



Out of sight, out of mind

Social exclusion behind closed doors

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Foreword

Imagine... you live on the same street where you have been living for the past - let's say - 50 years. You raised your children here, held down different jobs, had a circle of friends and knew most of your neighbours by their first names.

Now you are 82. And you often have to remind yourself that you're the same person, because everything around you seems to have changed. The corner shop has gone, the post office has closed, your husband has passed away and your children have long since moved to bring up their own families in distant cities.

You used to visit them when your husband was alive but you never had a driving licence, so when he died you sold the car. Your daughter and grandchildren come to see you twice a year. It's a long wait between visits but you don't want to put pressure on them – they have their own lives. And anyway, you're embarrassed to put them up in the guestroom because of the damp.

Everything is so tiring. You barely have the energy to walk to the nearest supermarket. So you wait until there's next to nothing left in the fridge before you decide to go. Or maybe you skip the odd meal; you certainly don't seem to have the appetite you used to.

It takes you three hours to get yourself up, washed and dressed. You have to sit down on the bed to rest. between the stages of putting your clothes on, otherwise you feel dizzy. By the time you're ready to go out, the pavements are quiet. You wouldn't want to be out when the streets are busy anyway because you are frightened you might slip over and be unable to get up.



You take a long time in the shops because on a pension every decision you make about money has a domino effect on something else in your life. If you overspend on food, you won't be able to afford that warm-looking scarf in the local charity shop. By the time you get back from the shops you are exhausted.

On the doormat is another scattering of envelopes. You put them on top of a growing pile on the sideboard and try not to think about them. Recently you've been getting confused and can't remember which bills you have already paid or even which electricity company you're supposed to be with. You can wake up in the night worrying about the bills but in the morning you still can't face them. And all this talk about rising fuel bills is making things even worse. You try to cut down on bills as much as you can - why bother with too much heating when you're all alone?

You hear a knock at the door. Fear and panic race right through you. Of course, it's probably just a neighbour or one of their children asking to be sponsored. But what it's a conman or a thief? You feel terribly at risk from anyone who might come to the door. As you go to your kitchen to hide from the sound, you're thinking, 'there is no-one to look after me, if something happened to me who would notice?'



This is the reality behind the dry term 'social exclusion' - feeling detached from society; trapped at home; cut-off from services; lonely and isolated; struggling to cope. Just imagine.

Social exclusion in later life: summary, solutions and recommendations

Key Facts

- 1.2 million people over 50 are severely excluded: 400,000 aged 50 to 64, 360,000 aged 65 to 79, and 400,000 aged over 80.¹ They have an average income of just £131 per week.
- A woman over the age of 85 is six times more likely to be severely excluded than a woman aged between 65 and 69.
- 56% of severely excluded people over 50 do not consider their health to be good, compared to just 17% of those with no signs of exclusion.
- One in five people over 80 living alone are severely excluded, and men over 80 living alone are 11 times more likely to be lonely than men over 80 who are living with a partner.
- The number of very old people living alone is expected to increase by 16% over the next 15 years.²
- Recently bereaved 65-79 year olds are 10 times more likely than those who are married to be lonely; recently bereaved older people are three times more likely than married older people to show three symptoms of depression.
- Over half of homes that are privately rented by the over 50s are considered non-decent.³ Those aged 50-64 are eight times more likely to be severely socially excluded if they rent their home privately than if they own it or pay a mortgage.
- The number of people with dementia is set to rise from 700,000 at present to 1 million by 2025,⁴ significantly increasing the number at risk of social exclusion.

The un-referenced research findings in this report are all drawn from new secondary analysis of the English Longitudinal Study on Ageing (ELSA) carried out by Dr Panayotes Demakakos of University College London (UCL).



What is social exclusion?

Social exclusion is policymakers' jargon for being cut off from the mainstream of society. It's an impassive term but one that captures the important truth that disadvantage is not just about being poor. Being socially excluded means being unable to access things in life that most of society takes for granted like a properly equipped, well maintained home; close friends and regular company; stimulating activity; and easy access to important services such as GPs, shops and post offices.

But what does this mean in practice? To one in 10 over 65s, it means living with constant or near constant loneliness.5 For the thousands who are becoming increasingly forgetful or confused, it means struggling to understand the bills, cope with paperwork or remember important family dates. For those living in unfit housing, it means spending day after day in cold, damp or unsafe conditions. To the recently bereaved, it can mean getting through an entire week without talking to a single person. For those too frail or far away to access decent public transport, it means a constant struggle to get the shopping home. Severe exclusion can mean dealing with many, or all, of these concerns at once.

Social exclusion is subjective and hard to quantify. The research findings in this report use a measure of exclusion developed by government research published in 2006, which looks at whether people are excluded across seven dimensions of life.6 Although around half of people over 50 are disadvantaged in one aspect of their life, the real cause for concern is the 1.2 million over 50s facing exclusion in three or more areas of their life. These multiple, overlapping forms of disadvantage indicate 'severe exclusion', the focus of this report.

Risks of exclusion

Our research shows that the older someone is, the more likely they are to become severely socially excluded: in fact, the over 80s are more than twice as likely to be severely excluded as those who are ten years younger. The risk of severe exclusion is also twice as high for older people from ethnic minority backgrounds as it is for white older people.

Other factors that can influence an older person's chance of becoming severely socially excluded include: living alone; living in a rented home; having health problems, and in particular having limited capacity to make decisions; and living in an inner city area.

Income and social class are also important risk factors. However our research shows that the relationship of income with social exclusion diminishes as people get older. For example, the average weekly income of severely excluded people over 80 is £131 – almost the same as for over 80s who show no signs of exclusion (£142). In late old age, health and living arrangements are far more important than income, underlining the point that severe social exclusion is a very complex issue.

The social exclusion of the very oldest in our society is not a fringe issue; it is a significant and pressing problem that crosses all boundaries of social class. race, gender and financial status.

Social exclusion among older people: a priority?

It is now more than 10 years since the Government first put social exclusion on the political agenda. By establishing the Social Exclusion Unit (SEU) to report directly to him, Tony Blair promised a new approach to tackling the most entrenched disadvantage through 'evidence based' and 'joined up' policy.

During the following decade, the Government did much to help disadvantaged older people. Its list of achievements includes introducing Pension Credit for those on low incomes; significant improvements across most NHS services; additional support with heating systems, insulation and fuel bills; and free

concessionary bus travel. However, despite this progress, much less has been done to tackle severe social exclusion among older people.

Many of the policies that have benefited older people more generally, have left behind those who face the most severe exclusion – those who are not claiming the benefits they are entitled to; who do not know about the support that is available; who find it hard to leave their home to make use of local services. For this group, some public services have been getting worse. Funding for services to keep older people active and socially engaged has been cut in many areas. Personal care in the home for people with moderate disabilities has now all but ended. And there have been huge reductions in the numbers of local Post Offices, the hub of life for older people in many villages and poor inner-city communities.

