



Cheshire West and Chester Council
Focus on our Communities



Cheshire West and Chester's

older people
community



Cheshire West
and Chester

Focus on our Communities

Cheshire West and Chester is made up of many different types of people - with different cultures, beliefs, attitudes and needs.

As a service provider, it is essential we understand our communities so that we can improve quality of life, offer excellent customer services and cater for everyone in the best way possible.

'Focus on our Communities' is a series of short reports, each looking at groups that are often hidden or not well known, and who form part of the equality streams covered by the Single Equality Scheme. These reports aim to provide a snapshot of the issues as a spring board to learning more about the residents of Cheshire West and Chester.

The communities considered in the series are:

- The black and minority ethnic community (BME)
- The lesbian, gay and bisexual community (LGB)
- The transgender community
- The disabled community
- Children and young people
- Older people
- The religious community

This particular report focuses on

Cheshire West and Chester's

older people
community

Accessing Cheshire West and Chester Council information and services

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলেন।

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Further Information

‘Communities’

Although we have used the term ‘communities’, we acknowledge that these communities are made up of very different individuals, with different needs and outlooks. We have grouped them together to help develop our understanding, as they often experience a level of overlap on the key issues they face.

Equality and Diversity

Further information on the ‘Single Equality Scheme’ and ‘Equality and Diversity’ can be found on the Cheshire West and Chester website at www.cheshirewestandchester.gov.uk/equality

Any comments or questions about equality and diversity should be directed to the Equality and Diversity Managers:

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The Reports

The reports were prepared by the Research, Intelligence and Consultation Team. Information has been gathered from a wide range of local, regional and national data. For further questions relating to the reports please contact:

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Background

‘Focus on our Communities’ is a series of short reports looking at communities of interest in Cheshire West and Chester. These communities are linked to the equality streams covered by the Single Equality Scheme. **While the reports highlight many difficulties faced by our communities, they do not present the good work done by many Council service areas, partners and the Third Sector in supporting vulnerable groups.** Instead, they serve as an introduction to the key issues affecting particular communities. This report looks at older people.

Summary

- In Cheshire West and Chester, for 2009 it is estimated that 22% of the population were of pensionable age.
- The population aged 65 or above will increase by over 50% to 92,100 by 2029, and those aged 85 or above will more than double to 16,300.
- Although people are living longer, many have to cope with poor health, disability and chronic illness for longer. This inevitably means that access to health care and support services is vital for the growing population of older people.
- Personal income and wealth can become an increasing cause for concern during old age. Those most likely to be affected by income deprivation and poverty are those who are most vulnerable: ‘old’ older people, those from ethnic minorities, older people living alone, those in poor health and those living in deprived neighbourhoods.
- Other issues for older people include mental illness, isolation, accessing shops and transport, fear of crime and poor housing.

Introduction

How old is old?

There are many different definitions of who an older person might be. According to the Government, an older person is anyone who is aged 50 or over. Some studies classify older people as those of pensionable age (currently, the state pension age is 65 for men and women) whilst other research focuses on 'old older people' (usually those over 85), who are often considered to be amongst the most economically and socially vulnerable people in society. For some economic definitions, old age begins at 40 or 45. However, it is important to note that age as a number is often less important when considering the needs, concerns and aspirations of people facing old age.

In Cheshire West and Chester, **22% (70,000 people) are of pensionable age and 37% (120,800) are over 50** (2009 estimates).

The population aged 65 or above will increase by over 50% to 92,100 by 2029, and those aged 85 or above will more than double to 16,300 (Population forecast 2009 MYE based).



Health and care

Being in good health and physically active is one of the most important issues for older people. The 'Our Community' Survey 2010, showed that in Cheshire West and Chester, as age increased the percentage of people who said that their health was good decreased; 57% of those aged 65 and over said that they were in good health compared to 70% of all ages. Good health represents a key factor in determining quality of life in old age, whilst poor health can lead to low self-esteem, isolation, loneliness and depression.

