliberative methodology which challenged participants to consider how their choices might be affected by variable factors such as the state of the economy; the impact of climate change; and patterns of demographic change. We commissioned the new economics foundation (nef) to produce a card game, with challenge and solution cards, to spark discussion and debate. Consumer Focus Scotland commissioned George Street Research to carry out qualitative work using the card game as part of the process, alongside a traditional topic guide. The intention was to look beyond anticipated care needs, and to consider other elements such as housing and lifestyle preferences.

The work was conducted in January and February 2011 through extended focus groups among a sample of 82 people in their 50s and 60s:

- 75 in a workshop setting (40 in Edinburgh and 35 in Perth)
- a further seven people who anticipate that they will have additional care needs as they get older, in a single extended focus group in Glasgow

We were fortunate in being able to learn from the emerging findings of the Scottish Government's Reshaping Care consultation programme, and we used evidence from that work to develop aspects of our research, including the content of the card game.

# Overview of findings

The main findings of our research suggest that baby boomers may not be as different from the preceding generation as might have been anticipated. They did not provide much evidence that they had given thought to preparing for a time when they would be less able to live independently, and had certain expectations about how care would be provided and paid for which may not be entirely realistic. There was a fairly strong view that after many years of paying National Insurance and Income Tax they were entitled to expect the state to look after them in their old age. However, at least some of them did express the view that they would be different from their parents:

*'I see people in care homes and care services, they accept what's coming their way because they were brought up to do that ... and I think that baby-booming people like us possibly challenge authority more and might make more demands than the generation above us.'*

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## Common themes

Baby boomers, like other age groups, are a diverse group of people, with different outlooks and aspirations. However, the research identified some key common themes of relevance to this age group as they get older.

- They made a clear distinction between the two life stages which they expect will follow retirement from full-time work: a period during which they would remain healthy and able to carry on with their existing interests and way of life, followed by a period described as old age, which is characterised by increasing frailty and a reduction in independence
- When asked what a good old age would look like, this was expressed in terms of personal activity and outcomes, particularly in the post-retirement phase, rather than specific services (such as sheltered housing) or policy interventions (such as free personal care)
- Perceived fairness is important, particularly in the areas of finance (pensions and benefits) and the funding of care

The main things which worry this group about old age relate to:

- loss of control and choice, in particular in relation to their living environment – with a common fear being that they would end up in a care home
- ill health, in particular disease affecting cognitive ability, such as dementia
- financial security, largely in respect of money as an enabler for funding a reasonable standard of living (and care if needed) and an enjoyable retirement

Most respondents would like to do the same things when they are older as they do now, but with a different emphasis.

So, they will:

- spend less or no time doing paid work, perhaps taking on a different type of paid work from their previous career
- spend more time on voluntary work or community activity, if they have an interest in these areas
- spend more time caring for and supporting family (spouse, parents, children, grandchildren)
- spend more time on travel and leisure interests, friends and more time with their partner if they have one

Respondents want to live in a community:

- that contains people of all ages and good neighbours
- where they feel supported, but independent– with access to a little bit of extra help at home if they need it
- where they are respected
- where they feel part of wider society and can maintain social contact
- if some care or support is needed, sheltered housing or telecare are attractive models

## Attitudes to care

For most baby boomers, it will be many years before they need care, if at all, and few, with the exception of those who already know that they are likely to have care needs, had given this issue any thought to date. It was therefore difficult to identify any particular aspirations or preferences for this stage of life, beyond a desire to retain independence and control over their choices and living arrangements.

- Ideally, respondents would like to be cared for in their own home
- They felt that they could not rely on family members to provide care
- Continuing social contact is important
- Care homes have negative connotations and are not attractive

## Money

Most respondents do not know what level of income they will have in older age, but worry that it will not be sufficient. The areas where money was mentioned included:

- uncertainty about the security of pensions and pension levels is a disincentive to saving for retirement
- respondents did not think it was fair that people should have to sell their homes or deplete their savings to pay for care in old age
- fairness is a key issue: some perceived themselves as having worked and saved all their lives and taken personal responsibility, but felt that they will end up no better off nor better cared for than others who have not done so and who will be provided for by the state in old age
- most respondents thought that care should be paid for through taxation

## Attitudes to sustainability

Environmental sustainability appeared to be an issue of little importance to most baby boomers unless it coincided with personal interests such as the cost of fuel and heating. There was no real belief that climate change would affect baby boomers in any significant way.

## Summary

Our findings suggest a good old age for baby boomers is one where they retire and continue to live in and contribute to their community and society more widely. They will have more time to spend on travel and interests and more time to spend supporting or caring for their family, whether that is parents, children, or grandchildren. However, many will continue to do some paid or voluntary work. They will remain living independently in their own homes and communities supported by family, good neighbours and community activities as they age. Social contact is important. If they become frail and need care, this is delivered as far as possible in this setting, partly by family, partly by other services. They will not have to sell their homes or deplete their savings to pay for it: they consider their tax investment over the years to be the payment they have already made. If it is necessary for them to move to a care setting, this will be small scale and care will be delivered in a personal and respectful manner.

Respondents found thinking forward to their old age, and what their choices might be, quite difficult. Considering how various possible external factors (such as economic conditions, climate change, public spending levels) might affect those choices was even more difficult for them. Most understood that these and other factors would have an impact, but beyond that, were not able to predict what that impact might be for them personally.

The findings reflect some of the main conclusions of the public engagement work carried out as part of the Scottish Government's Reshaping Care for Older People work, but our work aimed to cover more than care, looking more broadly at the transition from retirement to the increasing loss of independence as people approach old age<sup>6</sup>.

The key themes which emerged in our research were choice, control, independence, fairness, entitlement, and the importance of community. These themes are not distinct but overlap and interact in different ways. The following sections consider these key themes in three broad areas: choice and control; independence in supportive communities; and fairness and entitlement.

