

## I'DGO TOO SPEECH

21 JUNE 2007

Pleasure for me to be able to offer the consortium members a personal endorsement on behalf of Help the Aged and I only regret that other commitments have prevented me from joining you for the full session.

The knowledge that Help the Aged has acquired through contact with older people and the research we have undertaken – most recently in the form of our Spotlight Report which was launched a few weeks ago – has given us a clear sight of the interlocking determinants that govern the health and general well-being of people as they experience the inevitable changes associated with old age.

We know that many people – the vast majority in fact – prefer to remain in their own homes for as long as possible and in fact prefer to die at home.

Meanwhile, we know that many typical homes – again the vast majority – are poorly designed to accommodate disability. Standards of insulation are probably amongst the worst in Europe and it is sobering to note that 25,109 people in the UK in the winter of 2005-06 died of conditions exacerbated by the cold. The general awareness of adaptive technology and what it can do to help people is low and availability and cost issues are not conducive to more widespread take-up of the many simple devices that can help people to remain independent as their faculties deteriorate.

There are many determining factors that impact on the health and well-being of older people – poverty and low take-up of benefits – poor housing – poor diet – ill health. All of these issues are singularly important and collectively they add up to a pretty poor state of affairs.

However, it has to be recognised that in the main, they are factors that would involve significant cost to address successfully and we have to accept that they will be the focus of our campaigns for some time to come as government wrestles with the competing costs of improving public health. The prevention argument has yet to be fully accepted by government and I think it will be some time before we can expect a serious change of policy to address wellness in society as opposed to the sickness basis on which we organise public health.

However, I believe there are things that can be done quickly and within existing budgets to help to improve the circumstances and quality of life of older people and in the main, these resolve around the environment outside of the home.

For many years, Help the Aged has championed the ideals of fighting poverty, social isolation and age discrimination. We have sought through research and policy to identify those preventative means that can improve the quality of life, both mental and physical, of older people. Our approach embraces the idea that the outdoor environment must promote the social inclusion of older people and by enabling access, social interaction and the benefits of a truly intergenerational society – add to the quality of life.

Our recent Spotlight Report identified that in the UK  $\frac{3}{4}$  million people aged 65 and over do not leave their homes more than once a week.

A similar number find it difficult to access their local corner shop or post office – where such facilities exist. 22% of these people say that their lives would be fuller and more active if pavements were better maintained.

Help the Aged has led the London Age Friendly City Project (colleague Louise Plouffe) part of the WHO Age Friendly global initiative, and this research has reinforced the importance of the design and planning of the outdoor environment and the role that can be played by older people in identifying the characteristics that best address their needs.

We have found that many of the barriers that deter people from fully engaging with the outdoors are attitudinal. We know that in London, older people have a fear of crime in the streets – worry about the general lack of respect and thought they experience – and 11% of them are deterred from going out because of a lack of public toilets. In most cases, these fears can be addressed by improved design. Better lighting, ramp access, decent paving and walkways and better availability of facilities and so on.

I think the reality is that our urban environment has been thrown together rather than subject to thoughtful and consistent incremental design. We do not properly consider intergenerational design or access in our public spaces and the consequence is a general lack of social intercourse between the age groups. The problem is exacerbated by the extent to which services and facilities have been handed over to separate and diverse commercial organisations.

I believe that in the next decade or so we will come to recognise that personal happiness is the overriding social challenge to be addressed and in doing so we will see the importance of thoughtful design as a way of improving independence, personal dignity and social inclusion.

I think also that the importance of such design for older people should not be played out as specific to that generation. Good design for older people is good design for all.

Ladies and gentlemen, I would like to congratulate Catharine Ward Thompson for her vision in leading this project and the way in which it has expanded to include such an eclectic group of participants. There are many research projects and in my mind the truly successful are those that include the seeds of practical application within their structure. That essential ingredient has clearly been added to this project.

The I'DGO TOO Project is to be commended for its far-sighted view. The interaction of older people with the outdoor environment is a potent factor in raising not only the quality of life, but also in generating more active, healthy lifestyles which will reduce the costs of health and social care in later life by making older people more confident and at ease with the space around them. Help the Aged is an enthusiastic partner in this project and we look forward to working with all collaborators to make a real difference to the lives of older people.