



Wellbeing Indicators for Older People

Introduction

The Commissioner has publicly welcomed the Wellbeing of Future Generations Bill as a potentially transformational and highly influential piece of legislation.

The first of the Commissioner's published priorities within her Framework for Action 2013-17 is 'Embedding the wellbeing of older people at the heart of public services'. The Commissioner has been clear that she expects to see the wellbeing of older people being used to drive the development of services and support, as well as in the evaluation of their impact.

Consequently, the Commissioner has been publicly supportive of the intent of the Bill, which has the potential to improve the lives of both current and future generations of older people across Wales, achieving impactful and meaningful changes across public services in Wales. In particular, the Commissioner has welcomed the proposal to establish a Future Generations Commissioner, in order to work closely together to improve the lives of older people both now and in the future; and to establish Public Services Boards (PSBs) on a statutory footing in order to improve their relevance and effectiveness.

Guided by the Bill's goals and outcomes, this partnership which includes a broad and diverse range of partners can encourage joined-up, integrated working that focuses on common wellbeing objectives for the benefit of older people. Through the Bill, the PSBs should have a consistent understanding of what wellbeing means in tangible terms, as well as its importance to older people.

Public bodies and services need to strengthen significantly the use of wellbeing indicators within their work and see the concept of wellbeing as fundamental to the success of our public services. The Bill can do much to ensure that the concept of wellbeing lies at the heart of key legislation, strategies and plans, and is described in a way that reflects older people's voices and the issues that matter to them.

Summary and main points

Older people must be viewed as a valuable asset to society and their contribution recognised and valued. Their skills, knowledge and experience are invaluable resources that can be used for positive change for future generations, whilst providing older people themselves with the immediate means to play a full and active part in society. This will in turn encourage older people's independence and enhance wellbeing.

This paper sets out to establish the reasons why it is essential to implement a more robust means of measuring the wellbeing of older people in Wales. As is understood from the Welsh Government's 'Explanatory Memorandum', the Wellbeing of Future Generations (Wales) Bill strengthens existing governance arrangements for improving the wellbeing of Wales in order to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs (sustainability principle). It identifies wellbeing goals which specified public authorities are to seek to achieve in order to improve the wellbeing of Wales both now and in the future.

The Bill's six national wellbeing goals are interconnected and seek to impact **all** those living in Wales; however, older people must be considered as a distinct and measurable demographic because:

- Older people are the largest and fastest growing demographic in Wales. This trend is set to continue. It is vital therefore that older people are enabled to maintain their independence and empowered to engage and participate fully in order to ensure their wellbeing.
- Older people in Wales are affected by a range of issues too specific and too nuanced to rely on the "trickle-down" impact of the Wellbeing of Future Generations Bill. This must be considered in the development of the Bill in order to ensure the wellbeing of all people in Wales.
- The "oldest" old (85+) are a distinct and rapidly growing demographic. Older people 85 and over tend to be more acutely impacted by the main issues highlighted in this paper. This must be a consideration in the Bill's development in order to ensure that those over 85 are given the opportunity to fully and actively contribute to society and are empowered and enabled to maintain their independence
- It is estimated that currently around 45,529 people have dementia in Wales, this figure is set to exceed 55,000 by 2021. The Bill needs to place particular emphasis on the support of those living with dementia and those that care for them to ensure wellbeing
- One key area of the Bill that the Commissioner is calling on the Welsh Government to strengthen significantly is protecting the rights of unpaid carers. There are more unpaid carers (12.1%) in Wales than in any other part of the UK. For those who care for people with dementia alone, it is estimated that

they save public finances approximately £294 million per year. Ensuring their wellbeing is vital.

- Public Services Boards (PSBs) will not be able to accurately assess the state of wellbeing in the 3 key areas set out in the Wellbeing of Future Generations Bill (social, economic, environmental) without particular consideration of older people since this group is disproportionately affected by a range of often interconnected issues that fall within the Bill's remit.
- The focus of the Wellbeing of Future Generations Bill is sustainability; a range of services commonly associated with older people must be considered in this context. Public transport, for example, enables people to remain active and independent, and helps reduce the need for costly interventions. Such services are vital in helping ensure and maintain physical and mental wellbeing.

The Welsh Government's 'Strategy for Older People in Wales' aims to make Wales a great place to grow old. The Wellbeing of Future Generations Bill can work towards that aim by building wellbeing and resilience and reducing dependence and improving overall health.

The 'Strategy for Older People in Wales, Phase 3' complements the Wellbeing of Future Generations Bill and takes the position that older people must have the resources they need to deal with the challenges they face, in order to achieve a sense of purpose and control in their lives. The 'Strategy' states that "it is not enough to nullify disabling conditions; we must also create conditions in which all older people can flourish." Crucially, it aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of **all**.

1. What is Wellbeing?

The concept of wellbeing, called quality of life by older people, is not yet sufficiently understood and reflected in the planning, development and everyday delivery of public services. A common definition or understanding of the term remains lacking. Older people have defined quality of life as a life that has value, meaning and purpose when they:

- Feel safe and are listened to, valued and respected;
- Are able to get the help they need, when they need it, in the way they want it;
- Live in a place which suits them and their lives;
- Are able to do the things that matter to them.

However, these four points depend to a large degree on both the ability to make choices and on fluctuations and changes in personal/life circumstances.

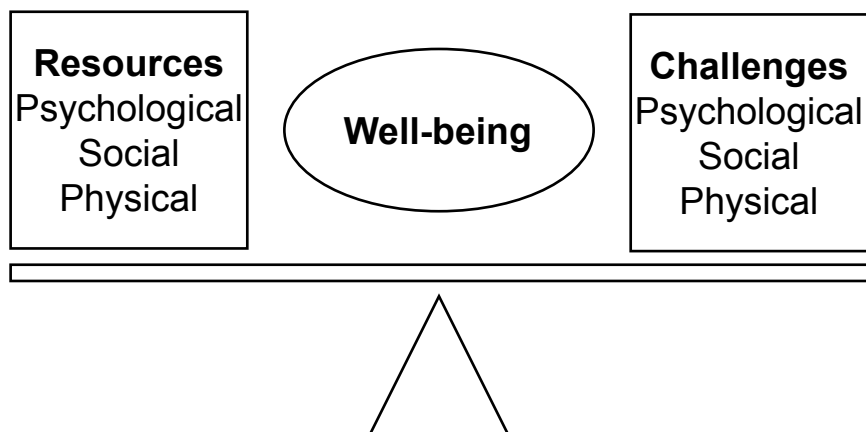
The dynamic nature of wellbeing is reflected in remarks made by Nic Marks, of the New Economics Foundation:

“Wellbeing is not a beach you go and lie on. It’s a sort of dynamic dance and there’s movement in that all the time and actually it’s the functionality of that movement which actually is true levels of wellbeing”
(Nic Marks, Radio 4, 7 January 2012)

The concept of wellbeing comprises two main elements: feeling good and functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one’s life and having a sense of purpose are all important attributes of wellbeing.

