

Mapping mid-life services relating to health, well-being and labour market participation in the East of England

Final report

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Executive summary

This project was undertaken in the summer and autumn of 2005, and had several objectives:

1. to map mid-life services in the eastern region in terms of both community- and employer-based initiatives
2. to examine the challenges and barriers, and how to overcome them, in a selected group of initiatives
3. to obtain views on what are successful initiatives and the reasons for their success; the priorities for service development and delivery; and the priority groups
4. to *review existing pilots and initiatives* and consider critical success factors.
5. to undertake fieldwork among medium- and large-sized employers in order to identify good practice and areas of possible enhancement in terms of healthy lifestyle and work.

The project was carried out at a point when the Government had recently published *Opportunity Age*, its national strategy for an ageing society, and awareness of the impending implementation of the age component of the European Equal Treatment Directive (scheduled for October 2006) was being raised. Moreover, labour market, pension and welfare policies had been introduced in an attempt to reduce early retirement, combat age barriers in the labour market, and to improve health and well-being.

In order to map effective health and well-being practices in the East of England, information was used from surveys, interviews with key informants, and internet searches. Access was given to the Eastern Region Public Health Observatory database of initiatives, and material was used from other relevant regional projects.

As a result of the research, a directory of over 100 initiatives targeting effective health and well-being in the community was produced. Additionally, a

second database containing a further 34 workplace initiatives was created. The initiatives were identified as supporting various aspects of people's lives, and they were categorised as follows: employment, lifestyle, physical health improvement and sport. Some initiatives had more than one focus. The core themes identified in the workplace initiatives were: health, flexible working, extending working lives, and awareness-raising of age issues.

A statistical exercise was conducted using population data for the region. The number of wards per county having more than 24 per cent of the population in the age group 50-64 was reviewed in relation to the number of initiatives per area recorded in the mid-life database. Marked disparities in terms of the geographical location of initiatives and the representation of the age group were found.

From the online survey work, respondents said the most appropriate locations for mid-life services were (in rank order): community venues, workplaces, via voluntary and community agencies, and on health service premises.

The case-study work also revealed a series of issues that can inhibit the take-up of services, including arbitrary rules that exclude those in need of the services e.g. age bands, and other criteria, imposed to fulfil funding claims, prior qualification thresholds that rule out access to re-training programmes, and time-limited support which may impact particularly on vulnerable beneficiaries who need continuing support.

One significant aspect of public policy that will affect the development of mid-life services is the way that ideas outlined in the White Paper: *Choosing health – Making healthy choices easier* (2004) are implemented. Other key informants interviewed for the research project were concerned about the impact that funding changes in post-16 education would have on adult learning. Although there was an increase in funding for the national employer training programme (Train to Gain), the eligibility rules may disadvantage some adults. Meanwhile, there was expected to be a decrease

in 19+ further education funding, with personal and community development funding remaining static. The policy steer would lead to an increase in the number of adult long courses leading to qualifications, and would also result in an overall decrease of 226,000 learning places for adults.

Key informants stated that there was increasing awareness of mid-life issues among policy makers, however, funding is still concentrated on services for older people. The mid-life age group is now being recognised in regional plans, and a pilot local area agreement in Suffolk has been successful, with consistency evident in plans across different agencies. There has also been good work with over 50s in Thurrock.

Most measures are not *badged* to attract those in mid-life, but there are services / initiatives that meet the needs of those in mid-life, e.g. smoking cessation, obesity, and improving physical health after serious medical problems. While informants suggested that it was important to recognise that the over 50s, over 60s, and over 70s sometimes have quite different needs, they also noted that at other times they have similar needs. The consensus view was that there were target groups where more needs to be done, and these include:

- those at risk of longer-term health inequality, including black and minority ethnic groups
- those in rural areas, and
- those in areas of multiple deprivation.

The service provision that has been developed in different parts of the region and can include the mid-life age group among its target audiences includes: smoking cessation, obesity, general practitioner referral schemes; physical fitness programmes and access to gyms; walking / cycling to health projects; general leisure and sport provision. Some areas have information points (for health and well-being issues), and community forums, and there are examples of partnership activities involving local authorities, PCTs,

voluntary- and community-sector bodies. Finally, there are employment-focused programmes offering re-training, and post-redundancy support.

Conclusions

In considering what can be learned from this study, it is the authors' view that given the complexity and scope of the project within relatively limited means, and that by necessity, our fieldwork could not cover a large number of initiatives and key informants, our conclusions should be viewed as tentative and provisional. Nevertheless, it is our view that they are strongly indicative of the direction for future work in this area.

To enable further work to succeed in this area, the following section summarises, in bullet-point format, the critical success factors that should underpin the planning process for new initiatives. This section also highlights the benefits that successful initiatives bring to the community, employers and individuals.

Critical success factors

Based on our case studies, and key informant interviews, a range of success factors for service development have been identified:

- carry out initial research to map need
- take a bottom-up, community-development approach
- raise awareness of need – in communities / workplaces
- consult on what people want and where – do not make assumptions about groups' needs
- work with people who will use the services to understand their needs, and target interventions to achieve appropriate outcomes
- make resources available over a reasonable time period
- work to change attitudes – develop the aspirations of those in mid-life; employers; opinion leaders
- develop a range of services to suit the needs of a highly diverse group
- help support activities that are already in place – but need participants – by working through key professionals for referrals

- use a partnership approach – responsive in terms of referral across interventions
- use networks and long-term relationship building – (difficult against time-limited funding)
- target workplaces – as a beneficiary source; as a location for activity
- support the development of workplace policies that recognise mid-lifers' needs
- support a life-course approach to age-management – such that employees' changing needs are addressed at different stages in a career, and
- gather evidence / keep monitoring – to show the value of an initiative – to sustain funding etc.

Community benefits

The initiatives have shown evidence of:

- minimising the impact of redundancy on the local labour market by promoting awareness of skills development / lifelong learning
- involvement by communities in developing initiatives which meet their specific needs regarding managing their health and well-being
- local networks of expertise
- stronger community ties to industry
- training that raised local skill levels, and
- support in managing the transition from redundancy to new employment, removing the need for individuals to claim benefits.

For employers

The initiatives have shown evidence of:

- reduced levels of sickness absence
- reduced costs of retirement
- increased skill levels
- increased job performance
- retention of experience and knowledge

- increased awareness of age and employment issues among managers and staff
- maintenance of good community relations from being seen to care about staff, and
- widening the base from which recruitment takes place.

For individuals

The initiatives have shown:

- individuals can be helped to identify minor health issues early enough to help prevent more serious ill-health problems later
- examples of improved health and well-being – beneficial weight loss, reductions in blood pressure, alleviated back pain and stomach complaints
- individuals have improved personal social networks through participation in the initiatives
- individuals being helped to manage the transition from redundancy, to learning new skills, to gaining new employment
- useful routes to address skills for life issues
- individuals helped to make successful transitions to retirement, and
- the need to raise awareness of the importance of being healthy for retirement.

Building social capital

The tasks are:

- to ensure regional and local plans emphasise and allocate funds for mid-life initiatives
- to encourage local authorities / Primary Care Trusts (PCTs) to take a central role in engaging the voluntary and community sector in the delivery of initiatives, and
- to continue to build local partnerships.

Choosing the healthy option

The task is to:

- support more initiatives that encourage physical activity / sport in the community and in the workplace – targeted at those in mid-life, but not badged for an age group.

Working lives

We need:

- more flexible working to achieve work-life balance
- to work to overcome the early retirement culture, and thus manage expectations after age 50
- to get employers to value mid-lifers' skills, and not just use people in mid-life and older to plug supply-side gaps
- to give people information related to social as well as financial preparation for retirement, earlier rather than later in life, and
- to ensure public policies improve access to learning for those in mid-life, and counteract any negative impact recent changes in funding may have had.

Supporting people in active ageing

Initiatives researched showed:

- the value of partnership working
- the importance of long-term funding, and
- the value of capacity building and self-managing sustainable programmes.

The research showed the need to provide greater support for:

- rural communities
- areas of multiple deprivation, and
- black and minority ethnic communities.

1. Introduction

Research on the issue of mid-life services is timely, given the recent launch of the government's national strategy for an ageing society¹, the implementation of the European Equal Treatment Directive, a gradual strengthening of policies aimed at extending working lives over the last decade, and evidence of increasing awareness of age and employment as an issue among employers.