According to the Office for National Statistics, the number of years spent in poor health and with a limiting chronic illness or disability has increased over the last 25 years. For women, in 2006 the period they could expect to spend in poor health was 11 years compared to 8.7 years for men. Periods of life spent with a limiting chronic illness or disability was 17.7 years for females compared to 14.6 years for males. This suggests that, **although people are living longer, many have to cope with poor health, disability and chronic illness for longer.** This inevitably means that access to health care and support services is vital for the growing population of older people.

Health issues prevalent in old age

There are a number of health issues that are more prevalent in old age, these include:

- **Dementia** is a loss of brain functions that becomes more severe as a person ages. This can have many symptoms including problems with memory, communications, muscle control, impaired speech, personality changes, learning and behaviour. Dementia can be caused by Alzheimer's disease and strokes.

- **Age related hearing loss**, called Presbycusis, can start as early as middle age. According to the National Institute of Deafness, 40-50% of people aged 75 and over have hearing loss. Presbycusis can result in the speech of others seeming mumbled, high pitched noises being difficult to hear, conversations being difficult to understand and, sometimes, the occurrence of Tinnitus. Loss of hearing can affect confidence and social interaction if the individual withdraws because of difficulties understanding people.
- **Vulnerability to winter conditions.** Those aged 85 plus have the largest variation between summer and winter mortality. In Cheshire West and Chester, nearly 80% of excess winter deaths (winter deaths minus the average of non-winter deaths) are over the age of 75. The causes are often respiratory infections and cardiovascular conditions brought on by living in a cold or damp environment.

Other age related illnesses include Parkinson's disease, stroke, high blood pressure, visual impairments and incontinence.

In addition to this, **the risk of experiencing a fall increases with age. Falling often affects people's confidence and mobility, leading to social isolation, and can also exacerbate existing health conditions and illnesses.**

The Cheshire Public Health Report 2006/07 estimates that 30% of people over 65 will fall in a year, including 50% of people aged 85 and over, and if someone has fallen once, they are three times more likely to fall again.

Mental health

Changes in older people's lives, such as entering retirement, moving accommodation or facing bereavement, as well as other factors such as isolation, can often be triggers for mental health issues, including depression and anxiety. The 'Our Community' survey (2010) for Cheshire West and Chester showed that as age increased, the percentage of people who said that over the last 4 weeks they had felt happy decreased.

According to the Social Care Institute for Excellence, depression is the most common

mental health problem in later life, with those living in residential and nursing homes two to three times more likely to experience depression than older people in the community. The charity MIND estimates that **10-15% of older people have depression and up to 40% of care home residents.** Many older people don't seek help, and of those who do, only around half are offered treatment by doctors. According to the Samaritans, depression is the leading cause of suicide in older people; older men aged 75 and over have the highest incidence of suicide. Illness and pain can have a drastic effect on mental health affecting the way individuals feel and their ability to cope, the most widespread is dementia.

Care services

It is widely acknowledged that receiving some form of low-level support can greatly increase older people's quality of life, allowing people to live in their own home and remain independent for longer. It can also mean that older people, who may otherwise be isolated and lonely, are able to venture out and about and feel involved in their community, contributing hugely to their well-being. However, the Joseph Rowntree Foundation highlighted in the 2009 'Monitoring Poverty and Social Exclusion' report that **the proportion of older people helped by social services to live at home has halved since 1994.**

Research by the Joseph Rowntree Foundation has also found that **older people often feel they are not in control of decisions about their health care, particularly those who have high health care needs.** Moving to a care home can be a particularly distressing time and is often the result of a sudden illness or disability. Much research has been done about the needs of those who are highly dependent on care support, including residential care. Some of the key issues include:

- Being treated with dignity and respect
- Retaining personal identity and being involved in decisions
- Being able to make complaints and raise issues about quality of care
- Being able to afford the costs of care.

