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**A Return to Good Neighbourliness? Learning from the National
Evaluation of the LinkAge Plus Pilot Programme**

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Introduction

Older people are generally living longer and healthier lives. Not only has life expectancy for those over 65 increased, but healthy life expectancy and disability-free life expectancy at age 65, have increased. Government has initiated a number of policies including one, LinkAge Plus, which is the focus of this paper.

At the beginning of this year, Rosie Winterton, at that time the Minister of State for Pensions and the Ageing Society in the UK Government stated:

We should celebrate the fact that people are now living longer, healthier lives. In the next 20 years more than half of us will be over 50. It is vital that we address the needs of increasing numbers of older people across a whole range of areas and that is why we are developing a new strategy for an ageing society ... (Speaking at the Ageing Population Conference in London, 29 January 2009.)

Referring specifically to the work of the LinkAge Plus pilot programme, she noted some of the findings from the National Evaluation:

The results from a series of pilot schemes across the country show older people welcome help with little jobs such as gardening and small household chores, help that can't always be provided by local authorities. Mental stimulation such as opportunities to volunteer in their communities and chances to take up further education were also shown to improve the well-being of older people ... It needn't take a lot to make a big difference to older people. A little bit of help and some joined-up working can make big improvements to the well-being of pensioners. (ibid)

As such, the LinkAge Plus pilots have sought to promote older people's independence and develop partnerships between local authorities, other public bodies and across sectors (Daly, 2009; Davis and Ritters, 2007; Ritters and Davis, 2008; Watt and Blair, 2007; Willis and Dalziel, 2009). Our paper will draw on learning

from the LinkAge Plus National Evaluation being undertaken by us for the Department for Work and Pensions (DWP). Arguably many of the features of the ways of working are a return to 'good neighbourliness' from an earlier era. Perhaps a real case of policy futures: learning from the past?

The paper commences with a review of the policy context within which LinkAge Plus is situated, namely the various policy developments relating to older people in the UK, particularly 'Opportunity Age' (HMG, 2005) and 'A Sure Start to Later Life' (ODPM, 2006). This leads on to an outline of the LinkAge Plus pilot programme, its core principles and approach. What follows that is a discussion of the evidence of the impact of the work of the eight LinkAge Plus pilot sites, not least in relation to their impact in terms of the benefits for older people themselves. The paper then introduces the 'Triangle of Care' (ADSS/LGA, 2003) and endeavours to place LinkAge Plus activities within this model. The paper then closes by presenting a number of conclusions on the impact of LinkAge Plus in relation to older people's well being and independence, and the development of partnership working. The paper closes with observations on the extent to which LinkAge Plus pilot activities have provided that 'little bit of extra help' (Joseph Rowntree Foundation, 2005) through the development of 'upstream' activities' (see Ardell, 1986; Cohen et al, 2007; Thunhurst, 2007) that support older people through providing services at the top/base of the triangle of care.

Policy Context

Government, along with other organisations and agencies, has recognised the demographic changes being experienced globally, nationally and locally. Globally, one in ten people is now aged 60 years or more. And, by 2050, the United Nations projects that 1 in 5 people will be 60 or over. By 2030, nearly half of the population of Western Europe will be over 50 years (HMG, 2005). Currently, in the UK over 20 million people (that is over 40 per cent of the population) are aged over 50 years and by 2020 this will have risen to 48 per cent (Age Concern, 2008b; HMG, 2005). Indeed, since 2001 there are more people in the UK who are over 60 than under 16 years of age and it was predicted that in 2007 the number of over 65s would exceed the numbers of under 16s (Opportunity Age, HMG, 2005, p.6). Consequently, Government (HMG, 2005, p. 5) has identified three significant demographic challenges facing the country:

- In the UK as a whole people are living longer
- more people are surviving middle life to reach 65
- and the UK has fewer young people.

Therefore, the number of over 50s, 65s and 85s are set to grow rapidly in the next decades and will form an increasingly larger part of the population.

As a consequence, national government policy has been developing to respond and act proactively to these challenges. LinkAge Plus is part of that response, emanating in part out of two policy documents: Opportunity Age: meeting the challenges of ageing in the 21st century (HMG, 2005) and A Sure Start to Later Life: ending Inequalities for Older People (ODPM, 2006).

Opportunity Age is a ten-year strategy to improve the quality of life of all older people, including the most excluded, by creating a cycle of well-being through participation, leisure, education, improved health and ensuring that older people are valued in the workplace and communities. Opportunity Age has three key strands:

- work and income: ending the perception of older people as dependent;
- ageing: ensuring that longer life is healthy and fulfilling; and
- well-being and independence: ensuring older people are full participants in society.”

Opportunity Age requires national government, local authorities and the voluntary sector to work together to:

- identify and tackle the issues that limit older people’s ability to get the most out of life, including tackling age discrimination, poor housing and the fear of crime;
- ensure that older people can be actively engaged locally in influencing decisions that affect their lives, such as planning and local transport;
- ensure that older people have access to opportunities locally, such as learning, leisure and volunteering; and
- promote healthy living at all ages: older people are better able to enjoy good health later in life if they looked after themselves when they were younger.

A Sure Start to Later Life (ODPM, 2006) develops the Government’s Opportunity Age strategy on ageing, by endeavoring to take the principles and lessons learned from Sure Start for children and adapting them in order to prevent the exclusion of older people and promoting their well being in later life. This is to be done by addressing:

- poor health
- poverty
- and social exclusion

through the development of effective joined-up services and promoting a cycle of well-being through participation, leisure, education, good housing, a decent level of income, improved health and ensuring older people are valued in families, the workplace and communities.

In addition to Opportunity Age and A Sure Start to Later Life, a number of other policy developments have been influential in shaping policy direction as it impacts on older people in England. These include:

- Better Government for Older People (see Hayden and Boaz, 2000)
- Quality and Choice for Older People in Housing (ODPM, 2000)
- National Service Framework for Older People (DH, 2001)
- Integrated Services for Older People – building a whole systems approach across England (Audit Commission, 2002)
- Simplicity, Security and Choice (DWP, 2002)
- All Our Tomorrows (ADSS/LGA, (2003)
- Choosing Health - making healthier choices easier (DH, 2004)
- Supporting People (ODPM, 2005)
- Independence, Wellbeing & Choice: our vision for the future of social care for adults in England, (DH, 2005)
- A New Ambition for Old Age Next steps in implementing the National Service Framework for Older People (DH, 2006a)
- Our Health, Our Care, Our Say: a new direction for Community Services (DH, 2006b)
- Putting People First - A shared vision and commitment to the transformation of Adult Social Care (HMG, 2007)
- Transforming Social Care (DH, 2008).

The LinkAge Plus Pilot Programme

Opportunity Age and A Sure Start to Later Life launched the Link-Age Plus pilot programme and it the research from the evaluation of the Link-Age Plus pilot programme that is the focus of this paper. LinkAge Plus has as its focus the aim of a strategic, whole systems approach to older people which puts older people at the centre of policy making and service delivery. The LinkAge Plus approach accordingly:

- aimed is to develop and deliver services which were accessible, relevant and tailored as far as possible to individual needs
- had grown out of a number of reports and initiatives aimed at improving the quality of life, healthy life expectancy and active participation of older people
- took as a starting point the LGA and the ADSS (LGA/ADSS, 2003) proposal to invert the ‘triangle of care’ for older people whereby the focus of services would move from acute care towards community wellbeing
- was influenced by the work of the Joseph Rowntree Foundation’s Older People’s Inquiry and its ‘central message’ that “older people value ‘that little bit of help’ to enable them to retain choice, control and dignity in their lives” (JRF, 2005).