In its Breaking the cycle report, published in 2004, the SEU highlighted the relatively high levels of severe social exclusion experienced by older people. Based on analysis of the British Household Panel Survey, the report identified how many working age and older people experienced various disadvantages. This analysis showed that, although they are less likely to experience one or two disadvantages, older people are much more likely than those of working age to experience three or more disadvantages. This delivered a clear message: severe social exclusion among older people is a significant and pressing problem.

Two years ago, recognising the need to give greater priority to tackling social exclusion among older people, the SEU published A Sure Start to Later Life. This report set out an ambitious vision based on applying the philosophy of 'Sure Start' early years services to disadvantaged older people: services should be local, personalised and non-stigmatising; available to all but targeted at the most excluded. Nine 'LinkAge Plus' pilot projects were launched to test how this philosophy could be delivered in practice.

Since then, the SEU has been replaced by the Social Exclusion Taskforce (SETF), which is based in the Cabinet Office. The SETF has chosen to focus on multiple exclusion among adults below State Pension Age. In the meantime, it appears that the social exclusion of older people has dropped off the Government's agenda.

Reaching out, the SETF's action plan on social exclusion, published in September 2006, set out a 'lifetime' approach to tackling disadvantage in early years, among children and teenagers, and in adult years. Astonishingly, it failed to address exclusion among older people at all. Working Together -The UK National Action Plan on Social Inclusion published by the Department for Work and Pensions (DWP) as part of EU-wide efforts to improve social inclusion, makes only passing reference to tackling exclusion among older people. And the Government's Public Service Agreement (PSA) on social exclusion again ignores older people, which

means that the needs of excluded older people will not be a priority in allocating resources and drawing up Local Area Agreements (LAAs).

We understand why the Government has decided to focus on the most excluded adults, particularly in the context of breaking the inter-generational cycle of social exclusion. However, this should not mean ignoring the needs of severely excluded older people, especially in light of the new evidence highlighted in this report. It is unacceptable to write this group off - a 'lifetime' approach to tackling social exclusion should mean just that.

Solutions

The solutions to social exclusion can be simple and relatively inexpensive - repairs around the home, better information and advice, social opportunities, accessible transport. Sometimes the solutions are more technical, like better data sharing and risk profiling. But changes in the mindset of policymakers and service-providers are even more important. What is really missing is a co-ordinated range of support targeted at the most disadvantaged older people. Reflecting the vision set out in A Sure Start to Later Life, services should be re-designed around the needs and preferences of the most disadvantaged, irrespective of organisational boundaries and professional demarcations.

The LinkAge Plus pilots were tasked with testing this model of services. But while the projects they have funded have brought benefits, there are indications that the programme has not lived up to its promise. In most of the pilot sites, LinkAge Plus had developed new freestanding services rather than joining-up and refocusing existing support. And in many areas the projects have made slow progress in reaching the most disadvantaged people they were set up to help. The answer is not further tinkering at the margins. Local partners should use the Local Area Agreement process to plan a seamless web of services, tailored to the needs of the most excluded older people.

At national level, formal responsibility for social exclusion among older people now lies with the DWP. However, in the past, this department has tended to focus on income-based measures to reduce poverty rather than tackling social exclusion in its broader sense. Meanwhile, the Department of Health is probably doing the most to promote innovation in older people's services, but without a specific commitment to focus on the most disadvantaged. It is therefore essential that the Government works in a more effective, cross-cutting way to ensure that social exclusion among older people does not continue to drop off the agenda.

To give ministers credit, they have been keen to emphasise the importance of 'preventative' services that delay the need for acute health and social care.

This was one of the key themes of the 2007 Putting People First concordat on older people's health and care services. Through LAAs, they hope that local public services will pool resources to fund these forms of low-intensity support, although there is little new money to pay for them at a time when most local budgets are under extreme pressure. The 2007 Comprehensive Spending Review (CSR) also announced ambitious goals for improving the wellbeing of older people - improving support to remain independent, sustaining good health, and enhancing satisfaction with home and neighbourhood. Again it is hoped these will be taken forward in LAAs, despite these priorities not specifically focusing on excluded older people.

However, welcome as they are, something is missing from these initiatives. Firstly, they lack the energy, urgency and profile of comparable programmes for other age groups, such as Every Child Matters, which is transforming children's services. And secondly, none of them are explicitly targeted at the most excluded and disadvantaged older people. Wellbeing and prevention are far easier to secure for people who are already in touch with services, plugged into social networks and able to articulate what they want. Without stronger leadership from ministers and an explicit commitment to tackling severe exclusion among older people, these initiatives will fail to reach the people who need them most.

What can be done: Age Concern's recommendations

Joined-up, high profile leadership - there must be a cross-departmental government commitment to help the most disadvantaged older people. Although local government leadership is also key, progress will be slow without national ministerial pressure. The start made by the Putting People First concordat must be followed through.

Responsibility: ministers

'Age-proof' inclusion and renewal programmes central and local government strategies for tackling social exclusion and neighbourhood renewal must include older people. For too long they have focused only on employment and skills, or the most visible signs of social breakdown such as disorder, drug use and street homelessness.

Responsibility: central government departments; local government and partners

Re-model local services around the needs of the most excluded - local authorities should revisit A Sure Start to Later Life and re-model their services to ensure they are joined-up, user-friendly, rooted in the community and flexible enough to reach out to vulnerable older people. A commitment to have a comprehensive review of local services should be a key component of the new LAAs - this would chime with the Putting People First concordat and the CSR commitment to improving the quality of older people's lives.

Responsibility: local government; other local public bodies; voluntary organisations

Targeted initiatives for specific issues -

throughout the rest of this report, we profile four specific aspects of social exclusion, which have individual recommendations:

For people who are over 80 and living alone

- Consultation and involvement that is genuinely inclusive.
- Local policies and programmes to enhance social contact.
- Low-intensity home services.
- Thoughtful planning of local services and transport options to help promote independence.

For people who are recently bereaved

- Improved support for counselling and support services.
- Multi-agency initiatives to identify and follow-up on bereaved people at risk of exclusion.

For people who are living in unfit housing

- 'Handyperson' schemes available nationwide.
- Multi-agency promotion of home repair schemes and free home audits.
- Improvements to the Warm Front scheme.
- Improve access to suitable housing, by reforming planning rules, funding home adaptations, and 'matching' people to accessible homes.

For people who have limited capacity to make their own decisions

- Improved support for independent advocacy.
- Services that sustain social contact and independence for as long as possible.



A snapshot of social exclusion in later life⁸

People aged 50-64

Along with 400,000 other severely excluded 50-64 year olds, David Jones is cut off from society and the mainstream experiences of an age group that is characterised by huge disparities of wealth. He has lived on benefits for several years after becoming too ill to carry on in his low-paid job. He never married and now lives alone in rented accommodation. He constantly feels poorly and now has symptoms of depression.

Research findings

Although the number of severely excluded people under 65 is relatively low, the divergence between the experiences of severely excluded people and the rest of the population is greatest between 50 and 64.