A comprehensive definition of wellbeing must therefore factor-in these elements. Rachel Dodge’s (et al, 2012) definition of wellbeing (Fig. 1) does that in a way that also enables a means of effective measurement and is based upon a balance between available resources and challenges, acknowledging inevitable shifts in personal circumstances.

Fig. 1



According to Dodge, stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing, and vice-versa.

This definition conveys the multi-faceted nature of wellbeing and can help individuals and policy makers move forward in their understanding of this popular term.

The definition reflects the emphasis on positive psychology. It views individuals as decision makers, with choices, preferences, and the possibility of becoming valued and empowered. Happiness is not something that just happens, it is a condition that must be prepared for, cultivated, and defended privately by each person (Csikszentmihalyi, 2002). This puts the pursuit of wellbeing in the hands of individuals by teaching them that they can increase their resources or challenges to maintain a sense of equilibrium. This corresponds with Welsh Government's Health and Social Services Outcomes Frameworks in which wellbeing is everyone's right, and in which it is understood that support must be given to people to achieve wellbeing by recognising and valuing people's strengths, people's families, friends and communities.

Indeed, one of the challenges of delivering wellbeing at a national level will be to incorporate the national outcomes frameworks into practical applications, and to find that equilibrium, as described above, in the read across the six wellbeing goals as set out in the Bill.

2. How is the wellbeing of older people currently measured in Wales?

Currently, there is no single or consistent detailed approach to measuring the wellbeing of older people in Wales. The contribution made by older people must be recognised and their skills, knowledge and experience tapped into as invaluable resources that can be used for positive change for future generations. In doing so, older people will be provided the means to play a full and active part in society. This will in turn help retain independence and enhance wellbeing.

The Office of National Statistics measures the wellbeing of people aged 50 and over as part of its 'Measuring National Wellbeing Programme'.

The ONS measures of wellbeing are organised into ten domains with each domain having between three and five separate indicators (Appendix 1).

The Welsh Assembly Government launched the Older People's Wellbeing Monitor for Wales in 2009 which used five key indicators:

- Dignity and social inclusion
- Independence and material wellbeing
- Participation
- Health and care
- Self-fulfilment and active ageing

The monitor focuses on the wellbeing of people over the age of 50 with a view to providing a holistic picture of their lives. It was intended that the monitor would be used to respond to key trends as well as raising awareness of issues that needed to be tackled.

Whilst Welsh Government followed up this work with a statistical bulletin in 2012, there appears to have been no systematic collection or analysis of data regarding the wellbeing of older people in Wales since this date.

Global AgeWatch also produces an annual index card of older people's wellbeing by country. The Global AgeWatch index is made up of four domains under which are a total of thirteen indicators (Appendix 2).

While the ONS and Global AgeWatch indicators are a start, the data spectrum for both is quite narrow and falls short of the nuanced and specific approach needed to accurately measure older people's wellbeing. This generic approach fails to consider specific aspects of older people's wellbeing, and the issues that impact them most and also fails to consider very important issues/themes:

- Demography (statistical evidence can be found in Appendix 3)
- Dementia (statistical evidence can be found in Appendix 4)
- The "oldest" old (statistical evidence can be found in Appendix 5)

The Wellbeing of Future Generations Bill must address these shortcomings if we are to achieve wellbeing outcomes for the whole of society including future generations of older people. This is in line with the Welsh Government's Strategy for Older People in Wales, phase 3 2013 -2023 which intends:

- to create a Wales where full participation is within the reach of all older people and their contribution is recognised and valued;
- to develop communities that are age-friendly while ensuring older people have the resources they need to live;
- to ensure that future generations of older people are well equipped for later life by encouraging recognition of the changes and demands that may be faced and taking action early in preparation.

It should be the case that the United Nations Principles for Older Persons are embedded in the planning and implementation of the legislation, especially given that governments are encouraged to incorporate them into their national programmes whenever possible.

There are 18 principles, which can be grouped under five themes: independence, participation, care, self-fulfilment and dignity, all of which sit within the goals of the Wellbeing of Future Generations Bill.

The Principles acknowledge the tremendous diversity in the situations of older persons, not only between countries but within countries and between individuals. They acknowledge that individuals are reaching an advanced age in greater numbers and in better health than ever before; that scientific research disproves many stereotypes about inevitable and irreversible decline with age; that in a world characterised by an increasing number and proportion of older persons, opportunities must be provided for willing and capable older persons to participate in and contribute to the on-going activities of society; that the strain on family life in both developed and developing countries requires support for those providing care to frail older persons. Crucially, they are Principles which should be considered by all organisations and regarded as a framework for their treatment of older people.

3. What are the key issues impacting older people's wellbeing?

The following themes have been identified by the Commissioner as having the most significant impact on the wellbeing of older people in Wales. Importantly, all can all be measured against the outcomes set out in the Wellbeing of Future Generations Bill. For example, tackling poverty is clearly linked to “a prosperous Wales,” and education is linked to a healthier, more equal and prosperous Wales in that adult education positively impacts health and can maximise full economic and societal participation.

It is vital to note that whilst these themes are set out as stand-alone issues, there are clear overlaps and issues are frequently interconnected. For example, a lack of access to effective transport links can lead to social isolation and loneliness which in turn can negatively impact on people's health:

Theme	Wellbeing goal
Housing	A resilient Wales A healthier Wales A Wales of cohesive communities
Care	A healthier Wales A more equal Wales A resilient Wales
Dementia	A Wales of cohesive communities A more equal Wales A resilient Wales
Poverty (incl. Fuel Poverty)	A more equal Wales A prosperous Wales A healthier Wales A resilient Wales
Health	A healthier Wales A resilient Wales A more equal Wales
Transport	A more equal Wales A healthier Wales A Wales of cohesive communities A prosperous Wales

Education	A more equal Wales A prosperous Wales A healthier Wales
Social isolation and loneliness	A healthier Wales A resilient Wales A more equal Wales A Wales of cohesive communities
Technology	A Wales of cohesive communities A more equal Wales A resilient Wales

Demographic impact

In short, of the four home nations in the UK, the older peoples' demographic in Wales is both the largest and the fastest growing.

Demographic profiles produced by Public Health Wales reveal that the most isolated and sparsely populated counties in Wales are those inhabited by the largest proportion of older people (see Appendix 3). If we consider this in the context of living in rural Wales and cross reference this with some of the main issues affecting older people, such as **transport** and the **cost of fuel** we can see that there is a convergence of issues and demography.

For example, living in rural Wales can lead to **loneliness and isolation** which can lead to a decline in mental and physical **health**. A common problem in rural Wales is limited access to public **transport**, making it difficult for older people to get out and about or to attend GP and hospital appointments. This results in older people becoming less likely to leave the home and more likely to experience isolation and loneliness.

In addition, a significant number of older people cut back on **heating and food costs** in order to save money, this again can have a detrimental impact on physical and mental health.

