



SAFER AGEING INDEX



Greater London

Part funded by the Hallmark Foundation.



Hourglass
Safer ageing · Stopping abuse

CONTENTS

About Hourglass	Page 3
A Safer Ageing Culture for London	Page 5
London Safer Ageing Index: Summary of Key Findings	Page 7
Methodology	Page 8
The Abuse of Older People in Greater London	Page 10
Key legislation and guidelines related to Safer Ageing in England	Page 12
Safer Ageing Index	Page 13
Population aged 65 and over, projected to 2024	Page 14
Total Population and percentage % of 65 and over	Page 15
People aged 65 and over living in a care home	Page 16
People aged 65 and over providing unpaid care	Page 17
People aged 65 and over who need help with at least one self-care activity	Page 18
People aged 65 and over with a limiting long-term illness	Page 19
People aged 65 and over predicted to have depression	Page 20
People aged 65 and over who are obese	Page 21
People aged 65 and over predicted to have dementia	Page 22
People aged 65 and over living alone, by age and gender	Page 23
Greater London Population Data	Page 24
Greater London Health Data	Page 26
Greater London Isolation and Mental Health Data	Page 29
Conclusion	Page 30
Recommendations	Page 32

ABOUT HOURGLASS

The Hourglass mission is simple: to end the harm, abuse and exploitation of older people. Every year, more than a million older people across the UK experience physical, sexual, psychological, economic/financial abuse and neglect.

This is a truly damning indictment of how our society views and values older people. Hourglass is the only UK-wide charity dealing with the issue and has been doing so for thirty years. Over that time our work has touched the lives of tens of thousands of people, shaped government policy and amplified the issue in national press. That is why Hourglass is so vital.

Hourglass operates Europe's only 24/7 helpline for older victims, their families and care practitioners, and it's a lifeline for them.

We collaborate with key stakeholders and other frontline organisations to nurture a safer ageing agenda. We also have created programmes that change lives and ways of thinking. Our specially trained Community Response Independent Domestic Violence Advocates (IDVAs), Domestic Abuse Officers and caseworkers specialise in helping people over 60 affected by abuse, providing them with tailored and specialist support and addressing the safety of victims at risk of harm from intimate partners, ex-partners, family members, friends and professionals to secure their safety and support them to recover from the harm they have suffered.

This is an often-emotional job and, whilst there are many success stories and recoveries, abuse of this type is often a life-shortening experience.

This, the first Safer Ageing Index for Greater London, highlights how the most vulnerable generation of people, so deeply affected by the pandemic and now the economic crisis, have another battle on their hands. And that is to live in a society that understands and flexes to the needs of an ageing society.

This Index, which will be updated and re-issued regularly, is a call to parliamentarians, assembly members, other influencers and policy-makers to ensure that older people are no longer last in line to receive the support they need to age safely.

The Greater London Index was conceived to illustrate and examine how Greater London is progressing towards a safer ageing society for all, and to highlight the challenges older people may face.

WHAT IS SAFER AGEING?

Safer ageing (Hourglass official definition): Older people face physical and attitudinal barriers that create circumstances of actual or presumed age-related vulnerability – an environment which puts older adults at risk. Our campaign for safer ageing seeks to remove these barriers to empower older people to age securely and live free from abuse.

WHAT IS SAFER AGEING IN PRACTICE?

- Focussing on prevention first and foremost.
- Understanding the impact of abuse in older age.
- Knowing what abuse is/what abuse looks like, for example, through education and awareness.
- Knowing how to respond to abuse or signs of abuse.

This isn't about growing old gracefully. Safer ageing is about creating environments and procedures so that older people are not put at risk of abuse or neglect. Just as crucially, it's about empowering older people so they can, where suitable, live their lives independently and fully trusting those people around them.

Hourglass believe in safer ageing and stopping abuse for all older people. And we invite you to join us in our mission.

The Greater London Safer Ageing Index was conceived to illustrate and examine how Greater London is progressing towards a safer ageing society for all and to

highlight the challenges older people may face. Hourglass hopes that the Index will:

- Create a resource that delivers insights for all stakeholder audiences. It will enable the monitoring of progress towards a safer ageing agenda and provides an opportunity to describe and shape the challenges. These will then become trends and insights on such progress as well as indicators towards creating support networks for victim survivors of abuse and neglect. All data, analysis and commentary can be revisited yearly.
- Increase levels of awareness and engagement on the issue of safer ageing for all audiences – across a variety of sectors and within core influencers.
- Start a debate which puts safer ageing in the centre of the discussion, rather than on the periphery and ensures that ageing safer becomes a byword within all policies and strategies

A Safer Ageing Culture for London: The conversation starts here?

In an age where the global population is growing older, there's an urgent need for investment that promotes healthy and safer ageing. The Safer Ageing Index for Greater London kickstarts this essential conversation.

It aims to embed the idea of safer ageing into our collective awareness and build towards a safer ageing society in the capital and beyond. At Hourglass, our vision is to redefine older age as a time of hope and promise within a safe environment. We advocate for a world where older people can thrive without facing abuse, discrimination, or neglect. However, achieving this vision requires a fundamental shift in how we perceive ageing and concerted action across all levels – including government, local authorities and the Greater London Authority.

Hourglass has curated the Safer Ageing Index with a mission to enhance lives and ensure that every stage of life holds equal significance. This initiative aims to unite stakeholders, drawing from past experiences and fostering a culture of sharing success stories and best practice across boroughs and communities. Globally, life expectancy has reached unprecedented levels, redefining what it means to grow older and how our lives unfold. Yet, the quality of a prolonged lifespan depends greatly on health and safety. Establishing an agenda for safer ageing, as advocated by Hourglass, is not solely about empowering older individuals; it profoundly impacts society's economic, social, and service landscapes.

In this respect, addressing the consequences of ageing extends beyond individual well-being, encompassing healthcare, social services, employment, and financial sectors. This report attempts to resonate with the entire community and policymakers, highlighting the crucial role of safer ageing in economic and physical well-being. But this is just one step.

Hourglass, with its frontline 24/7 helpline and community responses services, exists to combat abuse and neglect among older people. But, as an equally important service, the charity's policy unit, often a lone voice in the domestic abuse sector, recognises how injustices appear to be limiting the opportunities of an extended life. For example, the charity's 'Last in Line' campaign highlighted how funds and support for services relating to the abuse of older people are tiny in comparison to other abuse types. Likewise, government intervention and social media interest appears to be a fraction of other equally deserving abuse areas.

Collaborative efforts involving such government intervention, charities, public bodies, and corporates are essential in creating a society that values and supports its ageing population and ensures Hourglass isn't a lone voice. Equality in this context requires tailored services and support during crises, ensuring older people aren't relegated to the last priority for government grants or parliamentary time. This is the Hourglass mantra – ensuring older people are not last in line for support, funding and care.

This Safer Ageing Index doesn't seek to highlight the abuse or neglect of older people in Greater London and nor does it suggest sky high levels of abuse. But instead it emphasises the potential for collective action to enable safer ageing, allowing every individual to contribute meaningfully to society. The pandemic shed light on prevalent ageism, reinforcing the need to view the later stages of life with the same regard and positivity as the earlier ones. Such age-based discrimination only seeks to worsen social isolation and the growing unequal access to treatment, highlighting the scarcity of healthcare services tailored for older people across Greater London and the UK more generally.

Key considerations arising from the first Safer Ageing Index for Greater London include evaluating localised support services for older individuals, questioning why crucial services for this demographic are considered niche rather than essential, and advocating for specific strategies addressing Violence Against Older People, similar to existing action plans for other demographics.

The Index poses queries aimed at aligning the global pursuit of healthy ageing with the imperative for a safer ageing society. It calls for a united, multi-generational forum across Greater London, overcoming local council or borough boundaries to create innovative solutions and shared responsibilities for safer ageing.

Ultimately, this Index seeks to foster open-ended discussion and empower individuals to draw their own conclusions. It is a tool to start the process but we simply cannot sit on our hands – as the growth of the older population will not wait for targeted action.

Amidst data, analytics, and rankings, a clear message emerges: recognising the urgent need for safer ageing is the initial step towards building a consensus and a safer ageing society.

Ageing is a universal journey, and creating a safer, fairer Greater London marks the starting point towards a future that values every stage of life.



Richard Robinson
CEO
Hourglass

LONDON SAFER AGEING INDEX: SUMMARY OF KEY FINDINGS

The London Safer Ageing Index illustrates a number of key findings, from a mixture of positive and negative health related issues, to a trend in older population growth across London.

Some of the key findings of the London Safer Ageing Index include:

- Over 65s are concentrated in outer rather than inner London suburbs.
- Highest predicted total population numbers of over 65s in 2023 are all outer London, Barnet, Bromley, and Croydon.
- The boroughs with the lowest projected total population numbers of over 65s in 2023 are a mixture of inner and outer London, but predominantly inner London, with the City of London, Barking and Dagenham, Hammersmith and Fulham and Islington.
- The boroughs with the largest percentage of over 65s as a proportion of total adults within each borough are the City of London, Havering, and Bromley.
- The boroughs with the smallest percentage of over 65s as a proportion of total adults within each borough are all inner-city boroughs - Tower Hamlets, Hackney, and Newham.
- In 2023 in all of Greater London, it is predicted that 333,667 over 65s need help with at least one self-care activity, equating to just over 28% of the total over 65 London population.
- Looking at the projected levels of obesity and morbid obesity in Greater London among over 65s in 2023, it is projected that 357,211 over 65s are either obese or morbidly obese – 30.3% of total over 65 London population.
- Looking at the projected levels of dementia sufferers among over 65s in Greater London, it is projected that 83,192 (7.05%) over 65s suffer from dementia in 2023.
- The boroughs with the highest projected numbers of over 65 depression sufferers are Barnet (8.6%) Bromley (8.6%) and Croydon (8.6%).