The LinkAge Plus piloting took place in eight areas of England, namely Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets. These pilot sites were selected by the DWP using a range of publicly available metrics. The chosen areas comprised a mixture of urban and rural settings, differing populations, differing economics, single and two-tier local government areas, existing initiatives and performance levels. In addition, piloting of a ‘Streamlined

Assessment' process took place in two London boroughs: Greenwich and Islington. This concerned the handling of applications for Attendance Allowance made alongside an application for local authority social care services.

Core Principles of the LinkAge Plus Approach

LinkAge Plus set out to provide a comprehensive approach for accessible joined-up services for older people; one which was intended to put older people at the centre of policy making and service delivery. Through LinkAge Plus, central and local government endeavoured to combine their efforts with voluntary and community sector organisations to design, develop and deliver services that meet the needs of older people contemporaneously.

The LinkAge Plus pilot programme sought to bring local authorities together in partnership with health and the voluntary and community sector to find innovative ways to break down traditional organisational and financial barriers and to join up services, with an underlying principle that services should be accessible at the first point of contact; hence one of its key aims was that in terms of older people accessing information and support, there was 'no wrong door'. The pilot programme promoted and developed multiple access points to services including personal callers, telephone, electronic and paper communications. This holistic approach to services also acknowledged the importance of outreach activities which aimed to ensure that even the most difficult to reach older people were not excluded. Rather, the Link-Age Plus pilots have endeavoured to encourage older people to engage actively with services available to them. As such, the six core principles of LinkAge Plus were to:

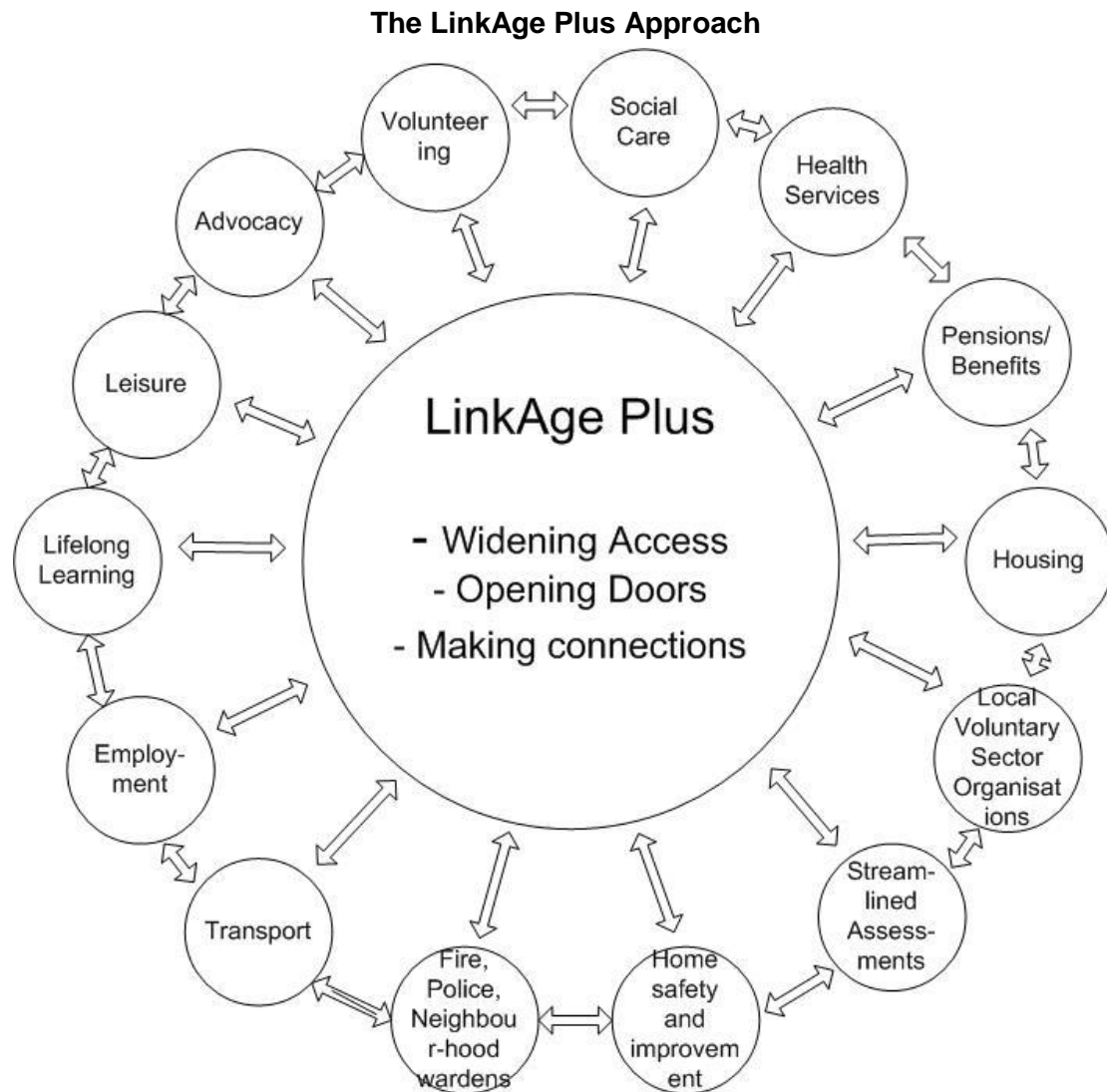
1. **Engage and consult** : whereby older people would be involved in the design and development of how services and relevant information were provided, and their opinions sought in the quality of delivery;
2. **Reflect the needs and aspirations of current and future generations of older people**: the diversity of the local older peoples' population should directly inform services provided for them and anticipate their changing requirements over time;
3. **Enable access by an increasing range of customers**: a 'no wrong door' approach should provide information to and access to and services from an initial or single point of contact. Signposting or referral processes would ensure all relevant services were made available;
4. **Ensure that isolated or 'difficult to reach' older people were enabled to access information and services**: positive steps would be taken through outreach to identify and engage with isolated older people. Joined-up customer contact facilities would be flexible to meet different needs and include face to face, visiting, telephone and electronic media;

5. **Ensure that services promoted independence, well-being and active ageing:** services should focus on early intervention and a preventative approach which went beyond traditional health and social care functions; encouraging respect and social inclusion for older people as citizens would be a primary consideration;
6. **Maximise opportunities for efficiency and capacity building :** efficiencies would be sought through joint working with partner organisations and improving outputs through capacity building.

The LinkAge Plus approach therefore envisaged effective links between different parts of central government, local authorities and voluntary and community sector organizations whilst providing a focus on:

- Consulting and engaging with older people to understand their needs and expectations;
- Delivering a better quality of life through easy access to all relevant information and services (particularly for excluded older people);
- Accessibility, (anticipating changes in the range of customers who use services as well as the existing customer base);
- A better customer experience;
- More customer choice;
- Independence and wellbeing;
- Efficiencies through joint working;
- Capacity building;
- Holistic working.

Figure 1



Evidence from the Eight LinkAge Plus Pilot Sites

The DWP commissioned the Local Government Centre, Warwick Business School, to undertake a national evaluation of the LAP pilot programme. In addition, each LAP pilot appointed a local evaluator to give an overall and ongoing view on the effectiveness of its pilot activity. This paper makes reference both to the local evaluations as well as the national evaluation team's own unpublished and published work, together with so far unpublished work commissioned by DWP (see Daly, 2009; Davis and Ritters, 2007; Hilton, 2008; Ritters and Davis, 2008; Watt and Blair, 2007; Watt and Blair, 2009, forthcoming; Willis and Dalziel, 2009). The national evaluation team worked directly with pilot leads, local evaluators and the DWP through a series of Evaluation Workshops, as well as engaging with Programme Board, Steering

Group and other DWP led events. The national evaluation team also undertook a series of visits to pilot organisations, including a series of interviews with key stakeholders, in the summer of 2007 and again in 2008.