4. What should be measured?

Current older people indicator statistics

The key indicators used in the Welsh Government's 'Older People's Wellbeing Monitor for Wales' (2009) are largely reflected in the following topics. Although the indicators are a start, they do not capture all that the Commissioner would like to see.

It is vital to recognise that wellbeing cannot be brought about by **doing to** older people; rather it must come about by **working with** older people. Older people must be provided the opportunity to fully participate in society, to put to use their skills, knowledge and experience to use in addressing the challenges faced by future generations. In doing so, older people will play a fuller and active role in society and this will in turn help retain their independence and enhance their wellbeing.

The information and statistics below have been pulled from a very wide range of current sources. However, these and other indicators must be aligned to the achievement of the outcomes in the Wellbeing of Future Generations Bill. If we are to achieve the overall aim of the Bill, accurate and robust measurement of older people's wellbeing must be carried out.

Housing

Statistical evidence

- 28% of older people say that they will need their home adapting as they get older
- 6% of older people say damp is a problem in their home
- 4% of older people say they do not keep their home adequately warm
- 33% of older people live in one room to reduce heating costs

It is vital that older people are provided with safe, comfortable and affordable housing. However, current statistics show that for many older people their housing needs are not being met and they reside in accommodation that can have negative impacts on physical and mental health:

- Over a third of older people live in one room to reduce their heating bill.
- According to official statistics (HBAI), about 6% of pensioners say they do not have a damp-free house and just under 4% do not think they keep their homes adequately warm.

The Welsh Government's Future Trends Report states that, "current rates of house building are not keeping pace with growth in the number of households, and on current trends this gap will widen, contributing to further house price inflation in the long term. The growth of single person households poses an affordability challenge, in a market which has been driven by dual income households. This is likely to result in pressure on the rented market, in particular on social renting for older people."

Those older people living in rural locations are more likely to be home owners; however, evidence suggests that they tend to live in older properties so the availability of 'home improvement agency' services is vital in rural areas. Older people in rural areas experience the same financial problems as older people living in towns and cities. However, living in rural housing can bring additional challenges, such as higher living costs and housing that is hard to heat. Wales has the highest percentage of homes with solid walls compared with England and Scotland (solid walls let through twice as much heat as cavity walls), and Wales has a lower number of households on mains gas in comparison with England (alternative forms of fuel are more expensive).

Housing Key Indicators:

1. Affordable housing is available to community residents
2. % of older people reporting that their home is modified to accommodate mobility and safety (within a legal timescale)
3. % of older people reporting that their neighbourhood is liveable and safe
4. Proportion of residents 60 years old or older living in housing with unmet home modification needs (for example, narrow hallways, unsafe stairs, lack of bathroom grab rails, inadequate lighting)
5. % of older people who say damp is a problem in their home

Care

Statistical evidence

- 12.1% of population that provide unpaid care in Wales
- 2% of unpaid carers providing 20 to 49 hours care per week
- 3% of unpaid carers providing more than 50 hours care per week
- 41% of unpaid carers who believe that the quality of life of the person with dementia living in the care home was good

Unpaid carers make a huge difference to the lives of those they care for and they make a massive economic contribution to the State. For example, figures, calculated by the University of Leeds for Carers UK, reveal the huge contribution that unpaid carers make to the UK economy, by taking into account the cost of providing alternative care if a carer was not available, which is estimated at £14.50 per hour. It is estimated that unpaid carers save the UK £87 billion every year in potential care costs. In Wales alone, it is estimated that the contribution made by unpaid carers who look after friends and relatives is worth more than £7bn every year. This results in massive cost savings for public services in Wales.

According to ONS census figures (2011), the highest proportion of unpaid carers in the UK reside in Neath Port Talbot where 14.6% of the population provide unpaid care. All of Wales' council areas saw an increase in the total number of carers. In both Wales and England unpaid care has increased at a faster pace than population

growth. In addition, compared to the rest of the UK, Wales has a higher number of older carers who are often in poor health themselves. Unpaid carers are effectively propping up the current care system and it is essential that they are given the support they need to enable them to continue caring and maintain their physical, mental and emotional wellbeing.

Care Key Indicators:

1. % of unpaid carers providing care in Wales
2. Public Service Bodies across Wales should record the number of unpaid carers in their area and what services are delivered enabling them to be supported. From this regional source of information, a national statistic could be generated indicating the availability of support services to carers across Wales.
3. % of older people receiving home- and community-based services (e.g. home health care, meals on wheels, adult day care)
4. % of unpaid carers reporting access to respite services within a realistic timeframe
5. % of unpaid carers providing 20 to 49 hours care per week
6. % of unpaid carers providing more than 50 hours care per week

Poverty and fuel poverty

Statistical evidence

- Over 14% of people over 65 live in poverty in Wales
- 10% of older people say they struggle to manage their income
- 34% of older people say they can only afford basics

84,000 older people are currently estimated to live in poverty across Wales (living on a weekly household income of £220 or less after their housing costs are deducted). This is 14% of everyone over the age of 65. Even more concerning is the fact that 8% of older households in Wales live in severe poverty on £183.50 per week or less – just under 50,000 people.

As with other age groups, even larger numbers of older people live with incomes just above the relative poverty threshold but are virtually no better off in practice. For many this is because of the minimum income guarantee aspect of Pension Credit, which acts as a top-up to the basic State Pension, or because of small occupational or personal pensions.

Research carried out by Age Cymru in 2014 revealed that over a quarter (28%) of people aged 65 and over in Wales reported “not being able to afford everything they needed” without being worried whether they could afford it. This is equivalent to 168,000 people – double the official poverty figure.

Energy bills were of the greatest concern to older people. 57% stated that they were worried about how to afford gas and electricity bills, whilst significant numbers were also concerned about water and Council Tax bills.

Perhaps most worryingly, more than a third of retired households reported cutting back on areas of spending in recent years:

- 36% have cut back on the amount or quality of food that they buy
- 35% have cut back on the amount of heating or electricity they use
- 34% go out less or have cut back on social activities
- 37% have bought fewer or cheaper consumer goods.

These figures are all equivalent to around 200,000 older people in Wales and the striking similarity between the responses to different categories strongly suggests that the same households have cut back in multiple areas.

In addition, 7% of people aged 65+ indicated that they had got into more debt during recent years, equivalent to 42,000 people.

Although income had an influence on levels of deprivation, the relationship between different levels of low income and the access that people had to goods, services and activities was not straightforward. This was because there were a number of other factors that contributed to either 'pulling up' or 'pushing down' respondents' material circumstances. These were:

- area and housing circumstances;
- financial and material support;
- health;
- financial management approaches; and
- attitudes and priorities.

The Financial Inclusion Strategy for Wales identifies older people (and particularly single pensioners) as a group at increased risk of financial exclusion. In order to address this, the Strategy states that a number of areas where positive impacts could be increased have been identified. For example:

- Identifying proven examples of good practice in the design and implementation of interventions, with a view to providing advice and guidance to local authorities, housing associations and other outlets in designing their services.
- Working with representative groups to more systematically capture the needs of specific social groups from a Welsh perspective.

