A voice for older people

The world’s population is ageing. And whilst this gives rise to an increase in the number of issues related to ageing, it also creates a powerful group of older people who are demanding more from the politicians they vote for.

Agewell is a Community Interest Company led by older people for the benefit of older people. We consult and engage with older people and deliver a range of services which help older people to age well, staying healthier and independent for longer, enjoying a better quality of life.

Thanks to our membership of more than 2,200 individuals aged 50 plus, as well as professionals and partner organisations who work with older people, we are in a unique position to provide a real world view of older people’s issues and to work with policy makers to ensure the information they use to make decisions is accurate and realistically reflects the requirements of older people.

We believe it is important we take every opportunity to raise awareness of the key issues affecting older people with policy makers and politicians. This is why we have developed this manifesto which details 14 areas of concern for all political parties to consider and address.
1. Recognise that we are greater than the sum of our years; DON’T use stereotypes to judge us or assume you know what our fears and concerns are or what we want from life.

2. Recognise we have expertise and can actively contribute to society; DON’T waste our valuable knowledge and life experience by excluding us from work or volunteering. Ensure employers accommodate people who work beyond 60 by providing the right terms and conditions allowing them to continue to be productive.

3. Understand our caring responsibilities are changing; children may live at home until they are in their 30s and we may have to give up work in our mid 40s and 50s to meet caring responsibilities for elderly and frail loved ones. The allowances and support available for carers need to be PROTECTED as we provide valuable support that ultimately takes pressures away from health and social care services.

4. Recognise the contribution we have already made; DON’T take away our dignity by making us feel we need to go ‘cap in hand’ for benefits and allowances. Have a clear and costed policy for residential and nursing care that is driven by contribution and not solely means testing.

5. Recognise the impact mobility has on wellbeing (physical and mental); DON’T limit our freedom by removing free travel, closing public toilets or removing seating in public places. Have policies that ensure local authorities have to protect these things.

6. Understand we want the opportunity to learn new things; DON’T limit our aspirations by making lifelong learning something for the under 30s. Older people may want to retrain mid career (particularly if their job is manual) to ensure they can continue to work, so ensure...
colleges and training providers invest in innovative programmes that make this possible.

7. **GIVE US A SAY** in what supported living looks like. Ensure local authorities are obligated to engage with older people at the planning stages and developers are obliged to have public representation on their project boards.

8. **LET US BE PART** of the inspection/review process for care and nursing homes to improve dignity, safety and compassion in the delivery of care.

9. Treat those that look after us with **RESPECT AND DIGNITY** (nurses, care workers); pay them a living wage, train them properly and hold them to account if they fall below acceptable standards.

10. Treat us with **RESPECT**, rather than as if we have passed our ‘sell by date’; if we are leaving hospital make sure we are able to go to the right setting with adequate support by integrating intermediate care, community support and social care services to remove false barriers to responsibility and funding.

11. As we approach the end of our lives, **GIVE US REAL CHOICES** about the quality of our death and support us in making the decisions that are right for us. Have policies that reflect minimum standards of care for end of life and hold organisations to account when they fall below these standards.

12. **DON’T** assume that we are not enjoying life and that we need to socialize; give us a say in how we spend our time. One-size solutions do not fit all so work with older people to design solutions that meet their needs.

13. Dementia diagnosis is increasing and needs resources targeted to help sufferers and the families that care for them; **DON’T** raise awareness without ensuring adequate resources are available to provide the necessary services.

14. Be aware that some older people are healthier than their younger counterparts; **DON’T** penalize us for insurance premiums simply because of our age. Challenge insurance companies about ageist policies and practices.
The world’s population is ageing, bringing with it greater numbers of people with long term conditions, dementia and frailty who require care and public service provision to support them living independently.

The rise in the number of ‘silver city’ housing developments where housing projects specifically target the over 50s are creating older and somewhat isolated communities.

The economic crisis which hit in 2008 has left the UK with a series of issues that impact on our ageing population, notably;

- People needing to work longer before they draw a state pension (67 for most people)
- Public spending drastically reduced affecting the NHS, Social Care and Housing
- Lower birth rates in the last 20 years and pension reserves depleted by 2037\(^1\) leaving a significant gap between those eligible to draw pensions and those paying taxes to fund pensions.
- People in their mid forties and fifties having to give up work to take care of parents who have long term conditions including dementia.
Some of whom may still have children at school, college or university.

- Significant rises in the older, frail population wanting to live independently but requiring higher levels of support to do so safely.
- The average age of people diagnosed with dementia is changing and it is not uncommon for people in their late 50s to experience early onset symptoms.
- There is a perceived gap between the right kind of care delivered by providers and the rising costs of providing it.

1Thisismoney.co.uk Tanya Jefferies
Agewell is based in Sandwell, West Midlands and has been operational since 1998. For many years an initiative within the NHS, in April 2013 we spun out to become an independent social enterprise.

We are a voice for older people in all decisions likely to impact on their experiences including service design (or re-design); funding and commissioning priorities; procurement and service specifications and contract performance.

Our members represent the views of older people by sitting on various boards and committees for all sorts of issues affecting their quality of life including equality and diversity, safeguarding, mental health, community safety and safety at home, housing, health, transport and many more.