METHODOLOGY

Mainly utilising statistics from Projecting Older People Population Information (POPPI), as well as data from the 2021 census and Freedom of Information requests, the Greater London Safer Ageing Index seeks to provide a data sheet for the 32 London Boroughs focused around 3 main categories:

- **Population**
- **Health**
- **Isolation and Mental Health**

Efforts have been made to ensure that the Greater London Safer Ageing Index utilised the most up to date and broad data available in order to guarantee the most comprehensive and accurate measure of safer ageing across Greater London. As would be expected in looking at a regional rather than national standpoint, this Index covers a smaller scope than the [Northern Ireland Safer Ageing Index](#) and [Wales Safer Ageing Index](#) which preceded it.

As with the current national level Safer Ageing Indexes, data collection and availability issues were unfortunately also apparent, recent key 2021 census data has in some cases been age standardised, and key differences between age brackets are unfortunately not accessible at this moment in time. As such, the vast majority of the data in this safer ageing index is from the Projecting Older People Population Information database, run by Oxford Brookes University and the Institute of Public Care – it provides projections related to the needs and characteristics of over 65s in England broken down into national, regional, and council level.

While ONS 2021 census data has also been used in some respect, unfortunately its use from an age perspective is currently limited because of age standardised data. The ONS plans to release age focused reports in the current year, but no specified dates have been posted.

Freedom of Information requests were also sent out to the Metropolitan Police, with the basic outline as follows. “In relation to the years April 2020-March 2021 and April 2021-March 2022. I require the following information:

The number of violence against the person offences recorded by [inset police force] involving victims in age categories 65-74 and 75+.

A breakdown of the gender of the victims identified above.

A breakdown of the relationship of victim to principal suspect for each victim identified above.”

Unfortunately, we were unable to get effective data from the Metropolitan Police in this regard, as our FOI requests were deemed to have exceeded the rules under the Freedom of Information Act 2001.

While less apparent than in Wales and in Northern Ireland, broader age-related data problems were also encountered. This is due to several reasons. We know older people face significant risks of harm and abuse perpetrated by those in a position of trust.

The abuse of older people requires specialised policy responses as older people are unique from the general population of victims of interpersonal abuse. There are different demographic and relationship characteristics associated with victims and perpetrators. However, there is an absence of convincing data to depict the experience of abuse in later life in the UK. This poses a problem to developing effective evidence-based policies and to monitoring progress on the issue.

METHODOLOGY

In the UK and internationally, older people are excluded from datasets. The UN's Economic and Social Research Council identified how data systems leave older people behind. In general terms, age-caps in data gathering and the lack of disaggregation between older groups are key problems. On the latter the report recommended 'that research and statistical data on ageing can be disaggregated into smaller five-year cohorts'¹⁴

On data on violence and abuse, the report identified a global scarcity and highlighted that where countries are supported in measuring gender-based violence,¹⁵ no such guidelines exist for violence and abuse in later life.

THE ABUSE OF OLDER PEOPLE IN GREATER LONDON

Hourglass's own commissioned research indicates that 85% of the adult public polled agree that the abuse of older people is a problem in the UK today. However, there is also a considerable spread of opinion among the public about what constitutes abuse of older people.

The public seem more likely to associate issues to do with material, economic and legal issues as abuse: for example, family members trying to change the wills of older relatives (73.7%), taking money from an older person's bank account without asking (74.6%), using power of attorney over an older person for financial gain (70.6%), or 'scamming' an older person out of money either online or over the phone (72.7%).

The public are also likely to see physical harm as abuse in comparison to other forms of abuse and neglect: pushing, hitting or beating an older person or domestic abuse directed towards an older person (70.4%). Only around 2 in 3 people (65.5%) of adults surveyed in the UK believe that inappropriate or unwanted sexual comments or acts directed towards an older person constitute abuse.

Only around 2 in 3 people surveyed (66.6%) agree that gaining entry to an older person's home by acting as a bogus tradesperson constitutes abuse.

The public are also less likely to associate issues with emotional and social issues including neglect of needs with abuse: for example only just over half of those surveyed feel that 'not attending to an older person's needs in a timely fashion' (56.2%) or preventing an older person from seeing their grandchildren (58.4%) is abuse, and only just over 1 in 3 (35.8%) see not visiting an older person in their home or a care setting as abuse.¹

Worryingly, over half of respondents are concerned about experiencing abuse themselves in their old age (51.8%), and even more troubling is the number of

respondents who have either been abused themselves or have known a relative or someone else who has been abused as an older person. 6.8% of respondents noted that they themselves had been abused as an older person. If we extrapolate this out into the number of over 65s in the UK (11,989,322) it would suggest 791,295 older victims of abuse.²

Considering age and the fact that people could tick more than one option – 22% of respondents either have personal experience of abuse as an older person (65+) or know someone else who has been abused. This would mean that across the UK, at least 2,675,000 people over the age of 65 have been abused as older people.

The updated Growing Old Under Lockdown in the UK survey found that this figure remains almost exactly the same – standing at 21.6%. This suggests that while we were aware that due to the hidden nature of the subject matter and the various factors that preclude victim-survivors of abuse from speaking out or reporting their abuse- the true levels of abuse may be even higher than we imagined.

London is the most ethnically diverse region in the UK, with 46.2% of residents identifying with Asian, black, mixed or 'other' ethnic groups, and a further 17.0% with white ethnic minorities.³ As such, it may be prudent to briefly discuss the specific issues that affect and influence the abuse of ethnic minority older people. This unfortunately, as is the case with much of the focus on the abuse of older people, is an understudied and under researched area, with lots of the academic literature utilising American subsamples.

The risks of abuse and neglect can be exacerbated for older people from minority population groups as their minority experiences are compounded with the particular challenges of ageing.

THE ABUSE OF OLDER PEOPLE IN GREATER LONDON

Theories of intersectionality are key to addressing the abuse of older people from minority population groups, and age adds an additional factor in this intersection of identities. The intersectionality can be both structural (i.e. where the person's experience of abuse or violence is affected by different individual experiences and cultural understandings, or political, whereby a person can be 'caught' between different agendas with different goals e.g. feminism and anti-racism).⁴

Whereas much of the legislation relevant to older people experiencing abuse and neglect sits under safeguarding and care situations, a Swiss study found that older people experiencing abuse (as opposed to neglect) are more likely to live at home (rather than care settings), and that they were more likely to be cohabiting with the perpetrators.⁵

For older people from ethnic minority backgrounds, life experiences of discrimination and violence can lead to negative impacts on physical and mental health.⁶ This can lead to them internalising the abuse and not seek help – when older people are already less likely to self-refer to services for help anyway (only 6% of referrals for domestic violence services are self-referrals for those over 60, compared to 14% for those under 60).⁷

People from ethnic minority backgrounds are more likely to experience poverty and homelessness, and to face challenges accessing services.⁸ Rates of abuse among people from ethnic minority backgrounds are higher than those for white populations, and minority victims tend to experience domestic abuse for 1.5 times longer than white victims before seeking help.⁹ Studies have found that people from ethnic minority backgrounds are not always interviewed by appropriate people, and may need interpreters, and that these are systemic gaps in UK healthcare provision. These gaps will also apply to older people experiencing abuse.¹⁰

At the same time, people from some ethnic minority backgrounds who may have experienced forced marriage and domestic abuse in the context of forced marriage, may then be at higher risk of domestic abuse by perpetrators from multiple generations, while also being unable or unaware of how to seek help. A US study found that people from South Asian backgrounds who report Intimate Partner Violence (IPV) are more likely to also report abuse by in-laws, including physical abuse, isolation, social and economic control and domestic servitude.¹¹

KEY LEGISLATION AND GUIDELINES RELATED TO SAFER AGEING IN ENGLAND

The Domestic Abuse Act 2021 set out a statutory definition of abuse in UK law for the first time. Other pieces of legislation in England and Wales which are not specific to abuse and neglect of older people, but which are relevant, include the Mental Capacity Act 2005 (section 44 relevant to neglect of those with reduced mental capacity, as well as certain issues of physical restraint), and the Mental Health Act 1983 (section 127 relevant to abuse or neglect of mental health hospital patients).¹²

The Crown Prosecution Service (for England and Wales) defines a crime against an older person as 'Where the victim is 65 or over, any criminal offence which is perceived by the victim or any other person, to be committed by reason of the victim's vulnerability through age or presumed vulnerability through age'.

Various pieces of the CPS Code of Practice for Victims of Crime, which helps to determine which alleged crimes should be prosecuted, states among other determining factors that 'that where the offence was motivated by any form of prejudice, including against the victims age or the suspect targeted or exploited the victim or demonstrated hostility towards the victim based on their age, it is more likely that prosecution is required'.

Other factors mentioned by the CPS Code pointing to greater likelihood of prosecution, which are directly relevant to the abuse of older people, include the suspect perceiving the victim to be vulnerable, and the suspect being in a position of authority or trust in relationship to the victim.¹³

The CPS notes that 'There is not an offence simply of neglect of an older person other than in those circumstances set out in the Mental Capacity Act 2005, the Mental Health Act 1983 and the Criminal Justice and Courts Act 2015. However, the term abuse is used to describe a wide range of behaviours, many of which in fact amount to criminal offences.'