Many older people who do have financial products find themselves pushed out of the marketplace by physical barriers such as branch closures, increasing use of new technology, and in some cases outright discrimination. Being excluded from mainstream financial services means that those who can least afford to do so end up paying more for their basic needs, including the cost of energy (as they cannot

benefit from the cheaper tariffs linked to payments by direct debit) and credit (because of a lack of access to affordable rates from mainstream financial services). Not being able to participate in digital services means that many older people are paying the price: offline households miss out on savings of up to £560 per year from shopping and paying bills online.

Poverty Key Indicators:

1. % of older people who spend 30 per cent or more of their before-tax household income on housing
2. % living in fuel poverty and extreme fuel poverty
3. % of older people who live in one room to reduce heating costs
4. % of older people living in households below 60% of median income after deducting housing costs
5. % of older people living on minimum State Pension income: state benefits payable
6. % of older people able to make savings of £10 a month or more
7. % of older people able to holiday away from home one week a year not staying with relatives
8. % of older people who claim all their entitlements

Health

Statistical evidence

- 5% of those over 65 assess their health as being “good”
- 3% of those over 70 assess their health as being “good”
- 67.7% of people over 65 took up offer of seasonal flu jab 2011/12
- 40% of hospital inpatients in Wales aged 65 or over
- Nearly two thirds (65%) of people admitted to hospital are over 65 years old.
- People over 65 occupy more than 51,000 acute care beds at any one time.
- People over 85 years old account for 25% of bed days – this has increased from 22% over the past 10 years.
- Over the past 10 years there has been a 65% increase in secondary care episodes for those over 75, compared with 31% for those aged 15–59.
- People over 85 tend to spend around eight days longer in hospital than those under 65 – 11 days compared to three.
- 36% of older people over 65 say that their health and/or disability limits their day-to-day activities
- 40% of people over 65 in Wales say their health is “fair” to “poor”

Statistics indicate that older people are far more likely to be impacted by ill health than any other age group. The over 70s are twice as likely to have visited an outpatient department in the past three months as someone under 50.

Poor health cannot be viewed as an isolated and stand-alone theme, but must be regarded in the context of a range of contributing factors. There are clear links between poor health and the main issues listed above such as loneliness, transport, accommodation and financial security, all of which, if not meeting the needs of older people, can have significant and detrimental impacts on individual health and wellbeing.

The New Economics Foundation (NEF) centre for wellbeing has developed a set of five evidence-based actions. The **Five Ways to Wellbeing** are a set of evidence-based actions which promote people's wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning and Give**. These activities are simple things individuals can do in their everyday lives.

Crucially, there are demonstrable links between the Five Ways and work currently being carried out as part of the Ageing Well in Wales programme. There is clear read across to age-friendly communities with an emphasis on learning, staying active, and staying socially connected. Perhaps more significant are the distinct parallels of these examples and the goals of the Wellbeing of Future Generations Bill.

As good health is clearly linked to a range of interdependent factors, reflected clearly across the Wellbeing of Future Generations Bill's six wellbeing goals (with particular reference to a prosperous, healthy and more resilient Wales) it seems clear that further work on the Bill should consider the NEF's Five Ways and complimenting work by Ageing Well in Wales as key influences in the further development of the Bill.

Health Key Indicators:

1. % of older people participating in public health programmes (e.g. immunisations, falls prevention)
2. % of older people participating in sporting activity on a weekly basis
3. % of people who walk (or other similar forms of exercise) recommended distance on a weekly basis
4. % of hospital inpatients in Wales aged 65 or over
5. % of hospital inpatients in Wales aged 85 or over

Transport

Statistical evidence

- 41% of older people living on a lower income use public transport regularly
- 66% of older people without a car
- 40% of older people who believe public transport fails to meet their travelling needs
- 65% of older people who believe public transport is inadequate for travel to their local hospital

Public and/or community transport is essential for older people, especially those who do not have access to their own modes of transportation and/or those who live in rural and isolated communities.

A reliable and regular transport system is therefore essential to maintain older people's independence. Being able to get places is not only integral to maintaining independence, but also in maintaining health and wellbeing. Good transportation networks can allow older people to remain active and healthy and can prevent isolation and loneliness which in turn can result in depression, illness, hospitalisation etc.

Transport Key indicators:

1. Average number of times per week that residents 60 years old and older report staying at home because of lack of transportation
2. Transportation is accessible and affordable - Percentage of people age 65+ who have access to public transportation
3. % of older people without a car or without access to a form of regular transport
4. % of people between 60 and 69 with mobility difficulty
5. % of people over 70 with mobility difficulty

Learning, employment and technology

Statistical evidence

- There are four times as many NEETs (Not in Education, Employment, or Training) over 50 as there are under 25, and 10 times as many as there are under 19
- 80% of over 65s attend classes for personal and leisure reasons as opposed to committing to accredited learning
- 4.8% of over 65s attend further Education/Lifelong Learning
- Around 45% of unemployed people aged 50-64 have been unemployed for a year or more compared to 30% of 18-24 year olds and 38% for 25-49 year olds

Older people have a wealth of knowledge and experience which is currently underappreciated and undervalued in the workplace. Tackling age discrimination and recognising the value and worth of older people in Wales will be a key feature in the work of this network; older people are currently worth over £1 billion to the Welsh economy every year. The network will aim to increase the recognised value of older people through further learning, employment and volunteering opportunities.

It is good for the individual, the community and the economy for older people to be engaged in some form of employment, education or training. Learning for older people has a range of benefits, such as:

- Promoting full economic and societal participation
- Contributing towards personal wellbeing and fulfilment
- Supporting creativity and innovation, and
- Increasing efficiency as workers or volunteers

The need to prioritise opportunities for employment and new skills for older people has been added to the Ageing Well in Wales Programme in recognition of its prevalence as an issue for older people in Wales. The Strategy for Older People (Phase 3) 2013-23 states that older people who are unemployed are more likely to be long-term unemployed.

With the economic downturn affecting the traditional models of retirement, older people must be able new learning and employment opportunities to remain in or re-enter the labour market. Older people require access to learning for a number of reasons. For example, with an increasing number of older people unable to afford retirement at State Pension age, the provision of learning and skill development opportunities to improve their employment prospects becomes ever more important.

For other older people who are able to retire when they choose, access to learning is a key factor in maintaining their wellbeing. Learning and skills development in this context includes financial and digital inclusion, helping older people to become more resilient in later life.

Statistics show the proportion of older adults who are engaged in learning and studying in further education colleges and universities in Wales has halved from 35% to just 17% in the years between 2005 and 2012.

Whilst currently there is a focus on providing support to young people through many programmes and initiatives at a UK and Welsh government level, it is vital to note that there remain considerable employment and economic activity issues for older people in Wales that have been largely ignored.