Concerns about the sustainability of pension systems and the potential for labour shortages mean that an extension to working life is now being promoted by policy makers. Some recent official reports have focused on the potential economic benefits of reducing the incidence of early retirement² while others have considered the wider implications of ageing societies for work and employment³. Meanwhile, a range of labour market, pension and welfare policies aimed at reducing retirement incentives, combating age barriers in the labour market and maintaining the employability of older workers are emerging⁴. Of particular note is an increasing emphasis on occupational health and safety issues as they affect ageing workforces and, as part of welfare to work policies, initiatives aimed at reducing the incidence of Incapacity Benefit claims⁵. Also, of particular note is a recent pilot initiative which aimed to provide retirement and lifestyle advice to groups of older people who might not normally access this e.g. the long-term unemployed and self-employed⁶. Finally, independent observers and policy makers point to the value of 'joined-up' and holistic approaches to tackling age and employment issues. In considering the status of older workers, it is apparent that many

¹ HM Government (2005) Opportunity Age. Meeting the Challenges of Ageing in the 21st Century, http://www.dwp.gov.uk/publications/dwp/2005/opportunity_age/Opportunity-Age-Volume1.pdf.

² DWP (Department for Work and Pensions) (2002). Simplicity, security and choice: Working and saving for retirement. London.

³ Hirsch, D. (2003). Crossroads After 50: Improving Choices in Work and Retirement. Joseph Rowntree Foundation: York; House of Lords, Select Committee on Economic Affairs (2003). Aspects of the Economics of an Ageing Population. The Stationery Office: Norwich.

⁴ Frerichs, F. and Taylor, P. (2005) Labour market policies for older workers and demographic change - a comparative study of policy approaches in Germany and the United Kingdom, Anglo-German Foundation, London.

⁵ Frerichs and Taylor (2005).

⁶ Health Development Agency (2002). Pre-retirement pilots 2001-2003. Health Development Agency: London.

inter-related factors determine their relationship with the labour market. The emerging consensus is that tackling issues associated with increasing employment rates among older workers requires multi-faceted and integrated approaches⁷. While a recent report commended progress made by the British government in this regard, it noted that more could yet be achieved, building upon the government's national strategy for an ageing society⁸.

⁷ Taylor, P. (2002) Improving employment opportunities for older workers: Developing a policy framework, Report to the European Commission, Prepared for The Ninth EU-Japan Symposium Improving Employment Opportunities for Older Workers, 21-22 March 2002 in Brussels; Taylor, P. (2002) New Policies for Older Workers, The Policy Press, Bristol. (see <http://www.publicnet.co.uk/publicnet/fe030314.htm>).

⁸ Comptroller and Auditor General (2003). Developing Effective Services for Older People. HC 518 Session 2002-2003. The Stationery Office: London.

2. Methodology

This project aimed to map mid-life services across Eastern Region. It was divided into six overlapping elements.

Component 1 Mapping exercise of effective health and well-being practices

An email survey of key informants across the region was undertaken. We intended to draw upon the *Future East* network in this regard to identify initiatives which could then be contacted for the purpose of collecting more detailed information to be stored in a database. We distributed a short survey instrument by email to 470 individuals inviting respondents to identify and describe initiatives, and the aspects of them which they considered to be particularly innovative. The intention was that particular initiatives could then be followed up for the purpose of constructing more detailed case studies.

However, the survey yielded very modest results despite a reminder⁹. It was quickly decided to extend this stage of the research to include Internet searches and to look at other data sources including the *Age Positive* web site and *Third Age Employment Network* (TAEN) directory of initiatives.

Component 2 Challenges, barriers and ways of overcoming them in a smaller number of initiatives

We identified specific geographical areas where fieldwork would be undertaken in collaboration with the funding bodies. Added to this, we selected in terms of the nature and scope of each initiative in order to ensure a good spread. Given the time frame of the project we decided that fieldwork in up to 6 initiatives would be a realistic target. Given the limited timeframe of the research a through evaluation of both community and employer initiatives was not possible, nor was triangulation of the views of different respondents concerning measures. Those who volunteered to give case study material did not volunteer to be evaluated or offer outcome data. It was our view that had we had said we would evaluate them entry would not have been forthcoming. Therefore, these cases are, to a great extent, descriptive. By the same token,

⁹60 emails were rejected because of failed addresses / servers down

failed initiatives could not be evaluated. We asked informants to reflect on effective practice and then reported on this as critical success factors. However, these characteristics can also be present during failure, and only when put against some objective outcome data (even simply related to the scheme objectives) do we get a real sense of effectiveness. Such issues might usefully be the focus of further, more in-depth, research.

We undertook in-depth interviews among staff in each initiative. These interviews explored the challenges and barriers faced, and the ways the initiative leaders sought to overcome them. The framework for the interviews is set out below:

1. Main features and areas of the initiative
2. Main reason(s) why the initiative was introduced/exists and main objectives
3. Evolution and development
4. Critical incidents
5. Effects of the social, economic, labour market and political context
6. Impact and effectiveness
7. Outcomes and consequences of the initiative
8. Future prospects
9. Transferability

Component 3

We aimed to identify and interrogate existing data sets in order to examine orientations to physical activity, sport and leisure among people in mid-life. We approached Sport England and SkillsActive SSC in this regard. However, we were unable to obtain relevant data.

However, we were able to draw upon a current project: SMEs and older workers which we are undertaking. This project involves primary data collection amongst older people in our participating small- and medium-sized firms and we have obtained both qualitative and quantitative data on orientations to work and retirement among older staff in case organisations.

Component 4

We also undertook additional key informant interviews in the areas targeted for *Component 2*. Interviews were carried out among representatives of the private-, community- and voluntary-sectors plus statutory bodies, to obtain

views on what are successful initiatives and why; priorities for service development and delivery; and priority groups for their area. Questions asked in the interviews were as follows:

1. Are mid-life services a priority in your locality or the region more generally? Should this issue be prioritised? How does it compare with other important issues? How might the issue be pushed up the policy agenda?
2. Regarding mid-life services, what are the priorities for service development and delivery e.g. learning and training, health and well-being, sport and leisure?
3. What are the priority mid-life groups in your area e.g. geographical area, gender, ethnicity, long-term unemployed?
4. What are successful mid-life initiatives and why? What are the critical factors for the success, or otherwise, of initiatives?
5. To what extent are discussions about “demographic change” affecting policy making around these issues? Are they moving up the policy agenda? Are they viewed as a strategic issue?
6. Could you tell me about the next steps and activities, future plans and objectives that your organisation might have regarding such services?
7. In considering the design of such services, what are the key factors that policy makers and practitioners would need to consider: local and political conditions, cost, the legal and economic framework, and organisational features?

Component 5 Review of existing pilots and operations

We undertook a comprehensive review of pilot and other initiatives across the region, identifying the key lessons that could be learned, with the objective of designing a model of best practice regarding measures which can be applied across the region. The results of this work we have styled as **critical success factors**.

Component 6 Fieldwork in medium and large employers

The purpose of this stage of the research was to examine the retirement practices of employers in order to identify good practices and areas of

possible enhancement in terms of healthy lifestyle and work. In order to do this the research team drew upon existing relationships with employers in the region. The report's authors are currently undertaking a major ESF-funded project – SMEs and older workers – which aims to develop comprehensive approaches to age management by employers in the region. In addition, to the employers participating in this project directly, the project is bringing the team into contact with a range of other employers. As investigators on a current European Foundation for the Improvement of Living and Working Conditions project, which is undertaking extensive follow-up case study research among a large number of both private- and public-sector employers among the Member States including the UK, the team was also to draw extensively on up-to-date best practice materials from leading employers.

In order address employment issues thoroughly, particularly given that the target group for the project is those aged 45 and over, the researchers considered the following areas:

- Managing retirement transitions
- Career development and management
- Job-redesign and ergonomic improvements
- Interventions aimed at increasing health, functional capacity and well-being e.g. diet, exercise and physical fitness regimes, education campaigns, improving inter-generational relations, new work-rest regimes
- Awareness raising among staff of issues around workforce ageing and age discrimination
- New HR policies on recruitment, skills training and development, and retirement.