- 20% of renters are severely excluded compared to 2% of homeowners.
- Those living alone are six times more likely to be severely excluded than those living with a partner (14% compared to 2.4%).

| | Severely excluded | No signs of exclusion |
|------------------------|----------------------------|----------------------------|
| Weekly income (median) | £125 | £270 |
| Health | 57% report health problems | 14% report health problems |
| Mental health (mean) | 3.8 symptoms of depression | 1 symptom of depression |
| Loneliness | 43% feel lonely | 6% feel lonely |

People aged 65-79

Jane Smith is just one of 360,000 people aged 65-79 to find herself severely excluded from the outside world. As a woman in her 70s from a working class background, she is susceptible to age-related severe exclusion far earlier then many of her contemporaries. Most of her problems she puts down to her poor health - something that makes shopping and socialising almost impossible these days.

Research findings

Severe social exclusion becomes prevalent for women at a younger age than for men. By their late 70s, women have a one in 10 chance of experiencing severe exclusion.

- People who live in rented accommodation are four times more likely to be severely excluded than homeowners (16% compared to 4%).
- 12% of people living alone are severely excluded, compared to 4% of people living with a partner.

| | Severely excluded | No signs of exclusion |
|------------------------|----------------------------|----------------------------|
| Weekly income (median) | £135 | £175 |
| Health | 57% report health problems | 21% report health problems |
| Mental health (mean) | 3.1 symptoms of depression | 1.2 symptoms of depression |
| Loneliness | 42% feel lonely | 9% feel lonely |

People aged 80+

Bill Evans has reached the ripe old age of 86 only to find himself feeling cut off for the first time in his life. Although still in reasonable health, he hasn't felt much like socialising since his wife died, and he often feels very low. His years as a white-collar worker helped him to build up a modest occupational pension but he still panics when his council tax and energy bills arrive through the letterbox.

Research findings

The severe exclusion of people over the age of 80 is less dependent on social background than it is for younger ages. Almost one out of every five people (18%) over the age of 80 is severely excluded. Today that's equal to 400,000 people but with the numbers of over 80s set to rocket in the coming years the problem could quickly escalate.

- Severe exclusion affects people living in all types of housing, but the risk is twice as high for renters (28%) as for homeowners (14%).
- 21% of people living alone are severely excluded, compared to 11% living with a partner.

| | Severely excluded | No signs of exclusion |
|------------------------|----------------------------|----------------------------|
| Weekly income (median) | £131 | £142 |
| Health | 53% report health problems | 20% report health problems |
| Mental health (mean) | 2.9 symptoms of depression | 1.4 symptoms of depression |
| Loneliness | 37% feel lonely | 19% feel lonely |





People who are over 80 and living alone

Research findings

- Over 20% of those over 80 who live alone 265,000 people - are severely excluded.
- 45% of men and 34% of women over 80 living alone are lonely, compared to 4% and 10% of men and women over 80 not living alone.

Older people who are living at home alone are at risk of severe social exclusion as a result of age, social background and living alone. Extreme isolation and loneliness become a greater risk for this group.

People who are living in unfit housing

Research findings

- Over half (51%) of severely excluded people over 50 report at least one housing problem, compared to 28% of people showing no signs of exclusion.
- Older people with a long-term illness or disability are twice as likely to report three or more housing problems as those without a long-term illness (67% compared to 33%).

For many years, research studies have shown that oldest people are the group most likely to live in unfit homes - dwellings that are cold, damp and in disrepair. Long-term illness is linked with unfit homes, and both factors are linked to the severe social exclusion of older people.

People who are recently bereaved

Research findings

- 62% of recently bereaved 65-79 year olds feel lonely, compared to 6% of married couples.
- More than three times as many recently bereaved older people (58%) show three or more symptoms of depression compared to 19% of married older people.

Many older people who lose their partner manage to adjust to and establish a life on their own, with support from family and friends. However, others are at critical risk of becoming lonely, isolated and losing touch with friends and family. 'Skills gaps' can mean that the partner left behind finds it hard to cope with practical areas of their life such as paying the bills or driving.

People who have limited capacity to make their own decisions

Research findings

- 25% of people over 80 living in their own homes have significant memory problems. Of these, one in four (26%) are severely excluded.
- People aged 50-79 with significant memory problems are at much greater risk of severe exclusion than others of the same age.

People with serious memory loss are more likely to suffer from severe social exclusion. Older people with limited capacity to make their own decisions – for example, through dementia, depression, stroke, or learning disability – can face discrimination from health and social care professionals and others. This can lead to them being denied access to important therapies and social opportunities.

Rodney

"One day she was alright and the next she couldn't get out of bed. I said, 'it isn't like you to be lazy' but she'd become paralysed. Then she was in a wheelchair and I couldn't cope with her at home. I've been living on my own for two or three years. I don't visit her any more because she can't cope with her husband seeing her unable to walk like that.

"She used to take charge of all of our finances and I got into a mess with the bills and started to fall behind. Age Concern helped me to get on top of it and get some benefits in arrears, so I'm paying the debts off little by little. Except for shopping I don't go out, so I manage because I hardly spend any money.

"I've got cancer and asthma and my wife was the one looking after me before she went into the home. No-one wants to know you if you've got nothing. This loneliness is a killer. It's worse than the fear I had of being bombed in London during the war.

"There used to be people knocking at my door all the time. I used to say to my brother "why don't you pop over and give me a hand Fred," but no-one calls by now. My children would come in an instant if I asked them to, but I can't keep phoning them every five minutes. They've got their own lives. You've got to leave them to it.

"Once when I was really low I bought a load of pills from the chemist. Luckily someone was in there who knew me. He asked me if I had a headache and when I told him the truth he said "don't be so silly" and talked me out of it.

"I'm the youngest of thirteen. They're all dead now save for two sisters in Kent. Now and then one sister phones but I find it hard to talk to her sometimes. because it brings it all back. I had to stop the car on a verge when I passed my brother's old house and saw a new family in it – I was that overcome."

- Youngest of thirteen.
- Got Mohammed Ali to sign back of cigarette packet.
- Spotted Ted Heath in his pyjamas through window of Geographical Society.
- Striker for Great Yarmouth FC.
- Married with children.



People who are over 80 and living alone

Research findings

- Of the 1.25 million people over 80 living alone, one in five (21%) are severely excluded. This is significantly higher than 65-79 year olds living alone (12%) or over 80s living with a partner (11%).
- The risk of severe exclusion is similar for lone men (20%) and women (22%), although the chances of living alone are far higher for women (72% live alone, compared to 38% of men).
- Men over the age of 80 living alone are 11 times more likely than those living with a partner to be lonely. Women over 80 living alone are three times more likely to be lonely than their married counterparts.
- Older men are more likely to live alone if they come from a manual background (43%) rather than a professional one (30%).

Living a long life is an achievement to be proud of, but the older people get, the more they are at risk of being severely socially excluded. Far too many older people who reach a 'ripe old age' discover that living at home without decent support or social interaction can feel more like a curse than a blessing.