Over one in three of all older people aged 50 to retirement age are currently not working with around two thirds registered for incapacity or other benefits. Indeed, research has shown that a person over the age of 50 is five times more likely to be made redundant and is eight times less likely to find alternative employment than a person in the 18-30 age group.

With the population living longer, and with the pension age steadily increasing, more people will need to continue to earn a living into their 60s and 70s to reduce the impact of older age poverty.

Lifelong learning for older people helps the individual and the State: learning enhances employability and reduces expenditure in unemployment benefits, welfare payments and early retirement pensions. Having accumulated a significant amount of knowledge and expertise, it is also in the interests of employers to retain older people in employment, particularly in sectors such as manufacturing, education and healthcare, which are heavily reliant on older workers.

As emphasised by the Opportunities for Learning and Employment strand of Ageing Well in Wales, education should not only focus on the young. However, there are obstacles to older people's participation. Funding for adult community learning (ACL) in 2014/15 was reduced by 37.5%, while budgets for part-time further education was reduced by 33%. Courses are becoming more cost prohibitive meaning that fewer and fewer older people are enrolling and those that are tend to be independently financially secure. Those older people who are most financially disadvantaged are those that are least likely to engage in further education.

The NEF's Five Ways again plays a key role here in promoting and encouraging wellbeing through learning. Important are aspects of learning that allow older people to become socially active, engage in meaningful occupation and to continue learning. There is clear read across between the Five Ways and learning, with key elements such as connecting with people around you, taking notice of what goes on in the world, and learning something new or rediscovering an old interest clearly linked to improved health and wellbeing.

Research reveals that more than ever before, a challenged, stimulated brain may well be the key to a vibrant later life. The research also reveals that keeping the mind engaged may help stave off mental and physical ailments and diseases.

Crucially, opportunities for Learning and Employment is one of the Ageing Well in Wales Programme's five priority networks. The network aims to increase the recognised value of older people through further learning, employment and volunteering opportunities. By achieving its aims and outcomes, the network will also address another of the Programme's networks, Loneliness and Isolation.

The value and benefits of lifelong learning in the context of improved health and wellbeing are clear. Nancy Merz Nordstrom M. ed., a driving force in promoting education for those over 50 writes that Lifelong Learning:

- Helps fully develop natural abilities
- Opens the mind
- Creates a curious, hungry mind
- Increases our wisdom
- Helps us adapt to change

- Helps us find meaning in our lives
- Keeps us involved as active contributors to society
- Helps us make new friends and establish valuable relationships
- Leads to an enriching life of self-fulfilment

The health benefits of engaging in some form of learning are widely recognised. The Rush Memory and Ageing Project, conducted in 2012 in Chicago with more than 1,200 older people (with an average age of 80) participating, showed that increased cognitive activity in older adults slowed their decline in cognitive function and decreased their risk of mild cognitive impairment. The study showed that cognitively active seniors, whose average age was 80, were 2.6 times less likely to develop Alzheimer's disease and dementia than seniors with less cognitive activity.

Other studies show that individuals who are more educated tend to enjoy better mental health overall. Pursuing lifelong learning can not only help you stay mentally sharp but is also critical to your emotional health as you get older.

The EU-financed project, Benefits of Lifelong Learning (BeLL), which ended in January 2014 was aimed at empirical data-gathering and investigation into the subjectively perceived benefits of participants in educational events in the fields of general, cultural and political continuing education. Ten European countries were involved in the study which was project managed by the German Institute for Adult Education (DIE).

The project links in with research into the wider benefits of learning, as carried out over the last ten years in Britain and Finland. The approach is designed to find out how individuals, groups, organisations and society benefit from continued education. Among other things the focus is on the individual, personal and social benefits and effects of learning on people's family lives, health, satisfaction with their lives, social commitment, solidarity and networking. In other words, the benefits of taking part in adult education are mainly the non-economic ones.

There is an intrinsic link between adult education and new technologies suggesting that as the platforms for delivering educational courses become more technologically interactive and online based, so a failure to keep up with the pace of emerging technologies inhibits older people from engaging in new learning opportunities.

- 15% of those over 65 have regular internet access
- 72% of older people who have access to the internet stated that it helped reduce feelings of isolation
- 81% of older people who have access to the internet state that it makes them feel part of "modern society"
- 86% of older people who have access to the internet reported that it helped improve their lives

Figures from a 2010 survey reveal there are more than 9 million (18 per cent) adults in the UK who have never used the internet. The percentages of those who have never used the internet increase with age, rising from 1% of 16 to 24 year olds, to 22% of those aged 55 to 64 and 60% of those aged 65 and over. This lack of internet access has the potential to increase exclusion among many older people, who will increasingly miss out on information and services which over time are becoming more and more web based.

Furthermore, there are often significant cost savings to be made over the internet which will remain inaccessible, this is particularly true of utilities and energy supplies among other things. However, findings also show that 68% of those aged 65 or more, state that they have no interest in using the internet and give this as their reason for lack of access.

Key Indicators:

1. % of older people who were enrolled in education or training, either formal or non-formal, in the past year
2. % of older people accessing training
3. % of over 60s attending classes for personal and leisure as opposed to committing to accredited learning
4. % of older people who have looked for and found information by educational attainment
5. % of NEET older people
6. % of older people who give up time for volunteer work
7. % of older people who continue learning and skill development before and after retirement
8. % of older people involved/using financial inclusion schemes
9. % of older people with regular internet access

Loneliness and Social Isolation

Statistical evidence

- 49% of older people state that television or pets are their main form of company
- 10% of older people whose nearest child lives more than an hour's drive away
- 1.5% of all older people will spend Christmas alone
- More than 75% of women and a third of men over the age of 65 live alone

Loneliness and isolation are cross-cutting issues that seriously impact on the health and wellbeing of older people in Wales. Achievements made by each of the Ageing Well in Wales networks will have a positive impact on the loneliness and isolation felt by older people living in Wales. Given the changes to the public services landscape in Wales and the need to see loneliness and isolation recognised as public health

issues, Ageing Well in Wales will be dedicating a network to this increasingly important theme.

Loneliness and isolation are not fringe issues; they have been shown to damage health, are the basis for social exclusion and are a significant and pressing problem in Wales that cross all boundaries of social class, race, gender identification, sexual orientation, financial status and geography. Eradicating loneliness and isolation may be unrealistic, but working at all levels, individual, organisational and strategic, identifying and tackling the root causes is not.

Research demonstrates that loneliness has an effect on mortality that is similar in size to smoking 15 cigarettes a day. It is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. Loneliness also has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide as well as health service use.

Given the budgetary reductions to community and public services, often seen as “lifelines”, older people are at an increased risk of loneliness and isolation, sometimes referred to as “silent killers”. More than 75% of women and a third of men over the age of 65 live alone. Without the means to leave their homes, or with fewer visits from community workers and service providers, an increasing number of older people will feel lonely and isolated resulting in damaging effects to their mental health.

