The Oxford Institute of
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An overview of policies for older adults

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Introduction

In recent years, there has been a growth in the number of organisations with an interest in older adults working with and for older adults in the United Kingdom, both nationally, regionally and locally. In addition, there has been a growth in the number of corporate bodies who see the commercial opportunities in ageing populations. The United Kingdom also has strong expertise in both the NGO and private sector as far as the provision of services and goods for older people and their families is concerned.

This report – the fourth in a series of five reports –presents a scoping and mapping of policy initiatives for older adults. This comprises an overview of relevant national government policies, enabling a synthesis of challenges, and possible solutions from the design world.

The first report of the series explores the development over the latter half of the 20th century and up to the present day of the healthy ageing economy.

The second report presents an overview of key national organisations working with and for older people in the United Kingdom. It also includes selected local organisations working in the field and two international case studies.

The third report presents a similar overview of key corporate organisations working with and for older people in the United Kingdom as part of the direct healthy ageing economy.

The fifth report will present the UN/WHO Age-friendly City initiative, with selected case studies from different continents.

The main methodology employed throughout has been desk research drawing on government documents, organisation publications and web resources. In a number of cases, key individuals have been invited to submit materials which have been utilised. Each report has extensively referenced all materials which have been sourced and used in the reports.

Section I. The General Policy Environment

1. The environment of policies for older adults

The emergence and continued development over time of tailored policies for older adults is of course linked to the emergence of older adults as a well-defined group of the population in need of specific policies to provide support and care which would not otherwise be provided by general policies. In this respect, it is perhaps useful to consider three institutional structures which historically defined older adults as a separate group from everyone else, leading ultimately to special interventions. The three structures are alms houses, pension systems and the development of geriatrics as a medical speciality.

Alms houses developed from institutions for poor disadvantaged of all ages (with older people a small minority among them) to institutions populated by older people, a result of the development of welfare for specific groups (poor, sick, disabled). This meant that the group of (all) older people became homogenised into this group needing help and support (away from the community).

The introduction of **pension systems** created a marginalised social space for older people – these systems define an exact age beyond which citizens become dependent, separated from the productive section of the population. This then provides a well-defined phase of life called old age, anchored in society's judicial and administrative structure.

The statistical preconditions needed to regard older people as a well-defined group within legislation are to a great extent linked to the work of Belgian statistician, Quetelet (1796-1874):

"*Man is born, grows up, and dies, according to certain laws which have never been properly investigated…….*"

This approach facilitates a statistical definition of old age based on probabilities, and along with this comes the opportunity to treat and understand older people collectively as a group in a chronologically defined phase of life.

This is closely related to the final institutional structure – the medicalisation of the ageing body/person. **Geriatrics** is born as a discipline around 1840 and has Quetelet as its actual and most important basis. Medicine dominated ageing – geriatric medicine was in the *business* of defying ageing – even defying death. The medicalisation of ageing – helped by the marginalisation of old age and older people – led to the dominant image of ageing (and old people) as one characterised by the tired, failing, ageing body. Medicine had a monopoly on even the social construction of old age. As a result, the research focused on ill health and on combatting ill health in later life. The fact that geriatrics developed in this way is linked to the growth in the number of older people in society as mortality at early ages declined and as a result more people survived into old age[1]. In addition, our life expectancies and longevity have increased and ageing populations have become an issue not just for medical science but also for policy makers.

The emergence of extreme longevity brings a new dimension to this already challenging demographic as we move from growing numbers of older adults to growing numbers of extreme aged older adults. Contextually, but also with a prospective element, it is worth examining the history of this evolving extreme longevity.

Life expectancies increased quite dramatically during the first half of the 20th century, and then more modestly in the latter half of that century as a result of improvements

[1] Leeson, G.W. (2016) The impact of mortality development on the number of centenarians in England and Wales, *Journal of Population Research*, Springer, 23 September 2016, pp. 1-15, DOI 10.1007/s12546-016-9178-8. Leeson, G.W. (2014) Future prospects for longevity, *Post Reproductive Health*, Vol. 20 (1), pp. 17-21.

in survival at older ages[2], and there is a body of evidence indicating that lives will continue to be extended[3]. Importantly, there is strong historical evidence to support this future[4], inasmuch as female life expectancy at birth in the longest lived country at any time has increased year on year since 1840 at a rate of approximately 2.5 years per decade, and the same is true, but at a slower rate, for males[5]. This increasing longevity will add a further dimension to designing for our ageing populations and our ageing selves.

There has consistently been scepticism about the limit to longevity, moving from a belief in *limits to life-span* to a belief in *limits to life expectancy*. In 1928, it was predicted that the limit to life expectancy was around 65 years for both males and females[6], but this limit had already been exceeded in New Zealand. More recently, in 1990, it was suggested "…that life expectancy should not exceed…35 years at age 50 unless major breakthroughs occur in controlling the fundamental rate of aging"[7], but once again this suggested limit was exceeded just 24 years later in 2014 when life expectancy at age 50 in Japan reached 35.16 years[8].

This individual and population ageing is heralding the 21st century as the century of centenarians. In line with the slow beginnings to the increases experienced in life

[2] Fries, J. F. (1980) Aging, natural death and the compression of morbidity, *The New England Journal of Medicine*, Vol. 303(3), pp. 130–135; Leeson, G. W. (1981) Ældres dødelighed 1960-1980 (The mortality of older people in Denmark, 1960–80), *Ugeskrift for Laeger*, Vol. 143, pp. 2324–2327; Leeson, G. W. (1982) Demographic ageing in Denmark in the 20th century, *The Eugenics Society Bulletin*, Vol. 14, pp. 46–52; Leeson, G.W. (2014) Future prospects for longevity, *Post Reproductive Health*, Vol. 20 (1), pp. 17-21; Vaupel, J. (1998) Demographic analysis of aging and longevity, *The American Economic Review*, Vol. 88(2), pp. 242–247.

