



## Improving the health and wellbeing of people in mid-life and beyond: making the case for the voluntary and community sector

**'I have now started to exercise regularly, keeping me physically fit and helping me to be clearer about personal goals'**

### Why promote the health and wellbeing of those in mid-life and older people?

**The numbers game:** the changing age balance of the population means that there are more people aged over 60 than there are children. In 2001, 21% of the population were aged over 60 and 40% were over 50. Service providers should view older people as citizens in their communities, with rights and obligations, rather than merely as consumers of health and social care.

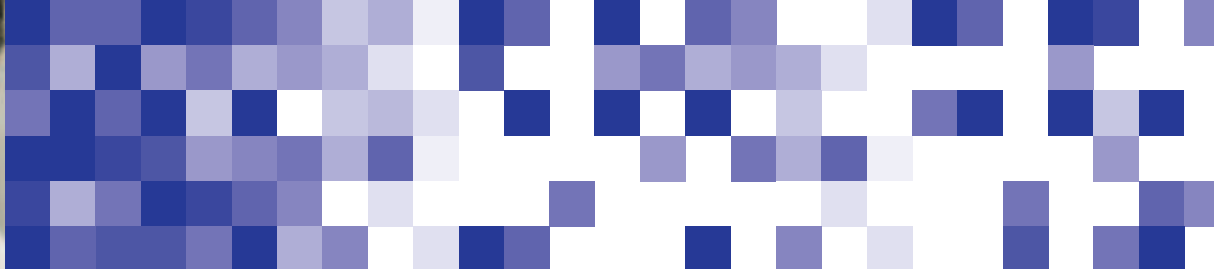
The changing demographics will lead to a **skills shortage** in the workplace unless people are enabled and encouraged to continue working. For example, one in five nurses are aged over 50, and are eligible for early retirement at 55; in some regions one in four family doctors are due to retire in the next five to 10 years (Meadows, 2002).

**To reduce spiralling costs** in public services: older people comprise 75% of users of the NHS, and spending on personal social services for adults is expected to rise over the next 20 years from £10 to £11 billion as a result of the impact of demography and health status changes. The Wanless Report, *Securing our Future Health: Taking a Long-Term View* (Wanless, 2002), makes the case to the Treasury for investing in public health services in order to reduce health and social care costs in the future. It therefore makes sense to improve the health and wellbeing of those in mid-life and older people to enable a healthier and more independent old age.

**Inequalities in health and wellbeing** are widening, and the gap in life expectancy is large and continues to grow. The mortality rate for working-age men in the early 1970s was almost twice as high for unskilled compared with professional groups; by the 1990s it was almost three times higher. To reduce this gap in the next decade will require health improvement approaches to be directed at people in mid-life and older age (Department of Health, 2003).

Valuing the contribution and experience of people as they grow older is important, and challenges the ageist assumption that promoting the health and wellbeing of older people wastes resources. **Health and wellbeing is a fundamental right** throughout life, and shows real benefits in terms of quality of life and independence.

**'Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age'**  
(World Health Organization, 2002)



## How to build on the strengths of the voluntary and community sector?

The voluntary and community sector has a different understanding of local communities because of the nature of the work they undertake. They are often perceived in an **advocacy role**, and are able to develop a greater understanding of the community's needs. In Norfolk, for example, there are 700 clubs and groups serving older people on the database of Age Concern Norfolk. It is worth remembering that the majority of older people do not receive statutory services, except through their local general practice.

It is because of this difference in service provision, which is less about health and social care and more about improving the quality of life for local people, that the sector is particularly well placed to be **an essential partner** in the delivery of health improvement initiatives. The voluntary sector can provide services that complement and add value to such initiatives within the statutory sector.

However, there is **unrealised potential** in the voluntary sector, which can be developed by involving the sector more fully in the public health and inequalities agenda.

The voluntary and community sector is closer to, and able to more readily access, local communities – thereby assisting statutory partners in finding effective ways of engaging with older people, and building their own relationships with local citizens. One mechanism they use is through **facilitating local forums**. There are over 650 senior citizen forums across the UK which enable older people and their organisations to come together at local level to share their views, develop their agendas, and influence local services and decision makers. Help the Aged's 'Speaking Up For Our Age' programme is designed to support the development of such forums, and build capacity among older people.

**The Compact**, launched in 1998 by the Prime Minister, has emphasised and legitimised the partnership between the sectors. The Compact focuses on building local relationships between the voluntary and statutory sectors as a means of stimulating good practice and promoting respect between them ([www.thecomcompact.org.uk](http://www.thecomcompact.org.uk)).