Statistics show that loneliness and isolation impact many older people across Wales; however, in rural areas, a unique set of circumstances exacerbate the social isolation of older residents further, leading to poor health, loss of independence and lower quality of life. These factors range from lower per capita expenditure on social care to greater reliance on car ownership, particularly for visiting family or the getting to the shops.

Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want (Perlman and Peplau, 1981).

There are different types of loneliness:

- Emotional loneliness is felt when we miss the companionship of one particular person; often a spouse, sibling or best friend.
- Social loneliness is experienced when we lack a wider social network or group of friends.

Loneliness can be a transient feeling that comes and goes. It can be situational; for example only occurring at certain times like Sundays, bank holidays or Christmas. Or loneliness can be chronic; this means someone feels lonely all or most of the time.

The risk factors associated with loneliness (especially chronic loneliness) and social isolation are well documented. Loneliness has a much wider public health impact as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide as well as health service use. A study from the University of Chicago, cited by WRVS in their report, “Loneliness amongst older people and the impact of family connections” (2012), found that chronic loneliness is a health risk factor comparable to smoking, obesity and lack of exercise and contributes to a suppressed immune system, high blood pressure and increased levels of the stress hormone cortisol.

Risk factors in older age:

Loneliness can be felt by people of all ages, but as we get older, risk factors that might lead to loneliness begin to increase and converge. Such risk factors include (but are not limited to):

Personal	Wider Society
Poor health	Lack of public transport
Sensory loss	Physical environment (e.g. no public toilets or benches)
Loss of mobility	
Lower income	Housing
Bereavement	Fear of crime
Retirement	High population turnover
Becoming a carer	Demographics
Other changes (e.g. giving up driving)	Technological changes

Loneliness is a bigger problem than simply an emotional experience. but is a significant public health risk as prioritised in Ageing Well in Wales. It is imperative that loneliness is measured and that the social capital of relationships and connectivity are understood and addressed in terms of building a resilient Wales and a community of cohesive communities.

Loneliness Key Indicators:

1. % of older people who state that television or pet are their main form of company
2. number of times per week that older people visit family and friends
3. number of times per week that older people are visited by family and friends
4. % of older people whose nearest child lives more than an hour's drive away
5. % of older people who routinely spend celebratory occasions alone (Christmas, birthdays etc.)

Dementia

Statistical evidence

- It is estimated that currently around 45,529 people have dementia in Wales
- This figure is set to exceed 55,000 by 2021.
- One-third of people living with dementia live in care homes.
- It is estimated that at least 80% of people in care homes have dementia or significant memory problems.
- Twice as many women live with dementia in Wales than men (24,100 to 12,400). This gender difference is set to continue: the 2021 estimates rising to 16,300 men and 31,700 women.
- 89% of women living with dementia in Wales are over 75
- 10% of women living with dementia in Wales are aged 65- 74
- 1% of women living with dementia in Wales are aged under 64
- 73% of men living with dementia in Wales are aged over 75
- 23% of men living with dementia in Wales are aged 65-74
- 4% of men living with dementia in Wales are aged under 64
- Estimates suggest that individuals caring for people with dementia save public finances approximately £294 million per year.

Developing dementia supportive communities is crucial to the wellbeing of older people, especially the thousands of people living with dementia, regardless of official diagnosis, and the people around them that are also affected.

People affected by dementia talk about the everyday challenges they face in living well with dementia. This can include difficulty using technology, getting appropriate service in shops, banks and post offices, using transport, going on holiday and maintaining social contact and hobbies. Although help from health and care services is vitally important, making it possible for people affected by dementia to live well will require help from people and organisations across society.

A dementia supportive community is any community that shows a high level of public awareness and understanding of dementia (for example, a local or national organisation such as a shop, bank or corporation, or a village, town or city). Such communities are more inclusive of people with dementia, and improve their ability to remain independent and have voice, choice and control over their lives. Creating dementia supportive communities requires a social movement: one that mobilises all sections of society to act, respond and give their time, inspired by the ambition to make their community more dementia friendly.

Clear leadership and a change in culture are urgently needed. As emphasised by the Welsh Government's National Dementia Vision for Wales, people who receive an early diagnosis of dementia and are given access to appropriate information, support and care, are able to live well with dementia. The Dementia Supportive

Communities network will work to facilitate this and encourage the development of communities and have the capacity to support people affected by dementia so they can enjoy the best possible quality of life.

The network recognises that it is not only the individual who is affected by dementia, it also impacts on their family, friends, colleagues and carers. Ageing Well in Wales therefore uses the term 'people affected by dementia' to recognise the wider effects of dementia beyond the individual.

Positive steps have been taken in creating dementia supportive communities in Wales. This is one of the main aims of Ageing Well in Wales and is supported by the Welsh Government. However, more needs to be done to improve the lives of people living with dementia and their carers. Dementia supportive communities will support; people living with dementia and their carers to be able to:

- Take part in more 'normal' mainstream activities
- Be confident that they won't be patronised or humiliated
- Access to more places:
- Not confusing
- Well signposted
- Transport
- Attitudes of others
- Access social networks
- Friends stay in touch
- New friends and networks

Due to the specific nature of dementia, adopting a set of specific indicators is required. Comprehensive research has already been conducted and as such has provided an effective means of assessing and measuring the wellbeing of those living with dementia **on an individual level within health and social care settings.**

Particular consideration must be given to those living with dementia in Wales communities, especially since it is predicted that numbers will rise significantly in the coming years. People living with dementia are among the most vulnerable in society. While the majority of people with dementia live in the community, a significant number live in some form of residential care or supported setting.

The ability to communicate in an individual's language of choice is particularly important for those living with dementia. For example, Care Home residents living with dementia and whose first language is Welsh must be provided with the opportunity to communicate in Welsh as they will no longer be able to communicate in English as their dementia progresses. This element of choice also extends to those living in their own homes and who are visited by unpaid carers.

The main issues emphasised in the bulk of the literature relating to dementia are not disease-orientated (Byrne-Davis et al, 2006) but are issues that can occur across

many different groups of people such as social interaction; psychological wellbeing; religion/spirituality; independence; financial security; and health.

The key outcomes of dementia supportive communities must be that:

- The community should listen, understand and respond to the needs of people living with dementia;
- The community is consulted and listened to;
- Where services are available, they are accessible and responsive to the needs of the community they seek to serve; and
- People with dementia are included in community activities and they and their carers are supported by that community.

In order to ensure these outcomes, there is a real need for a national indicator that measures the impact of dementia supportive communities across Wales:

Dementia Key indicators:

1. % of employers delivering dementia awareness training across Wales
2. % of employees receiving dementia awareness training across Wales
3. % of older people formally diagnosed with dementia
4. % of available services providing enhanced and extended education, training, information and advice around dementia
5. % of people affected by dementia in Wales reporting timely identification of dementia and support provided before, during and after identification
6. % of people affected by dementia engaged to identify what constitutes a “dementia supportive community”

5. The “Oldest” Old

People over the age of 85, the “oldest” old, are increasing in number. However, little consideration is given to this sub-set as a distinct group. Older people tend to be regarded en masse, often encompassing everyone between the age of 60 (sometimes 50) to 90+, as a homogenous group with the exact same needs and wants; this age spectrum is such that it simply cannot be the case.