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<sup>6</sup> Scottish Government, *Reshaping Care for Older People: a programme for change 2011-2021*, March 2011  
<http://bit.ly/qRTCEK>

# Key theme 1: choice and control

Choice and control were mentioned frequently by participants. Choice and control are distinct ideas, but it was evident that these two things were very often discussed together. It is only when people have and make choices that they have a sense that they are in control of a situation. For example, if everyone is required by law to retire at a particular age there is a sense of powerlessness. If, on the other hand, people are able to choose when and how to retire, for example moving through a period of part-time employment or making a transition to more involvement in community or voluntary activity, they are more likely to be able to contribute to the economy for longer, as well as feeling more in control of their life and of their financial situation.

The areas where choice was mentioned included:

- choice about where to live as you become older and frailer
- choice in the workplace so that people can continue to work for longer on a more flexible basis
- looking forward to having greater choices and opportunities once they are no longer in full-time employment
- the difficulty of choosing a good care home and the consequences of making a bad choice
- opportunities to support healthy lifestyle choices
- more choice of affordable alternatives if they need more support
- being in a care home was viewed as what happened when there were no other choices

Many people felt that in several of these areas they either did not have any choices or that it was difficult to find out what choices they had and how to actually make them.

These findings echo the views expressed at the Reshaping Care public events which were held throughout Scotland. There was a clear view that what was needed in relation to the care of older people was more and better choices, and more realistic options for older people<sup>7</sup>. The Reshaping Care omnibus poll also prompted comments about choice with a concern that, with care and support, 'one size does not fit all' and that people should have choices about how care was provided. Respondents to the omnibus poll also referred to another choice – the right to choose when to die<sup>8</sup>.

## Supporting choice and control

Making good choices depends on having a range of services to choose between and on having good information about those choices. The research showed that baby boomers feel uninformed about a wide range of issues which may impact on their old age.

These include:

- what their own financial circumstances will be
- how much of their care in old age will be funded by the state
- what level of self-funding they will be required to make if they need care
- what housing options they may have as they get older
- how to find out about the quality of care providers

<sup>7</sup> Scottish Government, Public Meetings – 15 Reshaping Care events across Scotland, March 2011 <http://bit.ly/nIURtK>

<sup>8</sup> Scottish Government, *Reshaping Care omnibus survey*, March 2011 <http://bit.ly/pucxNE>

While consumers themselves need to take some responsibility for thinking about their options, and planning ahead, there are several ways in which service providers and policy makers can do more to support and encourage people to make choices which will contribute to healthy, independent lifestyles, with the potential to reduce the need for expensive interventions in later life.

These include:

- providing more options
- providing more effective information to underpin choice and ensure that choices are informed
- supporting literacy initiatives, including financial and health literacy

Our research suggests that in some areas baby boomers felt they had limited options.

The kind of options they would like include:

- the possibility of phased retirement
- housing options which would enable them to remain for longer in community settings
- support services which would allow them to live independently for longer

## Work and retirement

Encouraging people to work longer can be a way for governments to make economic savings by reducing their payments on pensions and other benefits. However, enabling people to continue to work can also contribute to their independence, activity and wellbeing levels.

There is already evidence that the numbers of people working beyond retirement age has increased, with twice as many people working after retirement age in 2010 compared with 2000<sup>9</sup>. However, employment practices which require people to retire at the state pension age, and pension provision which does not allow for flexibility in when and how to stop working are still important determinants of how long people continue to work. One report has argued that there also needs to be more support for the employment of older people, for example by employment brokerage schemes able to meet the needs of older people, and vocational schemes open to older people<sup>10</sup>.

There is a lot of information about pensions and retirement on the Direct Gov website<sup>11</sup>, but this was not referred to by any participants, who said that they did not know enough about what they would be entitled to when they retired.

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<sup>9</sup> Office of National Statistics, as reported at <http://bbc.in/pojXcG>

<sup>10</sup> Yorkshire Futures, *Age Matters: realising the potential of an ageing population*, April 2010

<sup>11</sup> <http://bit.ly/rm7ybU>

## Housing options

There have been changes in patterns of housing tenure in Scotland, with rates of home ownership increasing from 38 per cent to 63 per cent between 1983 and 2003. This means that unlike previous cohorts of retiring people, a majority of baby boomers will own a home which is likely to be a significant financial asset.

While most people recognise that as they get older their housing needs will change, our research suggests that people want to have more options in relation to housing. This might range from sheltered or extra-care housing to alternative models of communal or supported housing. Our participants discussed alternative models which are currently less developed in Scotland, including co-housing and communities which provide different levels of care within a single community setting. Examples used included the Hartrigg Oaks community care retirement community run by the Joseph Rowntree Housing Trust, and the housing with care schemes which the Trust operates in Hartlepool and Scarborough<sup>12</sup>. Co-housing aims to create socially connected communities in which residents can own or rent their properties. Vivarium Fife is the first attempt by a group of people over the age of 50 to set up a co-housing community in Scotland<sup>13</sup>.

Our findings show that many baby boomers are not attracted to the idea of communities of older people, but would clearly prefer to live in communities with a mix of ages. However, there is undoubtedly scope to develop new models of housing and to encourage people to consider these alternatives as they become older.

*'I like the idea of having a communal laundrette, because... you can be sociable there, or you can sit and not be, and we don't need all our own washing machines when we're old, you know! Communal washing machine... laundrette, community café... like you say, a library or something. Because I don't want to live on my own. I would feel very isolated I think if there wasn't somewhere that I felt really comfortable going to, communally. A communal area... and communal garden – things like that where you can... contribute to their gardening, but it's a kind of nice area.'*

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The group of respondents who knew that they were likely to have additional care needs also liked the idea of a village-type community: a 'hub with spokes', with facilities like shops and laundry available. This group also reacted favourably to the idea of co-housing, though they thought it would be important to be matched with the right people.

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<sup>12</sup> K Croucher, N Pleave, M Bevan, *Residents' views of a Continuing Care Retirement Community*, Joseph Rowntree Foundation, 2003; K Croucher, *Making the case for retirement villages*, Joseph Rowntree Foundation, 2006

<sup>13</sup> <http://bit.ly/nQToR5>

There is little evidence to show which types of supported housing people might prefer if they reached a stage where their current home arrangements were no longer appropriate. However, there are findings which indicate that future generations of older people will expect and demand a different standard of accommodation, specifically more space, en-suite bathrooms and additional bedrooms for family and friends or a live-in carer to stay in<sup>14</sup>.