The case for involving the voluntary sector was further enhanced through a Treasury **cross-cutting review** (HM Treasury, 2002) which spoke of the unique potential for the voluntary and community sector to reach marginalised groups and to enable more participation. The value-added factor of the sector was also highlighted.

Following this review, a consultation document has been produced on **the 'futurebuilders' fund** (HM Treasury/ Compact, 2003). This is a three-year investment fund of £125 million which will provide resources for the voluntary and community sector to become more involved in public service delivery. The fund is due to be launched in September 2003. For more information see [www.hm-treasury.gov.uk/](http://www.hm-treasury.gov.uk/) and click on 'futurebuilders'.

The government has set a target of a **5% increase in voluntary sector involvement in public service delivery** by 2005, which should be linked to the statutory sector's strategic planning mechanisms. However, not all voluntary agencies provide, or wish to provide, statutory services for public sector agencies.

Older people themselves make a significant contribution to the voluntary and community sector through their **involvement in volunteering** activities. In one year, the National Survey of Volunteering found that people aged over 55 give 1.5 billion hours of their time as volunteers (Davis Smith, 1998).



## Case study – North Staffordshire

In North Staffordshire the primary care trust has funded a voluntary sector organisation to develop a strategic approach to health improvement for older people, focusing on developing trained community volunteers working in local settings. The programme has a number of elements, including:

- Trained volunteers delivering exercise programmes in local settings
- Developing work on smoking cessation
- Looking at the impact of food and nutrition on general health
- Developing a network of trained lay health advisers to make advice, information and guidance available to the most disadvantaged groups

Strategically, the programme links to the health improvement targets around preventing falls, promoting mental health, reducing cardiac disease, and healthy workplace initiatives. It supports implementation of the National Service Frameworks for older people, coronary heart disease, diabetes and mental health. The Department of Health's strategy to reduce health inequalities specifically mentions working with lay health workers (Department of Health, 2003: 5.37).

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## What it feels like

'I am female, 53 years old, and have lived in Hackney most of my life. During my working life I have worked as a machinist, a telephonist, a carer and in catering. I have had some ongoing health problems – back pain, which resulted in surgery and high blood pressure. These problems had a big effect on my wellbeing which is why I joined AgeWell<sup>1</sup>. I found out about the project through Hackney Carers Association, which produces a news sheet one or two times a month. Since joining the project I have started doing yoga. I have also become a volunteer befriender. I feel much better informed on many issues due to being a member of the focus group, and think the project has provided me with opportunities to explore different avenues. The focus group has provided a good support network and friendships that we all hope will continue after the project finishes. I feel that the AgeWell project has allowed me to have a voice. I now have a stronger feeling of self worth that I will continue to develop. I also feel that I have more choices in my life. This has been highlighted through my work as a befriender of a frail elderly person.'

**Volunteer at Age Concern Hackney (Tel: 020 7249 7149)**

<sup>1</sup> Agewell was a project to enable people in mid-life to plan and think about their future health needs.





## Examples of cost benefits

- The economic value of formal volunteering has been calculated to be in the region of £40 billion per year.
- The estimated economic value of volunteering for health and social services is £7 billion.
- Every pound invested in the voluntary sector turns into £7 by tapping other sources of charitable funding and the contribution of volunteer time and skills ([www.ivr.org.uk](http://www.ivr.org.uk)).
- Six out of 10 adult volunteers say volunteering gives them an opportunity to learn new skills.
- There is increasing evidence demonstrating the positive impact of voluntary activity on health and wellbeing, for both clients and volunteers. For example, a study by the Active Community Unit looking at older people volunteering to benefit their local community (Ellis, 2003) found that 85% of the volunteers did not feel downhearted or depressed.

## Common barriers to voluntary and community sector involvement – and some solutions

Barriers	Solutions
Short-term funding creating uncertainty and a barrier to adopting a strategic approach	Greater involvement of the voluntary and community sector in local planning and delivery processes, eg in local delivery plans and community plans, will enable funding streams to be built in
Statutory sector does not always value the voluntary sector contribution	Voluntary sector to use Compact and the 5% government target set for public sector organisations, to strengthen their case
Lack of capacity to deliver because of a potentially diminishing pool of volunteers	Thinking about the changing nature and role of volunteering. Seeking to understand the characteristics and motivations of the large cohort of people entering mid-life, and exploring new ways of involving them in volunteering

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