Living alone is a way of life for the majority of people aged over 80. For women it is the norm, as their husbands are more likely to die first. And with changing demographics and family patterns the Government estimates that the number of very old people living alone will increase by 16% over the next 15 years.9

Sadly, long life often means more illnesses, worse illnesses and the onset of long-term health problems and disabilities. Poor health is bad news for very old people because being ill often means staying at home, which may prevent them from engaging with a world outside their own four walls. Naturally. services and amenities are harder to reach for those who find getting out of the house very difficult. Although our research finds that people over 80 living alone tend to be in better health than those living with a partner, those who do have health problems often find it harder to cope. And despite generally being in better health, over 80s living alone are much more likely to be severely excluded, have problems accessing services, and report a lower state of wellbeing than those not living alone.

Living a long life alone usually means living on a lower income. National Audit Office figures suggest that benefit take up is lower in households that include people over 80.10 Managing on a tight budget can force older people to make a stark choice about whether to buy food or risk turning the heating up. The notion of spending money on seeing friends would not even occur to many thousands of people over 80 who feel they have to scrimp and save to meet the rising costs of everyday living.

Most over 80s – particularly women – who live alone have no car¹¹ and subsequently tend to have more trouble accessing public services and amenities than those in the same age group who live with others.

So reaching the 'ripe old age' of 80 and living alone often results in many people forgoing most, or all, social opportunities: it means no social club, no trip to the swimming pool, no bingo, no going to the pub, no lunches in cafes. With no easy way of reaching the doctors, dentists, hospital, chiropodists, supermarket, place of worship or shoe repair shop, for example, it can also mean missing out on essential services that could make a big difference to wellbeing and independence.

Inevitably, many people who are over 80 and live alone are haunted by near constant loneliness. Our research shows that men over the age of 80 living alone are more likely than women to feel lonely, suggesting that they are less able to cope on their own than women. With 45% of men and 34% of women over 80 living alone feeling lonely, compared to 4% of men and 10% of women living with a partner, it's little wonder that levels of depression are high among excluded over 80s.

Extreme loneliness leads to severe social exclusion. and severe social exclusion leads to extreme loneliness. It's a vicious circle and one that people. like Rodney, sometimes yearn to leave by desperate means.

What can be done: Age Concern's recommendations

Consultation and involvement – people who are very old, have significant health problems or find it difficult to leave home are poorly represented in local consultations. More imaginative methods should be used to reach those who are unable to fill in questionnaires or attend public meetings, to ensure their views are fully reflected in service planning. Responsibility: local authorities; Local Involvement Networks; voluntary organisations; authors of national guidance (government departments, inspectorates, **Equality and Human Rights Commission)**

Social contact - the Government has acknowledged that promoting happiness is a legitimate policy objective. But more investment into the kind of befriending schemes and peer-to-peer telephone clubs already provided by many local Age Concerns is required to provide much-needed support for many isolated older people. A more thoughtful approach to the design of services, amenities and local neighbourhoods by public and voluntary services could also help to facilitate social contact and friendships, and contribute to better mental health and wellbeing.

Responsibility: local government; Primary Care Trusts; voluntary organisations

Help to stay independent – local authorities no longer provide 'home helps' for frail older people yet many older people need help with cleaning, gardening, shopping or paperwork. Local authorities should improve the provision of support to live independently (a new government indicator) by commissioning new services and supporting subsidised service delivery by social enterprises. Responsibility: local government; voluntary organisations; social enterprises

Local services and transport - spatial planning and decisions about the location of services should take the needs of older people who can only walk short distances into account. More investment in community transport schemes is urgently needed and a cash equivalent should be given to those who are unable to use their bus concessions.

Responsibility: central government for national planning and transport policy; local government

What is needed

- Consultation and involvement that is genuinely inclusive.
- Local policies and programmes to enhance social contact.
- Low-intensity home services.
- Thoughtful planning of local services and transport options to help promote independence.





Doreen

"I didn't know what had hit me. I couldn't remember what I'd done or not done around the house. My mind was a blank and I kept falling over and hurting myself.

"I can go for a whole week and not speak to anyone at all in person. I was with my husband for 56 years and we were together for 24 hours of every day. Things are at their worst when you get poorly. You can't look after yourself and you can't even get up for a glass of water. No-one's there and no-one cares if you're ill. My children live miles away in other towns.

"My husband was tetraplegic and we had carers to help with the shopping. Now I have to do it by myself. If my arthritis is bad and I'm not well enough to go to the shops, I have to manage with tins from the cupboard. He used to organise paying all the bills but now I need to sort it on my own. I get less money in benefits but I get by because I don't go out or do anything.

"Age Concern has got me a bereavement counsellor. It helps me to get things off my chest. It's someone who'll care and bother. A lady from Age Concern rings up once a week as well to chat about whatever I fancy chatting about.

"I'd like to move on - probably to a sheltered house nearer my son. It would be good to be able to speak to other people, to go downstairs and chat about the weather when you're feeling low. If I press my emergency button, they send for an ambulance without asking what it is you need. So I try not to press it. If I lived somewhere where there was a warden, I might have a bit of help just when I need it."

- Second youngest of five brothers and two sisters.
- Took her six children and tetraplegic husband to a caravan in Abergele for holidays once every year.
- Owned a pet shop and retired at 57.

People who are recently bereaved

Research findings

- Recently bereaved 65-79 year olds are over 10 times more likely to be lonely than those who are married (65% compared to 6%).
- Three times as many recently bereaved older people (58%) show three symptoms of depression compared to 19% of married older people.
- Married people over the age of 80 are 75% less likely to be multiply socially excluded than those who are widowed.

Recently bereaved people can be plunged into isolation and depression after spending decades of their life with someone else. Bereavement inevitably occurs when any loved one dies, but most people are hardest hit by the death of a husband or wife. It is sadly not uncommon for previously healthy people to quickly follow their partners to the grave.

Marriage can provide protection against becoming lonely or excluded in later life - our research shows that married people over the age of 80 are around half as likely to be severely excluded as those who are widowed. Husbands tend to die vears before their wives and half of all women find themselves widowed by the time they reach 75.12 Death usually comes first to households where the couple is poor, has earned their living through manual labour, lives in unfit housing or is from a black or minority ethnic background.

The majority of widows and widowers recover from bereavement, relying on the resilience they have built up over a long life and support from family and friends. However, many need further help in the following weeks and months; particularly once help from friends and family around the time of the funeral begins to wane. Many older people are not offered the support they need around six to eight weeks after their partner dies. Yet for many, this is the point at which their world tips up on its axis and the slide into social exclusion begins.

Older people who are recently bereaved are at critical risk of becoming lonely and isolated. Those who lose a partner between the ages of 50 and 80 are far more likely to say they are lonely than those who are the same age and married, single or divorced. For a grieving partner, it can be easy to let social connections and 'couple friendships' drop away without noticing – this is particularly true of men who are generally worse than women at maintaining social networks.