We identified medium and large employers across the region. Sector/industry, size and geographical location were selection criteria, in addition to the type(s) of initiative in the organisation.

This information we have presented as a series of **case studies** in the annexes to the report.

3. Findings

3.1 Mid-life services in the region

Altogether, we identified over 100 initiatives which either explicitly target people in mid-life or where this group features prominently. We chose to exclude many initiatives where the group could feasibly be included, but where the age cohort appeared to receive no special consideration. A summary of these initiatives has been prepared in the form of paper directory and an Access database. Annex 1 contains a listing from this database.

Physical health improvement is the most common type of initiative.

Interestingly, given the interest in the region in stimulating economic growth via the provision of services which directly impact on the employability of older workers, it is notable that employment-related initiatives were the least common among those identified.

Regional mid-life services by type

Employment	16
Lifestyle	30
Physical health improvement	53
Sport	32

The total number of initiatives identified was 102. Some initiatives cover more than one type of activity.

Regional mid-life services by type, and by county

The table shows the number of initiatives recorded in the mid-life database by county (noting that initiatives may be recorded more than once if they cover more than one county and / or if they operate in more than one support area.)

	Bedfordshire	Cambridge-shire	Essex	Hertford-shire	Norfolk	Suffolk
Employment	7	7	8	7	6	6
Lifestyle	9	12	13	14	8	9
Physical health improvement	11	13	22	19	13	9
Sport	9	11	9	20	9	8

Added to this, we have compiled a second database containing more than 30 workplace initiatives (linked to *component 6*) where there is explicit attention to the needs of those in mid-life.

Eastern Region Public Health Observatory database

We were given access to the Eastern Region Public Health Observatory database. We undertook a secondary analysis of the initiatives held in that database, but excluded those aimed at children and young people. Generally, we have not used initiatives in that database in ours. The purpose behind this analysis is to show the geographical spread of initiatives that could have an impact on those in mid-life – i.e. those identified as employer-based, those offering rehabilitation, and those offering general health support.

ERPHEO database - all over 16; children and young people initiatives excluded						
Initiatives	Bedford-shire	Cambridge-shire	Essex	Hertford-shire	Norfolk	Suffolk
Employer-based		3			3	
Related to older people - 60+	3	2	10	4	1	4
Rehabilitation from, prevention of, serious medical conditions (cardiac problems etc)	2	8	10	6	5	2
General health - all ages 16+	8	5	17	16	11	7
Ethnic minority targeted	1		1	3		
	14	18	38	29	20	13

3.2 Geography of people in mid-life

In addition to mapping service provision across the region, we considered need in terms of geographical areas with a significant proportion of individuals in the age range 50-64. In all, there are 116 wards in the region with 24 per cent or more of the population aged 50-64. Districts with significant numbers of wards with people in the category are listed below.

- Babergh
- Epping Forest
- King's Lynn and West Norfolk
- Mid Suffolk
- North Norfolk
- South Norfolk
- St. Edmundsbury
- Suffolk Coastal
- Uttlesford

Our findings are included in full in Annex 2.

Comparisons of ward populations (percentage aged 50 to 64) and the number of initiatives identified in the research

This table shows the number of wards per county having more than 24 per cent of the population in the age group 50-64, and the number of initiatives recorded in the mid-life database.

	Bedford-shire	Cambridge-shire	Essex	Hertford-shire	Norfolk	Suffolk
Number of wards where 24% or more of the population is aged 50-64	7	6	32	3	38	30
Number of initiatives* in mid-life database	25	30	38	40	22	20

*Initiatives may be recorded more than once if they operate in more than one support area: Employment, Lifestyle, Physical health improvement, Sport.

3.3 Public policy

- The issue of mid-life transitions is recognised, but requires greater concretisation in terms of policy development.
- Some areas of policy have received more attention than others
- Recent reforms may (there is contradictory evidence) be undermining efforts to support those in mid-life.

The Health Development Agency has already identified mid-life as a transition period in the lives of most citizens; the next issue is to get the message across to other agencies. Mid-life as a concept is addressed in the East of England's Regional Social Strategy, and in the region's draft Health Strategy, but it has not been worked through in terms of detailed policy actions according to some of our key informants. The draft Health Strategy¹⁰ – drew on the White Paper - *Choosing Health: Making healthy choices easier*¹¹ and the East of England strategy document *Sustainable Futures (2004)* to develop its vision and strategic priorities.

Although the White Paper - *Choosing Health – Making healthy choices easier* covered many issues that impact on the mid-life group, and suggested multi-agency and community-based ways forward, it did not target the age group specifically.

Some key informants suggested that there are developments taking place in health and well-being, and sport and leisure, but fewer activities that support those in learning and training. More particularly, there are fewer initiatives that support those not in paid employment, and those with disabilities. Another issue raised was the need to develop cross-cutting initiatives that support learning/training/employment search activity while the individual is managing health issues.

Several informants suggested that there was a potential conflict in public policy between different government departments in relation to health and education.

¹⁰ East of England Regional Assembly (July, 2005) *Healthy Futures: A Regional Strategy for the East of England 2005-2010*.

¹¹ Department of Health (2004) *Public Health White Paper, Choosing Health: Making healthy choices easier* CM 6374, London.

The White Paper - *Choosing Health – Making healthy choices easier* (2004) sets out in Chapter 7, “the action that employers, employees, Government and others can take to extend healthy choices by:

- reducing barriers to work to improve health and reduce inequalities through employment;
- improving working conditions to reduce the causes of ill-health related to work; and
- promoting the work environment as a source of better health.”

Thus the Department of Health was making clear links between sustained engagement in work and participation in the labour market and the potential to retain good mental and physical health. Meanwhile, opportunities for learning and training for adults through Adult and Community learning provision appeared to be reduced because of the way funding for learning was being directed. One key informant felt that if there were reductions in Adult and Community programmes for those in mid-life and beyond, it would have a detrimental effect on the health and well-being of the group. For many, these programmes provided a social outlet as well as skills development.

There are counter-arguments on this policy front. Those in mid-life will benefit from the development of the Employer Training Pilots into a more expansive national programme. The increase in expenditure terms from 2006-07 to 2007-08 will be from £230 million to £399 million (for England). However, the amount spent on 19+ FE will decline over those 2 years by £59 million to £1,873 million. Meanwhile the amount spent on Personal and Community Development Learning will remain the same at £210 million in years 2006-07 and 2007-08. The grant letter from the Secretary of State for Education and Skills explains the shift in emphasis as follows:

“We are broadly maintaining the overall public funding that the LSC will be able to allocate to support adult learning on average through to 2007-08. But the pattern of that learning will change.We need to shift the pattern so that we provide longer and more expensive courses for adults, to equip them with the range of skills they need for employability.....As a consequence the number of publicly-funded places on shorter courses that do not lead to national qualifications is likely to fall by around 500,000 by 2007-08. But set

against this, there will be a total increase of 274,000 full Level 2 places through the National Employer Training Programme and FE.” The net result of these changes is a “total of 3.5 million places available for adults by 2007/08”.

3.4 Developing service provision

- Policy and service development are underway, but this is patchy, and often part of ‘ageing’ or ‘older people’ strategies, but actions will feed through as time passes.
- While importance of the issue of mid-life services is recognised, this is not universal, and services are not always receiving adequate funding.
- Demographic change will require careful planning of communities.
- There may be value in focusing actions in areas of particular social exclusion and deprivation and among specific groups e.g. minority ethnic groups, rural communities.
- Measures will need to be prioritised according to geographical area/community.
- Local Area Agreements have been effective.
- While users of services in large numbers, the specific needs of those in mid-life have often not been clearly articulated.
- On the whole, services need to be age sensitive rather than age specific if barriers are to be avoided.
- There is a clear inter-relationship between different issues affecting those in midlife e.g. health and well-being and sport and leisure.
- Service development would benefit from research which considers the impact of mid-life services on the cost of services for those in later life.
- Capacity building among providers and relationship building among agencies is a priority.
- Greater flexibility in the ways regulations are applied would benefit certain clients.

Key informants said that organisations are beginning to regard service provision for those in mid-life more seriously, and it is beginning to be

discussed in public- and private-sector organisations, but coverage is patchy across the region.

In terms of spatial planning, it is still necessary for planners to take on board the impact of demographic change. There are far-reaching implications for the design of communities. There will be a greater need for supported housing and more mixed housing developments. It was said that the different life-stage needs of ageing communities will require a greater presence of public services including health and care.