Participants in our research expressed support for the idea of sheltered housing, although they were also unsure about living in settings containing only older people. Despite this support, and a reasonable level of provision of sheltered and extra-care housing in Scotland, the demand for sheltered housing is variable<sup>15</sup>. There are different factors which affect this, including the size and location of the property, the charges and the level of services provided.

Services are also available to make housing more suitable for older people such as providing aids or adapting the building, including the Care and Repair schemes funded by the Scottish Government through local authorities. For many older people the cost of adapting their houses can be prohibitive. Without financial support, people may feel forced to move out of their home, even if they would rather remain.

There is evidence of positive ‘spillovers’ from Care and Repair, for example in reducing delayed discharge or preventing hospital admission, and enabling people to stay in their homes rather than move to residential care. As with many other services, the level of ring-fencing attached to Care and Repair has been reduced. Local authorities still have a duty to adequately fund these services, but it is not clear how stringent that duty is. This seems to suggest a need for a more holistic view across Scottish Government, local authority and NHS budgets, capable of modelling ‘spillover’ effects more fully, and informing policy on that basis<sup>16</sup>.

Our research suggests that the area of adaptations is more challenging for those living in private rented accommodation, where landlords may be unwilling to pay for these.

*‘That’s where we struggle being private rent. We’re up a top flat. The landlord does absolutely nothing for you. Where do you stand when you get older? What do you do?’*

C2DE Edinburgh 50-54

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<sup>14</sup> Joseph Rowntree Foundation. 2009. *Older people’s vision for long-term care*

<sup>15</sup> K Croucher et al, *A study of the supply and condition of sheltered housing; changes and barriers to change; costs and demand issues; residents’ experiences; and the future housing aspirations of older people*, Scottish Government, 2009 <http://bit.ly/nE5WA0>

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<sup>16</sup> Age Scotland. 2010. *Older people, Public Policy and the Impact of Devolution in Scotland*

## Involving the older people of the future

Consumer Focus Scotland has argued in response to the Scottish Government's consultation 'Wider planning for an ageing population – housing and communities' that it is essential to involve older people in the process of making decisions in this area. The housing of the future must be responsive to the needs of the older people of the future, and the best way to assess this is by actively engaging with them<sup>17</sup>.

## Energy efficient housing

While there was little interest in environmental issues in our research, participants were concerned about the cost of fuel both for travel and for heating their homes. As people get older, retire and spend more time at home, their levels of energy-use change, and the energy efficiency of their homes becomes more important. Recent figures show that 58 per cent of single pensioner households and 34 per cent of older smaller households are fuel poor<sup>18</sup>. Being able to afford to heat their home may be a crucial determinant in whether people are able to continue to live independently in their home.

Consumer Focus Scotland is undertaking a range of work to make energy bills more affordable, particularly to those living on low incomes. In the short term, the easiest way for many consumers to reduce their bills is by switching either tariff or supplier, to ensure that they are on the tariff most appropriate to their circumstances. However, in the longer term, the most important steps which people can take are in relation to increasing the energy efficiency of their homes.

The Energy Assistance Package, operated by the Energy Saving Trust, is open to all consumers, but targets low-income consumers living in less efficient houses. The four-stage process offers a free home energy and benefits check for all, but can also offer free standard insulation measures to those aged over 70, and longer-term measures such as the replacement of central heating for people aged over 60 who meet the qualifying criteria.

The recently introduced Warm Home Discount Scheme, which is replacing social tariffs, is targeting low-income pensioners, and households in receipt of the guaranteed element of Pension Credit will be entitled to an annual discount of £120. The Department for Work and Pensions will ensure that all eligible consumers automatically receive the discount as an annual rebate on their energy bill.

It is important that older people, and those approaching old age, are aware of the steps they can take themselves, and the support they can get, to reduce their energy costs.

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<sup>17</sup> Consumer Focus Scotland, *Response to Wider planning for an ageing population – housing and communities*, September 2010 <http://consumerfocus.org.uk/g/4py>

<sup>18</sup> Scottish Government, *Scottish House Conditions Survey 2008*, Edinburgh 2009

## Information about housing options

Clear and consistent information, disseminated widely and available in a range of formats, could help to support people either to remain in their own homes for as long as possible, or to relocate to an appropriate home.

This information could be about different types of housing, including sheltered housing, very sheltered housing, private retirement housing or communities, or co-housing. It could be about how to get help with improving the energy efficiency of homes, or how to switch energy provider. It could be about aids and adaptations to continue living for as long as possible in your own home. We have argued the case for effective information provision about housing and consumer rights in relation to housing in a recent consultation response<sup>19</sup>.

For example, the ‘standard tenancy information pack’, which is included within the provisions of the recent Private Rented Housing (Scotland) Bill, has the potential to improve the accessibility of housing in the private rented sector by informing tenants of their landlord’s duty to make reasonable adjustments to the property so that it meets the needs of a disabled tenant. This can include changes to policies, practices or procedures; or changing a term in the letting agreement which says that tenants cannot make improvements – to allow them to make a disability-related improvement<sup>20</sup>.

## Information about money and finance

Since worries about money feature highly with baby boomers, it is not surprising that the research suggests a need for much clearer understanding on the part of those approaching retirement, but also the population more generally, about what their financial circumstances will be after retirement, and what their entitlement will be both to pensions and to care and support services if and when they need these.

The lack of awareness of what they will be entitled to and the expectation that the state will provide for care in older age need to be addressed not just with those approaching retirement, but with younger age groups. Many participants in our research felt that a lifetime of paying tax and National Insurance was an investment which meant that they were entitled to expect that the state would fund their care in old age. There was little sense that participants recognised the benefits which they had derived throughout their lives from the public funding of services such as education, roads, the NHS, or the police, and an attitude, widely shared across all the groups, that there was a fundamental right to be looked after in old age. There appeared to be little understanding that the costs of caring for and supporting older people are borne by current taxpayers.

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<sup>19</sup> <http://consumerfocus.org.uk/g/4pz>

<sup>20</sup> <http://bit.ly/qVnx0T>

## Information about voluntary activity

Many of the participants in our research said that they thought that they would spend more time on voluntary activity after they had retired from full-time work.