[3] For example, Bongaarts, J. (2006) How long will we live? *Population and Development Review*, Vol. 32(4), pp. 605–628; Thatcher, R. (2001) The demography of centenarians in England and Wales, *Population; An English Section*, Vol. 13(1), pp. 139–156; Olshansky, J., Carnes, B. A., & Desesquelles, A. (2001) Prospects for human longevity, *Science*, Vol. 291(5508), pp. 1491–1492; Robine, J.-M., Saito, Y., & Jagger, C. (2003) The emergence of extremely old people: the case of Japan, *Experimental Gerontology*, Vol. 38, pp. 735–739; Wilmoth, J. R., & Robine, J.-M. (2003) The world trend in maximum life span, *Population and Development Review*, Vol. 29, pp. 239–257; Christensen, K., Doblhammer, G., & Vaupel, J. (2009) Ageing populations: the challenges ahead, *Lancet*, Vol. 374(9696), pp. 1196–1208; Vaupel, J. (2010) Biodemography of human ageing, *Nature*, Vol. 464, pp. 536–542; Leeson, G. W. (2014). Future prospects for longevity, *Post Reproductive Health*, Vol. 20(1), pp. 17–21.

[4] Oeppen, J., & Vaupel, J. (2002) Broken limits to life expectancy, *Science*, Vol. 296, pp. 1029–1031.

[5] Westendorp, R. G. J. (2004) Are we becoming less disposable? *EMBO Reports*, Vol. 5(1), pp. 2–6.

[6] Dublin, L. I. (1928) *Health and wealth*, New York: Harper.

[7] Olshansky, J., Carnes, B. A., & Cassel, C. (1990) In search of Methusela: estimating the upper limits to human longevity, *Science*, Vol. 50(4981), pp. 634–640.

[8] Japanese Mortality Database, National Institute of Population and Social Security Research, Tokyo.

expectancies, the number of people aged 100 years and over in England and Wales increased almost unnoticeably in the early part o the 20th century from less than 200 in 1922 to 570 in 1961. However, by 1981 it had climbed to 2,418 and to 12,318 in 2012[9]. Similar growth in the number of extremely long-lived people was occurring elsewhere – in Japan, for example, where the number of people aged 100 years and over increased from just 154 in 1963 to almost 18,000 in 2002[10].

Large numbers of centenarians in a population may be a relatively new phenomenon, but centenarians as such are nothing new. This is extremely reminiscent of the situation in post 2nd World War Europe when the feeling was that older people per se were nothing new, but the dramatic increases in the numbers of older people had indeed never been experienced before.

It is interesting to note that some claim that the lack of reliable statistical evidence suggests that centenarians did not exist before 1800 in any population or in any period of world history[11], even though in Norway, there does seem to be evidence of a centenarian before 1800[12]. The verified oldest person ever to have lived is Jeanne Calment, who died in France in 1997 aged 122 years 164 days. The verified oldest person still alive (as of April 2021) is Kane Tanaka of Japan – a youngster at 118 years and 3 months at that time when she was one of 10 supercentenarians (aged 110 years or more) in the world – all women. The highest reliable age at death globally is well over 100 years – and even 110 years – and has been increasing. Data from the Office for National Statistics support this phenomenon for England and Wales – from the 1960s to the late 1990s, the highest verified age at death has increased from 109 to 115

[9] Data from the Office for National Statistics and the Human Mortality Database.
[10] Robine, J.-M., Saito, Y., & Jagger, C. (2003) The emergence of extremely old people: the case of Japan, *Experimental Gerontology*, Vol. 38, pp. 735–739.
[11] Jeune, B. (1995) In search of the first centenarians. In B. Jeune & J. W. Vaupel (Eds.), *Exceptional longevity: from prehistory to present Odense monographs on population ageing 2*, Odense: Odense University Press.
[12] Kjaeregaard, T. (1995) Alleged Danish centenarians before 1800. In B. Jeune & J. W. Vaupel (Eds.), *Exceptional longevity: from prehistory to present. Odense monographs on population ageing 2*, Odense: Odense University Press.

years[13]. Therefore, there seems to be considerable evidence that challenges the previous conviction that mortality at older ages is intractable, and declines in mortality among the extreme aged – particularly females, but also males – have in the past been significant[14]. Together, these developments and the underlying demographic have led to marked increases in the numbers of centenarians.

Data from the Office for National Statistics reveal that by the turn of the next century, life expectancies at birth are predicted to be 93 years for males and 95.6 years for females in England and Wales, while at age 65 years, life expectancies are expected to be 29.9 years for males and 31.1 years for females. This will lead to increasing numbers of people at extreme ages, and the number of centenarians – even by conservative estimates – is projected to increase steadily until the end of the 21st century. Gender differences will also become less significant. Currently, there are around five times as many female as male centenarians, but by 2100 numbers of male and female centenarians are expected to reach around 620,000 and 776,000 respectively. This corresponds to an absolute growth of around 15,500 centenarians per year over almost 100 years, with doubling times for the number of centenarians expected to be around 10 years in the first half of the century, rising to 15–25 years in the second half.

The number of projected centenarians will be determined by the complete demography of the future – in other words it depends primarily on the sizes of existing cohorts and developments in age-specific mortality. A scenario with projected mortality at all ages remaining constant until 2100 would see the number of centenarians in England and Wales increase more modestly, but the number would still increase around seven-fold taking the number of male centenarians to around

[13] Thatcher, R. (1999) *The demography of centenarians in England and Wales population trends*, London: Office for National Statistics; Thatcher, R. (2001) The demography of centenarians in England and Wales, *Population: An English Section*, 13(1), pp. 139–156.

[14] Kannisto, V. (1994) *Development of oldest-old mortality, 1950–1990*, Odense: Odense University Press; Kannisto, V. (1996) *The advancing frontier of survival: life tables for old age*, Odense: Odense University Press; Kannisto, V., Lauritsen, J., Thatcher, R., & Vaupel, J. (1994) Reductions in mortality at advanced ages, *Population and Development Review*, Vol. 20 (4), pp. 793–810; Vaupel, J. (1998) Demographic analysis of aging and longevity, *The American Economic Review*, Vol. 88 (2), pp. 242–247.