Personalisation

In 2009, Cheshire West and Chester's Adult Social Care Services made changes to its services due to the national Personalisation Agenda. The aim of the personalisation agenda is to give people control over the support and services they receive via Personal Budgets (including direct payments). The process allows the individual to buy the services they require rather than have them arranged for them, giving them control, choice and flexibility.

Older carers

According to Age Concern, nationally there are around 3 million people aged over 50 providing unpaid care and support to loved ones. Carers of all ages face a number of issues, including financial pressures, difficulties receiving adequate help and support, problems accessing relevant information and physical, mental and emotional pressures and stress. Older carers who have the additional issue of deteriorating health, may be particularly vulnerable to poverty and deprivation, as some may be forced to leave work due to caring responsibilities and may also find it difficult to claim the benefits that could supplement a low income because of tightening benefits criteria and a claims process which they may find complicated and confusing.

Income deprivation and poverty

Personal income and wealth can become an increasing cause of concern and anxiety during old age. Research examining quality of life in older age has found **having an adequate income and material possessions is one of the most important factors affecting the quality of life of older people**. In recent years, spending on essentials like housing, fuel and energy has

increased significantly compared to modest increases in pensioners' average income.

According to Help the Aged, in Great Britain **around a third of pensioners are in fuel poverty** (so heating their home satisfactorily would cost more than 10% of the household income), and 30% of people aged over 60 sometimes heat only one room in their home to save money.

Additional costs of things like adaptations, aids and transport such as taxis, which older people often become dependent on when they become too frail or ill to get about independently, can mean that older people have to use their savings to pay for things that become a necessity. Living on a low income can also have an affect on other areas of life, such as being able to take part in social activities and being able to afford to buy good quality, healthy food, such as fresh fruit and vegetables. This can inevitably have an impact on people's health and well-being.

In addition to the many factors contributing to financial difficulties for the current generation of older people, as the number of those who have been used to living with credit and have little or no savings get older (according to the Department of Work and Pensions, around 7 million people are not saving enough for their retirement), and as the uptake of private pension schemes continues to decrease, the spending habits of 'young' older people are likely to make incidences of income deprivation worse.

Those most likely to be affected by income deprivation and poverty are those who are most vulnerable: 'old' older people, those from ethnic minorities, older people living alone, those in poor health and those living in deprived neighbourhoods. According to Age Concern, 41% of pensioners who are private tenants and 42% of pensioners in Pakistani and Bangladeshi communities are at risk of poverty compared to 17% of pensioners overall.



Benefits

According to Age Concern, **one of the main ways of reducing pensioner poverty is to improve the take-up of benefits such as Pension Credit, Council Tax Benefit and Housing Benefit.** However, many older people are unaware of the benefits they are entitled to for a number of reasons, including:

- difficulty completing forms due to health problems such as poor eyesight and difficulty writing
- difficulty understanding forms and information due to the perceived complexity of the benefits system
- lack of information or help available in other languages
- delays in the claims process.

For many older people, there is also a stigma associated with claiming benefits and asking for or receiving help, meaning they do not receive the extra resources they are entitled to.

Quality of life, social exclusion and isolation

Living in an area where there are good community facilities and important services like health care contribute to quality of life in older age. The 'Our Community' survey 2010 for Cheshire West and Chester showed that health services become more important in making some where 'a good place to live' as age increases, with those aged 65 and over rating health services as most important. Without access to appropriate support, older people often feel isolated in their own homes. Many national studies have also found that **engaging in social activities and good social contact are key drivers of quality of life** for older people.

Social interaction and engagement is a very important aspect of quality of life and mental and emotional well-being, but **many older people can feel isolated and lonely.**

Help the Aged (2009) reports that **6% of older people leave their house no more than once a week**, 17% see family, friends or neighbours less than once a week and 11% see them less than once a month. The 'Our Community' Survey 2010, revealed that in Cheshire West and Chester, barriers to participation for those aged 65 and over included having a disability and being in poor health.