*'Well a wee bit of voluntary work, because if you work all the time and then suddenly stop, it would be nice to do a wee bit of voluntary and not stop'*

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It will be important not only for the wellbeing of individuals, but also for the health of communities, that voluntary and community-based activity continues and develops<sup>21</sup>. There is some evidence that more educated people volunteer more than less-educated people, and it has been argued that there need to be 'low threshold' opportunities for some people to become active volunteers. Organisational support, choice of volunteering activity, training and ongoing supervision have been shown to have more positive effects with older volunteers with lower socio-economic status<sup>22</sup>.

## Supporting choice: other approaches

As well as providing more options, and better information, there are other approaches which can help people to make better choices.

The Office of Fair Trading (OFT) has recently published a report on the role of choice-tools in empowering consumers of public services<sup>23</sup>. Such tools might include: performance league tables so that consumers can compare performance or how far services are meeting particular targets or standards; price comparison websites which compare costs for similar products; or user-generated web-based content which is used to help people make choices. However, in relation to public services there are various challenges not faced in other markets, including:

- there may be limited awareness that there are choices
- there may be several people other than the consumer involved in making decisions, for example a social worker, a GP or a carer
- where choice is based on quality of service rather than cost, it is more difficult to assess and compare

There are limited opportunities for choice in the NHS in Scotland, and this idea is more relevant in relation to social care. Where there is some information, as with the quality ratings of care services provided by the Care Inspectorate, which has taken over the work of the Care Commission in relation to care services, our research showed that there was low public awareness of this.

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<sup>21</sup> K Pillemer, T Fuller-Rowell, T Reid and N Wells, *Environmental volunteering and health outcomes over a 20 year period*, *The Gerontologist*, 50(5) 594-602

<sup>22</sup> F Tang, E Choi and N Morrow-Howell, *Organisational support and volunteering benefits for older adults*, *The Gerontologist*, 50(5), 603-612

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<sup>23</sup> Office of Fair Trading, *Empowering consumers of public services through choice-tools*, April 2011  
<http://bit.ly/qnhWrc>

## Supporting literacy

While we have made the case for more information being made available to people approaching old age, there is much evidence that this will only have an impact or an effect on people's behaviour if they are able to translate it into practice.

*'Of all the areas of finance that people have to contend with, though, I think pensions is the one they least understand. Part of the problem is the gap in time between putting money in and getting it out. People can grasp the concept of a mortgage, which is easier to comprehend; but with pensions, most people have only a very general idea that somehow, somewhere, they are saving up money for the future. The notion of, say, buying an annuity – an income bought from an insurance company and paid for with an accrued pension pot – is utterly foreign.'*

Alastair Darling, Prospect magazine,  
26 January 2011

The former Chancellor of the Exchequer goes on to recommend that financial literacy should be taught in schools to all young people (where it is usually referred to as financial capability), and that there should be opportunities for older people to study this too. While we are aware that there are current programmes to improve financial capability in Scotland's schools<sup>24</sup>, more needs to be done to increase access to this information for all consumers.

Health literacy has been defined as:

*'the wide range of skills and competencies that people develop to seek out, comprehend, evaluate and use health information and concepts to make informed choices, reduce health risks, and increase quality of life'*<sup>25</sup>.

While we have argued for more information to support choice and independence, we recognise that this must be presented in a way which communicates effectively with people and enables them to change their behaviour, understand a situation better, or take appropriate action in response.

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<sup>24</sup> Royal Bank of Scotland MoneySense for Schools, <http://bit.ly/o3f284>

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<sup>25</sup> Scottish Government, *Health Literacy – a scoping study: final report*, 2009 <http://bit.ly/pQbDXV>

# Key theme 2: independence in supportive communities

There is a clear desire among baby boomers to remain living independently for as long as possible. Our research shows clearly that people want to live independently in supportive communities, with good services and a mix of ages, with a view to postponing the need to go into residential care, which is seen as involving the loss of independence and control. The ideal community was described as one containing good neighbours who will help each other out when needed. Independence and social contact were frequently cited as important elements of the environment respondents would like to live in.

*'The area where we live, people look out for one another, and that would be preferable to me, if you had a good neighbour that... popped in and said if you need anything'*

ABC1 Perth 60+

The European Commission has been carrying out a programme of work on what constitutes a 'good place' to grow older<sup>26</sup>. There has been recognition that what is needed to make a place age-friendly will differ between different places. There are, however, some common characteristics of good places to grow older.

These are:

- rich employment and volunteering opportunities
- a range of leisure and social activities
- a choice of learning opportunities
- a good transport infrastructure

This is echoed in the findings of our research: what matters most to people approaching retirement is not the services available to frail older people, but the services which allow them to continue to live full, active, independent lives.

## Independence and health

Preserving an independent lifestyle is clearly very dependent on maintaining good health. In our research, respondents felt that their state of health was likely to be the key factor impacting on what their old age might be like, regardless of their income level or other socio-economic characteristics. But this was mostly expressed as a fear, with people feeling that they had little control over what might happen to their health.

For many, the life stage described as 'old age' involved connotations of deteriorating health and dependency. But as they were unable to predict their own situation in old age, they did not discuss this in any detail, or consider what kind of services they would want if or when they found themselves in this situation. Their concerns focused much more on the period after retirement when they hoped to remain fit and active for as long as possible. Some participants referred to the importance of continuing to exercise and take responsibility for their health, but overall there was not a lot of discussion about this.

<sup>26</sup> C Tesch-Romer and A Hokema, *United Kingdom: a good place to grow older*, European Commission, January 2011

## Supporting independence

In Scotland we currently spend approximately £4.5 billion of public funding each year on health and social care for people over the age of 65 years across Scotland. Well over half (60 per cent) of this is spent on providing institutional care in hospitals and care homes, with almost one-third on emergency admissions to hospital<sup>27</sup>. Though many admissions are necessary, some could be avoided if there was appropriate preventative action and effective alternatives in the community.