As part of the national evaluation a number of working assumptions were set out as to how LinkAge Plus may benefit older people and organisations. These working assumptions as to the benefits of LinkAge Plus to older people are set out in Figure 2 below. Over the course of the pilot, the national evaluation team conducted stakeholder interviews reviewed evidence from a variety of sources to determine how far the LinkAge Plus approach lead to these outcomes.

Benefits for Older People

17/04/2008

Easier access to information on a range of local services

Assistance and help in using and accessing relevant services

Older people involved in design of services

Services 'joining up' across a range of organisations

Development of services that meet individual needs and preferences

LinkAge+

Policy Framework and Services that support.....

Opportunity Age/ (Later Life PSA)

Evidenced by... (WA 2)

Experienced by older people as

Fairness in work and later life
(Employment rate 50-69)

Independence in supportive communities
(Satisfaction - home and area)

Healthy, active living (Healthy life expectancy)

Support and care (Support to live at home)

Material well being (Pensioner poverty)

Older people engaged in workforce

Increased participation and involvement

Increased contribution to society

People able to do more for themselves

Fewer Problems in later life

More confidence and higher self esteem

More positive view of ageing

Better quality of life

Financial Benefits

WA - Working Assumption

Benefits for Older People

The paper now moves on to present an analysis of the benefits of LinkAge Plus for older people. This is done by describing the benefits of LinkAge Plus to older people within a particular typology. Any typology or system of categorisation is open to debate and that is as much the case for this analysis. Even so, the categorisation is informed by the policy directives, not least as presented in Opportunity Age and A Sure Start to Later Life as well as in 'Older People – Independence and Well-Being: The Challenge for Public Services (Audit Commission/Better Government for Older People, 2004), The Older People's Enquiry – 'That Little Bit of Help' (JRF, 2005) and The Wanless Review – Preventative Social Care – Is It Cost Effective? (Curry, 2006). These drivers were mapped against the National Evaluation Working Assumptions in order to derive a list of categories that can describe the potential benefits of LinkAge Plus for older people (see Figure 3 - LinkAge Plus Themes and Benefits for Older People).

The benefits of LinkAge Plus for older people are presented using the following categorisation:

- 'Social' benefits
- Safety
- 'Health' benefits – physical and mental health
- Educational benefits
- Leisure benefits
- Occupational benefits
- Welfare benefits
- Transport.

Figure 3 - LinkAge Plus Themes and Benefits for Older People

Theme in Benefits for Older People Report	Working Assumptions of Benefits for Older People	Audit Commission / BGFOP (2004) 'Older People – Independence and Well-Being: The Challenge for Public Services'	JRF (2005) 'The Older People's Enquiry – 'That little bit of help',	Opportunity Age (2005)	Wanless Review (Curry, 2006)	A Sure Start to Later Life (2006)
Social	Increased participation and involvement (WA3) Increased contribution to society (WA4) People able to do more for themselves (WA5) Fewer problems later in life (WA6)	social activities, social networks and keeping busy neighbourhood	friendships safe neighbourhood	social contacts active role in society safe at home and on the streets	fear from crime and fear of crime	social activities social inclusion
Safety	Policy framework and services that support 'Opportunity Age' outcomes (WA1) People able to do more for themselves (WA5) Fewer problems later in life (WA6)	housing	comfortable and secure home	housing	home adaptations fear from crime and fear of crime gardening	safe environment decent homes
Health and healthy living	People able to do more for themselves (WA5) Fewer problems later in life (WA6) More positive view of ageing – better quality of life – more confidence and higher self esteem (WA7)	health and healthy living	keeping active and healthy	health, healthy active living care Support and care	access to health and social services	health and social care
Education and Lifelong Learning	Increased contribution to society (WA 4) People able to do more for themselves (WA5)		Learning and leisure	learning volunteering	leisure services gardening	lifelong learning volunteering
Leisure	Increased contribution to society (WA 4) People able to do more for themselves (WA5)		Learning and leisure	learning volunteering	leisure services gardening	lifelong learning volunteering
Work	Older people engaged in the workforce (WA2) Increased contribution to society (WA 4) People able to do more for themselves (WA5)			work/employment fairness in work and later life volunteering		volunteering
Income/Welfare Entitlements	Financial benefits (WA8)	Income	adequate income	income material wellbeing		income to combat poverty finance and benefits
Transport	People able to do more for themselves (WA5)	mobility	ability to get out and about	transport	transport	transport

Social Benefits

Government and others (notably Curry, 2006; Wistow et al, 2003) have recognised and sought to address issues of social exclusion and discrimination experienced by older people. Other bodies and agencies have indicated the scale of the problems faced by older people in the UK today. Help the Aged (2008, p. 6,) reported that “one third of older people report feeling out of touch with modern life and a further one in eight say they are often or always lonely”. According to the Joseph Rowntree Foundation, we are witnessing a perceived decline of community: “communities are weak and people are increasingly isolated from their neighbours, as people tend to see themselves as individuals and not as part of a wider society, leading to selfishness and insularity” (JRF, 2008, p. 1). Age Concern (2008) has attempted to quantify the scale of the phenomenon in stating that 1.2 million people over 50 years of age face multiple exclusion and with the likelihood of social exclusion intensifying in later life.

Even so, social exclusion is a complex phenomenon (see Room, 1995; Byrne, 2005; Levitas et al, 2007). According to the English Longitudinal Study of Ageing (ELSA), the level of access to seven types of relationships and services are meaningful indicators of the social exclusion of older people. These are social relationships, cultural and leisure activities, civic activities, basic services (health services, shops), neighbourhood exclusion (feeling safe), financial products, and material goods (see Marmot, K. et al 2003). Therefore, many if not all of the LinkAge Plus pilot activities can be regarded as promoting older people’s social inclusion (and not just those considered in this section of the report) and this approach is in line with Government’s definition which, in A Sure Start to Later Life, defined the exclusion faced by older people thus:

exclusion among older people is experienced when a person lacks one or a number of those factors important for a good quality of life ... decent health, decent income and ... home, ... the importance of good relationships with family and friends, of having a role, feeling useful, and being treated with respect...
(ODPM, 2006 p. 18),

As such, exclusion is characterised by “deprivation and the lack of access to social networks, activities and services that results in a poor quality of life” (ODPM, 2006, p. 18).

A key part of the policy drive underpinning Link-Age Plus, therefore, was the desire to combat the social exclusion experienced by older people. In Opportunity Age, Government stated its “vision ... of a society where later life is as active and fulfilling as the earlier years, with older people participating in their families and communities.... Being older or a pensioner must not be equated with dependence”. (HMG, 2005, p. xvi) Link-Age Plus was, therefore, part of national government’s strategy both to combat the social exclusion, isolation and discrimination experienced by older people and at the same time to increase older people’s control, independence, dignity and choice in their lives (HMG, 2005, p. xviii). As such, and in line with the ELSA ‘definition’ of social exclusion (ELSA, 2003) LinkAge Plus pilots sought to develop approaches that support older people in an holistic sense in order to ensure that older people are fully included – socially, culturally, materially, financially, ‘civically’, and in terms of their basic needs.

Various specific initiatives were developed by the eight LinkAge Plus pilot sites to promote social inclusion and social benefits more generally via ‘upstream’ activities (see Ardell, 1986; Cohen et al, 2007; Thunhurst, 2007) that helped to combat older people’s social exclusion. This was done by initiatives that sought to integrate services and to develop universal services that offered support to older people who might otherwise face social isolation from their communities. Examples of these included Tower Hamlets’ network centres, Lancaster’s Care Navigator project and Volunteering Bureau, Gloucestershire’s Village Agents and Gateshead’s Timebank. These were just some of the examples of LinkAge Plus pilot site activities that sought to promote and support older people’s social inclusion and, thus, increase their enjoyment of life.