32,000 and the number of female centenarians to around 46,000. On the other hand, age-specific later-life mortality may decline more than projected in the official forecasts of the number of centenarians, so let us consider a scenario in which projected mortality for those aged 55 years and over decreases by an additional 5 per cent every 5 years in relation to the official projected mortality. In this scenario, the number of centenarians in England and Wales would reach around 1.8 million by the end of this century. This additional 5 per cent decline scenario has as its point of departure the observed decreases in mortality for those aged 55 years and over in the previous 90 years from 1910–19 to 2000–2009, where the mortality levels of females aged 55–79 years declined on average every 5 years by between around 3 and 5.5 per cent, and those of males declined by between 2.5 and 4 per cent. The proposed scenario, which is more optimistic, however, is based on potential additional decreases in levels of mortality brought about by medical advances, such as stem cell therapies enabling 80-year olds to live to 200 years of age[15]. Whatever the scenario – no change in mortality and greater-than-projected decreases in later-life mortality – the impact on the number of centenarians is dramatic, presenting new challenges to individuals, families, communities and governments as our ageing populations move into an era of super-ageing.

The demographic development of our populations will inevitably take us not just into an era of super-ageing but also into a new demography of death as we move deeper into the 21st century[16]. From the mid-19th century, the absolute number of deaths per year in England and Wales increased from around 350,000 to around 600,000 by the end of the 19th century. The number continued to increase and peaked in 1918 at just over 610,000, after which deaths in absolute terms declined to around 440,000, increasing then as the ageing of the population gained momentum. By 2011, the

[15] Lavasani, M., et al. (2012) Muscle-derived stem/progenitor cell dysfunction limits health span and lifespan in a murine progeria model, *Nature Communications*,. doi:10.1038/ncomms1611.
[16] Leeson, G.W. (2014) Increasing Longevity and the New Demography of Death, *International Journal of Population Research*, vol. 2014, Article ID 521523, 7 pages, https://doi.org/10.1155/2014/521523.

number of deaths in the population was just over 484,000 corresponding to a crude death rate of 8.8 deaths per 1000 population – the lowest recorded for England and Wales[17].

The development of this demography of death over the 200-year period from the mid-19th to the mid-21st century is noteworthy. The total number of deaths in England and Wales increases from 342,760 in 1838, when 50 percent of a cohort was dead by age 45 years, to almost twice that number, 666,253 in 2050, when 50 percent of a cohort will be surviving to age 90 years.

These are remarkable statistics.

The latter part of the 20th century witnessed deaths on an absolute scale per annum comparable to the years of the 1st World War, and by 2050, levels will be higher than ever previously experienced. But it is the structure of this new demography of death that is interesting. Since 1959, death has been dominated by deaths of people aged 60 years and over and this domination has increased and will continue to increase at least until the middle of this century. In 1959, 78 percent of deaths were of people aged 60 years and over. This had increased to 88 percent by 2009 and is predicted to reach 94 percent by 2050. And in line with the ageing of the population of England and Wales, the proportion of the 60-plus deaths aged 80 years and over has also increased and is expected to continue to increase, from 34 percent in 1959 to 60 percent in 2009 and 78 percent in 2050.

The question is: are we prepared for this new demography of death, its scale and structure, as individuals, families, communities, and societies?

The ageing of European populations in the latter part of the 20th century was a *demographic surprise* brought about by a combination of demographic resistance to dismissing the idea of a limit to human longevity and the creeping decline in mid- and

[17] Office for National Statistics (2012) *Deaths Registered in England and Wales (Series DR), 2011, Statistical Bulletin*, Office for National Statistics, London, UK.

late-life mortality as the prevention and treatment of for example heart disease improved. In hindsight, we had pushed old age into our 80s.

The future could be an equal demographic surprise if we ignore the evidence of the new demography of death, which also would suggest that the lives of more and more people will continue to be extended and centenarians and supercentenarians would comprise an increasing number and proportion of our populations. This will have fundamental consequences for the way in which we as individuals view our extending lives, but also for the way in which our lives have been compartmentalised into an early-life phase of education, a midlife phase of work, and a late-life phase of retirement. How should we begin to prepare ourselves for this new super-ageing demography? At the individual level, it presents a challenge to our life course planning, and to our needs in different phases of this extending life course. It is also a fundamental challenge to our individual and societal concepts of old age and how older people of the future will be.

Designing and developing supportive policies for this super-aged society is one of the major challenges of the 21st century.

2. Social policies on population ageing

Around the globe, with the emergence of older adults as a well-defined group of the population, the dramatic demographic ageing of our populations and the development (or rather lack thereof) of policies to support older people, we witnessed the emergence of charitable welfare organisations for older people as outlined in the 2nd of this series of reports, and these organisations as well as supporting older people campaign for the development of policy to maximise opportunity and minimise adversity arising from the ageing of our populations.

As discussed in this report, the demographic environment is one characterised by population ageing: increasing life expectancy and declining levels of childbearing, and while it is increasingly acknowledged that an ageing population has its advantages in

terms of the positive contributions to society of a growing number of older people by virtue of their ability and willingness to continue to contribute in the workplace, the community and the family, it is equally true that ageing populations present challenges to adapt our behaviours and infrastructures to not just ageing but super ageing. This all requires policy responses and continual policy development as part of a long-term strategy. Inappropriate policies (or indeed the lack of any policies at all) could lead to problems rather than challenges and opportunities.

This calls for a different approach from a policy point of view, namely the need to adopt a life course approach, which would mean recognising the developmental events across an individual's entire life. This is based on the fact that events in later life are the result of behaviours and decisions made in early phases of one's life on the one hand and social expectations and pressures on the other hand. The benefits of and need for a life course approach are now well-documented in the science of gerontology[18].