Communities which have the capacity to provide care and support for people as they get older will be central to achieving this change. Increasing community capacity that focuses on preventative and anticipatory support, or on supporting health within the community, can reduce isolation and loneliness, support participation, improve independence and wellbeing and delay the stage of dependency and need for more complex care and support. The benefits of greater investment in low-level, preventative support are clear, and the Scottish Government has recently committed to developing and extending low-level preventative services, including equipment and adaptations, handyperson services and housing support<sup>28</sup>. We have set out below some examples of existing good practice.

## Mearns and Coastal Healthy Living Network (MCHLN)

MCHLN aims to improve the health of older people by providing services that those older people say are important. These preventative measures can increase their independence, and improve their capacity to take part in their communities. MCHLN offers:

- services to individuals: help with shopping, a transport service and a handyperson service
- social groups: lunch clubs, gentle exercise groups, computer classes, reminiscence groups and a group for people with dementia
- capacity building: volunteering and training opportunities and involvement in the running of organisations<sup>29</sup>

## The Food Train

The Food Train is a registered charity based in Dumfries and Galloway and now also West Lothian, providing food access support, social contact and home support to older people. Customers have their shopping list collected by volunteers on a nominated day each week; the orders are then made up for delivery on another nominated day each week. Customers using the shopping support service can also access Food Train 'EXTRA'.

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<sup>27</sup> Scottish Government. 2011. *Reshaping care for older people: a programme for Change 2011-2021*  
<http://bit.ly/qRTCEK>

<sup>28</sup> Scottish Government, *Reshaping care for older people: a programme for change 2011-2021*, Edinburgh, 2011

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<sup>29</sup> NHS Health Scotland. 2009. *Preliminary Case Studies of the Application of Economic Evidence of Health Improvement Work in Community-led Projects and Organisations*

The initial visit comprises of a home-safety check with referral to Fire & Rescue and Handyperson services locally, if needed, followed by a general check of what help is needed around the house. Customers then receive a regular monthly visit for one to two hours. Volunteers will help around the house with tasks such as inside window cleaning, defrosting the freezer, changing light bulbs, cleaning cupboards etc<sup>30</sup>.

## Telecare

The idea of telecare was welcomed by many participants in our research as a way of supporting people to remain in their own homes, but there was not high awareness of this possibility. Telecare includes a range of services and devices which use technology to enable people to live with greater independence and safety in their own homes<sup>31</sup>.

Early examples of telecare were the push-button pendant which could be used to summon help in an emergency. More advanced developments include the use of devices that trigger a response from a call centre, such as falls monitors and motion sensors. The responses may range from a phone call, to alerting a local carer or neighbour or social service, or alerting emergency services if appropriate<sup>32</sup>.

Other examples include devices that directly alert the person in the home to a particular hazard, such as a water level monitor in a bath. In the future, the use of broadband, wireless and audio-visual technology is likely to extend the possibilities. The Scottish Government recently published its digital strategy, which will support these developments<sup>33</sup>.

Evidence suggests that these devices address issues that older people see as being important, such as fear of falls, becoming ill when alone and inability to do household chores. It can also be beneficial to carers, and research has shown that it improves their quality of life, reducing stress, and making them more confident about the safety of the cared-for person<sup>34</sup>.

## Transport

Transport was an important aspect of independent living for the baby boomers in our research. They were worried about the impact of the cost of fuel on their ability to retain independent means of transport, as well as on their housing costs. They did not discuss public transport in any depth, but these services may be a major factor in enabling older people within local communities to use services, to meet people and to participate in wider activity. While not discussed much by our baby boomers, those in the lower socio-economic groups were supportive of universal free bus travel for people over 60, while those in higher groups were more prepared to see universal benefits being phased out.

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<sup>30</sup> <http://bit.ly/mST5sW>

<sup>31</sup> Definition from Joint Improvement Team, Scottish Government <http://bit.ly/qmJEhZ>

<sup>32</sup> Joint Improvement Team. 2010. *Summary of Telecare Services in Scotland*

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<sup>33</sup> <http://bit.ly/iK81Eu>

<sup>34</sup> K Jarrold and S Yeandle, *A Weight off my Mind: exploring the impact and the potential benefits of telecare for unpaid carers in Scotland*, Carers Scotland and University of Leeds. 2011

## Non-statutory services

While not discussed by our respondents, some non-statutory services currently provided by local authorities can contribute significantly to the level of support available in local communities, and may be at risk of being cut back in times of financial constraint. Consumer Focus Scotland recently worked with Community Food and Health (Scotland) on a study of food services for older people in the community. It explored the range and nature of food services available for older people living at home in Scotland. We found that there is no uniformity of services across local authority areas and that there is a lack of a clear overview of the food services available in each local authority area<sup>35</sup>. Yet for those in receipt of food services the health, wellbeing and social benefits of these services are invaluable.

## Information about support services

The clear preference of baby boomers for community-based services which support people to remain in their own homes and communities also suggests that there is a need for good information about the kind of services available in particular communities and how to access these.

The need for good information also came through clearly in the public engagement work which the Scottish Government carried out as part of the Reshaping Care for Older People programme. There was a strong message that older people needed to be more involved in decisions about their own care, and that this needed to be supported with better information about options and choices<sup>36</sup>. Equally, this research highlighted the need for unpaid carers to have better information and advice to support their role. Information on a very wide range of topics was needed: about housing, navigating the health and social care system, entitlements, and the side effects of different medication.

The need for information involves both nationally produced information, for example about benefit entitlements, and locally produced information about local services. There are currently two major sources of information and advice for older people, namely the Care Information Scotland website<sup>37</sup> and the Age Scotland helpline and information service. Both produce or provide access to a very wide range of information on many topics covered in our research. Neither of these was mentioned by participants in our research. As with much information, people only look for this when they have a need for it, and may be unaware of what exists until they need it. The challenge in relation to the baby boomer generation is how to raise awareness of the options which may exist for them in the future.

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<sup>35</sup> Consumer Focus Scotland and Community Food and Health (Scotland). 2011. *Meals and messages: a focus on food services for older people living in the community in Scotland*. <http://consumerfocus.org.uk/g/4q0>

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<sup>36</sup> Scottish Government, *Reshaping care for older people: a programme for change 2011-2021*, Edinburgh, 2011

<sup>37</sup> <http://bit.ly/nwKH3r>

The other challenge is to ensure that when people actually reach the point of needing to find services or sources of support, that the information is readily accessible. Websites may become less accessible to people as they get older, particularly if they have sensory impairments, and it is important to ensure that there are alternatives, such as telephone helplines, which both of these services have.