Therefore, there were examples of upstream activities (ADSS/LGA, 2003) that had been developed that help to combat older people’s social exclusion. This is being done in part by integrating services and by developing universal services that offer ‘that little bit of help’ to older people that might otherwise face social isolation from their communities. All of this is in line with other research findings, (Age Concern, 2008; Curry, 2006; Demakakos, 2008; Wistow et al; 2003) which show that social inclusion is key to maintaining good health and independence.

Safety

A key aspect of older people’s sense of well-being relates to their safety and perception of safety. A major focus of LinkAge Plus activity was, therefore, to increase older people’s sense of safety and security in a variety of ways. These included initiatives related to fire safety, combating crime and the fear of crime, having a decent home in which to live, having the support that enables older people to continue to live in their own homes, and having measures in place to ensure older people can live safely in their own homes (JRF, 2005; ODPM, 2006). This is in response to a national policy context which recognises that:

- older people have the right to feel safe at home and on the streets (HMG, 2005, p. xvii)
- fear of crime can have a significant impact on older people's quality of life and prevent them from participating in society to the extent that they would wish (HMG, 2005, p. 34)
- 25 per cent of older [people] felt that street crime is a big or very big problem in their area (ODPM, 2006, p. 86)
- older people spend between 70-90 per cent of their time in their home ODPM (2006, p. 71)
- one in ten people aged 65 and over have problems with their accommodation ODPM (2006, p. 71)
- older people value support which enables them to live in their own homes: cleaning, DIY, gardening, care of pets, chiropody, transport and befriending (see JRF (2005) 'The Older People's Enquiry – 'That little bit of help', JRF November 2005)
- many older people do not require major adaptation work to enable them to remain in their homes. For many, there is a range of low level support that will be critical to ensuring independence (ODPM, 2006, p. 75)
- there are significant benefits to be gained for older people from a programme of domestic fire safety inspections and the installation of smoke alarms (DCLG, 2008a&b).

LinkAge Plus pilot activities endeavoured to promote older people's sense of safety and security in a variety of ways. This included initiatives related to combating crime and the fear of crime, having the support that enables older people to continue to live in their own homes, and having measures in place to ensure older people can live safely in their own homes. Specific examples included fire safety and prevention (in Gateshead, Gloucestershire, Nottinghamshire and Salford), general safety and home security (Gateshead's Safety Works Centre), home adaptations (Nottinghamshire's Preventative Adaptation Scheme and Handy Person's Scheme), help to continue living at home such as gardening (Nottinghamshire's Golden Gardening Scheme) and 'odd jobs', and help with making choices over housing options (including Salford's Housing Options).

Overall, these examples indicated that older people were benefiting from new initiatives and services. Often these safety measures were 'small scale', such as with the installation of fire alarms and adaptations around the home. However, these activities ensure that older people do not slip into situations of greater dependency or crisis (Plautz et al; 1996; Thompson, 1996). Indeed, some of this provision, for example support with gardening and small jobs round the home, are the types of activities that older people have said they require in order to remain independent (Clark et al, 1998; Curry, 2006; Milligan et al., 2003; Raynes et al, 2006; Richards, 2005 & 2006).

Physical Health:

Examples of LinkAge Plus initiatives that endeavoured to combat social exclusion have been presented above. However, some of those initiatives may also have had positive consequences for older people's physical and mental health. For its part, Government policy has recognised the benefits of physical activity and that "inactivity and isolation accelerate physical and psychological decline, creating a negative spiral towards premature, preventable ill health and dependency" (Curry, 2006, p. 31). As such, Government has acknowledged: the problems and consequences of longstanding illnesses and, relatedly, sedentary lives; that there is significant 'health illiteracy' of many older people; and that there are health inequalities amongst the UK's older population (see DfES/DH, 2006; Help the Aged, 2008; HMG, 2005; McMunn et al, 2003; ODPM; 2006). However, the picture is not necessarily one of widespread ill health amongst all older people or an inevitability of illness and inactivity. This is partly because ill health and dependency are concentrated in only the last few years of most people's lives. And, whilst the period of ill health and dependency may be lengthening (HMG, 2005, p. 8), even at age 80 and over the majority of people living at home are able to manage independently (Marmot et al, 2003; HMG, 2005). Even at the oldest ages, individual choices about a healthy lifestyle can be seen to influence outcomes. Therefore, national policy has seen it to be important to promote and create opportunities that promote older people's physical activity (HMG, 2005, p. 9).

Government policy states that older people, irrespective of their age, can improve their health and quality of life by being sensible about exercise, diet and lifestyle (HMG, 2005, p. 40). Indeed, in principle and practice, there is a case for refocusing resources on preventative low-level activities over the longer term. An increase in preventive measures, including low-level support, may reduce the numbers of older people entering hospital as an emergency. Falls prevention is one example of how to maintain older people's independence and well being (HMG, 2005, p.49). Other examples of low level interventions that promote well being include a variety of exercise activities (walks, Tai Chi, etc.) as well as a range of good quality, affordable and accessible local services such as housing and transport (HMG, 2005, p. 50).

A number of the physical health benefits of LinkAge Plus for older people related to initiatives to increase physical activity and falls prevention in older people. LinkAge Plus pilots that developed physical activity schemes included Gateshead's Health and Wellbeing, Nottinghamshire's Activity Friends, Salford's Healthy Hips and Hearts, Tower Hamlets' activity and exercise sessions in their Network Centres (Schlappa and Pitcher, 2008a). A number of the pilots developed falls prevention initiatives, including Gateshead, Salford and Tower Hamlets. In addition, LinkAge Plus pilot activities

focused on women and older people from minority ethnic groups in accessing physical activity sessions, for example yoga classes, women-only swimming sessions and sessions at fitness centres. Other activities related to physical health include specific outreach work which has resulted in older people being referred to appropriate health services.

These are just a few of the examples of physical health activities developed by LinkAge Plus pilots. Indeed, all LinkAge Plus pilots potentially encompassed exercise in one way or another. In some, this is through the direct provision of exercise for older people and in others it is through signposting to providers of exercise or activity. Overall, these examples of physical activity developments can be seen to typify what upstream early interventions can mean in terms of preventing larger scale interventions 'downstream' (see Ardell, 1986; Cohen et al, 2007; Thunhurst, 2007). They are also examples of agencies working together across agencies and sectors (seen by some research to be crucial) (for example, Curry, 2006).

LinkAge Plus pilot's physical health activities are also consistent with previous research findings into the effectiveness of the promotion of exercise and the prevention of falls (Curry, 2006; Friedman et al, 2006; Parmeshwar, 2004; Tolley and Atwal, 2003). As such, physical health activities should not be developed or regarded as singular initiatives. Rather, they need to be part of a multi-factorial approach to falls prevention and the promotion of older people's general wellbeing. In addition, it is likely that physical health programmes have a positive bearing on older people's mental health and social inclusion (NICE, 2008).

Mental Health

There is significant overlap between initiatives which aim to combat social exclusion and those to promote mental health (see Rankin, 2005; Sayce, 2000; Schneider and Bramley, 2008; SEU, 2004). LAP activities that promoted social inclusion were very likely to have mental health benefits, since people do not experience mental health problems in isolation (Rankin, 2005). As Curry (2006, p. 31) has observed, "Social inclusion has been shown to be crucial in good mental health and that good mental health is important in reducing the consumption of health and social care resources".

A Sure Start to Later Life recognised the need for older people's mental health to be supported, acknowledging that about 15 per cent of people over 65 have depression (ODPM, 2006, p. 40), up to 750,000 people in the UK have some form of dementia (ibid.) and that almost one in ten of those aged 65 and over report feeling often or always lonely and that this also increases with age (ODPM, 2006, p. 55). According to the UK Inquiry into Mental Health and Well-Being in Later Life (Age Concern, 2007) three million

older people in the UK experience symptoms of mental health problems that significantly impact on quality of life, and this number is set to grow by a third over the next 15 years to 4.3 million.