Joined up life course policies would, for example, need to address equal access to education and lifelong learning; sexual and reproductive health services which would promote healthy lifestyles; the provision of services to ensure choices with regard to childbearing (timing, spacing, number of children); adequate childcare facilities to ensure equal access to labour force participation; flexible working environments; access to adequate and affordable housing and green spaces; social and financial protection; access to health care.

Interestingly, the International Planned Parenthood Federation (IPPF) released a statement recently on sexual and reproductive health and the rights of the ageing population[19].This statement highlights a life-cycle approach when considering sexual

[18] Elder, G.H., Johnson, M.K. & Crosnoe, R. (2003) The Emergence and Development of Life Course Theory. In: Mortimer, J.T. & Shanahan, M.J. (eds) *Handbook of the Life Course*, Handbooks of Sociology and Social Research, Springer, Boston, MA. https://doi.org/10.1007/978-0-306-48247-2_1.

[19] IPPF (2018) International Medical Advisory Panel statement on sexual and reproductive health and rights of the ageing population, London, United Kingdom.

and reproductive health services for an ageing population. In particular, it recommends such an approach in sexual and reproductive health service provision management by considering interventions for adolescents and youth, women of reproductive age, and older women.

Recent government examples of this life course policy approach can be found in Finland and Malaysia. In 2010, the country introduced ***Socially Sustainable Finland 2020***, a social and health policy strategy designed to deliver a socially sustainable society based on ecological, economic and social sustainability. The strategy has three basic elements: health and social welfare provision, accessibility for all members of society, and a healthy and safe living environment[20]. In 2015, Malaysia introduced a 5-year plan to "anchor growth in people", focusing on economic growth but also on inclusion and sustainability for all Malaysians[21].

On the other hand, ageing policies around the world typically address the social welfare needs and equality of older persons. A deal of legislation exists in respect of age discrimination with a particular (but not exclusive) focus on discrimination of older workers[22].

For example, in Australia, there is a deal of legislation designed to protect the social welfare needs and equality of older persons: for example, the Age Discrimination Act targets discrimination on the grounds of age (for all ages); the Aged Care Act provides funds to protect accommodation payments for care service users in the event of corporate or personal insolvency, and it also monitors both residential and home care services for older people; and the Aged Care Quality and Safety Commission Act guarantees the safety, health, well-being and quality of life of care recipients.

[20] Ministry of Social Affairs and Health (2016) *Socially sustainable Finland 2020 – Strategy for social and health policy*, Helsinki.
[21] Economic Planning Unit (2015) *Eleventh Malaysia Plan 2016-2020: Anchoring growth on people*, Economic Planning Unit, Prime Minister's Department, Putrajaya.
[22] Leeson, G.W. & Harper, S. (2005) *Examples of international case law on age discrimination in employment*, Department for Work and Pensions, London.

And in the United States, the Older Americans Act (OAA) was created in 1965 under Lyndon Johnson in response to concerns about the lack of community social services for older people. Since then, the OAA has been reauthorized and amended numerous times, most recently in 2016, and supports a range of support programmes for those aged 60 years and over. The overarching aim of the act is to address elder abuse, neglect and exploitation as well as protect the health, safety, welfare, and rights of older people. It provides programmes which include supportive services, communal meals services, meals on wheels, support for family carers, community service employment, long-term care initiatives, and services to prevent the abuse, neglect, and exploitation of older persons. State government agencies are required by the act to put in place responses to the issues addressed by the act as well as increase public awareness of elder abuse, neglect and exploitation of older people.

Drawing on recent work by the UNFPA[23], let us look in more depth at some of the relevant policies from around the world before moving to the EU and finally the United Kingdom in Section 2 of the report. As global examples, we shall consider Australia, Canada, New Zealand, and we shall consider policies and programmes introduced in the last 10-15 years. Some of the programmes may have run their course since their launch, but they still serve in this overview to shed light on the sort of legislative framework that has been developed in recent years to address the ageing of our populations, by national or state governments.

This is not designed to be an exhaustive listing of legislative measures, and nor is it all specifically related to older citizens in as much as some address a life-course policy approach and some address age-unspecific disadvantaged groups (which would include some older citizens). Much of the cited policy relates to health and social care

[23] *Social Policies Catalogue on Population Ageing*, UNFPA Asia-Pacific Regional Office, 2020.

issues, including healthy ageing programmes, with a deal of focus on dementia sufferers and their carers/families.

Of course, the Covid-19 pandemic has focused governments' attention on tackling this crisis, meaning little policy development has been seen in a more general sense addressig the continuing ageing of populations.

Australia: the *Improving care for older people act* was introduced by the Victoria State Government. Its aims are to encourage Health Services to:

- adopt a strong, person-centred approach to the provision of care and services;
- better understand the complexity of older people's health care needs and
- improve integration within community-based programmes and between health and support services in the broader community.

The *Age Discrimination Act* aims:

- to eliminate direct and indirect discrimination against persons on the ground of age in the areas of work, education, access to premises, the provision of goods, services and facilities, accommodation, the disposal of land, the administration of Commonwealth laws and programmes and requests for information;
- to ensure that everyone (regardless of age) has the same rights to equality before the law;
- to allow appropriate benefits and other assistance to be given to people of a certain age because of their particular circumstances;
- to promote recognition and acceptance of the principle that people of all ages have the same fundamental rights and

- to respond to demographic change by removing barriers to older people participating in society, particularly in the workforce, and changing negative stereotypes about older people.

The *Aged Care (Accommodation Payment Security) Act* aims is to set up a regulatory framework that will:

- protect and enhance the safety, health, well-being and quality of life of aged care consumers;
- promote aged care consumers' confidence and trust in the provision of aged care services and Commonwealth-funded aged care services and
- promote engagement with aged care consumers about the quality of care and services provided by approved providers of aged care services as well as by providers of Commonwealth-funded aged care services.