## When independence is no longer an option... information about care services

Those who took part in the research stated that there was a need for a source of good and reliable information about the quality of care services. There was low awareness of what is currently available, but this is probably because most of those consulted had not had any need to look for such information. At the same time they were aware of the kind of user-generated information which is available about hotels and consumer goods, and felt that there was a need for more of this kind of information in the area of care and support for older people.

This finding echoed the findings of other pieces of research. A market study by the OFT in 2005 found that many older people and their relatives lacked information about care homes' fees and services and about the terms and conditions of living in a care home, and recommended that the government should set up a central point where people could get clear information about care services. The Scottish and UK governments both accepted that recommendation, and the Care Information Scotland website<sup>38</sup> can be seen as the main response in Scotland.

A recent report in England<sup>39</sup> on people who fund their own care shows that the people seeking information about what services may be available are often adult children or other relatives who only have a vague idea of what it is they are looking for. People need information about how to find the right support and services, and also independent advice, brokerage and advocacy. This is something which is absent at present in England, and the situation is almost certainly the same in Scotland.

Similarly, in relation to information about the quality of care services, the Care Inspectorate, which has taken over most of the functions of the Care Commission from April 2011, publishes information about a very wide range of services from child care to residential care homes. Our evidence suggests that most people are unaware of this source of information about standards and care options. This needs to be addressed both to raise awareness and to ensure that this information is accessible.

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<sup>38</sup> <http://bit.ly/nwKH3r>

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<sup>39</sup> Melanie Henwood Associates, *Journeys without maps: the decisions and destinations of those who self-fund*, Putting People First, December 2010 <http://bit.ly/rtR8Yg>

Since we commissioned this research, the *Report of the Commission on Funding of Care and Support* (the Dilnot Commission) has provided its recommendations and advice to UK Government<sup>40</sup>. Although the system for social care funding and support is different in England, many of the Commission's recommendations reflect the findings from our research.

For example, the report recommends:

- investing in an awareness campaign to encourage people to plan ahead for their later life
- developing a new information and advice strategy in partnership with charities, local government and the financial services sector

As the tax and benefits system operates on a UK basis, the report will have implications for the funding of care in Scotland. It is therefore important that the UK and Scottish Governments work together to ensure that any UK-wide initiatives that are developed should take into account the needs of consumers in Scotland.

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<sup>40</sup> The Report of the Commission on Funding of Care and Support. *Fairer Care Funding*. July 2011.

# Key theme 3: fairness and entitlement

The importance of fairness was raised most often in relation to paying for care, and in relation to people being required to use their own assets to pay for their care, while it was perceived that those without assets could receive the same care without any financial contribution.

*'You've been the sensible one, you've taken precautions to plan for your future: you've bought a house, you're trying to make provisions for your own house etc. and there are other people who have just gone through life and taken no responsibility for their old age and are therefore given every benefit from the state.'*

C2DE Edinburgh 62-68

There was also some resentment among those in lower socio-economic groups that although they had worked hard throughout their lives, they found themselves very far behind their contemporaries who had benefitted from university education and bought their own homes. There seemed to be a feeling that the disparities in income and wealth were too great.

We did not find any evidence that people living on higher incomes recognised that they would be able to enjoy a better quality of life before they entered the phase of frail older age, and that this was, in a sense, some compensation for any unfairness they might feel about paying more for their care at this stage.

## Treatment of family home

Attitudes to money and financial security interact both with people's sense of fairness, and with their attitudes to being in control of their own situation. One important characteristic of many UK citizens is that their main financial investment is in their home. People who have struggled to pay for their home resent having to sell this when they see others, who they perceive as having spent all their assets, having care provided by the state. This sense of unfairness is compounded by the fact that the services provided to those who are self-funding and those paid for by the state may be identical, as there are not distinct public and private markets as there are in areas like housing, education or health.

*'I think when people have worked hard, bought their house whatever, I think they should give at least some of that to their children or a charity or whatever they want to. It shouldn't all go back into the system.'*

C2DE Edinburgh 62-68

The home ownership rate in Scotland is around 66 per cent<sup>41</sup> which is significantly higher than in some other European countries. The emotional attachment to their home makes it hard for people to see the justice in being required to sell this asset in order to fund the care and support needed as they grow older. Countries which have a social insurance system through which people invest in their future care often do not have similar levels of home ownership.

<sup>41</sup> Scottish Household Survey 2007/8 <http://bit.ly/oOfuEw>

There was, however, little discussion of inter-generational fairness and what the impact of an ageing population was likely to be on the children and grandchildren of the baby boomers. While baby boomers preferred to pass on their homes to their children rather than sell them to pay for their care in old age, they did not appear to recognise that it will be the younger generations of working people who will be paying for their care and pensions through income tax. Similarly, while they expressed the wish to have the option to continue working after retirement age, they did not discuss the impact this might have on employment opportunities for the young.

## Entitlement and independence

There appeared to be a contradiction in the thinking of some participants. While they wanted to be able to make their own choices and retain control of their own lives, they had an enduring view that they were entitled to expect that the state would provide care for them in their old age. There was a strong feeling that people who had paid tax and national insurance all their lives were entitled to expect care from the state in their old age, irrespective of whether they had also been able to save, buy their own home, or otherwise benefit from having lived in prosperous times.

*'You've been taxed for 40 years of your life and contributed to this country – and you can pick anywhere you like, any industry or any of the services. If you've done 40 years, the government has a duty to look after you till you die.'*

Additional care needs, Glasgow 52-69

The baby boomer generation is almost certainly more affluent than the previous generation, and we had expected baby boomers to be more self-reliant than their parents. This appeared not to be the case, although evidence from the Reshaping Care for Older People programme suggested a greater acceptance of the need and fairness of people contributing financially to the cost of their care in older age, with over half of respondents to the survey saying that the cost of care should be paid by a mix of state funding and personal contribution. A public insurance scheme was supported by 17 per cent of respondents<sup>42</sup>.