It also notes that even where there are no grounds for criminal prosecution, there may be other steps required to hold an alleged abuser of older people to account, including referral for investigation by relevant regulatory bodies. Examples of these include the Care Quality Commission, Care Inspectorate Wales, the NHS, Local Authorities, and the Health and Safety Executive.

LONDON

SAFER AGEING INDEX

An Index to assess the level of policy, public engagement and other actions towards achieving safer ageing for all older people in London.



Area: LONDON
Assessment Year: 2023

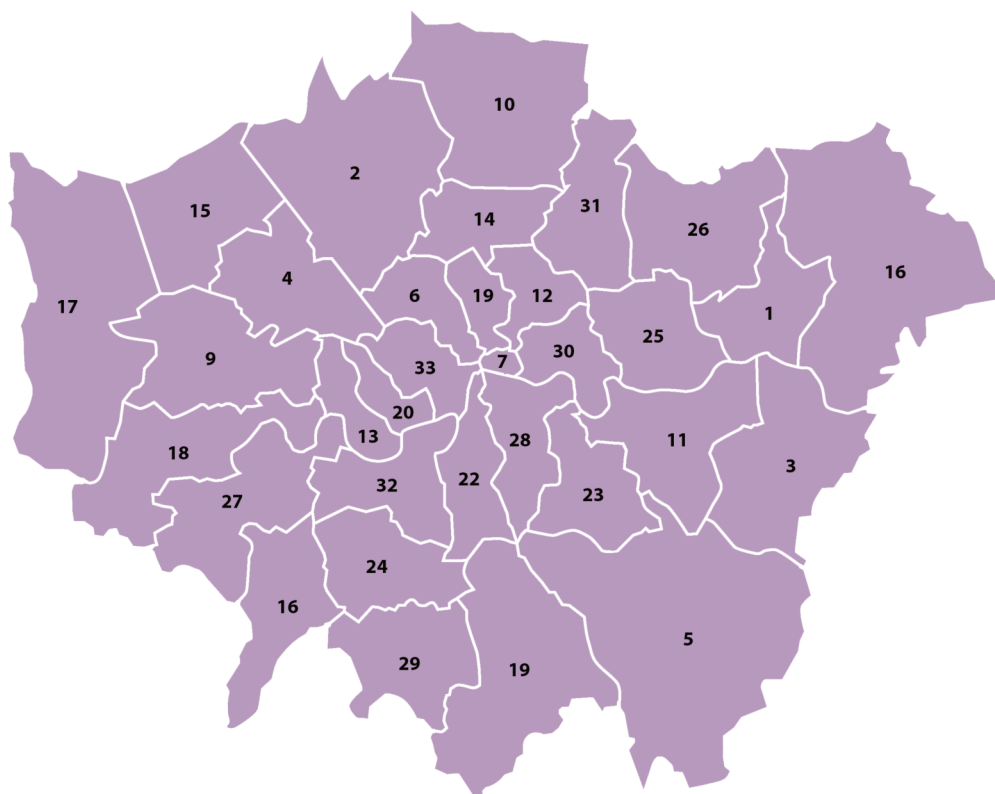
Total population 65 and over:
2023: 1,178,700
2024: 1,206,700

Commitment and conditions for greater action on safer ageing and preventing/intervening in the abuse of older people:

LONDON



Population aged 65 and over, projected to 2024



	2023	2024
LONDON Total Population	1,178,700	1,206,700
1. Barking and Dagenham	20,500	35,100
2. Barnet	62,600	20,900
3. Bexley	42,500	49,000
4. Brent	47,000	1,700
5. Bromley	60,100	64,000
6. Camden	36,200	32,200
7. City of London	1,700	38,000
8. Croydon	58,200	43,300
9. Ealing	49,400	48,400
10. Enfield	48,000	37,300
11. Greenwich	32,900	37,600
12. Hackney	24,800	32,500
13. Hammersmith & Fulham	22,700	32,900
14. Haringey	31,200	32,600
15. Harrow	43,300	50,500
16. Havering	48,300	60,700

	2023	2024
17. Hillingdon	44,800	59,800
18. Hounslow	36,800	23,400
19. Islington	23,300	25,600
20. Kensington and Chelsea	27,400	42,800
21. Kingston upon Thames	26,600	34,800
22. Lambeth	30,800	28,500
23. Lewisham	31,600	28,100
24. Merton	28,000	32,800
25. Newham	31,500	27,300
26. Redbridge	41,800	33,800
27. Richmond upon Thames	34,000	44,300
28. Southwark	31,300	31,800
29. Sutton	33,200	45,600
30. Tower Hamlets	24,600	33,900
31. Waltham Forest	32,200	23,800
32. Wandsworth	34,000	48,800
33. Westminster	36,900	25,500

LONDON



Total Population and percentage % of 65 and over



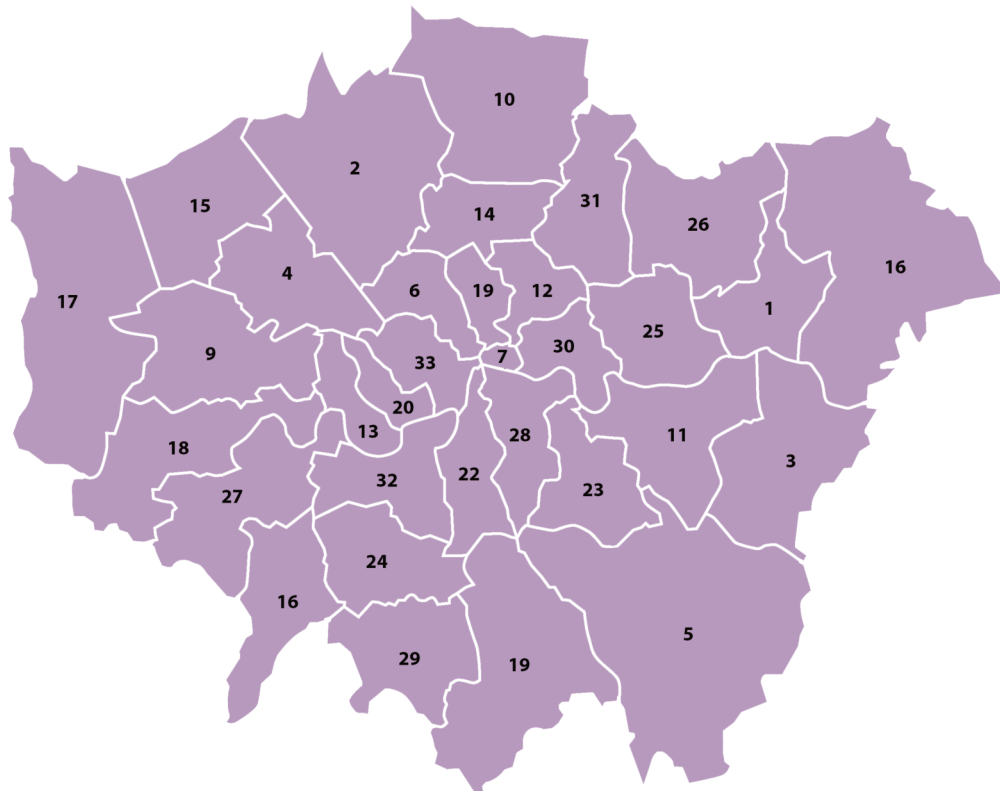
	2023		2024	
LONDON Total Population	9,188,300	12.83%	9,224,500	13.08%
1. Barking and Dagenham	217,700	9.42%	218,300	9.57%
2. Barnet	408,800	15.31%	411,200	15.56%
3. Bexley	253,100	16.79%	254,200	17.03%
4. Brent	340,200	13.82%	341,200	14.19%
5. Bromley	339,900	17.68%	341,400	17.78%
6. Camden	281,600	12.86%	284,100	13.13%
7. City of London	8,900	19.10%	8,900	19.10%
8. Croydon	391,000	14.88%	391,700	15.27%
9. Ealing	339,400	14.56%	338,700	14.91%
10. Enfield	337,300	14.23%	337,600	14.51%
11. Greenwich	301,300	10.92%	303,600	11.13%
12. Hackney	293,100	8.46%	295,100	8.64%
13. Hammersmith & Fulham	193,200	11.75%	194,100	12.06%
14. Haringey	273,600	11.40%	273,900	11.76%
15. Harrow	251,500	17.22%	251,500	17.61%
16. Havering	267,500	18.06%	269,200	18.13%

	2023		2024	
17. Hillingdon	314,000	14.27%	315,100	14.47%
18. Hounslow	275,100	13.38%	275,500	13.65%
19. Islington	249,700	9.33%	250,900	9.49%
20. Kensington and Chelsea	156,100	17.55%	156,000	18.01%
21. Kingston upon Thames	180,300	14.75%	180,900	15.09%
22. Lambeth	333,200	9.24%	333,900	9.52%
23. Lewisham	314,700	10.04%	316,300	10.31%
24. Merton	206,900	13.53%	206,900	13.77%
25. Newham	365,900	8.61%	367,400	8.93%
26. Redbridge	307,900	13.58%	308,400	13.88%
27. Richmond upon Thames	201,400	16.88%	202,000	17.23%
28. Southwark	331,500	9.44%	333,400	9.75%
29. Sutton	210,000	15.81%	210,800	16.08%
30. Tower Hamlets	348,800	7.05%	353,300	7.25%
31. Waltham Forest	284,200	11.33%	285,000	11.54%
32. Wandsworth	337,500	10.07%	338,700	10.36%
33. Westminster	273,100	13.51%	275,300	13.80%