One key informant from Cambridgeshire noted that the East of England Social Strategy (EESS) had identified those communities and geographical areas most at risk of experiencing exclusion and deprivation. The EESS had demonstrated the linkage between poverty, lack of education and poor health, and discrimination, including age discrimination. It would therefore be appropriate for projects to particularly target mid-life people in those areas/communities, while not excluding anyone in the appropriate age range.

In this section, the commentary will focus on some of the target areas represented by key informants: Suffolk, Norfolk and Thurrock (as part of the Thames Gateway). There are key informant comments related to the region as a whole, as well as comments on progress in Cambridgeshire and Hertfordshire. In the next section – 3.5 General Issues in the establishment of mid-life services – key informants look at our fourth target area: Bedfordshire and Luton, and focus on employment support initiatives.

Strategic planning

One of the Suffolk-based key informants (from the health sector) said that the county was fortunate in being one of the pilot areas for Local Area Agreements. This means mechanisms are in place to take forward integrated planning. There are partnership agreements with the two tiers of local government that operate, and there are aims, objectives and targets in place. It was said that the Local Area Agreement, the Local Strategic Partnerships' Community Plans and the local Health Plans are consistent in their approach. Although some of the arrangements have only been in place since April 2005, there was already evidence that real dividends had resulted from the partnership working, and targets had been agreed across the partners. In the

longer term, the Local Area Agreements will supersede the need for individual plans by partners, such as a Health Plan, but for the immediate future these will still be produced. In the longer term, there should be a pooling of resources by different agencies. However, this pooling of budgets to deliver comprehensive local plans will take a long time to achieve because of the financial circumstances of each agency, and the focus in the short- and medium-term will be on outcomes.

In Norfolk, our key informants said that there is a strategic awareness of the mid-life group, but this is more related to the demand for future services for older people as the population ages. It appeared that there were no plans at the moment to establish services exclusively for people in mid-life, although it was acknowledged that this group's needs could be accorded a higher level of priority. Services offered at the moment are more specialist, and dependent on level of need. The issue that is not being covered at the present time is what services may be required generally to improve the health and well-being of this age group.

An area of greater concern in Norfolk is access to services and this is seen as a priority at the moment. Preventative services for the older person are also a priority and this area is currently being developed. Measures on health promotion and safer communities within the Local Area Agreements are an opportunity to progress mid-life services and push the topic up the agenda.

A key informant from Cambridgeshire, who was making comments about the county and the region, felt that mid-life as a concept had started to move up the policy agenda. There is greater awareness, but this is not universal. The planning point made earlier was repeated, with the suggestion that there needs to be more imaginative use of existing public facilities, for example, the re-use, or extended use, of school buildings.

The problem, regarding the development of policies and services for this age cohort, is that there little pre-history. The mid-life age group has largely been ignored as a group, even though they have been users of a wide range of services. There is a need both for this group to be recognised, and for the group itself to articulate its needs. For many people it is a period of transition. The age period 45-60 represents a time when many issues coexist

in the individual's personal life, and these may cause stress and require managing.

The following changes may occur for those aged 45-60:

- children may leave a family home;
- parents may need care and support as they age;
- health problems may occur; and
- changes may take place in employment status, particularly as the individual moves out of paid employment, and sees changes in financial circumstances.

Problems may occur in managing these transitions. As people move, or envisage moving, out of full-time paid employment to retirement, stress is experienced. This is often exacerbated because individuals are likely to find their identity and/or status through their working life and role in paid employment. Policies need to recognise these realities for the age group, but also limit the effects of policies that are structured around chronological ages. Where services and policies are structured to age bands they limit opportunities. There is scope for greater flexibilities that allow more options at every age for the management of work-life balance issues.

In the south of the region, Thurrock Council has done extensive research on issues related to those over 50 and there is significant work taking place through the Council, the Thurrock Primary Care Trust and other partners. The council has been through extensive consultation with residents about service provision in conjunction with the Audit Commission as pilot study. This work has provided a comprehensive profile of residents and their needs. A comprehensive study was carried out reporting on 56 *indicators*¹².

The council with its partners, including the PCT, has developed a strategy for ageing. This works through 8 themes, and they are: values and attitudes (of others regarding older people), neighbourhoods, social networks, information and access, health and well-being, economic well-being, transport and mobility, and models of support.

The council has set out a comprehensive programme with three

¹² The research project Civic/Active Engagement - Improving quality of life for older people is being carried out by the Policy Studies Institute, Better Government for Older People, the Audit Commission, the Department for Work and Pensions and the Office of the Deputy Prime Minister. It started March 2005 and will conclude in 2006.

priority areas:

“to achieve higher employment rates overall and greater flexibility for over 50s to continue careers in a manner that allows them to manage any health conditions and / or family commitments they may have,

to enable older people to play a full and active role in society, with an adequate income and decent housing

to allow us all to keep independence and control over our lives as we grow older, irrespective of any health problems that may arise.”

Although there is a significant amount of activity related to the over-50s taking place, it would appear to be part of an agenda to meet the needs of older people, rather than treating those aged 50 to 60 as being in transition from earlier to later working life.

Service provision and target groups

In Suffolk, the key informant from the health sector said that there is no specific badging of services for those in mid-life. However, a wide range of services do cover those in mid-life. Specific initiatives in relation to health and medical conditions will be reaching those in mid-life, because those people have the issues the initiatives are addressing e.g. obesity, and smoking (although it is recognised that these issues are not age specific in themselves). Practitioners / professionals will be aware of the target groups in need of support and will direct their efforts accordingly, so the 45-60 year olds will receive attention, but not because they are in that cohort.

As we have indicated, mid-life issues are moving up the agenda through Local Area Agreements and Local Strategic Partnerships. It is recognised that there is a higher than average number of people in the Suffolk area – particularly the coastal area – aged 45 and above. It is also realised that the mid-life group will be the older people of tomorrow, and this will have an impact on service requirements. With this in mind, it is important that the mid-life age group is supported in remaining healthy and develops approaches to personal health and well-being that continue into old age.

One of the Cambridgeshire key informants felt the priority mid-life groups were those at risk of experiencing longer-term health inequality, and that tends to be black and minority ethnic groups, and those in rural

communities that find it difficult to access opportunities for health provision and facilities that support a healthier lifestyle. There is also a particular problem for mid-life women in general. For many women, after age 50, participation in sporting and very active leisure pursuits ceases. Although, it is possible to cite examples of participation, they may be exemplars of good practice, rather than the norm.

In Norfolk, it was suggested there are areas of deprivation, but the group that is helped the most are vulnerable people that do not necessarily fit into an age-based taxonomy; they are those with learning or physically disabilities, or the mentally ill. These people make demands on services such as GP practices. There is a large area of migrant workers in South Norfolk where access to health and other services is more limited than for others in the population.

The social services key informant in Suffolk said that there are specific geographical areas such as Lowestoft in the east and Haverhill in the west of the county where groups need support. The specific groups at risk of multiple deprivation are the disabled, unemployed and some black and minority ethnic groups. Mid-Suffolk has four wards that score highly on the deprivation indices, and two of these demonstrate extreme deprivation. There are some asylum seekers, and a small group of Portuguese workers that will place demands on health and public service provision as time progresses.

The key informant from the health sector in Suffolk said that the rural population is at risk of not having as much access as it should to support services. He said that it is the broader problem of rurality that needs to be addressed, and combining this with a quite high proportion of the Suffolk population in the 45-60 and in the 60+ age bands, he felt that there are significant current and future service issues to be planned for.

In Thurrock, the Annual Report of the Director of Public Health (2004)¹³ in the section on Promoting Healthy and Active Life Amongst Older People, recognises that health promotion directed at the over 50s is highly cost effective in reducing death rates and improving health in later life. Our key informant felt that the older age groups tended to be regarded a higher priority

¹³ Thurrock NHS Primary Care Trust (2005) *Health of our Older People*.

in the allocation of funding, but the public statements of policy change, mentioned in the previous section, will work through as a broader awareness of demographic change is assimilated by policymakers and managers. In practical terms, the key informant noted work being done to increase the level of physical activity by those over 50. There were also examples of work with the ethnic minority groups and those in areas of severe deprivation. Our informant suggested that one of the issues being tackled was moving people away from a dependency culture, and empowering people to articulate their needs. There were examples of this in the voluntary groups established in the area.