This is not to say that our respondents did not accept any personal responsibility: most expect to contribute and understand that they will need to be self-reliant to at least some degree. Few felt that they could expect to be completely reliant on the Government to look after them.

*'You've got to take responsibility for yourself. You can't rely on the government and suchlike... that would apply to everything – not just health.'*

C2DE Perth 50-59

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<sup>42</sup> Scottish Government, *Reshaping Care Omnibus Survey*, March 2011 <http://bit.ly/pucxNE>

## Financing care and fairness

There was a strong perception in our research that prudent individuals were in some way being penalised and forced to cross-subsidise the reckless non-savers. This viewpoint was held across all sub groups.

*'It goes back to when our forefathers went to work for a National Health Service. That's what you pay tax for. So you shouldn't have to save to be looked after in your old age. You've paid for it for all these years'*

Additional care needs, Glasgow 52-69

It was also seen as unfair that the contributions of respondents or their parents to the state did not directly result in personal benefit. Some, most often those on lower incomes, expressed frustration at how much money they had paid out in tax over the years, and that this had funded comfortable retirements and benefits for other people, but that it did not look as if they themselves were going to be so well protected.

It is beyond the scope of our research to suggest how the care of frail older people should be funded, and our research only allows us to set out the attitudes of the baby boomer generation in terms of fairness and entitlement. These messages in themselves need to be taken into account in taking forward policy in this area. In particular, it is extremely important that whatever system is used to finance care for older people, it must be able to be presented as being fair. At the heart of the issue is the importance of the perception of fairness, and the need to balance rewards for prudence with a need to secure funding from those with an ability to pay.

## Fair access to services

There was also a suggestion in our research that some people felt that access to services might be unfair, and that it was not necessarily those in greatest need of services who would get them. There was an underlying worry among some participants that people with greater financial resources would be able to get better services than those without such resources.



# Conclusions and recommendations

Our research suggests that the baby boomer generation may not be as different from previous generations in their attitudes as we had expected they would be. They are a diverse group with a range of viewpoints, characteristics and circumstances. Some of the younger participants in our research (in their early 50s) were still involved in paying for their children's education and weddings, as well as being concerned about their own careers and caring for their parents.

They will, however, differ from previous generations in several ways:

- they are more likely to be home owners with a significant capital asset in their home
- they are likely to have fewer children, more widely dispersed
- when they reach the stage of frail old age, the working population, which effectively pays for benefits and state pensions for older people, will be considerably smaller

They will also differ from future generations in being more likely to have final salary pension schemes.

It is clear from this research that the majority of baby boomers have given very little thought to their retirement and old age. Life after retirement is seen very much as continuing on the same terms as life before retirement, but with more time available to pursue interests or provide family support to parents, children or grandchildren. Most people are unable to think clearly or make decisions about life when they become frailer, and less able to live independently. This is considered to be too far in the future, and to involve too many uncertainties, to be able to plan for in any degree of detail.

However, the process of discussion, prompted by cards setting out some of the key issues, challenges and solutions, uncovered several key themes relating to choice and control, independent living in supportive communities, the desire for fairness and an expectation that the state will support people in old age.

Consumer Focus Scotland considers that one of the most effective ways of responding to the challenges which will be faced when this generation does become older and frailer, is to provide more options and support during the post-retirement years to help people make choices and decisions which will enable them to continue to live independently for as long as possible. This includes a wide range of measures in relation to:

- people's understanding of their financial situation, and steps they can take to improve it
- their housing options, and how moving to more accessible housing may enable them to continue to live independently
- their care options, and how those options will be paid for in the future
- what they are 'entitled' to when they are older
- support for community-based initiatives which provide services in local communities
- support to create resilient communities
- support for carers
- support for healthy living initiatives
- support for telehealth and telecare initiatives

We therefore make the following recommendations to the UK Government, the Scottish Government, local authorities and health boards, volunteer agencies, voluntary sector organisations, housing associations and regulatory bodies in Scotland.

## To the UK Government

The research suggests a need for clear and accessible information about likely pension entitlement.

**The UK Government should raise awareness of how people can get a retirement income forecast, including benefits, state and personal pensions. The UK Government should ensure that it is possible to do this in different ways, for example, online, by phone or in face to face settings.**

Our research suggests that people do not in general understand the idea that the costs of the welfare state, including pensions and social care, are met by current taxpayers.

**The UK Government should consider how it can raise public understanding of how the costs of the welfare state are met.**

## To the Scottish Government

Our research suggests that there is a need for effective information for people while they are working, for people at retirement, and for people who are beginning to need some support to continue to live independently.

**The Scottish Government should ensure that older people are fully informed about their entitlements to pensions, care and support services.**

**The Scottish Government should ensure that this information is included when developing and taking forward plans for an online portal for Scottish public information.**

**The Scottish Government should ensure that provision of online information does not disadvantage those without access to a computer. The Government should work with Age Scotland, Care and Repair Scotland, and others, to further promote and extend national telephone helplines and good quality local information.**

**The Scottish Government should promote awareness of the Care Information Scotland website and phone helpline.**

Our research shows that baby boomers want to continue to live independently for as long as possible in their own homes. To allow this to happen, there is a need for sufficient appropriate housing in supportive communities, with the right kind of support services available.

**The Scottish Government should work with local authorities, housing associations and the older people of the future to develop innovative models of housing for older people.**

**The Scottish Government should continue to support the Care and Repair scheme and work with local authorities to support older people to remain in their own homes.**

**The Scottish Government should continue to support healthy lifestyle initiatives throughout Scotland, and should ensure that there are initiatives which focus on the needs of people over the age of 50.**

Various steps can be taken by people as they approach retirement to ensure that they can live independently in their own homes for as long as possible. While recognising the steps which the Scottish Government is already taking in this area, for example in relation to energy efficiency, our research suggests that it is important to focus some effort on those approaching retirement age.