According to the Office of the Deputy Prime Minister's 2006 report 'A Sure Start to Later Life', age is linked to different types of exclusion; those aged 80 and over are more likely to face exclusion from social relationships and service provision than other age groups. **Those on low incomes, living alone and suffering from depression are most likely to face exclusion and isolation.** Significant life events, like the death of a partner or moving to sheltered accommodation or full time care, can lead to feelings of loneliness and isolation.

Living alone

According to Age Concern (2008), 45% of men and 34% of women over 80 who live alone are lonely compared to 4% of men and 10% of women over 80 who do not live alone.

The 2001 census showed that in Cheshire West and Chester 36,421 people lived alone and of this figure, 52% were aged over 65, a figure which is forecast to increase. Research by the NHS has found that elderly people who live alone are less likely to receive social support than those who are married or cohabit, or younger people who live alone. Social support and good social relations have been linked to healthier behaviour patterns and feelings of being cared for and valued. In addition, older people who live alone can feel isolated and have difficulty accessing services. They may also suffer from poor health or be prone to falls and accidents.

Rural isolation

A report for the Cabinet Office in 2009 focusing on older people in rural areas highlights that the **older population is growing more rapidly in rural areas, where access to key services and transport is often limited and problematic.**

Population estimates confirm that, in Cheshire West and Chester, the Rural West area, which includes Farndon, Malpas, Neston and Kelsall, have the highest percentage of those aged 65 and over.

Inadequate rural bus services, for example, can make accessing leisure activities and local shops extremely difficult for those who don't own a car or have mobility problems. In Cheshire West and Chester's 'Our Community' survey 2010, those aged 65 and over were significantly more likely to say that being able to access a local shop was a major problem that affected their quality of life. The closure of local facilities like Post Offices and shops, which are not just viewed as local conveniences, but often act as meeting places for local residents, can mean opportunities for social interaction and feelings of belonging to a local community are beginning to diminish. The absence of other key health services like GP practices in some rural areas mean that people often have to travel further to access these vital services, which can be exasperated by poor or inadequate transport links. The 2007 Indices of Deprivation highlight that areas in Mickle Trafford and Broxton are ranked amongst the most deprived areas in England for deprivation in relation to 'barriers to housing and services'.

Transport

Research into the transport needs of older people found that **transport is an essential link to friends, family and the local community.** Lack of mobility can have a huge impact on older people, often leading to low morale, depression and loneliness. Findings from the 'Our Community' survey 2010 revealed that, in comparison to other age groups, those aged 65 and over were significantly more likely to say that 'getting transport when I need it' was a major problem that affected their quality of life.

Older people face multiple barriers when using public transport, including high cost, concerns about personal safety and physical difficulty in accessing services. There is often a lack of awareness of special transport schemes like

Dial-A-Ride and Shopmobility, and access to travel information can sometimes be difficult.

Nationally, the Department for Transport found that in 2005 just over half (56 percent) of those 60 and over who were entitled to concessionary bus fares currently hold a bus pass.

Safety and fear of crime

Nationally, research by the Home Office, Help the Aged and Age Concern has highlighted the **disproportionate fear that older people, in particular older women, have of becoming victims of crime.** There are numerous reasons for this heightened fear; those who live alone or are in ill health, have a disability or are frail may feel more vulnerable and the consequences of being a victim of crime are likely to be more traumatic for older people, particularly if they suffer a physical injury. High profile media coverage of incidences of serious crime against older people can also raise worries and fears about crime and physical safety.

However, there are a number of crimes that older people may be more likely to experience than other age groups, including fraud and scams sent by post, telephone, text, e-mail and the internet - older people are likely to lose more than twice as much per scam than other age groups. According to the Home Office older people are also **at more risk of becoming victims of bogus doorstep callers and distraction burglary** because they may be perceived to be more vulnerable to the distraction techniques criminals use and because they are more likely than people in other age groups to be at home during the day, which is when bogus callers tend to operate.