Another factor that was worrying existing residents was the impact of Thames Gateway development. Our key informant in Thurrock said that local people saw potential increases in population bringing a drain on services, but were sceptical that the promised increases in funding from central government to meet those needs would materialise.

Service development

In Norfolk, *health and well-being* services that have impacted on those in mid-life included smoking cessation programmes, and access to gyms. They were often sponsored by PCTs. It was said that access to information is a priority in Norfolk, so IT-based information points are being placed around the county enabling people to find out what services are available to them. Anyone will be able access information about learning, health activities and sport. Information for carers is a priority so for instance they can find out about respite. Consultation with this group of people is currently happening to see what services they need and where they can be helped.

One of the Suffolk key informants saw programmes supporting health and well-being as the first priority, followed by sport and leisure, and learning and training activities. However, it was immediately acknowledged that there is a clear inter-relationship between the different issues. Active promotion of sport and leisure, and the subsequent participation by those in mid-life will have an impact on health and well-being. Moreover, the link between poor economic status and subsequent poor housing can have a detrimental effect

on health, and thus initiatives that can raise the earning capacity and living standards of individuals can improve health.

The social services key informant felt that mid-life services are a priority in the county of Suffolk. The interviewee believed that these services should be prioritised. Although these services are important compared to other issues, they are not attracting as much funding as other priority areas. This issue could be pushed up the agenda by calculating the effect of services in mid-life against well-being services needed in later life. A research and analysis manager is looking at developing a universal offer for all adults that compliments Social Care Services. In addition, an *outcomes framework* has been devised along the lines of *Every Child Matters*, but for adults, which will link Care Services with mid-life general services. This will be built into a new department now being formed.

It was also felt that there are market capacity and infrastructure issues for community and voluntary sector groups in Suffolk. It was suggested that the relationships between Local Authorities and the Department of Work and Pensions needs to improve. More needs to be done at practitioner level for instance, with an evidence-based approach in order to improve services. Noting that the key informant from the health sector in the county said that that sector was adopting an evidence-based approach to take forward its initiatives.

Another area to be investigated is closer working between local social security systems and local initiatives. It was suggested that some form of flexibility between the way that social security policy is applied and the way local initiatives are run would help participants, especially those on Incapacity Benefit and Attendance Allowance. A more joined-up service could be achieved for customers by looking at innovative ways of working together.

Norfolk has been awarded £2.5 million by the Office of the Deputy Prime Minister over the next 2 years to develop services for older people. This money will be used to support people so that they can become less dependent in older age. It was indicated that some of this funding will be used for people in mid-life but there is no detail as yet. The developing agenda is to move away from considering just older people, but to include all adults regardless of age.

In Thurrock, those over 50 were a target group for the sports and leisure team funded through the council, and the community strategy was encouraging walking and cycling. Initiatives to combat poor health, to reduce the numbers smoking, and reduce obesity levels were in place. Our key informant suggested that the scores on the deprivation indices for education were much lower than those for health, and that was where the more significant problems were.

Meanwhile a national charity, representing and supporting older people, is looking to extend its services through another brand identity to meet the needs of those in mid-life. It will be important to develop an organisation that the generality of the mid-life population can identify with. The aim will be to serve the needs of all social classes.

3.5 General issues in the establishment of mid-life services

- Primary barrier to development of mid-life services viewed by respondents as insufficient financial resources
- A lack of public awareness viewed as the next most important barrier.
- Respondents are cautious about the labelling of services as being for 'mid-life', with concerns about using chronological age as the primary criteria for client selection
- Organising services which fitted in with the lives of people in 'mid-life' was identified as a challenge
- Concerning location, community venues and workplaces were most favoured
- Ensuring that certain hard-to-reach groups with particular needs are not excluded
- Sustainability and viability of certain business models is an issue
- Some measures lack adequate evaluation making it hard to judge success and value for money, and affecting funding prospects
- Long-term relationship building which is essential may not be possible because of the short-term nature of some public funding
- Rigidity and complexity of funding regimes and burdensome regulations may reduce effectiveness.

Given the poor returns from our email survey (31 responses from an initial sample of over 400), findings should be treated with considerable caution. According to respondents the primary issue that makes it difficult to develop initiatives supporting people in mid-life is a lack of financial resources. One respondent commented that additional central government funding would need to be made available and this would require it to identify the issue as a priority. The view was that while this group of people are fit, healthy and reasonably affluent they are not a priority for statutory service provision.

Interestingly, respondents rated a lack of public awareness as the next most important barrier. Factors such as interest from the statutory bodies, but more-so expertise, time, interest from target communities, and private sector support were rated as rather less significant. However, whether such findings are meaningful is open to question.

A criticism concerned false assumptions, that is separating out people in mid-life, by age and not including factors such as income, housing, and disability. It was argued by one respondent that it was not appropriate to place an upper age limit on activities provided, as chronological age is no guide to agility, ability and need. For instance, an Employment Support Co-ordinator in Bedfordshire funded by Bedford and Luton Economic Development Partnership stated that the target group for their project is those at risk of redundancy. The age of participants is not a consideration and it is not currently a priority. People of mid-life are not specifically targeted to join the project and nobody would be turned away from the project on grounds of age. This issue is not currently moving up the agenda and there are no plans to make any changes to policy concerning this project at this time, though it was noted that the political agenda will force the issue of the older working person to be revisited.

Another challenge identified was that “finding time in the lives of people in the mid-life age group” would be problematic as they tend to be very busy people. Finally, ageist attitudes were also thought to affect the provision of services for this group. Linked to this was the view that a lack of knowledge of mid-life issues and development officer costs were a barrier.

Concerning the location of services, according to survey respondents, community venues offered the most ready opportunity, closely followed by workplaces, then via voluntary- and community-sector agencies, and finally, the role of health service premises was identified.

The survey, key informant interviews and case studies identified a range of critical issues that needed to be considered in the establishment of an initiative and in terms of its sustainability.

The first concerns **target group**, with evidence that some particularly disadvantaged groups may be excluded from participating in initiatives. Although not substantiated by any statistical data it was felt in one case – Health for Life - that the initiative may not have reached the most vulnerable, for instance those from lower socio-economic groups who have nutrition and health issues and who cannot afford the (relatively modest) fee payable in order to join the programme. Elsewhere, it is acknowledged that demographic changes will inevitably impact on service provision. A key informant interviewed from EEDA noted that the organisation accepted that policies need to be reviewed and adjusted due to the change in the ageing population nationally and in the East of England. A good example of this is the future National Employer Training programme¹⁴. This will provide NVQ level 2 training for adults, in the work place, who do not have this or an equivalent qualification. Some people in mid-life have been employed a long time in one job and while they have the skills to perform their job they may need new or accredited qualifications to move to another employer. Also, while the EEDA sponsored project ‘Responding to redundancies’ (R2R) was not specifically aimed at people in mid-life, it has been recognised that the majority of participants were in that age group. When the bid for European Social Funding was being prepared reference was made to the bulk of the funding helping people of the mid-life age i.e. the 35-55 cohort would form the larger proportion of participants. Redundancy has a greater effect on people in mid-life as they find it more difficult to use their transferable skills in order to secure other forms of employment. They do not always have relevant, up to

¹⁴ The funding for this programme was discussed in section 3.3.

date qualifications and the remit of this programme is to address those areas to help people move into other industries or areas of work.

The R2R project has been very successful, particularly with people in the mid-life age group, and there are plans to run another project in the future. From EEDA's viewpoint they would have to be very careful about projects focusing on a particular age group because of the forthcoming legislation to protect against discrimination by age. However, the legislation is also about promoting age equality. EEDA will need to gather and consider relevant data on the labour market to see whether it needs to take specific action in relation to specific groups. This action could be to address age, disability, race, or gender inequalities.

A key informant from Cambridge City Council, Housing Support, stated that currently the largest client group are those with physical or mental health issues and these are often in the mid-life age group. The priority groups are those that are vulnerable such as the very young, the very old, those with children, people with physical or mental health issues, people leaving the Forces and ex-prisoners. The maximum amount of time that can be spent supporting these clients is 2 years. There are no plans to push the mid-life age group up their agenda.