It is also true that older lesbians, gay men, bi-sexual and transsexual people who lose a partner have more difficulties getting access to services, sympathy and support than same-sex partners who are widowed.13

When a partner dies, many older people are left alone to bridge a 'skills gap' - often having to think about jobs such as paying the bills or cooking for the very first time. Research tells us for example, that usually only one partner – of either gender – deals with the household finances¹⁴ and only 27% of women over 70 have a driving licence,15 which puts them at risk of missing out on essential amenities. Perhaps unsurprisingly therefore, our research reveals that women over 70 have less access to public services and amenities than men of the same age or younger people of either gender, which can put them at greater risk of social exclusion.

So as well as learning to cope with grief and emptiness, recently bereaved older people face the huge challenge of managing a life that has transformed – emotionally and in all its practical components – beyond all recognition. Grieving for a partner, dealing with household bills for the first time and coming to terms with living on a lower income can be too much to cope with. Letting paperwork mount up and sinking into debt is not an uncommon response to the death of a spouse. If support services are not offered at the right time and in the right way, bereaved older people can quickly turn into lonely, isolated and severely excluded older people.

What can be done: Age Concern's recommendations

Counselling services and practical support – national bereavement charity CRUSE and some local Age Concerns already run bereavement counselling services, and many Age Concerns offer telephone and face-to-face befriending. But more services that cover the six to eight week 'danger period' are urgently needed, as is greater provision of practical support to help bridge the 'skills gap'. Public services and voluntary organisations should experiment with shortterm, intensive post-bereavement support which could pay for itself if it succeeds in sustaining longterm independence. Responsibility: local government; Primary Care Trusts; voluntary organisations

Identification and follow-up – the Government is considering a joined-up 'say it once' process to reduce the distress caused by having to notify numerous agencies when a loved one dies. This data should also be given to service providers such as local authorities, GPs, funeral directors and local charities, and informal mechanisms for referral and follow-up should be improved. Options such as initiating contact some time after death, when intervention could be 'make-or-break', and targeting offers of help should be piloted locally. Responsibility: central government departments; local government; Primary Care Trusts; voluntary organisations; funeral providers

What is needed

- Improved support for counselling and support services.
- Multi-agency initiatives to identify and follow-up on bereaved people at risk of exclusion.

Pamela

"I've lived in my home since I was married 50 years ago. It was in a terrible state by the time my husband died but while he was ill he didn't want anyone in doing work on it. I was embarrassed to invite people over anyway and it was difficult having the family round.

"The house needed things fixing for such a long time but it was just awful by the end. The electrics hadn't been done since we moved in and we still had the old pin sockets so I couldn't even get a modern Hoover. Cleaning seemed to take up all my free time - it took twice as long as it does now. Our kitchen roof leaked and the back of the house was a mess, all the plaster was falling off and the damp was terrible. We had no heating at all and it was freezing in the winter – which didn't help my husband's health.

"All these things were wrong and it all just seemed so much, especially when my husband was really ill. It just left me feeling very depressed. We didn't really have any visitors coming - only family who came as often as they could.

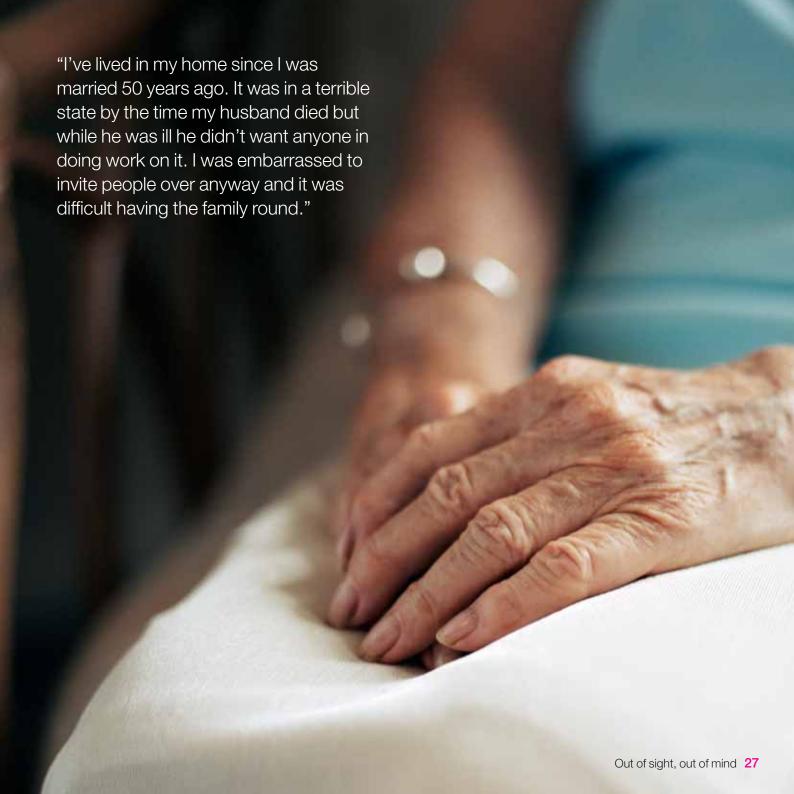
"My husband had been a builder and it affected his health terribly. He had all sorts wrong for a very long time. After he died I thought I should get something done on the house but I didn't know where to start. I only found out that I could get help when I got in touch with the council to claim for Pension Credit when things had become tight.

"I was put in touch with Wessex Home Improvement Loans which helped me to get all the work done on my house and I only have to pay nine pounds something a week for it. I've got nice new storage heaters now and it's so good to come home to the warm. I had the whole family round for Christmas this year - I couldn't have done that before, I would have been scared the floor wouldn't have carried all the weight it was in such a bad way.

"I still don't see many people other than my family. I get on well-ish with the neighbours. One's just had a kidney transplant so she's not up much. The other side were youngsters but they were turned out for not paying the rent. The new ones aren't the sort you get friendly with - I never see them.

"It's still really hard but things are better than they were. I had no idea that we could have got extra money to do these repairs. I only wish my husband could have got the benefit of it while he was still alive."

- Horse and dog-lover.
- Mother, wife and grandmother.
- Continued working until 71.
- Still feeds and looks after her horses everyday.



People who are living in unfit housing

Research findings

- Over half (51%) of severely excluded people over 50 report at least one housing problem. compared to 28% of people showing no signs of exclusion.
- 1.1 million people aged 70-79 and a further 530,000 people over 80 report at least one problem with their home.
- 20% of over 50s living in rented homes are severely excluded, compared to 4% of homeowners. For over 80s the numbers rise to 28% and 14% respectively.
- Although older people living in rented housing are more likely to experience severe exclusion than those who own their home, the risk of severe exclusion among homeowners increases significantly among the over 85s.