In addition to those projects mentioned within the section describing the social benefits, a number of other projects were developed with the aim of prompting older people's mental health. These included Devon's deep outreach and broad outreach/mentoring developments, Link Up Gateshead, Gloucestershire's Village Agents' work in combating social isolation, Leeds' Social Isolation Pack, Nottinghamshire's Activity Friends (mentioned above), Nottinghamshire's Community Outreach work, Tower Hamlets' Outreach work as well as its Neighbour's in Poplar Men's Group. A number of these are presented below.

These activities were, again, relatively small scale upstream activities that were in some respects universal and in others were tailored or targeted at particular groups who would otherwise not have been supported. Again, they required the integration of expertise and service provision in order to be effective. They employed approaches that other research has indicated is effective in supporting older people's mental health: self-help and independence; peer support; social inclusion; taking part in meaningful activities; advocacy and support; and support that is responsive, personalised and dependable. Indeed, as Godfrey et al (2005) have noted "Strategies and support that enable people to maintain social relationships and valued social activities can reduce stress or buffer its impact. This evidence can enhance understanding of the factors likely to sustain well-being in older age, as well as reduce some of the disabling effects of mental health problems in later life". In many ways the whole LAP approach and all the LAP projects aimed at doing this.

Education and Lifelong Learning

In examining the educational /learning benefits of LAP pilots, one needs to distinguish between various types of educational initiatives. It is the provision of educational activities and the development of older people's knowledge and skills that is the focus of examination in this section, as leisure provision is covered in the next section of this paper.

Various reports and studies have indicated the significance of learning, leisure and volunteering opportunities on the well being of older people (Aldridge and Tuckett, 2007; Help the Aged, 2008; Secker et al, 2007; Tuckett and Aldridge, 2007; White and Angus; 2003; Withnall; 2002). Government recognised in A Sure Start to Later Life that "Opportunities for leisure and learning and volunteering have been shown to be vitally important for older people (ODPM, 2006, p. 12). By contrast, people with low skills are

less productive and more likely to be claiming benefits (HMG, 2005, p. xv). As Help the Aged (2008, p.6) has noted “not only is adult learning intellectually stimulating and proven to benefit people’s health, it is necessary if older people are to be given the opportunity to play a full part in society”.

Government has recognised that many older people do not participate in leisure or learning opportunities. This view is supported by the findings from Aldridge and Tuckett (2007) and Help the Aged (2008). According to Help the Aged 57 per cent of older people have never attended adult education courses whilst Aldridge and Tuckett reported that in 2007 only 4 per cent of older people were taking adult education courses, a figure that decreases further with age.

As part of A Sure Start to Later Life, local education and lifelong learning service providers were advised “to consider whether their provision meets the needs of the most excluded older people, who may have little experience of accessing such opportunities (ODPM, 2006, p. 12), and to ensure that opportunities for volunteering, life-long learning and leisure activities was included in the LinkAge Plus programmes.

Various LAP pilots either provided or supported educational and lifelong learning activities. These included Gateshead’s Safety Works activity, along with Lancaster’s Senior Learners Programme, Nottinghamshire’s IT Champions and Community Computers, Salford’s Creative Start 50+, and Tower Hamlets’ Reminiscence Sessions.

The LAP pilot activities demonstrated that educational and lifelong learning activities can be effective in maintaining older people’s sense of well being. This is supported by other research which has shown that learning can remain enjoyable and beneficial as one grows older and moves into retirement and, therefore, no longer participating in learning simply to improve income or job prospects (Withnall, 2002). Older people find learning intrinsically stimulating and pleasurable as well as helping them to understand modern society as it continues to change. However, there has to be access to such opportunities since older people cannot necessarily afford the charges – which is reflected in their decreasing participation rates (Aldridge and Tuckett, 2007, Help the Aged, 2008).

Leisure

Even though older people’s participation in learning and leisure activities is limited, over 50 per cent of those aged 60-69 do participate in leisure, learning and volunteering activities (ODPM, 2006, p. 65) and nearly 30 per cent of library users are over 65 (see JRF, 2005). Even so, older people over 75 years are more reliant (that is they use more) on television and radio as their main leisure activity than other sections of the population.

As was presented in the previous section above on education and lifelong learning, participation in leisure and learning opportunities in general tends to decline with age. Even so, 80 per cent of older learners reported that learning improved their enjoyment of life, their self confidence, how they felt about themselves, their satisfaction with other areas of life and their ability to cope (ODPM (2006, p. 65). Indeed, there is good evidence to suggest that older people do benefit substantially from continuing to learn and gain new skills as part of a fulfilling and active retirement (HMG, 2005, p. 36). Indeed, older people who are 'more highly educated' experience benefits to their mental and physical health (Schuller et al, 2001; HMG, 2005, p. 37).

LinkAge Plus pilots promoted leisure activities and opportunities. Gardening activities and support was developed in Gateshead and Nottinghamshire amongst others. Tower Hamlets and Leeds established Network Centres which facilitated a variety of leisure activities. Gateshead, Gloucestershire and Tower Hamlets developed or supported Tai Chi classes. Other leisure opportunities included arts activities and even roller skating in Gloucestershire.

These examples of leisure activities developed by LAP pilots are ones that encompass physical activity and mental stimulation. Other research has demonstrated the benefits of these activities in preventing falls (Curry, 2006; Friedman et al, 2006; Parmeshwar, 2004; Tolley and Atwal, 2003) and poor mental health (Secker et al, 2005; White and Angus, 2003) and social isolation more generally (Age Concern, 2008; Curry, 2006; Demakakos, 2008; Wistow et al; 2003).

Employment

In the UK in 2004 whilst 6.7 million people over 50 were in paid work, there were additionally approximately half a million to one million older people who could be considered as potential additional workers (O'Neil and Welsh, 2006). In addition, older people remain unemployed for longer than younger workers (Age Concern, 2008b). A policy drive from Government, therefore, has been to increase the opportunities for older people to re-enter employment or to remain in work as they grow older (HMG, 2005; ODPM, 2006). There are a number of reasons why the Government has pursued this direction. Not least of these are the demographic changes (Demakakos, 2008; ODPM, 2005). These mean that there will be an increasing number of older people relatively and absolutely. Therefore, in order to sustain economic progress, it is argued that a greater proportion and number of people over 50 years will need to be in employment, including a greater number and proportion working past the statutory pension age. Overall, Government aspires to have an 80 per cent employment rate in the future, which would mean that the ratio of workers to non-workers would be similar in 2050 to now (HMG, 2005, p. xv). However, this would necessitate another one million older people in employment (HMG, 2005, p. xvi). Therefore, the trend of "early retirement for

[some workers] ... is likely to continue to reverse, in sharp contrast to the two previous decades" (O'Neil and Welsh; 2006, p. 7).

Accordingly, Government has legislated to create fairer employment opportunities and more employment (HMG, 2005, p. xv). Opportunity Age, A Sure Start to Later Life and the LAP pilot activities have been part of Government's ambition to improve and increase older people's employment opportunities. Examples of LAP initiatives to increase work employment opportunities for older people included Gateshead Timebank, Lancaster's employment bureau and Tower Hamlets' outreach workers' employment advice centres.