LONDON

People aged 65 and over living in a care home with or without nursing by local authority / non-local authority



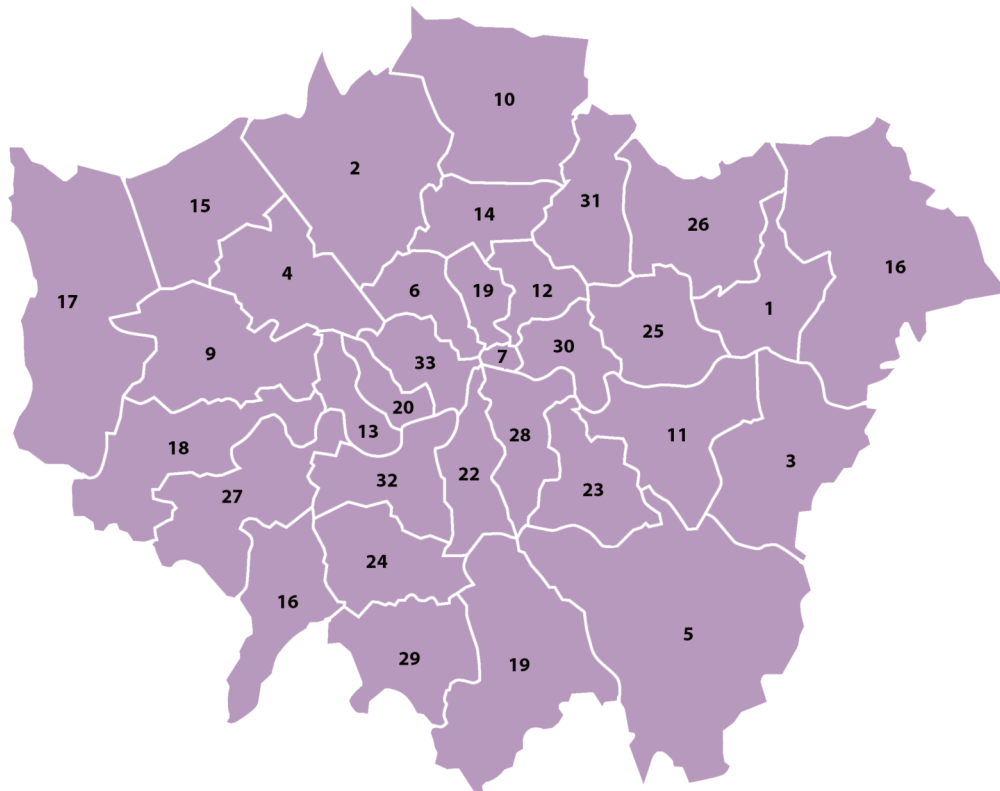
	2023	2024
LONDON	30,091	30,805
1. Barking and Dagenham	478	482
2. Barnet	2,498	2,556
3. Bexley	1,002	1,028
4. Brent	1,025	1,054
5. Bromley	1,399	1,420
6. Camden	577	598
7. City of London	0	0
8. Croydon	1,935	1,969
9. Ealing	1,413	1,450
10. Enfield	1,526	1,564
11. Greenwich	911	936
12. Hackney	321	331
13. Hammersmith & Fulham	488	512
14. Haringey	644	664
15. Harrow	884	909
16. Havering	1,091	1,098

	2023	2024
17. Hillingdon	1,106	1,135
18. Hounslow	653	668
19. Islington	444	455
20. Kensington and Chelsea	859	893
21. Kingston upon Thames	908	933
22. Lambeth	961	990
23. Lewisham	877	899
24. Merton	710	725
25. Newham	606	627
26. Redbridge	1,150	1,172
27. Richmond upon Thames	954	977
28. Southwark	694	716
29. Sutton	1,002	1,025
30. Tower Hamlets	356	365
31. Waltham Forest	789	805
32. Wandsworth	1,119	1,149
33. Westminster	507	524



LONDON

People aged 65 and over providing unpaid care to a partner, family member or other person



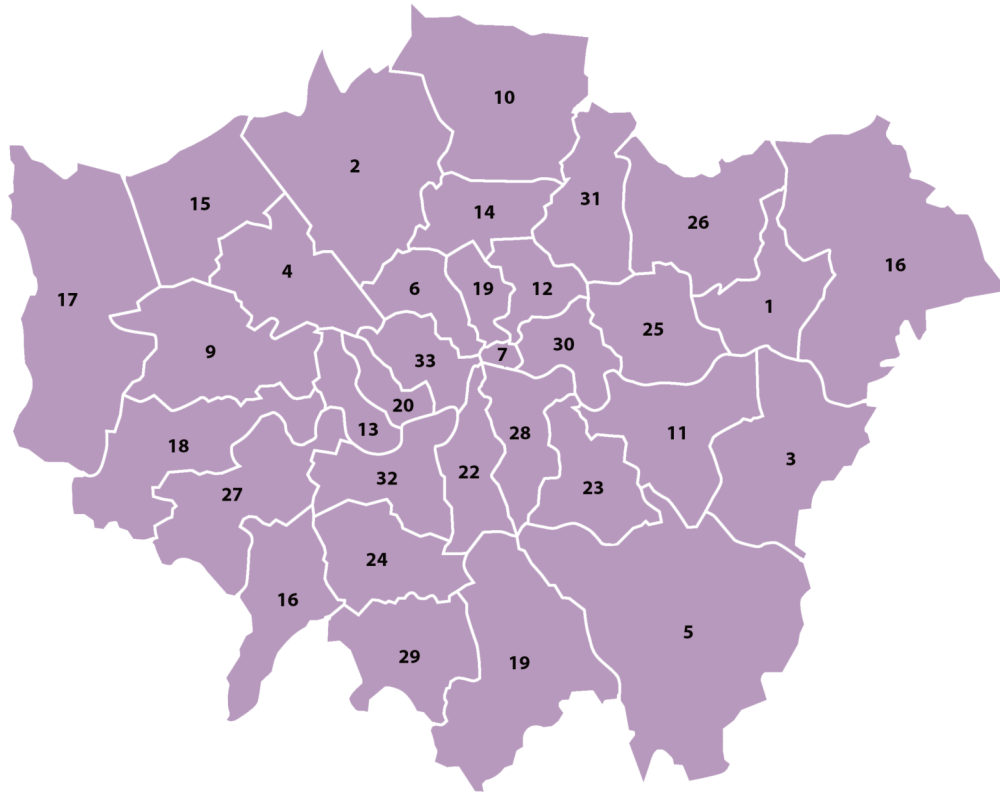
	2023	2024
LONDON	149,817	153,458
1. Barking and Dagenham	2,713	2,772
2. Barnet	8,397	8,600
3. Bexley	5,801	5,927
4. Brent	5,522	5,691
5. Bromley	8,216	8,314
6. Camden	4,141	4,265
7. City of London	200	200
8. Croydon	7,860	8,072
9. Ealing	6,146	6,280
10. Enfield	6,363	6,494
11. Greenwich	4,480	4,620
12. Hackney	2,665	2,758
13. Hammersmith & Fulham	2,442	2,511
14. Haringey	3,577	3,694
15. Harrow	6,052	6,189
16. Havering	6,730	6,809

	2023	2024
17. Hillingdon	6,026	6,163
18. Hounslow	4,683	4,787
19. Islington	2,835	2,895
20. Kensington and Chelsea	2,732	2,798
21. Kingston upon Thames	3,418	3,509
22. Lambeth	3,498	3,628
23. Lewisham	3,771	3,895
24. Merton	3,725	3,777
25. Newham	3,608	3,761
26. Redbridge	5,944	6,075
27. Richmond upon Thames	4,770	4,883
28. Southwark	3,521	3,659
29. Sutton	4,457	4,549
30. Tower Hamlets	2,747	2,865
31. Waltham Forest	4,036	4,128
32. Wandsworth	4,018	4,127
33. Westminster	3,786	3,896