High levels of fear and worry can have a huge impact on the lives of older people. Mobility and independence can be negatively affected as concerns about personal safety often mean older people avoid using public transport, going out alone at night and even venturing out during the day. This can lead to isolation and social exclusion, leaving older people prisoners in their own home. The emotional and psychological effects of fear of crime can also be extremely debilitating.

Elder abuse

Abuse may take many forms, including psychological, financial and physical. Many people do not report abuse for a number of reasons; they may not realise it is happening or they may fear that the abuse will get worse. This means that the incidences of elder abuse may be much greater than the statistics highlight. A Government survey indicates that **older people may also be at risk from people they know, such as family members, carers and neighbours**. As with any crime, the emotional and psychological effects can be devastating, particularly when they are carried out by loved ones and those who are in a position of trust.

Housing

Being able to live independently in their own home for as long as possible is fundamental for many older people. However, Help the Aged indicates that **around 35% of homes owned by people aged 60 plus are not in a decent condition**. Decent homes are wind and weather tight, warm with modern facilities. Older people in houses which are not decent are more at risk of fuel poverty and cold or damp-related ill health.

The importance of **being able to maintain the condition of their home and garden can be fundamental**, particularly as older people often spend more time at home. However, if people suffer from ill health or become frail, having help to do this can improve people's wellbeing and feelings of self worth. Despite the importance of good, clear, timely information in relation to housing highlighted nationally by Age UK and the Joseph Rowntree Foundation, research by Age UK highlights a widespread lack of knowledge and understanding about the type of help that is available.

Age discrimination

Age discrimination, or ageism, occurs when a person is overlooked or treated less favourably because of their age. According to Age Concern, age discrimination is the most commonly reported form of prejudice and the 2009 Age UK report 'One Voice' found that 60% of people 65 and over believe it exists in the everyday lives of older people, who may face discrimination in many areas including:

- Access to goods and service, both private and public. Some examples are:
 - insurance companies imposing upper age limits on their policies
 - financial products such as interest-free credit being refused
 - age limits on benefits such as Disability Living Allowance
 - the denial of choice and involvement in decisions about healthcare.
- In public places where access is problematic (for example, steps at the entrance of buildings, heavy internal and external doors, lack of space to manoeuvre) and facilities such as toilets and places to rest are lacking or non-existent.
- In employment, where employees over the age of 65 are overlooked for a job, promotion or training because of their age.

It must be kept in mind that many individuals will face multiple discriminations with certain issues being exacerbated due to being an older person and of a different ethnic origin, of a different sexual orientation, of a different religion or faith and/ or with a disability. They could also face gender discrimination because they are male, female or transgender.



Ethnicity and Culture

The Joseph Rowntree Foundation highlighted that the numbers of older people from black and minority (BME) groups are increasing. However, **inequalities exist between older people from different ethnic groups in areas such as health, poverty and deprivation.** BME older people are also **more likely to live in poorer quality housing.**

In relation to services such as health care and benefits, a number of research reports have highlighted the **significance of barriers to information about what is available**, often caused by language barriers and negative perceptions of service providers. **A lack of culturally or religiously sensitive services may also be an issue for BME older people.** Many people can not eat certain foods for religious or cultural reasons, or may require facilities for ritual washing before prayer or have to pray at certain times of the day. **Different cultures and religion often view illness, medical treatment and end of life care very differently**, which can cause stress and worry if these beliefs are not considered. Cultural stereotypes and assumptions, such as that Hindu, Muslim and Sikh families prefer to look after older relatives in their own homes, can also be detrimental to the care and wellbeing of an older person and their loved ones, particularly if families can not cope.