Attempts to increase the rates of engagement in employment by older people can be regarded as having a twofold benefit – for the individual who remains economically active and for society which continues to benefit from an increased workforce at a time when this would otherwise be diminishing. Similarly, volunteering activities have a number of bonuses. Firstly, they provide useful occupation for the volunteer. Secondly, they are also a cost effective way of providing small scale support to other older people, for example with gardening or painting and decorating, which they would not otherwise receive. Thirdly, recent research has shown that there are physical health benefits associated with volunteering including the prevention of fall-related hip fractures (Warburton and Peel, 2008). Indeed, overall, research:

demonstrates that volunteering leads to better health and that older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities [such that] ... those who volunteer have lower mortality rates, greater functional ability, and lower rates of depression later in life than those who do not volunteer. (Grimm et al, 2007)

Welfare entitlements

Government has continued to state its policy aim of reducing and, ultimately, eliminating pensioner poverty. Poverty still affects one in five older people (ODPM, 2006, p. 37), though pensioner poverty has decreased in recent years, such that in 2005 whilst 0.9 million pensioners were still living in absolute poverty, this has been reduced from 2.7 million in 1997 (HMG, 2005, p. 10). Even so, 20 per cent of pensioners were still living in relative poverty in 2003/04. On top of this, 16 per cent of pensioners are persistently poor; ethnic minority pensioners are more likely to be in low income households than white pensioners (29 per cent compared to 19 per cent); and women's income in retirement is on average only 57 per cent of men's (ODPM, 2006, p. 38). In addition, pensioners continue to have low take-up rates of income-related benefits (ODPM, 2006, p. 39). As well as this, 10 per cent of people aged over 50 and 14 per cent of people aged 80-plus are 'financially excluded' (Age Concern, 2008b). Some 1.2 million pensioners (800,000 single and 400,000 couples) rely solely on the state retirement pension and state benefits (Help the Aged, 2008 p. 10). 2.2 million people (over one in

five pensioners in Britain) live below the poverty line (£145 for single pensioners and £217 for a couple) (Help the Aged, 2008, p. 6).

As a means of combating income inequalities and levels of deprivation, Government has sought to increase the take up of entitlements by older people (ODPM, 2006, p. 11), not least because pensioners have a low take-up rates of income-related benefits; for example, in 2002/03 between £1.7 and £2.9 billion worth of means-tested benefits were estimated to have gone unclaimed (ODPM, 2006, p. 39). In addition, older people are able to benefit from a variety of concessions (travel, prescriptions) and savings / assets (DWP, 2005, p. 12).

A key aspect of LAP, therefore was to encourage the take up of the welfare benefits to which older people are entitled (see Gibson-Ree, 2004). Examples of pilot sites that developed initiatives to facilitate the uptake of benefit entitlements include Devon, Gateshead, Gloucestershire, Nottinghamshire and Tower Hamlets.

Transport

A further area that some LAP pilot sites sought to address was transport. The relationship between transport and older people is one in which car ownership declines with increasing age; older women are less likely to have access to a car; and older people, specifically those over state pension age, are more reliant than younger people on public transport ODPM (2006, p. 87). As such, older people are considerably more likely to report difficulties accessing local amenities than the rest of the population with 46 per cent of older people in rural areas and those living in deprived areas [saying] that access to services is difficult ODPM (2006, p. 89). (See also Cattan, 2001; Manthorpe et al, 2004; Clough et al, 2007). Consequently, “a lack of mobility can prevent older people from participating in social activities and lead to low morale, depression and loneliness” ODPM (2006, p. 88). Indeed, without effective transport arrangements older people are at serious risk of social exclusion (Banister and Bowling, 2004; DoT, 2001; Gilhooly et al, 2005; Priestly and Raibee; 2002; Smith et al, 2006; SEU, 2003 and 2005; Sykes et al, 2006). Vulnerability to social exclusion because of transport barriers increases with age. As people grow older, they are increasingly reliant on public or community transport in order to allow them to shop, to visit friends, to access healthcare, to enjoy leisure activities and so forth.

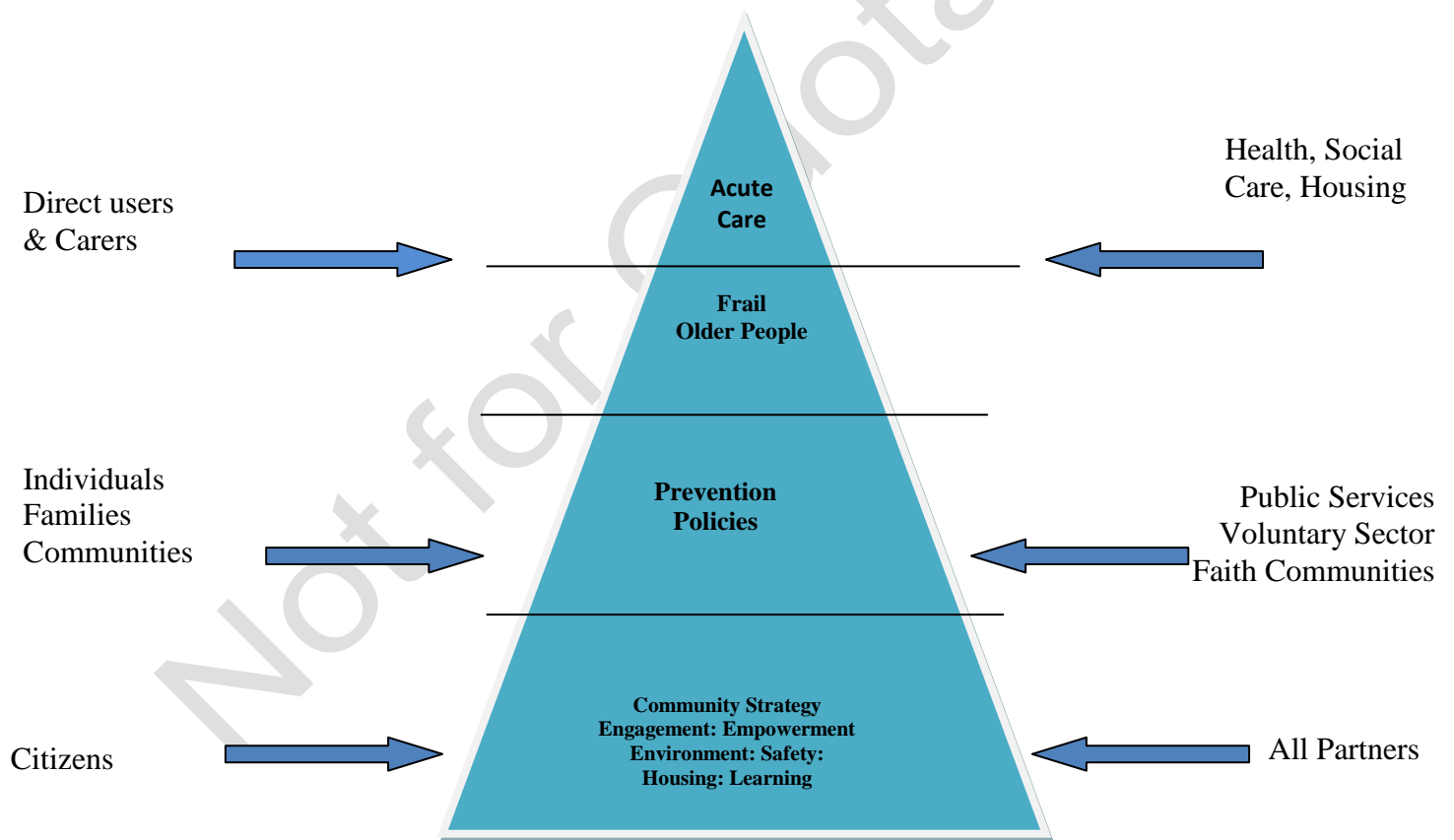
LinkAge Plus pilot sites therefore developed initiatives to assist older people with transport provision, including Gloucestershire’s Village Agents and Nottinghamshire’s taxi vouchers. However, Nottinghamshire’s taxi voucher scheme was withdrawn in its initial form due to cost and other considerations. The LAP pilots’ provision of taxi vouchers and volunteer drivers was in line with other research findings which have stated that concessionary travel and volunteer transport schemes are popular and effective approaches to assist older people along with other initiatives such as affordable, accessible and reliable public transport (not least in rural areas (Priestly and

Raibee; 2002; Smith et al, 2006). Transportation is arguably the key universal service that benefits all older people and promotes their independence.