LONDON

People aged 65 and over who need help with at least one self-care activity



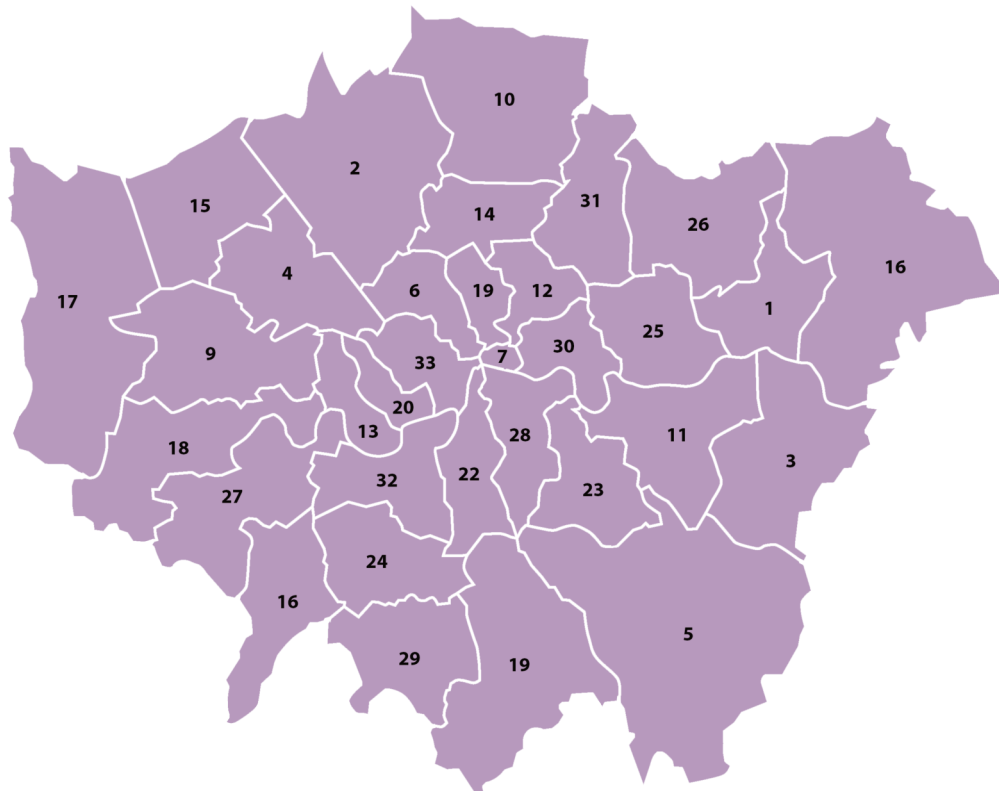
	2023	2024
LONDON	333,677	341,256
1. Barking and Dagenham	5,769	5,871
2. Barnet	17,995	18,446
3. Bexley	12,540	12,728
4. Brent	13,161	13,537
5. Bromley	17,515	17,733
6. Camden	10,298	10,648
7. City of London	464	464
8. Croydon	16,413	16,854
9. Ealing	13,925	14,206
10. Enfield	13,830	14,092
11. Greenwich	9,126	9,353
12. Hackney	6,724	7,009
13. Hammersmith & Fulham	6,371	6,595
14. Haringey	8,659	8,877
15. Harrow	12,379	12,593
16. Havering	14,163	14,287

	2023	2024
17. Hillingdon	12,752	13,046
18. Hounslow	10,200	10,405
19. Islington	6,391	6,601
20. Kensington and Chelsea	7,762	8,024
21. Kingston upon Thames	7,581	7,832
22. Lambeth	8,558	8,720
23. Lewisham	8,847	9,041
24. Merton	7,955	8,118
25. Newham	8,587	8,916
26. Redbridge	11,748	12,043
27. Richmond upon Thames	9,664	9,903
28. Southwark	8,572	8,886
29. Sutton	9,514	9,752
30. Tower Hamlets	6,653	6,838
31. Waltham Forest	9,067	9,264
32. Wandsworth	9,683	9,895
33. Westminster	10,442	10,728



LONDON

People aged 65 and over with a limiting long-term illness



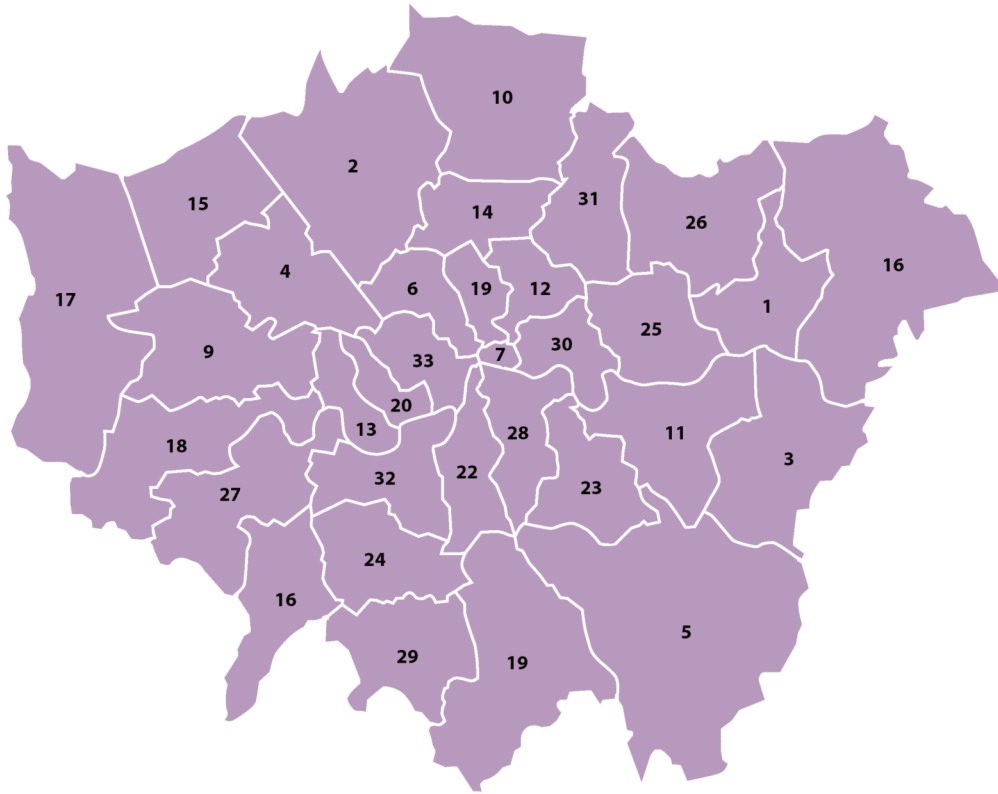
	2023	2024
LONDON	296,788	303,887
1. Barking and Dagenham	6,710	6,822
2. Barnet	13,407	13,731
3. Bexley	10,318	10,550
4. Brent	13,170	13,547
5. Bromley	11,981	12,157
6. Camden	8,839	9,135
7. City of London	289	289
8. Croydon	12,950	13,244
9. Ealing	13,276	13,589
10. Enfield	11,852	12,110
11. Greenwich	9,000	9,265
12. Hackney	8,580	8,839
13. Hammersmith & Fulham	5,930	6,142
14. Haringey	8,679	8,962
15. Harrow	10,442	10,708
16. Havering	12,081	12,198

	2023	2024
17. Hillingdon	10,596	10,843
18. Hounslow	9,540	9,753
19. Islington	7,455	7,619
20. Kensington and Chelsea	5,299	5,465
21. Kingston upon Thames	5,181	5,322
22. Lambeth	8,776	9,074
23. Lewisham	8,717	8,973
24. Merton	6,200	6,309
25. Newham	11,543	11,996
26. Redbridge	11,053	11,284
27. Richmond upon Thames	5,866	6,015
28. Southwark	9,136	9,468
29. Sutton	6,881	7,043
30. Tower Hamlets	9,013	9,354
31. Waltham Forest	9,022	9,204
32. Wandsworth	8,175	8,398
33. Westminster	8,515	8,785



LONDON

People aged 65 and over predicted to have depression



	2023	2024
LONDON	101,266	103,604
1. Barking and Dagenham	1,761	1,798
2. Barnet	5,374	5,499
3. Bexley	3,690	3,745
4. Brent	4,011	4,132
5. Bromley	5,186	5,250
6. Camden	3,100	3,196
7. City of London	140	140
8. Croydon	4,991	5,126
9. Ealing	4,226	4,309
10. Enfield	4,150	4,223
11. Greenwich	2,810	2,885
12. Hackney	2,117	2,207
13. Hammersmith & Fulham	1,964	2,027
14. Haringey	2,693	2,766
15. Harrow	3,704	3,764
16. Havering	4,180	4,217

	2023	2024
17. Hillingdon	3,816	3,902
18. Hounslow	3,146	3,213
19. Islington	1,986	2,051
20. Kensington and Chelsea	2,347	2,407
21. Kingston upon Thames	2,273	2,345
22. Lambeth	2,649	2,710
23. Lewisham	2,735	2,807
24. Merton	2,417	2,463
25. Newham	2,703	2,813
26. Redbridge	3,569	3,644
27. Richmond upon Thames	2,922	2,985
28. Southwark	2,692	2,795
29. Sutton	2,845	2,912
30. Tower Hamlets	2,097	2,163
31. Waltham Forest	2,769	2,835
32. Wandsworth	2,954	3,020
33. Westminster	3,167	3,260