The client group that need the most support are those with mental health issues. These are often in the mid-life age group. Health and well-being of clients is the first priority followed by learning and training. Sport and leisure would be low down on a list of priorities. Clients' health and well-being is considered and clients are helped to look after themselves for instance with household budgeting and debt management. Once they are settled into housing and the tenancy agreement is explained to them, discussions can take place around what they want to do about employment if they are unemployed, and how to up-skill and take part in learning or training.

Also, there are proposed additions to the current dispersal locations for asylum seekers in the East of England. Cambridge may become one of these centres. A large number of asylum seekers are educated to a high standard and are professionals in mid-life. When they are given leave to remain in this country they are given 28 days to find alternative accommodation. There

could be a need to support these people through this transition and this will result in working with some different partner organisations.

In addition, when asylum seekers are given leave to remain here if they have qualifications from their native country, they are not recognised in this country. This may result in more support being required by these individuals from this service, as they will need to look at what type of work they can do. It will usually not be in their normal occupation, as their qualifications will not be recognised in this country. This support will continue, but it is not clear if it will attract more funding or resource.

The Health for Life case also demonstrates that **mid-life services can be extremely popular**. In terms of take up, the project could be viewed as a major success, despite not all GPs participating. On the other hand, the sustainability and viability of certain business models is an issue. FiftyOn, operating as a private limited company has found that a downturn in advertising has made it more difficult to trade. According to the respondent, it may have been better to set up as a not-for-profit organisation and bid for grants. While an interesting concept, it is possible the market is not ready for it, despite increasing awareness of demographic trends among the business community.

A further key issue in the sustainability of initiatives is **monitoring and evaluation, in particular in terms of impact and value for money**. In one of our case studies – Health for Life - it was observed that evidence of the impact of the initiative was largely anecdotal as resources were not available to undertake a thorough evaluation, despite greater participation in the initiative than had been expected. This means that a thorough understanding of the effects on clients and what critical features of the initiative contribute to its success is lacking. In particular, the centre does not receive data on who has been referred through the scheme, nor whether the individual's doctor considers that there has been an improvement in their medical condition. Despite a view that a continuance of PCT funding might depend on improving partnerships with GPs, some have been reluctant to increase involvement and provide regular feedback. In the case of Learning for Life, the respondent felt the initiative represented value for money in terms of the cost of people

claiming benefits offset against the funding to enable participants to gain employment, with data being collected by EEDA in the past.

The cases also highlight the need for the **development of partnerships among local agencies**. For instance, in the case of Learning for Life the establishment of **network of trusted partners** was felt to be the key to the success of this initiative. Added to this, a **response framework** is being developed between partners to ensure timely interventions based on information received. It is critical that partners use information properly so that companies are trustful. This highlights the need for **long-term relationship building**, which may not be possible because of the short-term nature of some public funding.

Rigidity and complexity of funding regimes was also highlighted, with, in the case of Learning for Life for instance, beneficiaries being ineligible for funding despite there being a clear need. Differences in funding available in different geographical areas, and changes that can occur from financial year to financial year can lead to inequities in the provision of service. Importantly, **employers can find regulations burdensome and a hindrance to managing staff effectively and treating them fairly**.

3.6 Benefits of mid-life services

The case studies identified numerous benefits for both people in mid-life and for employers in the provision of services. They also draw attention to wider benefits for communities. These are set out in the following tables. They include both intended and unintended effects. They may form the basis of marketing materials for older people and employers.

For older people

Initiatives and projects have provided individuals with:

- improved health and well-being; weight loss; and reduction of blood pressure, back pain and stomach complaints
- suggested changes in diet (including greater consumption of water)
- help to identify minor health issues early enough to help prevent more serious ill-health problems developing later
- improvements in sleeping patterns
- reducing levels of tension at work and at home
- increasing levels of physical activity
- tackling problems of social isolation
- addressing issues of declining physical and mental health, for unemployed men in particular, and especially those without partners
- social support
- financial support for those in severe difficulties
- awareness of the importance of being healthy in order to enjoy retirement
- improved social networks via mixing with other users of the facilities

Initiatives and projects have enabled individuals to:

- be more productive at work
- feel more valued as employees
- have increased levels of job satisfaction
- take less time off from work because of stress

Initiatives and projects have helped individuals:

- manage the transition from being made redundant, to learning new skills, to moving into new employment
- identify skills gaps
- cope with job change, for individuals who have often had the same job since leaving school
- gain new skills or qualifications to help move in to another job or area of work

- prepare older people for job changes such as moving to shift work, or a change in the location of their work
- make a successful transition to retirement
- get placed into new employment
- to look at labour market needs, commit to training and understand the value of lifelong learning
- to look at a wider range of job areas
- better appreciate employers' needs
- address their skills for life issues

For employers

Organisations have:

- reduced levels of sickness absence
- reduced costs of retirement
- widened the base from which recruitment takes place

Organisations have seen:

- increased skill levels
- increased job performance
- retention of experience and knowledge
- more a highly motivated workforce

Organisations have:

- increased awareness of age and employment issues among managers and staff
- improved local community relations by being seen to care about staff
- reduced the impacts of redundancy by working in partnership with other organisations as early as possible in the process
- better preparedness for the age discrimination legislation to be introduced in 2006.

Wider community benefits

The initiatives and projects have been able to:

- minimise the impact of redundancy on the local labour market by promoting awareness of skills development and lifelong learning
- involve communities in developing initiatives which meet their specific needs regarding managing their health and wellbeing
- facilitate the development of close, local networks of expertise
- facilitate stronger community ties to industry
- provide training to raise local skills levels, and improve general economic well-being
- support individuals in managing the transition from redundancy to new employment, and therefore remove the need to claim benefits
- raise awareness in the community and among the statutory authorities
- provide advocacy for people in mid-life.

3.7 Critical success factors and challenges for mid-life services

Accessibility

The evidence from the Health Development Agency suggested that initiatives need to happen close to where the target audience is located. It is often difficult to persuade people to travel too far to access an initiative. Initiatives should not be designed in relation to age. People should be invited to join an initiative because of the intrinsic value of what it offers. In one respect age is an artificial construct. Moreover, it can prove off-putting to the target market if that is the promotional approach used.

Initiatives should be based within the framework of the target audience's experience, and they should not be imposed on areas. The professionals in organisations should facilitate activities through the administration of funding and using their expertise, but it should be the communities that are empowered to determine their own local needs.

The study has also identified a number of factors which will increase the likelihood of the implementation of successful mid-life initiatives. Resources appears to be a major issue. A key informant from Cambridge City Council, Housing Support, stated that currently, clients with mental health problems, especially those in mid-life, have access to day centres in Cambridge City. The reason they visit these centres is to mix with other people and give structure to their day, which is an important aspect to people with mental health problems. Due to PCT cuts a number of centres in Cambridge are due to close with no other support for these people. Support workers are very concerned that clients coming to the end of the two-year provision for assistance are being signed off from the support service and they will have no further support through the day centres.

Key here in both community-based initiatives and workplaces is the collection of evidence that can be utilised in policy development, including providing supporting evidence. In some of the cases this was lacking with negative consequences for measures, while elsewhere data collection has proved valuable in making the case and providing supporting evidence. Importantly, such an approach provides older people in communities and workplaces with a 'voice'. The other critical factor is the use / involvement of the public in the design of an initiative. The PCTs consult user groups of people who have experienced various conditions, and ask them what their needs are.

In considering issues of accessibility there is also a need to recognise the role of age barriers, and the importance of challenging assumptions about the aspirations and needs of older people from among service providers, but also among older people themselves. This includes services such as regarding job-search, vocational guidance and training, where it is known that ageist stereotypes can hinder access and service design and mode of delivery may not be suitable for older people, with the result that they may self-select out of engaging.

Managing attitudes and behaviour in the workplace

It is apparent from the employer case studies in particular that change will be a gradual process. A challenge concerns changing the attitudes and behaviours of managers and workers. Ageist stereotypes are persistent and these manifest themselves in behaviours which often result in the exclusion of older people from the workplace. On the other hand, the more positive experiences of employers and organisations outlined above point the way towards attitude change. Nevertheless, it is important to recognise that expectations of some older workers are for early retirement, while others are uninterested in learning and development. This is not a surprise given the culture of early retirement that has grown up in the last 20 years and that learning and development has barely been a feature of many workers' lives since leaving school. One of our case employers, recognising this, has sought a compromise position for older workers whose aspirations are at odds with the general thrust of policy making in the organisation.