The Triangle of Care

This section introduces and describes the triangle of care (which is also sometimes described as the 'continuum of care'). The triangle of care was presented by the ADSS/LGA in their joint report *All Our Tomorrows – Inverting the Triangle of Care* (ADSS/LGA, 2003). This report suggested that currently most resources for older people are concentrated on those with the most acute care needs, that is at the apex or point of the triangle (see Figure 4).

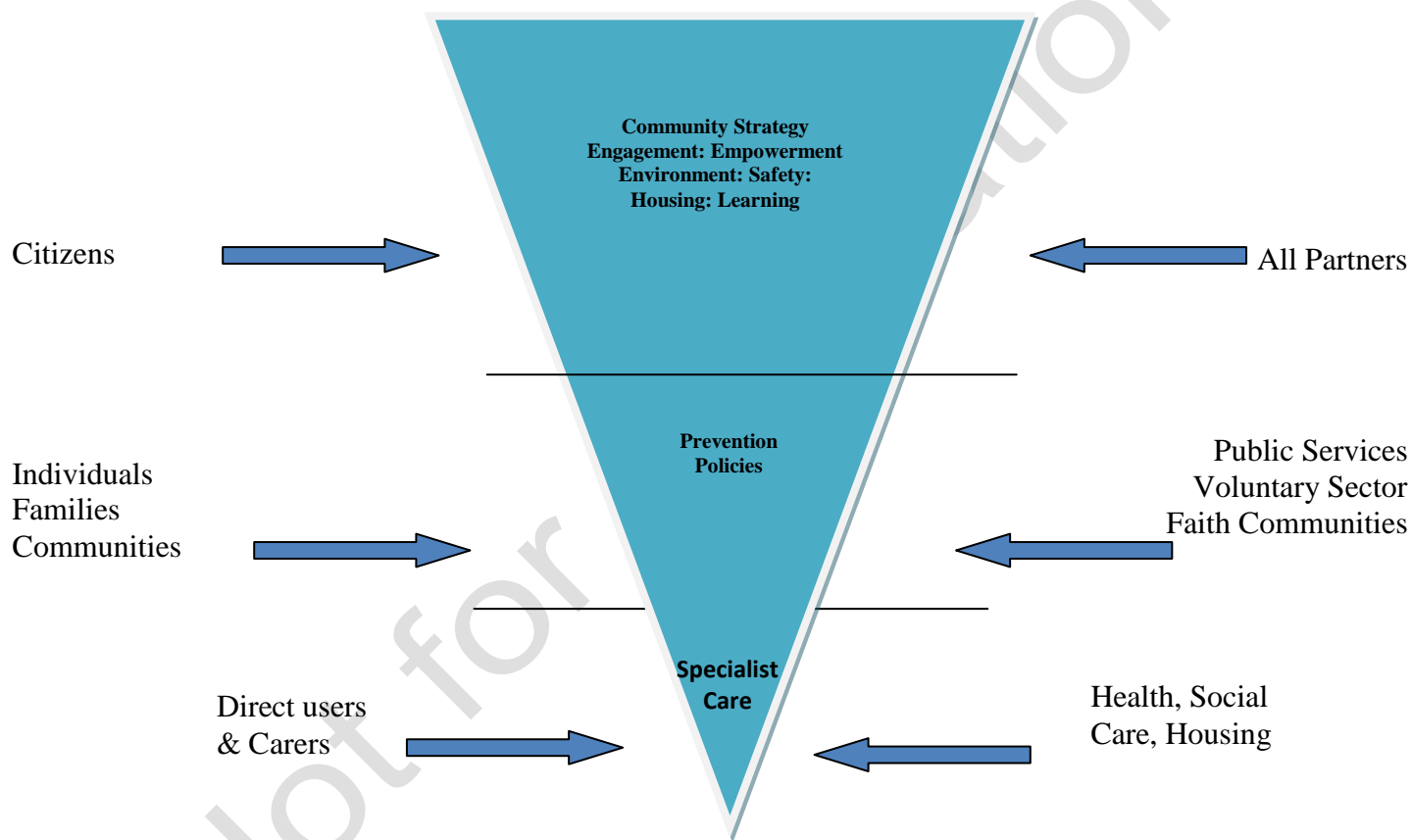
Figure 4
Support for Older People Today



Source: ADSS/LGA (2003, p. 9) 'All Our Tomorrows – Inverting the Triangle of Care'

All Our Tomorrows argued that what is needed is a reversal of this trend through a re-focusing on promoting wellbeing and prevention. What is needed is an inverting of the triangle of care so that the promotion of the wellbeing of older people generally is a key focus of service development and delivery (see Figure 5).

Figure 5
Support for Older People Today



Source: ADSS/LGA (2003, p. 9) 'All Our Tomorrows – Inverting the Triangle of Care'

This approach leads to a vision shared by all agencies of universal provision for all older people.

Key features of inverting the triangle of care are seen to be:

- The inclusion of community members, including older people, and agencies working together, taking collective responsibility for promoting the wellbeing of older people and setting priorities.
- Agencies focusing jointly on what needs to be achieved and how each will contribute to this, rather than a preoccupation with internal structures and boundaries.
- Professionals, while recognising their specific skills, being concerned with growing the capacity facilitators, catalysts, and enablers in developing services in the community.
- Universal services enabling people to be supported in the community more safely and for longer.
- Information, advice and other resources available to empower older people in accessing the services they need when they need them. (ADSS/LGA, 2003, pp. 9-10).

Overall, the future vision presented in *All Our Tomorrows* required that the balance of support for older people shifted from focusing on intensive support and the frailest and most dependent older people to focusing on promoting the wellbeing of all older people. *A Sure Start to Later Life* (ODPM, 2006, p. 28) reflected this change of focus –

The need for a shift to preventative services, or 'Inverting the Triangle of Care' ... requires a whole systems approach. Some argue that social services have become the 'acute sector' of adult services and that a new type of service is needed.

A key purpose of LinkAge Plus, therefore, was to take this approach forward. As such, LinkAge Plus initiatives sought to promote services and approaches that worked 'upstream' in terms of prevention and the promotion of older people's wellbeing. By 'upstream' what is meant is the provision of preventative activities which avoid the need to undertake more intensive interventions or provide more intensive care and support at a later date (see Ardell, 1986; Cohen et al, 2007; Thunhurst, 2007).

Positioning LinkAge Plus Pilot Activities within the Triangle of Care

As has been described above, the **social benefits** of LinkAge Plus were centred particularly on combating social exclusion, representing interventions focused on the

population of older people as a whole (see Figure 6 – Mapping LinkAge Plus Pilot Activities within the Triangle of Care).

A number of LinkAge Plus initiatives were intended to help older people feel **safe and secure** and were very much focused on prevention and promoting independence (ADSS/LGA, 2003; Curry, 2006). Overall, many of the LAP pilot activities were focused at the ‘top end’ of the inverted triangle of care, supporting older people who are only at low or moderate risk at the most.

Regarding the **physical benefits** of the LinkAge Plus pilot activities, various pilots have developed both physical activity sessions and specific falls prevention activities. These pilot activities were directed very much at early prevention and the promotion of independence. Other activities related to physical health included specific outreach work. These later initiatives are very much more focused on older people who could be described as needing quite substantial care and support whereas others would be positioned at the top of the inverted triangle of care, offering support to the general older population.

A considerable number of the LinkAge Plus initiatives developed across the eight pilot sites had a **mental health benefit** for older people. The activities which promoted the social inclusion of older people; which provided older people with a sense of safety and security; that supported older people to remain in their own homes; that built up older people’s self esteem through providing work, volunteering, leisure and learning opportunities; as well as initiatives that maximised older people’s income, for example by making sure they obtain all the welfare and other benefits to which they are entitled; and which assisted older people’s mobility and transportation, all had an impact on older people’s mental health. Many of these would be categorised as providing support for older people who are at little risk or, perhaps, low to moderate risk.