The *Health Service Framework for Older People* was published by the Australian Parliament. The Framework's objectives were to:

- maximise the period in which older people maintain good health and well-being;
- decrease the period in which older people are in ill-health, become frail and dependent on care:
- deliver services and programmes that move towards care in the community rather than in institutions;
- deliver integrated services across the continuum of care and promote seamless transitions between care settings;
- provide the right service in the right places at the right time;
- reduce dependence on the health and aged sector.

The Framework includes a number of state-wide initiatives such as the establishment of a state-wide geriatric clinical network, the strengthening of primary health services

to better meet the needs of older people, the implementation of a shared model of care and service delivery.

A number of initiatives were included to redesign service delivery, such as the establishment of 10 metropolitan and regional older people's health services, the establishment of acute assessment services for older people in all major metropolitan and general hospital emergency departments, the development of community-based rapid response capacity across each regional older people's health services.

Workforce initiatives included the development of a state-wide older people's health services workforce strategy, growth of the established workforce, the development of new and emerging roles. Data collection as well as research and education were also prioritised.

The *Australian National Disability Strategy* covers six policy areas, namely inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills, and health and well-being. The purpose of the strategy was to:

- establish a coherent policy framework for government activity across mainstream and disability-specific areas of public policy;
- improve performance of mainstream services in delivering outcomes for people with disability;
- give visibility to disability issues and ensure their inclusion in the development and implementation of all public policy affecting the lives of people with disability;
- provide national leadership with a view to secure greater inclusion of people with disability.

The *Living Longer, Living Better* programme outlines a number of reform measures for the care of older adults. Measures included enabling older adults to remain in their own homes; supporting carers; building more residential care facilities; addressing a

variety of workforce issues; integrating care services; tackling dementia and the development and implementation of a positive ageing agenda, covering housing, participation, lifelong learning, active ageing, volunteering and philanthropy, and age discrimination.

This was extended to make changes to residential care for older adults; establishing so-called *Home Care* to replace the existing community care packages; changing the fees and charges structure for care (this included lifetime and annual costs caps, a continuation of the exemption of the family home as an exempt and a separation of care and accommodation costs).

In subsequent years, state governments introduced a variety of measures further developing and adding to these national government initiatives, and finally the Australian Government introduced *Aged Care Quality and Safety Commission Act*, the aim being to set up a framework that would protect and enhance the safety, health, well-being and quality of life of older adults in receipt of care; promote confidence and trust in the provision of care services for older adults; and promote engagement with older adults receiving care about the quality of care and services provided. The Act provides for there to be a Commissioner of the Commission and the Aged Care Quality and Safety Advisory Council was also established.

The Council of Attorneys-General published the *National Plan to Respond to the Abuse of Older Australians* with a view to increase understanding of elder abuse; to raise community awareness; to strengthen the response to cases elder abuse; to plan for future decision-making and to improve safeguards for vulnerable older adults.

Canada: the *Integrated Pan-Canadian Healthy Living Strategy* provides a vision for a healthy nation for all Canadians. The goals of the Strategy were to improve health outcomes and to reduce health disparities. The targets of the Strategy were to increase the proportion of physically active Canadians eating healthily and with healthy body weights by 20 per cent.

Also in that year, the Government of Nova Scotia introduced a *Strategy for Positive Aging* in Nova Scotia based on dignity, diversity, participation, respect, safety, self-determination, self-fulfilment, and financial security.

The Government of Newfoundland and Labrador has launched a number of programmes, for example, *Achieving Health and Wellness* and *Reducing Poverty*. The Achieving Health and Wellness Plan was to address a series of priorities related to health and wellness, including diet, physical activity, smoking, the prevention of injuries, mental health, child and youth development, and environmental health. Wellness priorities comprised four strands, namely strengthening partnerships and collaboration, developing wellness initiatives, increasing public awareness, enhancing capacity for health promotion, and health protection.

The Reducing Poverty action plan called for initiatives to increase basic individual and family income support benefit rates, to increase labour market participation and reduce barriers to employment for persons with disabilities, to increase the private child care allowance, to offer women who are victims of family violence enhanced employment readiness services, and to increase the so-called Mother Baby Nutrition Supplement rate to help with the cost of nutritious food during and after pregnancy.

The same Government of Newfoundland and Labrador introduced the *Provincial Healthy Aging Policy Framework* to move toward optimal health and well-being for all individuals. This would include the recognition of the contribution of older adults, age-friendly policies and services, and greater social inclusion of older adults. There was also an aim to celebrate diversity in ageing population, to support communities to support themselves, to improve the financial well-being of older adults, to promote health and well-being across the life course and to understand the impact of an ageing population on employment, education and research. It also introduced its *Provincial Strategy for the Inclusion of Persons with Disabilities* with guiding principles relating to respect, individual autonomy, non-discrimination, full participation and inclusion in society, equal opportunity, accessibility, equality.

The programme *Creating a Healthier Canada: Making Prevention a Priority* was established by the Canadian Government to focus on prevention and health promotion. The Canadian government also introduced *Canada's Aging Population and Public Policy*, a series of policies addressing the ageing of the population, covering the effects on employers and employees; the effects on home care provision and the effects on community planning.

This was followed by the *Health and Health Care for an Aging Population Programme*, which focused on three areas, namely

- the promotion of healthy ageing: this would support all-level Government programmes to promote physical activity, nutrition, injury prevention and mental health among older adults;
- the development of a comprehensive continuum of health services; this would provide for public bodies and other stakeholders to work together to develop and implement models of integrated, interdisciplinary health service delivery for older adults; to work together to develop and implement a National Caregiver Strategy, and expand the support programmes currently offered to informal caregivers; to work together to develop and implement a national dementia strategy; to work together to develop and implement a pan-Canadian pharmaceutical strategy; to work with the health and social services sector, and with private insurers, to develop a framework for the funding and delivery of accessible and sustainable home care and long-term care services.
- the development of an age-friendly environment which would ensure older adults with adequate income support; would ensure accessible and affordable housing for older adults; would provide opportunities for meaningful employment; would take into account the needs and limitations of older adults when designing buildings, walkways, transportation systems and other aspects of the built environment; would offer a range of high-quality, well-funded home care and social support services to enable older adults to remain

independent in the community for as long as possible; would provide training programmes to enable health and social care providers to identify elder abuse and to intervene appropriately.