LONDON



People aged 65 and over who are obese or morbidly obese with a BMI of 30 or more



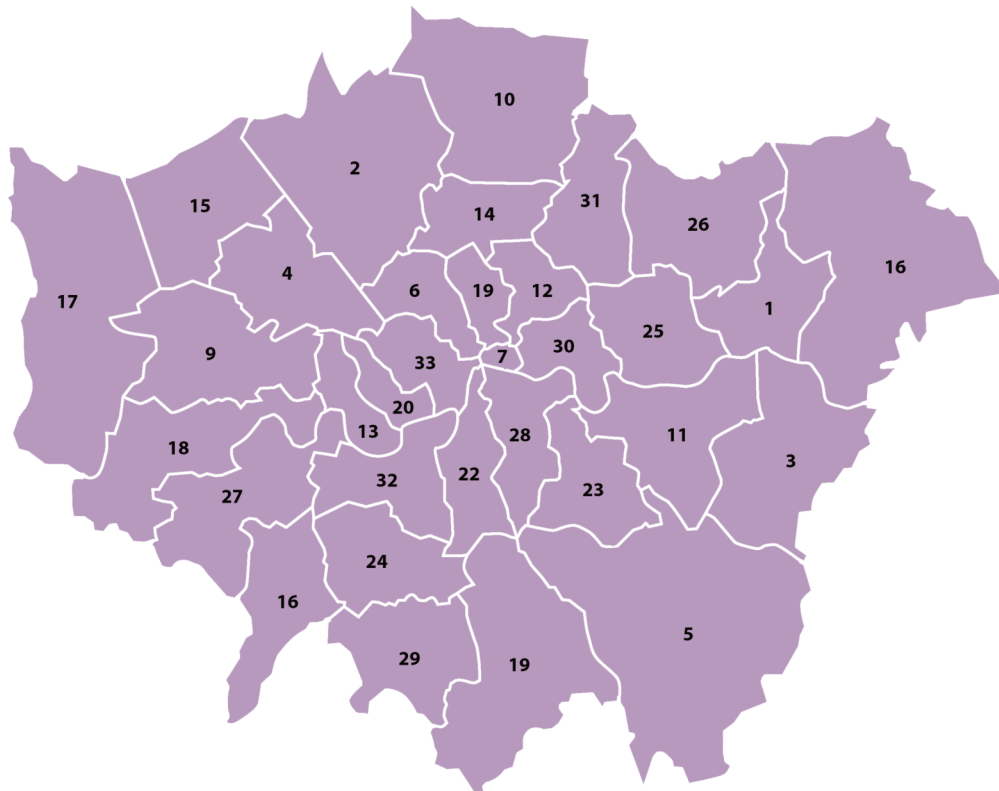
	2023	2024
LONDON	357,211	365,651
1. Barking and Dagenham	6,226	6,346
2. Barnet	18,913	19,327
3. Bexley	12,822	13,030
4. Brent	14,276	14,707
5. Bromley	18,062	18,264
6. Camden	10,949	11,275
7. City of London	514	514
8. Croydon	17,617	18,105
9. Ealing	14,993	15,290
10. Enfield	14,541	14,814
11. Greenwich	9,993	10,270
12. Hackney	7,544	7,881
13. Hammersmith & Fulham	6,863	7,067
14. Haringey	9,501	9,774
15. Harrow	13,127	13,340
16. Havering	14,506	14,654

	2023	2024
17. Hillingdon	13,477	13,778
18. Hounslow	11,189	11,434
19. Islington	7,030	7,272
20. Kensington and Chelsea	8,254	8,456
21. Kingston upon Thames	7,976	8,245
22. Lambeth	9,382	9,600
23. Lewisham	9,612	9,893
24. Merton	8,487	8,660
25. Newham	9,657	10,060
26. Redbridge	12,648	12,945
27. Richmond upon Thames	10,283	10,488
28. Southwark	9,549	9,919
29. Sutton	9,991	10,229
30. Tower Hamlets	7,560	7,805
31. Waltham Forest	9,744	9,990
32. Wandsworth	10,377	10,614
33. Westminster	11,221	11,559



LONDON

People aged 65 and over predicted to have dementia



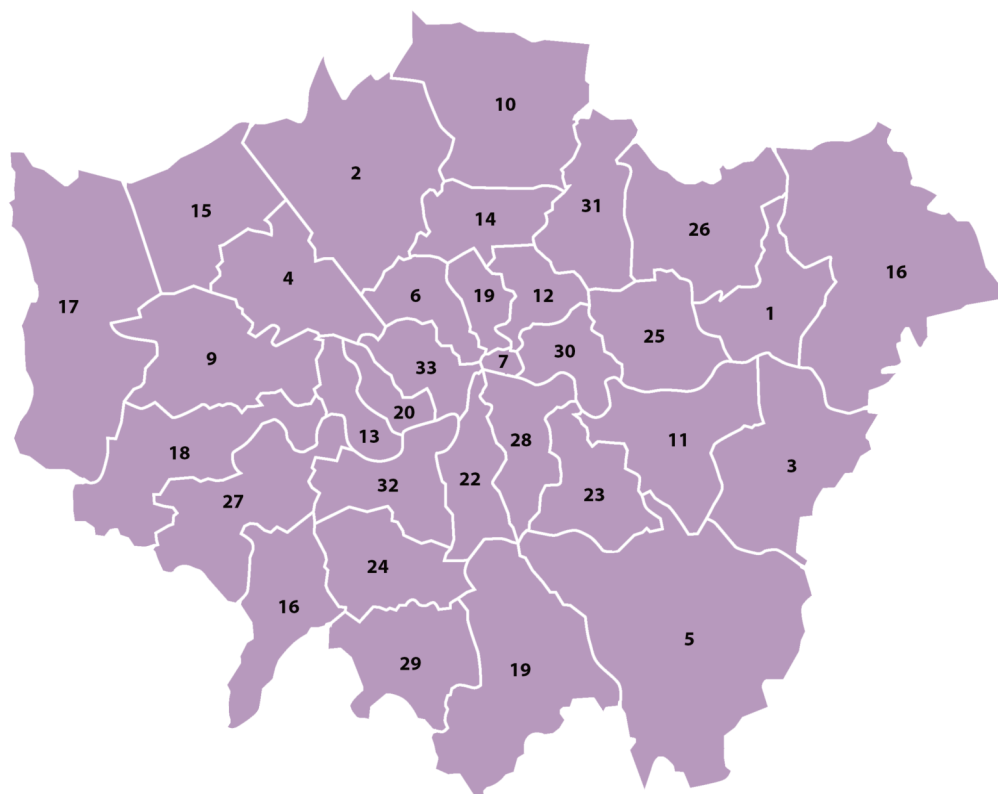
	2023	2024
LONDON	83,192	85,037
1. Barking and Dagenham	1,451	1,471
2. Barnet	4,693	4,776
3. Bexley	3,350	3,399
4. Brent	3,280	3,358
5. Bromley	4,542	4,545
6. Camden	2,638	2,738
7. City of London	86	101
8. Croydon	4,114	4,173
9. Ealing	3,482	3,554
10. Enfield	3,470	3,557
11. Greenwich	2,178	2,214
12. Hackney	1,585	1,628
13. Hammersmith & Fulham	1,537	1,643
14. Haringey	2,038	2,066
15. Harrow	3,157	3,236
16. Havering	3,756	3,781

	2023	2024
17. Hillingdon	3,235	3,333
18. Hounslow	2,416	2,478
19. Islington	1,509	1,541
20. Kensington and Chelsea	1,963	2,022
21. Kingston upon Thames	1,954	1,984
22. Lambeth	2,090	2,148
23. Lewisham	2,146	2,173
24. Merton	1,956	2,015
25. Newham	1,972	2,019
26. Redbridge	2,981	3,019
27. Richmond upon Thames	2,428	2,498
28. Southwark	2,028	2,088
29. Sutton	2,419	2,475
30. Tower Hamlets	1,521	1,551
31. Waltham Forest	2,270	2,308
32. Wandsworth	2,356	2,404
33. Westminster	2,618	2,681



LONDON

People aged 65 and over living alone by age projected to 2024



	2023	2024
LONDON	155,319	158,869
1. Barking and Dagenham	1,451	1,471
2. Barnet	4,693	4,776
3. Bexley	3,350	3,399
4. Brent	3,280	3,358
5. Bromley	4,542	4,545
6. Camden	2,638	2,738
7. City of London	86	101
8. Croydon	4,114	4,173
9. Ealing	3,482	3,554
10. Enfield	3,470	3,557
11. Greenwich	2,178	2,214
12. Hackney	1,585	1,628
13. Hammersmith & Fulham	1,537	1,643
14. Haringey	2,038	2,066
15. Harrow	3,157	3,236
16. Havering	3,756	3,781

	2023	2024
17. Hillingdon	3,235	3,333
18. Hounslow	2,416	2,478
19. Islington	1,509	1,541
20. Kensington and Chelsea	1,963	2,022
21. Kingston upon Thames	1,954	1,984
22. Lambeth	2,090	2,148
23. Lewisham	2,146	2,173
24. Merton	1,956	2,015
25. Newham	1,972	2,019
26. Redbridge	2,981	3,019
27. Richmond upon Thames	2,428	2,498
28. Southwark	2,028	2,088
29. Sutton	2,419	2,475
30. Tower Hamlets	1,521	1,551
31. Waltham Forest	2,270	2,308
32. Wandsworth	2,356	2,404
33. Westminster	2,618	2,681

GREATER LONDON POPULATION DATA

The number of older people over 65 in London is predicted to rise by 30% by 2030, as opposed to a 23% rise through the rest of England. With numbers of those aged over 80 set to increase by 70 per cent over the same period, older Londoners are the fastest growing demographic across the city.¹⁶

For the first time, the over 60s could outnumber the under 16s as a proportion of the total population of Greater London. All of the evidence suggests that this shift is likely to continue beyond 2035, fundamentally changing the demographic balance of the city.

Much like the older population dichotomy apparent between rural and urban areas and seen in both the Northern Ireland and Wales Safer Ageing Index, the Greater London Index also illustrates a difference between two disparate areas - this time outer/suburban boroughs of London, and inner/city-urban boroughs of London.

Both a higher number of older adults over 65 and over 65 as a proportional aspect of the total adult population in the borough are currently seen in outer boroughs as compared to inner boroughs. There are a couple of exceptions to this, such as Camden (36,200 over 65s), Greenwich (32,900 over 65s), and Barking and Dagenham (20,500 over 65s) but as a whole over 65s in London are more geographically spread over the outer areas of London as to the inner.