A number of **education and lifelong learning** and **leisure** opportunities were developed in LinkAge Plus pilot sites. Some of these will have had a direct bearing on older people’s physical and mental health as well as on their social inclusion. As such, these activities can be variously classified as supporting the general population of older people as well as those at low to moderate risk.

The **employment benefits** to older people included projects which were developed to facilitate older people’s return to work or in taking up volunteering activities. The support provided to older people to re-enter the world of work or to take up volunteering activities can be constructed as upstream activities in that they aim potentially to support all older people seeking work opportunities. However, as with other initiatives, they can also be regarded as supporting older people who might otherwise be at low to moderate risk.

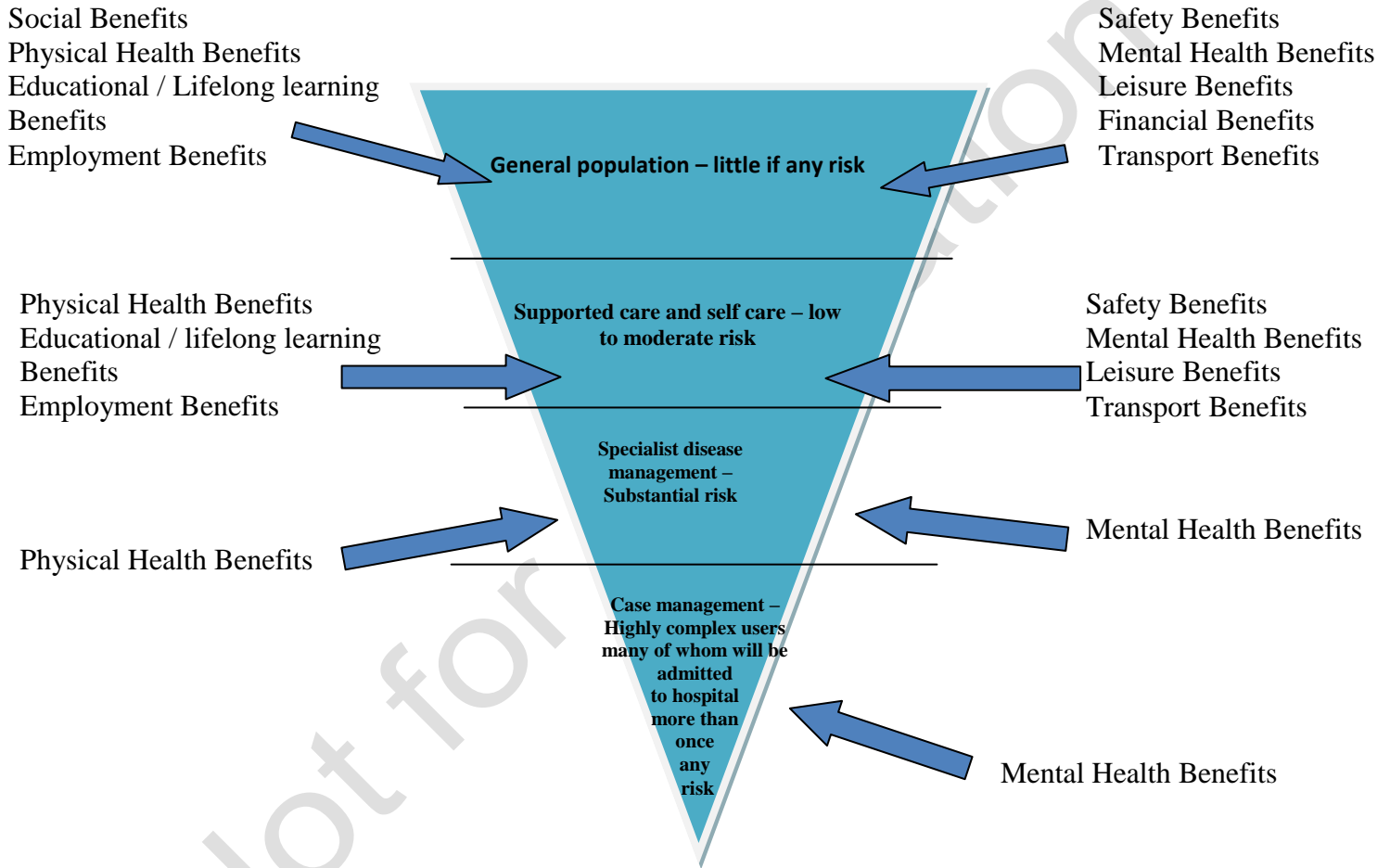
Initiatives to tackle pensioner poverty was part of a number of the LinkAge Plus pilot sites' activities. These initiatives to maximise older people's incomes can be seen very much as upstream activities that can potentially support all older people.

Intrinsically important in itself, **transport** is also key to ensuring that older people can access all other amenities. When one bears in mind older people's relatively low levels of car ownership and that older people in rural areas cannot necessarily rely particularly on effective public transport systems, initiatives to assist older people with alternative transport arrangements can be beneficial. In relation to the triangle of care, similar to other benefits, transport is a benefit that potentially supports the general population of older people as well as assisting those with needs that are of a moderate and substantial nature.

In general, this review of LinkAge Plus pilot activities and their relationship to the triangle of care suggests that LinkAge Plus promoted 'upstream' services and innovative practices that support the wellbeing of older people by providing 'that little bit of help' (Joseph Rowntree Foundation,2005) – or good neighbour type services – in relation to social inclusion, safety and security, physical and mental health, learning, leisure, work and volunteering, finances and transport. Overall, this would suggest that, in the main, LinkAge Plus initiatives were concentrated on the general older population and those at low or moderate risk (see Figure 6). Therefore, notwithstanding that some LinkAge Plus pilot activities also focus on older people in substantial risk, one can conclude that LinkAge Plus was generally focusing on upstream, preventative, wellbeing promoting activities situated at the top (base) of the (inverted) triangle of care (see Figure 6).

Figure 6

Mapping LinkAge Plus Pilot Projects within the Triangle of Care



Conclusions

LinkAge Plus pilot activities have directly and indirectly promoted older people's independence. Linkage Plus also developed partnership working between agencies and sectors. This resulted in agencies working together and linking up existing and new provision so that older people were able to access services through single access points. LinkAge Plus pilot activities have focused on promoting older people's wellbeing and preventing older people slipping into substantial risk situations. LinkAge Plus pilots have developed a number of small scale initiatives welcomed by older people. These developments are filling a void by meeting needs that previously statutory services would have been expected to meet. In addition, LinkAge Plus has developed new service provision, or bespoke services, to meet particular older people's needs.

LinkAge Plus is providing that 'little bit of extra help' (Joseph Rowntree Foundation, 2005, op cit) that is vital for promoting older people's wellbeing. LinkAge Plus pilot sites have developed initiatives that help to prevent older people's social exclusion, that allow older people to feel safer and more secure, that promote their physical and mental health (such as exercise classes and educational and leisure activities), that support them to remain living at home (such as help with domestic tasks and gardening), that facilitate their reengagement in employment where appropriate, that ensure they are receiving all their welfare entitlements, and that ensure that they have access to transport in order to undertake their daily tasks. This is very much in line with the Wanless Review's (Curry, 2006) observation that older people stress that it is the small things that make the difference and keep them out of hospital, delay deterioration and delay institutionalisation. LinkAge Plus pilot sites have developed services that have filled the gap at the top (base) of the triangle of care in order to ensure that older people get a 'sure start to later life'. Many aspects of this are arguably a return to concepts of good neighbourliness and which many older people hold dear.

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