The Canadian Government's *National Follow-up* was just that – a follow-up to the United Nations Economic Commission for Europe Regional Implementation Strategy for the Madrid International Plan of Action on Ageing. It had two main goals:

- to encourage longer working life and maintain ability to work through income security provisions and programmes to support older workers (particularly unemployed older workers in small, vulnerable communities) to reintegrate them into the labour market and/or improve their employability as well as supporting age-friendly workplaces and combatting ageism in the workplace. Balancing work and care was an integral part of the strategy as was more research into healthy workplaces;
- to promote participation, non-discrimination and social inclusion of older adults where again addressing elder abuse is central.

***New Zealand*:** the New Zealand Ministry of Health has published its *Mental Health and Addiction Service Development Plan*. The vision for this plan was to ensure that all citizens would have the means to address adversity, to support each other's wellbeing, and to attain their potential by providing rapid access to the necessary interventions as required. The plan's goals were a more efficient use of public resources, an integration of primary and specialist services, a consolidation of and improvement in resilience and recovery, acknowledging among other things the growing older population of New Zealand.

The Ministry of Health also introduced its *Framework for Dementia Care*. The vision for this framework was that people with dementia and their (complex) family – as valued partners in an integrated health and social support system – are supported in order for dementia sufferers to maintain and maximise their abilities, to optimise their well-

being and to have control over their circumstances. This would be based on a person-centred and people-directed approach.

This was followed up by the same ministry's programme for *Improving the Lives of People with Dementia.* This programme highlighted nine key focus areas to improve the quality of life for people with dementia, namely the implementation of a nationwide approach to dementia care, an increased awareness of dementia, a reduction in the risk of dementia, an increase in access to (an early) diagnosis of dementia, an improvement in ways to navigate services and in the quality of information and education, an improvement in the ability of people with dementia to remain living at home, an increase in the quality of information and education given to the care workforce, the development of dementia-friendly health and social support services, and the provision of end-of-life care.

Around the same time, the Ministry of Social Development introduced the *Carers' Strategy Action Plan* aimed at enabling family and carers to have care-breaks; protecting the health and well-being of family and carers; providing necessary information to family and carers; improving pathways to paid employment for carers and supporting family and carers to achieve a work-life balance; and increasing awareness and understanding of the role of carers.

Shortly after the introduction of this action plan, the policy focus moved to diabetes, and the Ministry of Health launched its *Living Well with Diabetes: A plan for people at high risk of or living with diabetes* programme. The aims of this programme are to ensure that those with or at risk of developing diabetes live well and have access to high-quality, people-centred health services.

The Ministry of Health launched its *Healthy Ageing Strategy* followed by a *Roadmap* which outlined a vision for older people to live an age well in age-friendly communities. Healthy ageing and resilience are seen as priorities, but end-of-life care is also seen as important.

The Ministry of Social Development has published its 10-year *Disability Strategy*, which aims to make New Zealand a non-disabling society with a focus on ensuring that disabled people are involved in decision-making which has an impact on their lives and well-being. The strategy has a two-pronged approach: investment across the life course and focused services.

The *Review of Adult Palliative Care Services* was introduced by the Ministry of Health to move to ensure palliative end-of-life care for all and to ensure the provision of high-quality seamless care regardless of location (home, hospital, hospice or care home), and legislation from the Government has recently addressed Residential Care and Disability Support Services the purpose of which is to clarify payment for residential long-term care as well as determine financial support mechanisms.

The European Union: interestingly, in recent years, healthy and active ageing have been an increasing focus of research calls across Europe, while measures to promote these issues have been less to the fore, but it is certainly an area under development and at pace with various initiatives supporting healthy and active ageing dating back 10 years or so. In those early years, for example, in 2011, the *European Innovation Partnership on Active and Healthy Ageing* was launched. The aim of this partnership was to improve the health of older people in the Union, thereby enabling them to remain active and the health services to remain sustainable. It also aimed to increase healthy life expectancy. This was followed in 2012 by the *Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing*, which focused predominantly in the early stages on technological innovations. One of the aims of the *Europe 2020 Strategy* was to increase the employment rate of 20-64 year-olds by ensuring that pension schemes were supportive and second careers encouraged. The *Agenda for Adequate, Safe and Sustainable Pensions* supports this strategy. The *European Year on Active Ageing and Solidarity between Generations* in 2012 aimed to raise awareness of active ageing.

In 2013, the programme *Investing in children: breaking the cycle of disadvantage* was published by the Commission. It aimed to tackle child poverty and social exclusion through integrated strategies to ensure all children are able to realise their full potential, addressing this from a children's rights point of view, taking the child's best interests as one of the main considerations and supporting families as primary carers.

In 2016, the Commission announced the *European Social Fund – Investing in people* programme. The European Social Fund (ESF) provides funding to tackle four major challenges: employment, by funding projects to improve the chances of securing work for people of all ages and backgrounds; social inclusion, by funding projects to help disadvantaged people out of low paid jobs; education, by supporting lifelong learning and vocational training schemes; public services, by investing in programmes to reform public administrations and the judiciary to makeng them more transparent and accessible.

The Council of Europe announced its follow-up *Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward* in 2017, highlighting employment, participation in society and independent living as key areas for attention and action. In respect of employment, the Council pointed to continuing vocational education and training for men and women of all ages to enable citizens to (re-)enter the labour market; the promotion of healthy working conditions and healthy work environments in order to ensure life-long employability; the adaptation of careers and working conditions to changing needs as workers age in order to avoid early retirement; the provision of counselling, placement, and reintegration support to older workers to enable them to choose to remain in the labour market if they so wish; to pursue the abandonment of the use of age as a (continued) employment and to prevent discriminatory attitudes and practices towards older workers and instead focus on the workplace contribution of older workers; the pursuance of employment-friendly taxation and benefit systems (with particular regard to ensuring that work pays for older workers, and at the same time ensuring an adequate level of benefits);

the ability to capitalise on and maximise the knowledge and skills of older workers; the adaptation of working conditions and (paid) leave arrangements to enable informal carers to remain in employment or to return to the labour market on cessation of caring responsibilities. In respect of participation in society, the Council highlighted income security, social inclusion, senior volunteering, life-long learning, participation in decision making, and support for informal carers. With regard to independent living, the main focus was on health promotion and disease prevention, adapted housing and services, accessible and affordable transport, age-friendly environments and goods and services, and the maximisation of autonomy in long-term care.