The boroughs with the highest predicted total population numbers of over 65s in 2023 are all outer London, Barnet, Bromley, and Croydon (62,600, 60,100, and 58,100 respectively) - these boroughs are still predicted to be those with the highest total numbers of over 65s in 2024 (64,000, 60,700, and 59,800).

The boroughs with the lowest projected total population numbers of over 65s in 2023 are a mixture of inner and outer London, but predominantly inner London, with the City of London (1,700), Barking and Dagenham

(20,500), Hammersmith and Fulham (22,700), and Islington (23,300).

Examining the number of over 65s as a proportion of total adults within each borough, we see a similar trend - with a higher proportion of over 65s found in outer London boroughs as opposed to those within inner London.

The boroughs with the largest percentage of over 65s as a proportion of total adults within each borough are the City of London (19.10% of older adults are over 65s) - although hard to use as a credible trend example considering the small, focused population, Havering (18.06% of total adults are over 65), and Bromley (17.68% of total adults are over 65).

Likewise, the boroughs with the smallest percentage of over 65s as a proportion of total adults within each borough are all inner-city boroughs - Tower Hamlets (7.05%), Hackney (8.46%) and Newham (8.61%).

As one would suspect with a higher total number and higher proportionate percentage of over 65s living in outer London boroughs compared to inner London boroughs, a similar trend can be seen as to the number of projected older people living in a care home, with or without nursing support. The boroughs with the highest numbers of over 65s in care homes are all in outer London, specifically Barnet, Croydon and Enfield (2496, 1935 and 1413 respectively).

While the boroughs with the lowest numbers of over 65s in care homes are all in inner London, specifically the City of London, Hackney and Tower Hamlets (0, 321, and 356 respectively).

GREATER LONDON POPULATION DATA

There are several reasons we can speculate as to why individuals over the age of 65 are more likely to live in outer London boroughs rather than inner London boroughs. These may include:

Affordability: Outer London boroughs generally offer more affordable housing options compared to inner London boroughs. The cost of living, including housing prices and rental rates, tends to be lower in outer areas. This makes it more feasible for older individuals who may be on fixed incomes or have limited financial means.

Housing Availability: Outer London boroughs often have a greater supply of housing, including larger properties and houses with gardens, which can be desirable for older individuals who may be looking for more spacious and comfortable living arrangements. Inner London boroughs, on the other hand, tend to have a higher population density and limited housing stock, making it more challenging to find suitable housing options.

Accessibility and Amenities: Outer London boroughs often have better access to green spaces, parks, and recreational areas, which can be beneficial for older individuals who value a more peaceful and natural environment.

Additionally, these areas may offer better accessibility to amenities and facilities like large supermarkets, large hospitals and age appropriate health facilities which are crucial for the older population to safely age.

Perceived Quality of Life: Outer London boroughs are generally perceived as having a better quality of life, with less traffic congestion, pollution, and noise compared to inner London. These factors may be particularly appealing to older individuals who may prioritise a quieter and less hectic living environment.

However, as the organisation the Centre for London notes¹⁷ - the raw data alone does not tell us enough about why there is such a difference between numbers and proportions of older people living in inner and outer London and further research and data collection is needed to ascertain whether this is due mainly to preference or to external factors (accommodation provision, lack of age appropriate provisions, better perceived quality of life).

GREATER LONDON HEALTH DATA

As with younger victims and victim-survivors of violence and abuse, older people are at risk of suffering from a multitude of health-related harms.

Experiencing abuse, especially violent abuse – leaves older people at risk of suffering physical harm and injuries, from broken bones to sexual diseases, punctured organs, or even death.¹⁸

The experience of one form of crime or abuse alone could also lead to a consequential effect. It may leave an older victim disproportionately at risk of “polyvictimization” – that is multiple abuses or crimes occurring to the same victim.¹⁹

Violence and abuse against older people can also cause dramatic psychological and mental health harms, with depression, anxiety, and post-traumatic stress disorders being the most common.

Some scholars have suggested that different forms of abuse have differing impacts on victim-survivors mental/psychological health, with Fisher and Regan noting that older women suffering from psychological abuse or from multiple types of abuse were more likely to experience depression or anxiety.²⁰

There is also evidence that those older victim-survivors of abuse will potentially die earlier than older adults with no experience of abuse or victimisation.²¹ Older victims may also be less able to recover psychologically or physically than victims younger than them, and as such may be in greater need of welfare or medical assistance, putting greater strain on underfunded local services, the Taxpayer, NHS and Social Care Services.²²

Sexual violence in particular can have a dramatic effect on the mental and physical health of older people. As a number of scholars have noted, the physical consequences of sexual violence in later life can include genital trauma, gastrointestinal, and musculoskeletal problems, as well as pelvic problems, broken bones, and

dislocated joints.²⁴ Mental health issues can also occur, evidenced by reports of anxiety and depression.²⁵ Jeary noted that other long term and life changing effects could result, with older victims feeling unable to continue living in their homes, suffering insomnia, incontinence, and nightmares.²⁶

The abuse of older people in London can lead to increased healthcare utilisation and costs. Victims of abuse may require medical attention for physical injuries, psychological support for mental health issues, and ongoing care for chronic conditions resulting from abuse.

This increased demand for healthcare services places a burden on the NHS and wider healthcare system and highlights the importance of addressing the abuse of older people proactively.

Abuse can also exacerbate pre-existing health conditions in older individuals. For instance, physical abuse may worsen chronic pain or accelerate the progression of cardiovascular diseases.

Psychological abuse can worsen symptoms of depression or anxiety, leading to a deterioration in mental health. It is essential for healthcare providers to consider the possibility of abuse when treating older patients with existing health conditions.

GREATER LONDON HEALTH DATA

In this Greater London Safer Ageing index, we look at the data behind a number of London based health effects on over 65s including:

- People aged 65 and over who need help with at least one self-care activity
- People aged 65 and over with a limiting long-term illness whose day to day activities are limited a lot.
- People aged 65 and over who are obese or morbidly obese
- People aged 65 and over predicted to have dementia

As we saw above with age and population, and likely related to the increased number of over 65s in outer suburbs of London, there are broadly more instances of each health-related effect in outer London suburbs than in inner London.

In 2023 in all of Greater London, it is predicted that 333,667 over 65s need help with at least one self-care activity, just over 28% of the total over 65 London population. Self-care in this sense are activities relating to personal care and mobility about the home that are basic to daily living:

- Having a bath or shower
- Using the toilet
- Getting up and down stairs
- Getting around indoors
- Dressing or undressing
- Getting in and out of bed
- Washing face and hands
- Eating, including cutting up food
- Taking medicine

The boroughs with the highest predicted number of over 65s needing help with at least one self-care activity in 2023, were all in outer London, Barnet (17,995 -28.7%), Bromley (17,515 – 29.1%), and Croydon (16,413 - 28.2%).

The boroughs with the lowest predicted number of over 65s needing help with at least one self-care activity in 2023, were largely (except for Barking and Dagenham) in inner London – City of London (464 27.2%), Barking and Dagenham (5769, 28.7%), and Hammersmith and Fulham (6271, 28.5%).

As to the levels of limiting long term illnesses that affect day to day activities a lot, affecting over 65s in London, it's predicted that 296,788 over 65s in 2023 suffer from this (25.1%).

The boroughs with the highest predicted number of those over 65 suffering from limiting long term illness are Barnet (13,40, 21.4%) Ealing (13,276, 26.8%), and Brent (13,170, 27.8%).

The boroughs with the lowest predicted number of those over 65 suffering from limiting long term illness are City of London (289, 17%), Kingston Upon Thames (5181, 19.4%), and Kensington and Chelsea (5299, 19.3%).

Looking at the projected levels of obesity and morbid obesity in Greater London among over 65s in 2023, it is projected that 357,211 over 65s are either obese or morbidly obese – 30.3%.

The boroughs with the highest predicted number of those over 65 being obese or morbidly obese are Barnet (18,917, 30.2%) Bromley (18,062, 30.05%) and Croydon (17,617, 30.2%).

GREATER LONDON HEALTH DATA

The boroughs with the lowest predicted number of those over 65 being obese or morbidly obese are the City of London, (514, 30.2%) , Barking and Dagenham (6226, 30.3%), and Hammersmith and Fulham (6863 30.2%).

Finally, looking at the projected levels of dementia sufferers among over 65s in Greater London, it is projected that 83,192 (7.05%) over 65s suffer from dementia in 2023.

The boroughs with the highest predicted number of over 65 dementia sufferers in 2023 are Barnet (4693, 7.5%), Bromley (4542,7.5%) and Croydon (4114, 7.1%).

The boroughs with the lowest predicted number of over 65 dementia sufferers in 2023 are the City of London (86, 5.1%) Barking and Dagenham (1541, 7.5%) and Tower Hamlets (1521, 6.2%).

GREATER LONDON ISOLATION AND MENTAL HEALTH DATA

The risk of loneliness in older age is a continual concern, and social isolation and loneliness have been identified as increasing the risk of poor physical and mental health.

Social isolation has been associated with a 32% increase in stroke risk, a 29% increase in coronary heart disease, and a 50% increased risk of developing dementia.²⁷

Diminished immune system functioning, anxiety, and increased risk of Alzheimer's disease can also stem from loneliness in older age. 24% of people aged 50 and over and living in England feel lonely some of the time, while 7% (around 1.4 million people) feel lonely often, and 9% of older people report that they feel cut off from society.²⁸

There are other factors which may contribute to an increased feeling of loneliness and depression, however abuse and the fear of abuse can be a key risk factor.