When the Government talks about 'unfit housing', it means property that does not meet its Decent Homes Standard. This means leaking roofs and windows that let cold air in, problems with electrical wiring and plumbing, front doors that won't close because of rotten frames, damp that climbs bedroom walls, and bathroom fittings that haven't been replaced for decades. Age Concern also considers unfit housing to include homes that are too small or badly designed, leaving the dweller unable to move around freely: for example, homes with kitchen cupboards that are too high to reach

from a wheelchair or flimsy walls that can't support a basic grab rail.

Older people spend the vast majority of their time at home. 16 How they feel about a life spent within the same four walls is likely to depend on how warm, well maintained and suitable to their needs they find their home. Pamela's story shows how unfit housing can severely damage an older person's quality of life and ability to participate in society. It is perhaps unsurprising therefore that our research shows a strong link between unfit housing and severe exclusion.

2.1 million older households are living in homes classified as 'non-decent',17 according to the Government's definition, and the majority of nondecent homes lack adequate heat.18 Cold, damp and unhealthy conditions at home are clearly dangerous for older people and can cause severe respiratory conditions or even kill. People over 65 who are disabled or have a long-term illness are most likely to live in a damp home 19 and the chances of living in a house without adequate heat increases with age.20

There is a clear relationship between unfit housing and age. 14% of people who have lived in the same place for over 30 years have a home in serious disrepair²¹ and over half (51%) of homeowners over 85 live in non-decent housing – twice as many as owners who are aged between 50 and 64.22 But

worryingly, many people in advanced old age do not recognise the housing problems they face. Our research shows that people over 75 are less likely to identify housing problems than people aged 50-74. It is striking evidence of the harm that can be done by a 'mustn't grumble' mentality.

People who live in private rented accommodation (who are usually also the poorest pensioners) have a far greater chance of living in an unfit house; in fact, over half of homes that are privately rented by the over 50s are considered non-decent.23 Our new research shows that older people aged between 50 and 64 are eight times more likely to be severely socially excluded if they rent their home privately than if they own it or pay a mortgage. The likelihood of living in a home that needs urgent repairs is also greater for people who live alone.

Here there is another vicious circle: an ill older person lives in a cold damp house; illness leads to social exclusion, which is a barrier to accessing the support they need to maintain their home; the cold damp house remains, and the illness is exacerbated or recurs during the next cold snap.

Home maintenance and repairs often involve physical exertion of a kind that many older people find hard to manage. Even changing a light bulb, for instance, involves stepping up onto a chair and reaching above the head in a way that can affect balance and cause dizziness.

Being trapped all day in an unfit home can cut people off from the outside world. It becomes harder for them to avoid becoming isolated, lonely and depressed. People like Pamela, living in a cold, damp house, can often feel ashamed to invite family or friends to visit; the services that might give them back their independence and quality of life at home seem out of reach.



What can be done: Age Concern's recommendations

Nationwide handyperson schemes and home audits - handyperson services offer reliable and affordable small household repairs that many older people would struggle to manage alone. Such schemes are often run by local Age Concerns and other charities²⁴ and are invariably well subscribed but under-resourced. More local funding is desperately needed to ensure that older people have access to these schemes, regardless of where they live. Agencies that make home visits should also be able to signpost people to home repair schemes and promote free 'home audits' to identify existing or potential problems with heating and energy efficiency. Responsibility: central government; local government; Home Improvement Agencies; landlords; voluntary organisations; utility companies

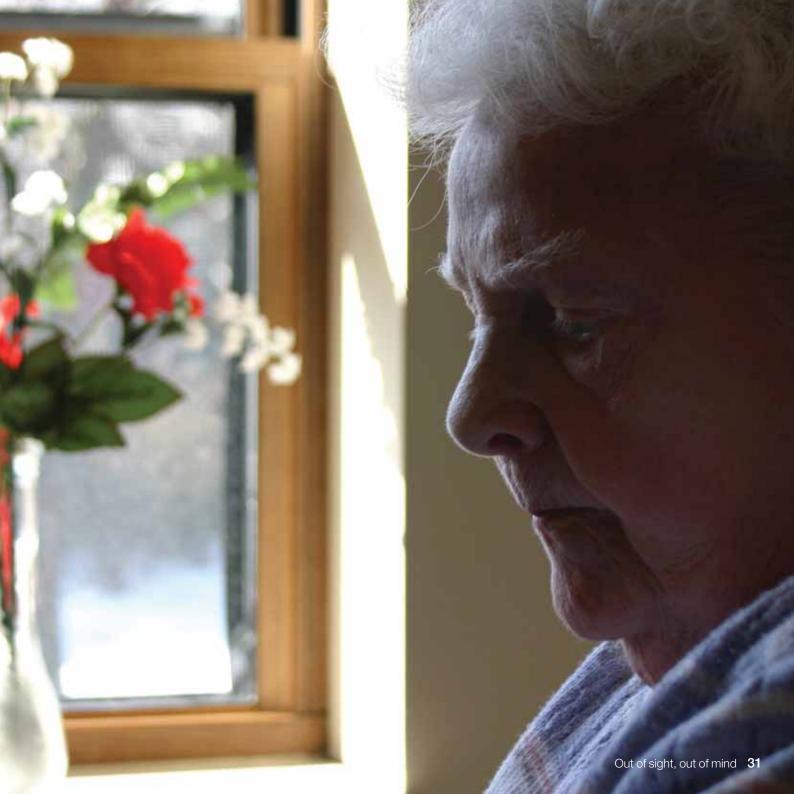
Better advice and improvements to the Warm Front scheme – older people need trustworthy advice if their current home is failing to meet their needs. Information and advice on grants, low interest loans and practical support must be more readily available. The Government's new review of the private rented sector should look specifically at the reluctance of older people to raise issues with their landlords. The maximum limit for Warm Front grants - which offer insulation and new heating systems – should also be increased to adequately fund insulation and heating improvements for older people living in fuel poverty. The grant should also provide insulation for homes without cavity walls and be targeted at homes with low energy efficiency ratings. Current concerns with Warm Front funding, workmanship and delays must also be addressed. Responsibility: central government; local government; voluntary organisations; energy companies

Improved access to suitable homes - more accessible new housing, and housing that is capable of being adapted, is urgently needed to meet the growing demands of an ageing population. The Government should legislate to ensure that all new homes are built to the Lifetime Homes standards as soon as possible. With the existing housing stock, more action is needed to 'match' older people to appropriate housing, including registers of accessible housing, and better advice on alternative housing options. More funding for adaptations to existing homes is also needed.

Responsibility: central government; local government; voluntary organisations; estate agents; housing associations

What is needed

- 'Handyperson' schemes available nationwide.
- Multi-agency promotion of home repair schemes and free home audits.
- Improvements to the Warm Front scheme.
- Improved access to suitable housing, by reforming planning rules, funding home adaptations, and 'matching' people to accessible homes.





Peter

"When you have dementia, you can be seen as a social pariah. When I was first diagnosed and for the three years beforehand, when I was suffering from heavy depression, I found many people's reactions extremely negative.

"Acquaintances would 'pretend' not to see me if I was in their presence and people stopped inviting me to dinner or events. They assumed I had changed in ways that I hadn't, that I wasn't the same person any more and wasn't worthy of conversations.