Lesbian, Gay and Bisexual (LGB) older people

LGB people over the age of 60 will have lived much of their youth and early adulthood at a time when homosexuality was illegal, or being gay was considered to be a mental disorder, sometimes resulting in shock or aversion therapy. This means **that older LGB people may be more apprehensive about accessing services provided by formal institutions such as housing, health and social care; fearing discrimination despite long term care needs.**

Research in 2010 by Cheshire West and Chester Council with lesbian, gay and bisexual (LGB) people who live and work in the area highlighted a number of issues and concerns older LGB individuals have, including:

- concerns about being alone and isolated after losing a partner, especially for those without children
- worries about entering residential care, including fears of homophobia from carers and other residents, that their views will be rendered 'invisible' through lack of diversity and concerns about how open they could be about their LGB identity
- problems arising from next of kin arrangements and medical treatment of a partner, including not being involved in decisions about treatment, being unable to visit if visiting is restricted to 'family only' and how these issues might be influenced by the attitudes of a partner's family or doctor (Civil partnerships have only been in place since 2005 and many older people will not have registered their partnership).

Key facts Population

Cheshire West and Chester's population estimates (2009), show that around 18% of the population in West Cheshire is aged 65 or over, which is higher than the national average (16.1%). Population forecasts indicate that in ten years time the percentage of the population in West Cheshire aged 65 or over will be 22%.

There are differences in the percentage of people aged 65 and over living in each Unitary Ward (Population Estimates Small Area 2009) with the highest percentages occurring in rural areas; Eddisbury (27%), Gowy (26%), Neston and Parkgate (26%) and the lowest percentages occurring in urban areas; Northwich West (14%), Winsford North and East (16%), Winsford South and West (17%) and City (17%).