In order to measure the wellbeing of older people, the over 85s must be considered as a group apart, with a distinct means of measuring their specific needs and requirements, especially since this group tends to be more acutely impacted by the issues highlighted in this paper.

ONS statistics reveal that this demographic is on the increase. In 2012 there were almost 500,000 people aged 90+ living in England and Wales. Although this represents only 1% of the total population, the figure reflects a massive 33% increase on figures released a decade earlier. It is therefore vital that this demographic is not overlooked with regard to future planning.

The [Department for Work and Pensions released a report](#) detailing life expectancy in 2011 and comparing the generations at 20, 50 and 80 years old. The data sees 20 year olds [three times more likely to reach 100 than their grandparents, and twice as likely as their parents](#).

While a girl born in 2011 has a one-in-three chance of living to their 100th birthday, a boy has a one-in-four chance. However, compared to a baby born in 1931, the children of 2011 are almost eight times more likely to become centenarians.

The predictions by the [Office for National Statistics](#) estimate that by 2066, there will be more than half a million people in the UK aged 100 or over.

The 2011 ONS Census revealed the following:

- On Census Day 2011 there were 1.25 million people aged 85 or over who were usually resident in England & Wales. This compared to 1.01 million in 2001.
- In 2011, women outnumbered men in this age group by 2:1, but there was a larger percentage increase in the number of men (45%) than women (16%) over the decade.
- In 2011, about one in ten men and one in five women aged 85 and over lived in a communal establishment, with the remainder living in a private household.
- For every 100 women aged 85 or over, 77 were widowed, 13 were married and 10 were either single, separated or divorced. Out of every 100 men aged 85 and over, 43 were widowed, 48 were married and nine were either single, separated or divorced.
- 31% of men and 25% of women aged 85 and over in 2011 considered that they had very good or good general health. This compared to 24% of men and 26% of women who reported that they had bad or very bad health.

- A larger proportion of those aged 85 and over were providing unpaid care in 2011 than in 2001; 8.8% in 2011 compared to 5.0% in 2001. Over half of those aged 85 and over who provided care in 2011 were providing 50 or more hours of care in an average week.
- There were 25,000 residents in Wales aged 90 and over in 2011, compared with 19,000 in 2001 and 700 in 1911

It is vital that the oldest old are provided the means and the support to retain their independence and health for as long as possible in order to allow them to continue to be economically and socially active. Preventative actions and interventions are key; preventing frailty and preparing older people to sustain their independence will, in turn, support them to take ownership of their health and wellbeing.

Research indicates that people aged 75 and over generally tend to experience lower levels of wellbeing than people in the early post-retirement years (65 and over). This is in large part due to this segment of the population tending to suffer more acute physical and cognitive decline. Studies suggest that cumulative health-related chronic life strains set a constraint on the potential of oldest old individuals to experience the positive side of life.

Indicators measuring the wellbeing of people over the age of 85 will therefore correspond to those already listed by theme in this paper; however, emphasis will need to be placed on the increased potential for more complex health and cognitive factors. For this reason, the indicators will need to include elements contributing to increased frailty in the oldest old age group; elements such as comparative:

- Weakness
- Fatigue
- Weight loss
- Low physical activity
- Poor balance
- Visual impairment
- Cognitive impairment

Appendix 1

Proposed key indicators for the Wellbeing of Future Generations Bill

Transport

Indicator	Wellbeing for Future Generations Bill goals
1. Average number of times per week that residents 60 years old and older report staying at home because of lack of transportation	A healthier Wales A more equal Wales
2. Transportation is accessible and affordable - Percentage of people age 65+ who have access to public transportation.	A Wales of cohesive communities A more equal Wales
3. % of older people without a car or without access to a form of regular transport	A more equal Wales A Wales of cohesive communities
4. % of people between 60 and 69 with mobility difficulty	A healthier Wales
5. % of people over 70 with mobility difficulty	A healthier Wales

Housing

Indicator	Wellbeing goal
1. Affordable housing is available to community residents	A more equal Wales
2. % of older people reporting that their home is modified to accommodate mobility and safety (within a legal timescale)	A healthier Wales A more equal Wales
3. % of older people reporting that their neighbourhood is liveable and safe	A Wales of cohesive communities
4. Proportion of residents 60 years old or older living in housing with unmet home modification needs for longer than 365 days outside the legal timeframe	A healthier Wales A more equal Wales A resilient Wales
5. % of older people who say damp is a problem in their home	A healthier Wales

Health

Indicator	Wellbeing goal
1. % of older people participating in public health programmes (e.g. immunisations, falls prevention)	A healthier Wales A more equal Wales
2. % of older people participating in sporting activity on a weekly basis	A Wales of more cohesive communities
3. % of people who walk (or other similar forms of exercise) recommended distance on a weekly basis	A healthier Wales A resilient Wales
4. % of hospital inpatients in Wales aged 65 or over	A healthier Wales
5. % of hospital inpatients in Wales aged 85 or over	A healthier Wales
6. % of carers cared for an older person more than once in the last 12 months	A Wales of more cohesive communities
7. % of volunteers who have engaged in volunteer work more than once in the last 12 months	A Wales of more cohesive communities

Social Care

Indicator	Wellbeing goal
1. % of unpaid carers providing care in Wales	A Wales of cohesive communities A healthier Wales
2. % of older people receiving home- and community-based services (e.g. home health care, meals on wheels, adult day care)	A healthier Wales A resilient Wales
3. % of unpaid carers reporting access to respite services within a realistic timeframe	A healthier Wales A resilient Wales
4. % of unpaid carers providing 20 to 49 hours care per week	A healthier Wales A prosperous Wales A resilient Wales
5. % of unpaid carers providing more than 50 hours care per week	A healthier Wales A prosperous Wales A resilient Wales

Poverty & Fuel Poverty

Indicator	Wellbeing goal
1. %of older people who spend 30 per cent or more of their before-tax household income on housing	A more equal Wales A prosperous Wales
2. % living in fuel poverty and extreme fuel poverty	A healthier Wales A prosperous Wales
3. % of older people who live in one room to reduce heating costs	A healthier Wales A prosperous Wales
4. % of older people living in households below 60% of median income after deducting housing costs	A prosperous Wales
5. % of older people living on minimum State Pension income: state benefits payable	A prosperous Wales A resilient Wales
6. % of older people able to make savings of £10 a month or more	A prosperous Wales A resilient Wales
7. % of older people able to holiday away from home one week a year not staying with relatives	A Wales of cohesive communities A more equal Wales
8. % of older people who claim all entitlements	A more equal Wales
9. % of older people involved/using financial inclusion schemes	A resilient Wales A more equal Wales