"Though no-one necessarily uses the word 'senile' to you directly, it's still there in people's minds and I absolutely abhor it with its connotations of total madness and being a member of a race apart. I used to see this word and this feeling in people's eyes sometimes.

"I was in utter shock for the six months after my diagnosis. My wife and I felt we had hit rock bottom and I thought there was nothing worth living for. But then I came to a point, which I now think of as 'my resurrection'. I decided that I would make the best of my life until the worst of the disease comes along.

"I decided I wanted to go back to being a 'normal' person, to take part in activities and to involve myself in the Alzheimer's Society and in government committees and in educating people about living with dementia.

"I used to be a group technical director for a public computer company and I was able to use technology as a tool for helping me to deal with short-term memory loss. I record conversations using a sophisticated portable recorder and computer software and I take photographs to refresh my memory about who I've seen and what I've been doing. I'm not able to write any more and I miss being able to play piano.

"My personality and approach has helped me not to slide down the scale. But I know from the people I meet in my daily life that so many of those with dementia withdraw from the world. For example, advocates sometimes presume that it's their role to take every decision away from the individual. The public often talk to people with dementia in a loud articulated voice, the way they might if you couldn't speak English. This can make people with dementia become introverted and wind into themselves. steering clear of social situations completely.

"I have discovered ways to live life positively. I'm an extrovert by nature and I truly believe it when I end all my lectures with the phrase: I'm living with dementia, not dying from it."

 Government adviser, international public speaker, extrovert, techie and father of three.

People who have limited capacity to make their own decisions

Research findings

- 25% of people over 80 living in their own homes have significant memory problems. Of these, one in four (26%) are severely excluded.
- Over 80s with significant memory problems are at higher risk of being unable to access key services than others of the same age.
- People aged 50-79 with significant memory problems are at much greater risk of severe exclusion than others of the same age.

Difficulties in making decisions can result from conditions such as dementia, depression, stroke, brain injury or learning disabilities. Mental capacity is time and decision specific: for example, a person may be able to decide what to have for dinner, but lack the capacity to decide whether to sell their house. They may have 'good days' and 'bad days', meaning they can make a decision one day but not the next.

Older people with limited capacity to make their own decisions are at high risk of social exclusion. Becoming forgetful or feeling overwhelmed by everyday tasks can be a strong barrier to maintaining friendships or being able to find the help or services that people need. Older people in this situation may also have difficulties managing money and keeping afloat financially. Our research findings

confirm this, showing that older people with the greatest memory loss are most likely to be severely excluded. But it also shows that much milder forms of memory loss are closely related to social exclusion. Yet discussions about mental capacity often focus on people with almost no capacity at all, those with advanced dementia for example.

The early signs of memory loss, confusion or dementia can be alienating and disturbing, especially for older people who live on their own and are already battling with loneliness. The problems are worst for people over 80.

There are currently around 700,000 people with dementia in the UK and this is set to grow to 1 million by 2025.25 The training of front-line primary care staff to recognise the early warning signs of dementia does exist but is minimal at best. Late diagnosis can mean older people are left to muddle through under the weight of an unnamed and perhaps worsening condition. This can have a devastating impact on self-confidence and wellbeing. Peter's experience is a case in point: a successful and confident man, he suffered from serious depression after his diagnosis yet has spoken out to give us an insight into the experiences of those who are less fortunate than him and unable to speak out for themselves.

It follows that those with limited mental capacity may not have either the ability or confidence to voice their needs during their health and social care assessment, which is often a lengthy and complicated process. This can then have a negative impact on their chances of getting the appropriate care and support to remain independent at home. The long wait for some services and support, which are often covertly rationed by the use of waiting lists, may be especially painful for those who are confused and lacking mental capacity.

Discriminatory attitudes can be very costly for older people. It is not uncommon for care professionals to deny services such as talking therapies and counselling to older people with a depression because of a misguided belief that 'being down' is simply part of the ageing process. Sometimes those with dementia or memory loss are overlooked for counselling and physiotherapy because front line staff do not want the experience to be 'wasted' on a person who may not remember it.

Older people who have limited mental capacity and are living without support commonly fall into problems with managing money. Some can become confused about their finances - forgetting to pay bills, getting muddled about which energy provider supplies their home or running into debt. They are also vulnerable to signing up to credit cards and

loans without understanding the terms and conditions. Poverty, debt and money worries may limit people's horizons and chances of participating in society.

Older people who have nominated a friend or relative to be officially responsible for handling their money may feel relieved that larger financial decision making has been taken off their hands. But when lesser financial decisions – which may be as small as buying a particular daily newspaper - are swept away along with the bigger ones, it can undermine their confidence and independence.

Older people with limited mental capacity are often hurt and bewildered by the behaviour of others. As Peter explains, friendships can become strained or even disappear because of the social stigma of mental illness. Memory loss can feel embarrassing and can put people off wanting to socialise in groups where they may need to recall names. Thoughtless comments or unspoken snubs can make older people want to withdraw from a social life where they feel unhappily different and unwelcome.

What can be done: Age Concern's recommendations

Independent advocacy – voluntary advocacy services are extremely valuable for older people who lack mental capacity. Age Concerns in Blackpool,26 Cheshire, Slough and East Berkshire, and Warwickshire are currently piloting an innovative 'Mental Health Advocacy Project' to empower older people who have limited capacity to make their own decisions. But this kind of advocacy should be more widely available across the country for those older people who need help with decision-making, particularly on health, social care and financial matters. Responsibility: local government; Primary Care Trusts: voluntary organisations

Social contact and independence - talking therapies, counselling, support groups and befriending projects can be a huge help to older people who lack mental capacity - providing friendship, new routes into independence, sociability and wellbeing, and an opportunity to share coping mechanisms. More of these services are desperately needed to help people retain their independence rather than become reliant on care. The principle of helping people stay independent is now enshrined in the Mental Capacity Act, but training and support is urgently needed to promote understanding of the law with service providers.

Responsibility: local government; Primary Care Trusts; voluntary organisations; inspectorates

What is needed

- Improved support for independent advocacy.
- Services that sustain social contact and independence for as long as possible.



Conclusion

As this report shows, severe social exclusion among older people is a significant and pressing problem which cuts across common boundaries such as income, social class, ethnicity or gender. Being severely excluded is not just about being poor, feeling lonely or lacking mobility. It is a complex issue which involves facing multiple hardships and being cut off from the things the rest of society takes for granted.

An entire decade has passed since Tony Blair first put social exclusion on the political agenda. Yet despite promising a "lifetime" approach to the problem, and publishing A Sure Start to Later Life, the Government has done little to reach out to the most disadvantaged older people. The social exclusion of older people hasn't just fallen down the Government's list of priorities – it's dropped off it altogether.

Without stronger ministerial leadership, and a significant change in the mindset of policymakers and service-providers, severely excluded older people will continue to suffer in silence. We urgently need a new debate on these issues and a clear commitment to tackle the social exclusion of older people.