Managing learning and training opportunities for those in mid-life

One key informant drew attention to the need for flexibility in training provision for people in mid-life. Quite often mid-lifers have been out of a learning environment a long time and find it daunting to be told they must attend some form of learning to gain accreditation for their skills. An area to be investigated could be accredited prior learning to take account of, and make the best of, the skills they already have. Another area which could be investigated concerns qualification structures. Many people do not have an awareness of what qualifications are, or their relevance, and some no longer hold validation with employers. Part of the work with the National Employer Training programme is to liaise with the sector skills councils to look at all qualifications, validate them and over time, simplify the system.

The key informant noted that there will be another R2R project in the region along with a variety of other programmes aligned to the National Employer Training programme aimed at improving attainment to NVQ level 2 and improving the quality of training in the workplace. The National Employer Training Programme is for people in work, but if people in mid-life are not in work, for instance caring for somebody at home, the question arises as to where they will obtain these services. There is a concern these people will find

it more difficult to access learning. Welfare to workforce development is a service that will be provided jointly by LSC and Jobcentre Plus. The National Employment Panel (NEP) recommended a number of areas where Jobcentre Plus and the LSCs should work more closely together. There are national and regional steering groups, and every Jobcentre Plus district is developing plans. It is a concern that if a person accesses training through being on benefits that when they no longer claim they will lose access to training. This programme will address those issues ensuring a smooth transition from welfare to employment with training to improve their skills if the person still needs it. This type of provision is moving up the agenda to fill the current gaps.

This respondent noted though that older people needed to see the link between skills and jobs. The successes for the R2R project for those in mid-life is the recognition of a direct link between up-skilling and sustainable employment in another area. If people do not make this link they cannot see the value in re-training for work when they have been in the same employment for a number of years.

Engagement

One Suffolk-based key informant for the health sector said the most important feature is engagement with all parties, from participants through to professionals – this includes GPs, practice nurses and pharmacists in delivering their projects. The PCTs ensure that as many people as possible realise that they have a part to play in making initiatives work. The work in this geographic area is evidence-based. Individuals within initiatives receive professional support and family support is also positively encouraged.

Our other Suffolk-based key informant went further with his view. Partnership working is a critical factor in the success of these services, and one should not assume that statutory authorities should fund or run these mid-life services. There needs to be an acceptance that delivery of services can take place through the voluntary and independent sector. These sectors are more experienced and have links to people more easily. There also needs to be recognition that Local Authorities have a public-health role, rather than

leaving it with medical health services. Preventative services need to be prioritised.

Another key informant suggested that the key to successful engagement with this age group is not using the word 'retirement', or linking activity to 'older age' because it will fail to attract them; people do not regard themselves as old or older, and perceive themselves as being very different to previous generations of that age. Nevertheless, many people in the age group 50-60 are also very aware of old age, often because of their own caring responsibilities. Research shows that the age group is most successfully accessed through engaging people in their own locations: the workplace, football clubs, and social clubs, for example. Activities on offer need to be targeted at this age group's particular needs, and reflect their life experience. Linked to this, as already noted, is a particularly critical issue concerning the notion of 'mid-life', and defining services by whether they are targeting a particular age group. Respondents were almost unanimous in their views that defining 'mid-life' services as such was highly problematic, risking exclusion and stigmatisation. Undoubtedly, we overlooked many initiatives which supported substantial numbers of people in the age group of interest, simply because they did not clearly target this group. 'Active ageing' and lifecycle perspectives may offer more fruitful ways of viewing the development of services.

Community development approaches are an essential component of effective interventions, if they are to reach excluded or 'hard to reach' groups, and may be important for mainstreaming – by bringing communities, agencies and providers together to ensure that service provision meets needs in the ways people want.

In Thurrock, one of the successful ways of engaging with communities has been through the community forums, and through a rejuvenation of the activities of the local strategic partnership. Our key informant said that the success of the forums approach was that local people were able to articulate their views, and the awards of small grants to the forums enabled them to have access to resources to make small changes in the community: improving safety and security, or improving health and well-being, or providing access to learning opportunities.

Measuring success

One key informant from Norfolk discussed the operation of the day-care services provided for mentally ill and physically disabled people. These are not centres, but workers who work with individuals to improve their lives and well-being. He said the success of these should be measured by outcomes for individuals such as customer satisfaction, people feeling in control of their lives, and being able to exercise choice. That would be the measure for any more general future services. The people using such services are predominantly in mid-life but these services are not exclusively for people of that age.

Core questions

In the table (below) a series of critical success factors has been developed. However, before we address these, one of our key informants suggested there were some basic questions to answer:

- what is it that people in mid-life need?
- how do we find out?
- what is cost of providing the services?
- how it is decided who pays for services?
- who decides on the development of the services?
- who delivers the service?
- what will people be willing to pay for?
- what will people be able to pay for?
- how far they would be willing to travel to access services?
- how would they travel?

Critical success factors for mid-life services and support

Getting started

- carry out initial research to map need
- take a bottom-up, community-development approach

- raise awareness of issues first, then consult on what people want and where
- work with the people who will use the services to understand their needs, and target interventions that will achieve these outcomes
- hold local meetings of interested parties, and encourage them to establish a service with outside support

Developing the programme

- develop a range of services to suit the needs of a highly diverse client group
- help to support activities that are already in place, but need participants referred to them from other people such as medical professionals or community-based staff
- adopt a partnership approach to build upon shared objectives
- continue networking and relationship building to build trust
- develop programmes that support different target groups, but do not create rules that restrict those in need from participating

Developing initiatives with employers

- encourage employers to provide a base for projects and initiatives
- encourage workplace policies that seek to challenge and change attitudes and behaviours both among managers and the workforce
- foster a strategic and life-course approach to age management, such that the changing needs of workers are addressed at different stages in a career
- encourage data collection in organisations in order to inform and to enable managers to make reasoned decisions
- support effective communication between managers and staff with relevant information about issues related to health and well-being,

learning and training, and changes in demography and the labour market

For all initiatives:

- encourage the ongoing monitoring and evaluation of services
- lobby for a flexibility in funding regimes to maximise the participation of those in mid-life

4. Conclusions and implications for policy

Healthy Futures: A Regional Health Strategy for the East of England 2005-2010 (Consultation Draft) set out a vision “to improve the health of the population and to reduce health inequalities within the East of England”. It identified three broad themes and, within those, a total of nine strategic priorities. This report supplies some of the evidence to show how the East of England has started to travel in delivering particular strategic priorities. We looked at initiatives that could form part of

Strategic Priority 2 – To provide infrastructure and support to build social capital, particularly among those communities (both geographical and communities of interest) which are experiencing poor health outcomes

Strategic Priority 3 – To make it possible for communities to “Choose Health” actively and more easily

Strategic Priority 5 – To encourage better health for people throughout their working lives

Strategic Priority 6 – To support people in “active ageing” and adding life to years.

We have adapted these priorities to present the conclusions to our work.

4.1 Building social capital

We discovered sufficient initiatives across the six counties to demonstrate a vigorous range of social and voluntary activity supporting health and well-being. There were some good examples of local council-sponsored initiatives that encourage both sport and leisure, and health and well-being, for those in mid-life. The coverage was not comprehensive across the region, and we did identify through ward population analysis, the “hotspots” where there were high proportions of the resident population in the age group 50-64, and thus where initiatives need to be fostered.

The strategy mentions the core role of the local authorities and the process of engaging the voluntary and community sector. Our key informants across the region reinforced this point, and suggested the importance of the professionals from various agencies having forward-looking strategies balanced with mechanisms that engaged the local end user in the community.

There were good examples of collaborative activity between local councils and primary care trusts. As the analysis of the required critical success factors shows, listening to the community and consumer of the services is vitally important.

Whilst the region is looking for improvements for the majority, it is also focused on inclusion for those most at risk of not smoothly negotiating the multiple transitions of mid life, a theme which recurred during our research. For instance, several key informants stressed the need to create effective support mechanisms for the residents of rural communities. The partnership process that operates in Suffolk as a result of its participation in the pilot Local Area Agreement¹⁵ arrangements has been positive in terms of actions that will have an impact on the mid-life group according to a local key informant. However, the *Local Area Agreement 2005-2008* does not specify mid-lifers explicitly as a group. This is, perhaps, the next stage for all counties, to start to look at this age cohort's needs more aggressively.