**The Scottish Government should consider how it can encourage home owners and private landlords to make their properties more accessible, more fuel efficient, and more telecare-oriented.**

**In its work on *Reshaping Care for Older People*, the Scottish Government should ensure that it is able to explain the reasons for funding models in a way which addresses the concerns of members of the public that these are unfair.**

## To local authorities and health boards

While recognising the budgetary pressures faced by local authorities and health boards in Scotland, we believe that these bodies will continue to have a key role to play in ensuring that the right kind of services are available in their areas to support people to continue to live independently as they get older.

**Local authorities should actively engage with community and voluntary organisations, and with older people, to identify gaps and mobilise community assets to address these gaps.**

**Local authorities should include as part of their public performance reporting, a regular report on the range and nature of service provision for older people, consumer satisfaction with these services, cost and quality.**

While the benefits of telecare are recognised as contributing to supporting independence, there is some evidence from our research that there is low public awareness of these services, how to access them and what they cost.

**Local authorities and health boards should ensure that telecare services are available in their areas, and that those who might benefit from these services are aware of them and informed how to access them and of any associated costs.**

There is evidence that small-scale, community-based interventions can be very effective in enabling people to continue to live independently in the community.

**Local authorities should support voluntary and community organisations which provide services for older people, and contribute to the health and wellbeing of older people.**

**Local authorities should support small-scale locally based initiatives or social enterprises which can enable older people to continue to live independently.**

**Local authorities should support innovative solutions from other sectors, including the private sector, and policies that foster self-reliance.**

## To housing associations

Housing associations can play a key role in ensuring that there are attractive housing options which encourage people who no longer work full-time to consider options which will enable them to continue to live independently and with access to community support and facilities for as long as possible.

**Housing associations should consult with baby boomers and people approaching retirement from full-time work, with a view to creating innovative housing options, in relation both to tenure, and to the possibility of some elements of communal facilities or care services.**

## To regulatory bodies

Our research suggests that baby boomers were unaware of the kind of information which the Care Inspectorate provides about the quality of care provided by different care services.

**The Care Inspectorate should consider how it can raise awareness with members of the public about the information it holds on the quality of care services.**

# Annex 1

## Policy on care for older people in Scotland

### Reshaping care for older people

The Scottish Government's *Reshaping Care for Older People* programme seeks to ensure that the NHS, local authorities and the voluntary and private sectors work in partnership to address the health and care needs of older people. In March the Scottish Government, with the Convention of Scottish Local Authorities (COSLA) and NHS Scotland, launched *Reshaping Care for Older People: a programme for change 2011 – 2021*. This programme sets out principles for change. It proposes a shift from institutional treatment and care to community-based provision. It sees services becoming more outcome-focused and involves older people participating creatively in the design and delivery of their own care to support healthy and independent lives in their own communities.

As part of its programme of work on *Reshaping Care for Older People* the Scottish Government has carried out an extensive public consultation.

This has taken place through:

- an on-line survey
- consultation events where participants are also encouraged to complete the survey and contribute to debate on how care is provided and paid for
- an omnibus survey of 1,000 members of the public throughout Scotland<sup>43</sup>

### Dilnot Commission

The Commission on Funding of Care and Support, chaired by Andrew Dilnot, is an independent body responsible for the review of the funding system for care and support in England. Launched in July 2010, the Commission reported to the UK Government in July 2011. The Government has stated its wish to take forward reform of the care and support system's funding, alongside reform of the social care statute and its own vision, in a White Paper in December this year. The Dilnot Commission report will have implications for the funding of care in Scotland because the tax and benefits system operates on a UK basis.

### Change Fund and the Joint Improvement Team (JIT)

As part of the Scottish draft budget announcement in November 2010, there was an allocation of £70 million in 2011/12 to a Change Fund to enable local health, housing and social care partnerships to implement local plans for making better use of their combined resources for older people's services. This money aims to shift the balance of care for older people towards prevention through primary and community care. Change plans were submitted by all 32 partnerships and were considered and endorsed by the Ministerial Strategic Group for Health and Community Care in March 2011.

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<sup>43</sup> <http://bit.ly/r3L4ep>

The JIT was established to work directly with local health and social care partnerships across Scotland. The main focus of the JIT is to provide practical support and additional capacity to partnerships to deliver better health and social care services to those who need them. The JIT prepared guidance and support materials, and worked directly with partnerships to prepare local Change Plans in order to access the Change Fund. The JIT is now developing an Improvement Network jointly with the Community Care Outcomes Framework's Benchmarking Group, to encourage sharing of ideas and good practice within and between partnerships.

## Self-directed support

At the end of 2010 the Scottish Government and COSLA launched a 10 year strategy on self-directed support, setting out a vision where personalised, person-centred support becomes the mainstream approach for everyone who needs support for independent living. The draft *Self-Directed Support Bill (Scotland)*<sup>44</sup> was recently consulted on and presents the Scottish Government's legislative proposals to underpin this strategy, which includes general principles on user choice and control, and a duty on local authorities to provide people with a range of options so that the user can decide how much choice and control they want. Everyone will direct their own support, to whatever extent they choose.

<sup>44</sup> <http://bit.ly/q2XVk8>

## Caring Together: The Carers Strategy for Scotland 2010-2015

This strategy sets out the commitment of the Scottish Government and COSLA to support carers to manage their caring responsibilities with confidence and in good health, and to have a life of their own apart from caring. As an example, the guidance on the Change Fund issued by the JIT made clear that partnerships must take carers' interests into account when local Change Plans were being developed, and stated that carers should be represented when these plans were being discussed. Improving the position of carers involves tackling health inequalities and household income, as well as shifting resources from institutional care to care at home.

## Scotland's National Dementia Strategy

This strategy has long-term objectives, but there is an immediate focus on action over the next three years. The strategy aims to transform dementia services by developing common standards of care for the first time; by producing a framework to ensure that all staff who provide care and support are skilled and knowledgeable about dementia; and by strengthening the integration of health and social care services. There is a real challenge to dementia services as a result of demographic changes. The prevalence of dementia increases with age: around 1.5 per cent of the 65 to 69-year-old population are affected, increasing to about one in three of the 90-plus age groups. The majority (63.5 per cent) of people with dementia live at home in the community<sup>45</sup>.

<sup>45</sup> <http://bit.ly/pXJfCG>



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