Acknowledgements

The new research findings in this report are drawn from analysis carried out by Dr Panayotes Demakakos of University College London (UCL). This report was written and edited by Miranda Yates, Andrew Harrop, Patrick South and Helen Spinney.

We would like to thank Rodney, Doreen, Pamela and Peter for taking the time to share their experiences with us, and for allowing us to publish their stories in this report.

Glossary

British Household Panel Survey - a multi-purpose study, started in 1991, to further understanding of social and economic change at the individual and household level in Britain and the UK.

Comprehensive Spending Review (CSR) - a government tool for deciding how much money will go into schools, hospitals and other public services. The 2007 CSR covered departmental allocations for 2008-2011.

CRUSE Bereavement Care – a national charity which exists to promote the well-being of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss.

Decent Home Standard – the Government's definition for a home that meets its basic minimum standard. This involves: being in a reasonable state of repair, having reasonably modern facilities and services, and providing a reasonable degree of thermal comfort. All homes must meet the standard by 2010.

Equality and Human Rights Commission – an independent statutory body established in 2007 to help eliminate discrimination, reduce inequality, protect human rights and to build good relations, and to ensure that everyone has a fair chance to participate in society.

Home Improvement Agencies - not for profit, locally based organisations that assist vulnerable homeowners or private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their home.

Lifetime Homes Standards – these aim to 'make living in a home as easy as possible, for as long as possible, through thoughtful design'.

LinkAge Plus - a programme of eight pilots testing the model of services proposed in the Social Exclusion Unit's A Sure Start to Later Life. The programme is run by DWP team that is responsible for the UK Strategy on Ageing, know as 'Opportunity Age'.

Local Area Agreements – agreements that set priorities for the local area, negotiated between local public bodies and the Government, usually with input from other organisations through local partnership arrangements.

Local Involvement Networks (LINks) - will replace current Patient Forums from April 2008. They are being introduced to help strengthen the system that enables communities to influence the care they receive.

Mental Capacity Act – came into force in October 2007 and aims to protect people who cannot make decisions for themselves due to a learning disability or a mental health condition.

National Audit Office (NAO) – audits the financial statements of all government departments and agencies, and many other public bodies.

Primary Care Trusts (PCTs) – provide local services through contracts with GPs, dentists, pharmacists and opticians, and manage community services such as district nursing, community hospitals and clinics.

Public Service Agreements – set out the specific improvements that the Government wants to achieve in the next spending period (2008-2011) and the performance indicators that will be used to measure progress.

Social Exclusion Task Force – the cross-government team responsible for social exclusion. Its current work programme, set out in Reaching Out and subsequent updates, does not cover older people.

Social Exclusion Unit – the Government team responsible for social exclusion between 1997 and 2006. The SEU produced A Sure Start to Later Life.

Warm Front – a Government-funded scheme is managed by eaga (the UK's leading provider of residential energy efficiency solutions), and aims to make homes warmer, healthier and more energy-efficient.

Wessex Home Improvement Loans – part of the Wessex Reinvestment Trust Group (a not-for-private-profit Community Development Financial Institution) and is supported by the Housing Association Charitable Trust (HACT).

End notes

- 1 The Social Exclusion of Older People: Evidence from the First Wave of the English Longitudinal Study of Ageing (ELSA), Social Exclusion Unit, January 2006
- 2 Calculated by Age Concern using 2003 Government Actuary Department-based population projections
- 3 English House Condition Survey 2005 Annual Report, Department for Communities and Local Government, June 2007
- 4 Dementia UK, Alzheimer's Society report using London School of Economics and Institute of Psychiatry research, February 2007
- 5 A Sure Start to Later Life, Social Exclusion Unit, January 2006
- 6 The Social Exclusion of Older People: Evidence from the First Wave of the English Longitudinal Study of Ageing (ELSA), Social Exclusion Unit, January 2006
- 7 Ibid
- 8 Figures are taken from the new Age Concern/ UCL research, the cases illustrated are fictional examples
- 9 Calculated by Age Concern using 2003 Government Actuary Department-based population projections
- 10 Progress in tackling pensioner poverty: Encouraging takeup of entitlements, National Audit Office, July 2006
- 11 Census 2001, Office for National Statistics
- 12 Ibid
- 13 Opening Doors... to the needs of older lesbians, gay men and bisexuals: conference report, Age Concern England, April 2002
- 14 IFF Research Limited/ Age Concern England research, March 2007
- 15 2004 National Travel Survey, Department for Transport, July 2005
- 16 A Sure Start to Later Life, Social Exclusion Unit, 2006

- 17 English House Condition Survey 2005 Annual Report, Department for Communities and Local Government, June 2007
- 18 Ibid
- 19 Older People, Decent Homes and Fuel Poverty An Analysis based on the ECHS, Help the Aged, 2006
- 20 Ibid
- 21 English House Condition Survey 2001 Annual Report, Office of the Deputy Prime Minister, July 2003
- 22 English House Condition Survey 2005 Annual Report, Department for Communities and Local Government, June 2007
- 23 Ibid
- 24 Care and Repair England, Help the Aged and Foundations (the national co-ordinating body for Home Improvement Agencies)
- 25 Dementia UK, Alzheimer's Society report using London School of Economics and Institute of Psychiatry research, February 2007
- 26 in partnership with N-Compass

About the research

For this report Age Concern England has commissioned Dr. Panayotes Demakakos of University College London (UCL) to analyse data from the English Longitudinal Study on Ageing (ELSA). ELSA is a recently established survey designed to track the ageing process from the age of 50, with data collected in 2002, 2004 and 2006. Most of the statistics in this report use data from the survey's first wave of data collection. All statistics are for England only.

This report is Age Concern's interpretation of the UCL analysis. It does not necessarily reflect the views of Dr. Panayotes Demakakos or those of UCL.

Measuring social exclusion

The statistics in this report use an existing definition of social exclusion developed for a study commissioned by the Government and published as The Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA) – Final Report (Social Exclusion Unit, Office of the Deputy Prime Minister, 2006). In that study people were classed as either excluded, or not excluded, across seven dimensions of life. For each dimension, exclusion was defined to include around 10% of over-50s.

The seven dimensions chosen were: social relationships; cultural and leisure activities; civic participation; neighbourhood; access to financial products; access to public services and amenities. These measures are 'proxies' for exclusion, based on the availability of data. Other important dimensions of exclusion were not included in the study, for example relating to poor housing or use of technology.

In this report we look at the characteristics of the 7% of people over 50 who are severely excluded, defined as people who are excluded across three or more of the seven dimensions. Some comparisons are made to the 53% of over-50s who are not excluded across any of the dimensions (described as showing no signs of exclusion).

Age Concern is the UK's largest organisation working for and with older people. In England, we are a federation of over 370 charities working together to promote the wellbeing of all older people.

Age Concern's work ranges from providing vital local services to influencing public opinion and government. Every day we are in touch with thousands of older people from all kinds of backgrounds – enabling them to make more of life.



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