A key personal result of abuse may potentially be the dislocation, disengagement, and social isolation of older victims from their friends, families, and communities.

Morrall et al noted abuse and crime induced changes in behaviour, revolving around lack of confidence, lack of

independence, and increased fear - especially with women, regarding attitudes towards going out alone or going out after dark.²⁹

Abuse, crime, and fear can be just as damaging to the social network and capital of older people. Concern about violence or feeling unsafe in their local community or neighbourhood is a key determinant for quality of life for older people in the UK.

The Greater London Safer Ageing Index also looks at projected over 65s data concerning living alone, and levels of depression.

In 2023, in all of Greater London, it's predicted that 101,266 (8.65) over 65s suffer from depression. The boroughs with the highest projected numbers of over 65 depression sufferers are Barnet (5374, 8.6%) Bromley (5186, 8.6%) and Croydon (4991, 8.6%).

The boroughs with the lowest projected numbers of over 65 depression sufferers are the City of London (140, 8.2%) Barking and Dagenham (1761, 8.6%) and Hammersmith and Fulham (1964, 8.7%).

CONCLUSION

Just as we saw with the Northern Ireland Safer Ageing Index, the Wales Safer Ageing Index, and we will see with the wider England Safer Ageing Index, a key challenge that is consistent in exploring safer aging and the experiences of older people is the paucity and lack of up to date and consistent data by national and local government as well as other related organisations. This problem has challenged the creation of this Index too..

This poses an issue to developing effective evidence-based policies and to monitoring progress on the issue, effective data collection can create a narrative to inform policy and practice, and as such filling in the gaps regarding abuse of older people should be an urgent priority.

The Index also acknowledges the specific issues faced by ethnic minority older people, who may experience compounded risks due to intersectionality and cultural factors. Further efforts should be made to identify and address the challenges and needs of this specific group of over 65s and ensure access to appropriate support services.

In conclusion, the projected data presented in this Index on population, health, and isolation among older people in Greater London highlights significant demographic shifts and health challenges that the city is facing.

The projected rise in the number of older people over 65 in London, surpassing the growth rate in the rest of England, indicates that older Londoners are the fastest growing demographic in the city. This shift is expected to continue beyond 2035, fundamentally changing the demographic balance – with over 60s projected to outnumber under 16s for the first time in the near future. The projected data also reveals a dichotomy between outer and inner London boroughs in terms of the distribution of older adults. Outer boroughs have a higher number and proportion of over 65s compared to inner boroughs, indicating that older individuals are more

likely to live in outer areas. This trend can be attributed to factors such as affordability, housing availability, accessibility to amenities, and perceived quality of life. However, the scope of this Index is not broad enough to investigate the various factors explaining these phenomena and as such, further research is needed to understand the underlying reasons behind this difference.

When examining health-related effects among older adults in London, outer suburbs consistently show higher instances of self-care needs, limiting long-term illnesses, obesity, and dementia. This suggests that there are broader health challenges in outer boroughs, which may be related to the higher number of over 65s residing there.

Abuse and violence against older people can have severe physical and mental health consequences. Older victims of abuse are at a higher risk of experiencing polyvictimisation and suffering from depression, anxiety, post-traumatic stress disorders, and other mental health issues. The abuse of older people also leads to increased healthcare utilization and costs, as victims may require medical attention and ongoing care for physical and psychological injuries.

Loneliness and social isolation are also prevalent concerns among older individuals in London. Social isolation has been associated with poor physical and mental health outcomes, including an increased risk of stroke, coronary heart disease, dementia, diminished immune system functioning, anxiety, and depression. The fear of abuse and crime can further contribute to social isolation and disengagement from friends, families, and communities.

Addressing the challenges faced by older people in Greater London requires proactive measures to ensure their well-being, quality of life, and ability to age safely. This includes providing adequate support for self-care needs, protection from the risk of abuse, violence, or

CONCLUSION

neglect, addressing limiting long-term illnesses, promoting healthy lifestyles, and offering mental health services. A key part of this should be the development of a London specific violence against older persons strategy to sit alongside the current VAWG strategy and provide a public health focus on the prevention of abuse and violence and effective support for safer ageing. Additionally, efforts should be made to combat social isolation and loneliness through community engagement, support networks, and initiatives that promote social interaction and connection among older individuals.

Overall, the data (or lack of) primarily suggests the need for further research and data collection to understand

the factors behind the disparities in the numbers and proportions of older people living in inner and outer London boroughs. While the Index provides valuable data, it also highlights the limitations in data collection and availability related to the abuse of older people. The absence of comprehensive and disaggregated data poses challenges in developing evidence-based policies and monitoring progress. Issues with the current layout of the Freedom of Information legislation also need amending. Addressing the needs and challenges faced by the growing population of older adults is crucial, including providing adequate housing options, healthcare services, social support, and combating social isolation to ensure a better quality of life for older Londoners.

RECOMMENDATIONS

Variances in questions and datasets means that unfortunately the Greater London Safer Ageing index is not directly comparable with the Northern Ireland Safer Ageing Index or the Wales Safer Ageing Index. As seen above this has especially been a problem when dealing with police freedom of information data. Hourglass would as such like to see:

A London specific strategy focused on abuse and violence committed against older people.

As well as a wider strategy focused specifically on preventing abuse and violence committed against older people in England, and supporting older victim-survivors and their families, Hourglass is calling for a specific Violence Against Older People's strategy. Much like the current strategy on VAWG, this strategy would champion a public health approach and focus on prevention, specialised support, and partnership working.

In all UK jurisdictions the police and prosecution services should adopt a standard policy for flagging 'crimes against older people'.

Some progress has been made in recording and sharing information between the police and prosecution services but there remain significant gaps. The policy in place under the CPS should be adopted by all UK police forces and prosecution services. The CPS (England and Wales) have developed a category that is not purely based on the age of the victim. It additionally considers the circumstances of the crime. In particular the policy states consideration of where there is an existing relationship and expectation of trust; where the perpetrator has perceived vulnerability of the older victim; where there appears to be hostility based on age. In Scotland, 'age' is now a protected characteristic under hate crime law, but data practice should adopt the three part definition, considering the expectation of trust and perceived vulnerability as well as evident hostility based

on age. In Northern Ireland the Police Service of Northern Ireland (PSNI) and the Public Prosecution Service (PPS) should also adopt the category of 'crimes against older people', which would allow for analysis of the prevalence of such cases in the justice system.

A review of the restrictions in the Freedom of Information Act (2001)

As Zuffova and others note,³⁰ restrictive freedom of information cost limits are antithetical to the idea of knowledge and information being a public good. In the Acts current state due to the asymmetry of collected information, requesters are regularly unable to effectively estimate where the exemption guidelines are, nor do requesters have a chance to verify if the refusals on cost grounds under Section 12 are genuine. Allowed cost limits should be increased, and in case the limits are exceeded, charitable/public organisations and journalists should have a choice to pay the excess costs but have their requests answered, as is common in other parts of the world.

As well as this, it should be investigated whether it is feasible for response time limits to be shortened. While the current measures stipulating a reply in twenty working days are effective for broad non time sensitive projects, for queries of a time sensitive nature, the use and effectiveness of FOIs would be more than doubled if a shorter response time was available.

Fundamentally, public authorities, especially Police Forces and the CPS should systemically publish regular public interest information, broken down into age categories.

- 1 and 2 Hourglass (2021) ""I miss my friends as we used to meet every week, I'm not only very bored, but very lonely.""[1]
An Analysis of the UK wide findings from Hourglass's "Growing Old in the UK" and "Growing Old under Lockdown in the UK" Surveys."
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- 4 See Carbado DW, Crenshaw KW, Mays VM, Tomlinson B. INTERSECTIONALITY: Mapping the Movements of a Theory. *Du Bois Rev.* 2013 Fall;10(2):303-312. doi: 10.1017/S1742058X13000349. PMID: 25285150; PMCID: PMC4181947. INTERSECTIONALITY - PMC (nih.gov); Domestic Abuse in Black, Asian and Minority Ethnic Groups | Interventions Alliance
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Email: helpline@wearehourglass.org

Hourglass England

Office 8, Unit 5,
Stour Valley Business Centre,
Brundon Lane, Sudbury,
Suffolk, CO10 7GB.

T: +44 (0) 20 8835 9280
E: enquiries@wearehourglass.org
W: www.wearehourglass.org

 [@wearehourglass_](https://twitter.com/wearehourglass_)
 facebook.com/wearehourglass

Hourglass Cymru

C/o - Office 8, Unit 5,
Stour Valley Business Centre,
Brundon Lane, Sudbury,
Suffolk, CO10 7GB.

T: +44 (0) 20 8835 9280
E: cymru@wearehourglass.org
W: www.wearehourglass.cymru

 [@hourglassCYMRU](https://twitter.com/hourglassCYMRU)
 facebook.com/hourglasscymru

Hourglass Scotland

PO Box 29244,
Dunfermline, KY12 2EG.

T: +44 (0) 20 8835 9280
E: scotland@wearehourglass.org
W: www.wearehourglass.scot

 [@HourglassScot](https://twitter.com/HourglassScot)
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Hourglass Northern Ireland

PO Box 216,
Newry, BT35 5DH.

T: +44 (0) 20 8835 9280
E: nireland@wearehourglass.org
W: www.wearehourglass.org/ni

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