Learning & Employment

Indicator	Wellbeing goal
1. % of older people who were enrolled in education or training, either formal or non-formal, in the past year	A Wales of vibrant culture
2. % of over 60s attending classes for personal and/or leisure purposes only	A more equal Wales A Wales of vibrant culture
3. % of older people accessing training	
4. % of older people who give up time for volunteer work	A more equal Wales A Wales of vibrant culture A healthier Wales
5. % of older people who continue learning and skill development before and after retirement	A more equal Wales

	A Wales of vibrant culture A healthier Wales
6. % of NEET older people	A more equal Wales
7. % of older people with regular internet access	A more equal Wales

Loneliness and social isolation

Indicator	Wellbeing goal
1. % of older people who state that television/pet are their main form of company	A Wales of cohesive communities A healthier Wales A resilient Wales
2. number of times per week that older people visit family and friends	A Wales of cohesive communities A healthier Wales A resilient Wales
3. number of times per week that older people are visited by family and friends	A Wales of cohesive communities A healthier Wales A resilient Wales
4. % of older people whose nearest child lives more than an hour's drive away	A Wales of cohesive communities A healthier Wales A resilient Wales
5. % of older people who routinely spend celebratory occasions alone (Christmas, birthdays etc.)	A Wales of cohesive communities A healthier Wales A resilient Wales

Appendix 2

ONS Wellbeing Wheel of Measurement – March 2014

Domain	Indicator	Rating
Personal wellbeing	Medium/high rating of satisfaction with their lives overall	77%
	Medium/high rating of how worthwhile the things they do are	80.7%
	Rated their happiness yesterday as medium/high	71.6%
	Rated their anxiety yesterday as medium/low	61.5%
	Population mental wellbeing	25.2/35
Our relationships	Average rating of satisfaction with family life	8.2/10
	Average rating of satisfaction with social life	7.0/10
	Has a spouse, family member or friend to rely on if they have a serious problem	87%
Health	Healthy life expectancy at birth (male/female)	63.5 Male 65.7 Female
	Reported a long term illness and a disability	19.7%
	Somewhat, mostly or completely satisfied with their health	58.6%
	Some evidence indicating probable psychological disturbance or mental ill health	18.6%
What we do	Unemployment rate	7.2%
	Somewhat, mostly or completely satisfied with their job	77.3%
	Somewhat, mostly or completely satisfied with the amount of their leisure time	58.8%
	Volunteered more than once in the last 12 months	16.7%
	Engaged with/participated in arts or cultural activity at least 3 times in the last year	83.2%
	Adult participation in 30 mins of moderate intensity sport, once per week	35.7%
Where we live	Fairly/very satisfied with their accommodation	91.2%
	Households with good transport access to key services or work	97%
	Agreed/agreed strongly they felt they belonged to their neighbourhood	62.9%
	Accessed natural environment at least once a week in the last 12 months	55%
	Felt fairly/very safe walking alone after dark (men/ women)	84.8% men 56.8% women
	Crimes against the person (per 1,000 adults)	76

Personal finance	Individuals in households with less than 60% of median income after housing costs	21%
	Median wealth per household, including pension wealth	£232,400
	Median household income	£23,208
	Somewhat, mostly or completely satisfied with the income of their household	52.9%
	Report finding it quite or very difficult to get by financially	10.9%
Economy	Real net national income per head	£20,725
	UK public sector net debt as a percentage of Gross Domestic Product	73.8%
	Inflation rate (as measured by the Consumer Price Index)	1.9%
Education and skills	Human capital - the value of individuals' skills, knowledge and competences in labour market	£17.90 trillion
	Five or more GCSEs A* to C including English and Maths	59%
	UK residents aged 16 to 64 with no qualifications	9.3%
Governance	Voter turnout (at UK General Elections)	61.1%
	Those who have trust in national Government	24%
Natural environment	Total greenhouse gas emissions (millions of tonnes)	571.1 tonnes
	Protected areas in the UK (Millions hectares)	14.467
	Energy consumed within the UK from renewable source	4.2%
	Household waste that is recycled	43.2%

Appendix 3

Global AgeWatch Index 2014

Domain	Indicator	%
Income Security	Pension coverage	100
	Old age poverty rate	9.2
	Relative welfare	93
	GDP per capita	
Health status	Life expectancy at 60	24
	Healthy life expectancy at 60	17.7
	Relative mental/psychological wellbeing	86.9
Capability	Employment of older people	58
	Educational attainment	53.4
Enabling societies and environment	Social connections	94
	Physical safety	70
	Civic reform	92
	Access to public transport	74

Appendix 4

Demographic Profiles

Demographic Profile by Local Authority

County	All ages	Over 65s	% over 65s
Conwy	110,900	27,200	24.5
Powys	131,300	30,400	23.1
Isle of Anglesey	68,600	15,000	21.9
Pembrokeshire	117,100	25,500	21.8
Denbighshire	96,700	20,900	21.7
Ceredigion	76,900	16,400	21.3
Carmarthenshire	180,700	37,900	21.0
Monmouthshire	88,100	18,500	21.0
Gwynedd	119,000	24,100	20.3
Neath Port Talbot	137,400	26,000	18.9
Blaenau Gwent	68,400	12,600	18.4
Torfaen	90,500	16,900	18.4
Vale of Glamorgan	125,000	22,900	18.4
Swansea	232,500	42,600	18.3
Bridgend	134,600	24,500	18.2
Flintshire	149,700	26,400	17.6
Merthyr Tydfil	55,700	9,600	17.3
Wrexham	133,600	23,100	17.3
Rhondda Cynon Taf	234,300	40,100	17.1
Caerphilly	173,100	29,000	16.8
Newport	141,300	23,600	16.7
Cardiff	341,100	44,800	13.1

Demographic profile by Local Health Board

Health Board	All ages	Over 65s	% over 65s
Powys	131,300	30,400	23.1
Hywel Dda	374,700	79,800	21.3
Betsi Cadwaladr	678,500	136,800	20.2
Abertawe Bro Morgannwg	504,500	93,100	18.5
Aneurin Bevan	561,400	100,700	17.9
Cwm Taf	290,000	49,700	17.1
Cardiff and Vale	466,000	67,700	14.5

Appendix 5

The United Nations Principles for Older Persons

The UN Principles for Older Persons were adopted by the UN General Assembly (Resolution 46/91) on 16 December 1991.

Independence

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
4. Older persons should have access to appropriate educational and training programmes.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.

Participation

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their wellbeing and share their knowledge and skills with younger generations.
8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
9. Older persons should be able to form movements or associations of older persons.

Care

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
11. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.
13. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-Fulfillment

15. Older persons should be able to pursue opportunities for the full development of their potential.
16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.



Older People's Commissioner for Wales Comisiynydd Pobl Hŷn Cymru

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf.

The Commissioner and her team work to ensure that older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services that they need.

The Commissioner and her team work to ensure that Wales is a good place to grow older – not just for some but for everyone.

How to contact the Commissioner:

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