In this regard, the growing importance of social enterprise initiatives should be acknowledged. For instance, in the region a range of agencies are available to support businesses start-ups for those unemployed who wish to do so. For instance, Business Link, PRIME and the Cooperative and Social Enterprise sector in Cambridge has a Cooperative Development Agency supported by an EEDA initiative with financial support available.

4.2 Choosing the healthy option

The draft regional strategy cites six overarching priorities from the White Paper – *Choosing Health*. One of these is exercise. Many of the initiatives we identified in the database did meet this brief. We also discovered improving employer practice in creating opportunities for employees to increase participation in physical activity. The ERPHO database drew attention to six employer-encouraged fitness programmes – some around cycling to work. Adnams' voluntary subsidised programme run by Holistic Living enables employees to take greater responsibility for managing their own health.

¹⁵ Local area agreements (LAAs) are made between central and local government in a local area. Their aim is to achieve local solutions that meet local needs, while also contributing to national priorities and the achievement of standards set by central government.

Repeating the point made in 4.1, there is a need for more community-based initiatives in sport, leisure, health and well-being. Our key informants suggested that those that existed did not necessarily target the mid-life group, and that age-badging initiatives was not an effective way forward in promotional terms. It was important for key agencies to recognise the importance of this group, because they are going to be the next cohort of “old people”, and the more that can be done now to make healthy mid-lifers, the greater the potential for reducing future dependency. There are three tasks: firstly, to move mid-lifers’ needs up the policy agenda – because some of our informants said they were “invisible”; to support provision for them; and to engage them in that provision without focusing on age as a criterion for participating in the initiative. The best examples were initiatives developed in partnership, including those between councils and local primary care trusts.

4.3 Working lives

There are two areas for consideration:

1. Employers’ policies affecting those in employment
 - work-life balance; occupational health
 - managing staff expectations after age 50
 - recruitment and training
 - preparation for retirement
2. Public policies affecting those trying to access learning, and employment, and those in transition between employment.

The research discovered areas of good practice, but there are areas where many organisations could emulate practices delivered by the best.

Work-life balance

There is scope for more companies to look at flexible working for all employees, and especially those over 50. Too often, the workplace culture regards flexible working as an option for those with parenting responsibilities, without seeing the value it could offer to other employees who may have

different responsibilities outside work, such as elder-care responsibilities, or those who just wish to manage their lives differently.

We also came across good examples of occupational health support for staff. Those companies that did this well saw enhanced productivity and improved employee satisfaction. Companies should look at this as an investment not a cost.

Managing staff expectations after age 50

Many organisations – public and private – encouraged a culture of early retirement in the 1980s and early 1990s. Although organisations need, for variety of reasons, to reverse the approach and encourage employees to have longer working lives, this is sometimes proving difficult to achieve.

Organisations need to have a comprehensive approach to age-management. It is about valuing the diversity of the workforce, including workers of all ages. By the use of employment policies such as flexible working, by the provision of support facilities in relation to health and well-being – which do not have to be expensive, and by finding ways of retaining staff with skills and experience who can continue to add value to the organisation, good employers can reassure those aged 45 to 60+ that they are making a positive contribution to the workplace.

Recruitment and training

There is evidence that more recruitment is taking place in the 45+ age group, and there are fewer barriers to training. A concern could be that the recruitment is a response to the shortfall in supply from younger cohorts, rather than a genuine desire to recognise the skills and talents of those in mid-life. However, several HR managers assured us that their recruitment practices were based on a meritocratic approach.

There is evidence that the barriers to training for those aged 45+ are being dismantled. One HR manager said to us that if someone aged 64 had to deliver a project requiring new skills then that person would have to attend the training course. Perhaps a more subtle issue is around creating learning environments that recognise that different people, and, perhaps people of

different ages, have different learning styles, and training programmes need to have different pathways to enable employees to reach the same goals.

Organisations need to recognise that mid-lifers are a resource to be valued for their skills, and not just to fill a supply-side gap; and that training needs not only need to be open to all ages, but to be accessible to all ages.

Preparation for retirement

Evidence suggests that organisational support is confined to short courses or pre-retirement seminars. Prior to the current high-profile debate on pensions, employees often had taken widely varying approaches to planning for retirement. It was more common for employees to have considered the financial implications of retirement, although the implementation of self-supporting actions was varied, than for employees to think about the social implications of retirement and how they will move from full-time working to full-time not working.

Organisations need to consider a more comprehensive approach to age-management of their workforces. Opportunities can be provided that invite employees to think about their financial, physical and psychological well-being throughout their lives, not just in the six months before retirement. There are several examples of companies in the East of England that have started to develop these processes, often by using third parties so that employees do not feel their privacy is being invaded. The options include physical health advice, counselling, and financial planning services provided by advisors paid for, but not employed by, companies.

Public policies – accessing learning, and employment, and improving the transition between employers

Several interviewees for the project looked at learning opportunities for those in mid-life provided through public funding. The roll out of the National Employer Training programme is primarily to support those in work to gain Basic Skills and Level 2 Qualifications. Although there is recognition that support for Level 3 is needed, it implies that this is available already for those aged up to 25 through the Apprenticeship programme. More universal support for level 3 within the National Employer Training programme appears to be

subject to the results of brokerage activity and lessons learned from Level 3 pilot work. Our interviewees suggested that one problem for older workers was that they were disqualified from accessing funding because they already had level 2 qualifications. Their skills through the passage of time and changing industrial demand were no longer sufficient to sustain employment, but also made them ineligible for funding for new skills.

Another concern from key informants was the loss of some Adult and Community provision. As the Grant letter from the Secretary of State cited in chapter 3 shows, funding is remaining static from 2006-07 to 2007-08 rather declining.

Other case studies showed that short-term funding and strict eligibility criteria in project-based work mean that some target groups cannot be comprehensively and consistently supported over time.

Developing support systems – in terms of advice, guidance and training – that allow a smooth transition from one (perhaps redundant) employment situation to another are important factor in maintaining healthy citizens, because those in work are more likely to retain their health than those out of work.

4.4 Supporting people in *active ageing*

Issues in the workplace have been discussed (above). There are examples of good practice where those in the community are being engaged, particularly through partnership initiatives in health activities. The three initiatives in the Epping Forest District Council area¹⁶ show that a combination of sponsors: the council, the PCT and Sport England, and a blend of professional staff and volunteers can deliver a wide range of activities to those not in, and to those in, work. The message from this case study was the value of long-term continuity in support that has led to self-sustaining, self-managing activities that continue to engage mid-lifers and beyond. One or two other cases showed the fragility of projects when short-term funding ends.

The pilot Local Area Agreement work in Suffolk has shown the value of stakeholders coming together to coordinate actions.

¹⁶ Case study in Annex 3.

The most problematic areas are developing services in rural areas, and areas of severe urban deprivation. This is where the adherence to the critical success factors – outlined in section 3.7 – needs to take place so that the development of service provision is rooted in local needs.

4.5 Next steps

One the aims of the project was to see if any of the programmes provided a model of a joined-up local approach between agencies where at worst they are all informed about each others' approaches, and at best are actually demonstrating active referral for people, a service hub, or services hubs from multiple entry points. There were examples of joined-up planning, and there was referral across agency boundaries. The reasons for such activity tended to be rooted in the issue, rather than the age group. Although, it is possible to identify mid-life as one characteristic of the participants of a service, there are few services specifically targeted at the mid-life group **and** operating across agency barriers that can be held up as replicable models available for emulation.

The best way forward is to look at those areas where local area agreements are blossoming, and where planning and implementation are in an advanced stage. With a strong lead from the statutory agencies, the voluntary and community sectors can be engaged effectively. While the linkage between health and economic well-being is well understood, and policy is developed to support **older people**, those in **mid-life** are not accorded the same understanding, and tend to be treated as having single-issue needs e.g. health, or housing, or employment, or skills, rather than having inter-connected problems to resolve. This is the first issue for planners and policymakers to grasp, and the second is to manage, through the evolution of best practice models, an integrated approach for individuals in mid-life who may have multiple and inter-related needs.