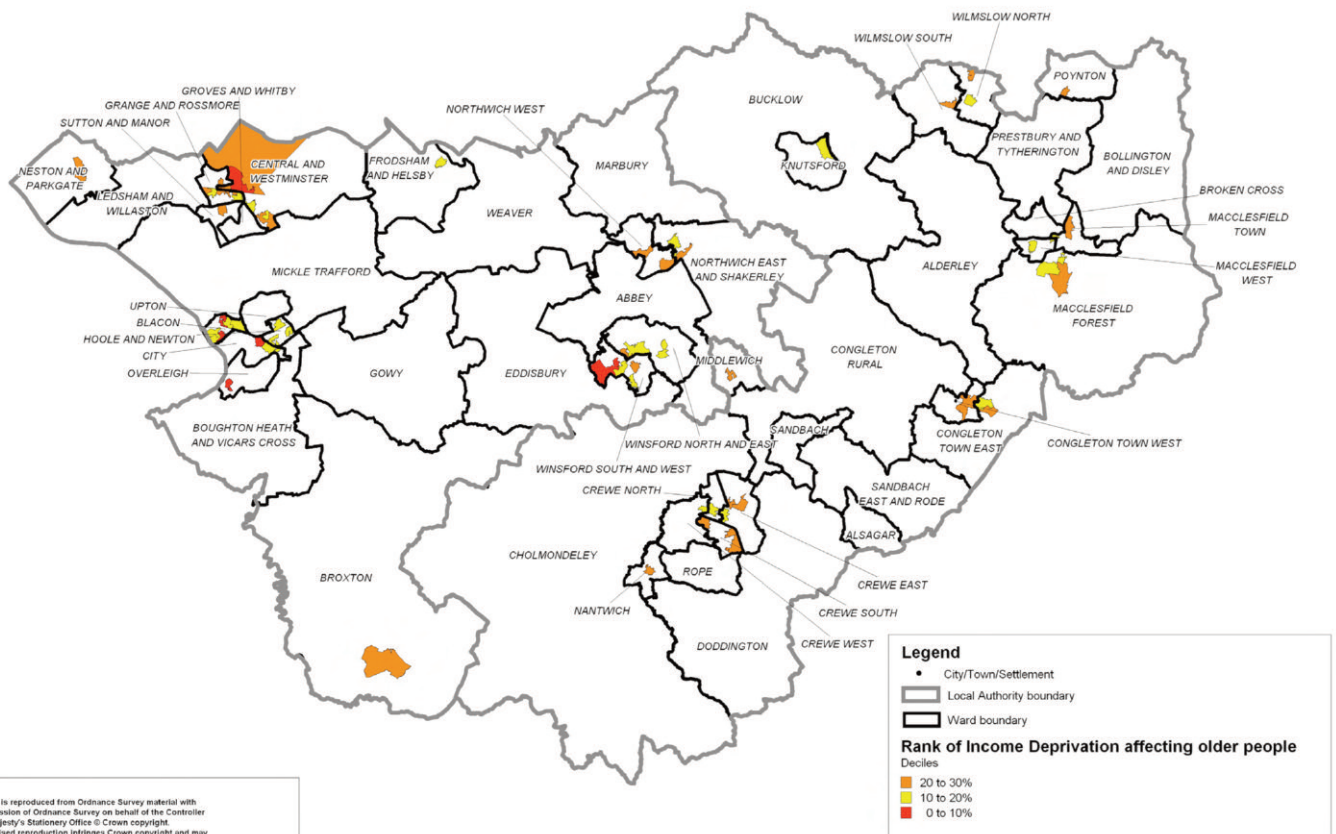
Health and deprivation

According to Western Cheshire NHS, life expectancy in Cheshire West is higher than in England and Wales, with the exception of men living in Ellesmere Port.

The Index of Multiple Deprivation 2007 shows that there are several small neighbourhoods, called super output areas (SOAs) where there are high

levels of income deprivation affecting older people. Overleigh ward has an SOA (Lache Park) ranked in the 3% most deprived in England. Blacon ward also two SOAs that rank in the 6% most deprived in England.

Cheshire West & Chester: Index of Deprivation 2007: Income Deprivation affecting older people by Lower Super Output Area



Support groups and networks in Cheshire West and Chester

Many support groups and social clubs are run by volunteers in local areas across the Cheshire West and Chester area, including ones organised by social services and others set up by charities including **Age Concern (Age UK)**.

There are also a range of forums, such as the **Older People's Network** which is a forum for older people to have their say on all matters relating to their quality of life including Council and health services.

What does this mean for Cheshire West and Chester For the Area

As the number of older people is forecast to increase over the next decade, these topics will become even more pertinent than they are now.

For the Council

- The Single Equality Scheme places a legal duty upon councils to ensure services and staff do not act discriminatorily. In particular, it is important that the Council ensures information is provided in a range of formats and that buildings and other facilities are as accessible as possible.
- For Council services, it is important to recognise the impact of age on service provision and to take forward equality impact assessments to ensure positive progress can be made. Council and partner plans and strategies around ageing are extremely important.
- Awareness training to ensure all staff have an understanding, of not only their duty, but of the issues that affect different groups of people can help identify potential issues in service areas.
- The Council also has a duty to ensure fair employment and that employees are treated in an equal manner and supported.
- Importance of providing clear, timely advice and support is particularly significant for older people, who may find it difficult to understand the benefits and assistance that is available to them or how they can access these resources.
- Improved awareness and access to information about how to claim benefits could also be given to older people, especially in income-deprived areas to ensure that older people receive all the help they are entitled to.
- The issues around isolation, loneliness and health care services (besides others) emphasise the importance of support and advocate groups to improve well-being for older people. Funding and supporting these groups is a function of the Council. These groups can give information about benefits, health promotion and help to act as a social network.
- Consultation is extremely important, to ensure that any changes to services and practices do not have an adverse impact on older people.
- Highlighting and promoting the positive work done by the Council, partners and the Third Sector will help to share good practice in increasing inclusion, acting against discrimination and hate crime, exploring issues related to employment and education, and is extremely important in working towards the transformation of services.

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