Also in 2017, the Commission published the *European Pillar of Social Rights* with the following 20 principles, many of which relate to the workplace and employment protection, but there is also reference to issues related to ageing: equal opportunities and access to the labour market; education, training and life-long learning; gender equality; equal opportunities; active support to employment; fair working conditions; secure and adaptable employment; wages; information about employment conditions and protection in case of dismissals; social dialogue and involvement of workers; work-life balance; healthy, safe and well-adapted work environment and data protection; social protection and inclusion; childcare and support to children; social protection; unemployment benefits; minimum income; old age income and pensions; health care; inclusion of people with disabilities; long-term care; housing and assistance for the homeless and access to essential services.

In 2018, the *Prevention and management of frailty in the EU: A health policy priority* was published.

In 2020, the European Commission published its *Report on the Impact of Demographic Change.* The report presents the drivers and consequences of demographic change across Europe, identifying how individuals, communities and regions can adapt to the changing realities of this new demographic. The report considers the growth of a larger and more inclusive labour market as well as the improvement of productivity

through skills and education, and it also considers the implications for health and long-term care. At a broader level, the report considers the geopolitics of demographics, the green and digital transitions, as well as climate change.

In 2021, the European Commission published a Green Paper on Ageing entitled *Fostering solidarity and responsibility between generations,* the purpose being to launch a broad policy debate on ageing, taking into account the UN 2030 Agenda for Sustainable Development and UN Decade for Healthy Ageing and to help Member States and regions develop their own, tailor-made policy responses to ageing. The paper adopts a life-cycle approach and therefore reflects the universal impact of ageing and focuses not only on the personal but also the wider societal implications of ageing. It focuses on **healthy and active ageing**, and **lifelong learning**, both of which have a life course dimension optimally. In addition, the Green Paper explores new opportunities and challenges in retirement such as volunteering, intergenerational learning, and mobility.

Section II. Policies in the United Kingdom

It is probably fair to say that UK government policy for older adults is fragmented rather than joined up with different government departments addressing different aspects of policy for older people. However, the government did commission and publish a Foresight review on the Ageing of the UK Population[24]. As a result of this departmental structure, no single department has overall responsibility to address all of the challenges presented by the demographic shift faced by the UK or to capitalise on the opportunities that the ageing of its population presents. Instead, the implications of this demographic development are spread across many departments, with policies implemented by one often having a direct or indirect effect on another. There are complex inter-departmental relationships which have the unfortunate (or perhaps not) outcome that a department's policies can the declared objectives of one or more other departments. Thus, the department that implements a policy may not be the one that benefits most from it, or the benefits will be shared between many departments.

There is a wealth of policy activity in the UK carried out by non-governmental organisations, think-tanks and others in attempts to influence government thinking. Let us consider some of the government and other initiatives in recent years.

Most recently, in September 2021, the Government introduced its plan to reform adult social care in England, and this has been followed by the *Adult Social Care Reform White Paper* which introduces a 10-year plan for adult social care across the life course. The emphasis is on person-centred care providing choice and control, but other key areas include the integration of housing into local health and care strategies; the adoption of technologies and digitisation across social care to support independent living and improve the quality of care; training and upskilling of the social care workforce. The

[24] Government Office for Science (2016) Future of an Ageing Population. Part of Future of ageing and Foresight projects.

plan for adult social care reform included I lifetime cap on personal care costs (excl. daily living costs).

Also in 2021, the Welsh Government published its strategy for an ageing society, entitled *Age friendly Wales* outlining actions to harness the opportunities and benefits of an ageing society. The main aims are to enhance well-being, improve local services, build and retain individual capabilities and tackle age-related poverty.

In 2019, The UK Parliament All Party Parliamentary Group on Housing and Care for Older People published *Rental housing for an ageing population* which looked at rental housing for older people. It estimated a need of an average of 38,000 homes a year for rent, of which at least 12,000 would need to be Extra Care or sheltered. The report noted that

- the absence of lifetime security of tenure was unsettling
- the poor condition of some properties was particularly bad for the health and well-being of older people
- the chances of securing necessary adaptations - from handrails to stair lifts - was much lower in the private rented sector (PRS) than in other tenures and
- rents which may be affordable when a tenant is in work can become too expensive when they are reliant on pension income.

In 2019, NHS England published the *NHS Long Term Plan* which outlined its vision for the medium to long term future of the NHS in England. The report recognised that a growing and ageing population will lead to increases in the number of people needing NHS care as well as the intensity of support they require. Measures related to older adults included: supporting people to age well; improving the care provide to people with dementia in hospital or at home; ensuring that adult social care funding does not impose additional pressure on the NHS over the immediate five-year period; tackling community-acquired pneumonia; improving the identification of and support for unpaid carers and their health needs; increasing the emphasis on prevention (smoking

and obesity and Type 2 diabetes) and integrated care (redesign health care and improve social care).

In July 2019 the House of Lords Science and Technology Select Committee launched an inquiry into ageing, covering aspects of science, technology and healthy living. One of the aims was to understand the extent to which developments in science and technology will be important as the population ages. The 1st report from the Committee was published in January 2021[25].

Key findings of the report *Science, technology and healthy living* include: healthy life expectancy and disability free life expectancy have failed to keep pace with increases in life expectancy, particularly for women, so that more years, on average, are spent in poor health. Ageing exacerbates the inequalities of earlier life with older people in the most deprived group spending, on average, 20 years longer in poor health than those on the least deprived group.
Multi-morbidity is common, and is linked to socioeconomic deprivation; ageing is the result of an "accumulation of a wide variety of molecular and cellular damage over time," which leads to decreased physical and cognitive capacity, and increasing risk of illness and death;
the most significant risk factors affecting health outcomes in middle and older age are smoking, poor nutrition, obesity, insufficient physical activity and excessive alcohol consumption, and lifestyle factors are strongly linked to lifespan and mortality. Healthy lifestyle behaviours, and positive lifestyle changes made at any stage in life, can increase healthy life expectancy.
Health throughout the life-course can also be affected by the environment. The built environment affects health throughout the life-course. Physical activity has benefits for health, for example reducing the risk of type 2 diabetes and mitigating some effects of rheumatoid arthritis; technologies and related services have a role in helping people

[25] House of Lords (2021) *Science, technology and healthy living*, Science and Technology Select Committee, 1st Report of Session 2019-2021, London.

to live healthily and independently in old age. These include assistive technologies and medical technologies.
The process of development and deployment should be centred around older people's needs, preferences and abilities, and older people should be involved in the design of these products and services.

The report's recommendations include: the National Institute for Health Protection should be a platform to drive even more the promotion of healthy ageing across the life-course; the implementation of a concerted and coordinated set of national policies to support healthy ageing; ensuring internet access for all homes so that older people can access services to help them live independently and in better health; promoting and supporting lifelong digital skills training so that people enter old age with the ability to use beneficial technologies and supporting the large proportion of current generations of older people without the skills to benefit from available technologies.

In 2018, The Association of Directors of Public Health (ADHP) published a series of four 'position papers' which outlined its policy positions, one of which related to healthy ageing, which included, for example, a call for a more strategic approach to deliver appropriate housing for the ageing population; working with businesses to support the ageing workforce and support older adults to re-train and continue lifelong learning; targeted interventions to address fuel.

Also in 2018, the Communities and Local Government (CLG) Select Committee published a report entitled *Housing for Older People*. The report made a number of key recommendations including: the introduction of measures to help older people overcome barriers to moving home; new homes should meet the current and future needs of older people; local council strategies to meet the housing needs of older people.

In 2017, the Local Government Association (LGA) and Housing LIN published their report *Housing Our Ageing Populations* which provided an overview of recent policy

and practice developments and showed how local councils in England were addressing the housing needs of their ageing populations. A number of key themes and lessons were identified, including: promoting awareness and changing attitudes; enabling new housing for older people in the public and private sectors; promoting an integrated approach to housing, care and health, and maintaining older people in mainstream housing.

Also in 2017, as part of a review of the state pension age after 2028, the final report was published entitled *Independent Review of the State Pension Age: Smoothing the Transition*.

The report's recommendations included increasing the state pension age to reflect changes in life expectancy, rising to age 68 years in 2039.

In 2016, *Future of an Ageing population* was published by the Government Office for Science, as part of its Foresight programme. This was a comprehensive review of the implications of population ageing in the UK with key findings covering working lives, lifelong learning, housing and neighbourhoods, families, health and care systems and social, physical and technological connectivity, as well as calling for a coherent response to ageing.

As far as working lives is concerned the report highlighted the need to support the ageing population to lead fuller and longer working lives, adaptation of the workplace and improvement of workplace design as well as lifelong re-skilling. Lifelong learning is addressed as key to increasing resilience of individuals and their well-being. In terms of housing and neighbourhoods the report stressed the importance of more than just buildings, including also neighbourhood and community environments, providing space to support across the generations. As family structures change as a result of and in response to population ageing, they remain a key component as far as care and support of older adults is concerned. Connectivity in terms of transport as well as technology and communication is underlined, as is an understanding of the impact of ageing across different population groups.

In 2014, the UK Government, Department for Work and Pensions published its *Fuller Working Lives* report, which outlined a framework for action to enable older people to lead fuller working lives, highlighting the fact that early exit from the labour market can have serious implications for the health, wellbeing and incomes of individuals as well as having a significant impact on the economy, in business and on society as a whole. The report was published against a backdrop of increasing numbers of people aged over 50 in work with the employment for this group still rising, while at the same time almost 3 million people aged between 50 and the State pension age were out of work, and age 50 was clearly a breakpoint not just in terms of leaving the workforce but also being able to re-enter the workforce – at the time, 1 in 6 males and 1 in 4 females reaching State Pension age had not worked since at least age 55.

Also in 2014, the Care Bill became the *Care Act 2014* providing a framework of duties for local authorities in respect to the provision of social care, including the promotion of well-being and the integration of health and social care services, as well as payment caps for individuals.

Finally, in 2014, the Pensions Bill became the *Pensions Act 2014*, whose main provisions covered a state pension reform (the introduction of a single-tier pension), a voluntary national insurance contribution (providing a state pension top-up), and an increase in the State Pension age to 67 years between 2026 and 2028, along with a series of adjustments and clarifications to existing provisions.

In 2013, the Department of Health (England) released funding designed to generate homes which would support older and disabled people to live independently. This follows on from £300 million government funding in 2012 for local authorities to boost the supported housing market. The Department of Health subsequently allocated funding to build 3,544 new homes. Affordable supportive housing is designed to be accessible and aid independent living.

That same year, 2013, the House of Lords Select Committee on Public Service and Demographic Change gathered evidence on the UK government's and public services' preparedness in relation to the needs of an ageing population for its report *Ready for Ageing?* Recommendations included ending cliff-edge retirement and encouraging more flexibility in the transition from work to retirement; improving the quality of equity release schemes; improving the provision of health and social care services; planning an adequate supply of market and social housing for all age groups.

In 2010, the *Ageing Well* programme was launched with the aim of supporting local authorities to improve their services for older people. The main aim of the programme was to improve the quality of life of older people through local services designed to meet their needs and recognise their significant contribution to local communities.