“Older People in South Lanarkshire”

Introduction

The Lightburn Elderly Association Project (L.E.A.P.) is a charity based in South Lanarkshire.

The L.E.A.P. project was established in 1992 as an adult education and health programme for older people.

Over the years the project has evolved in direct response to the needs of older people in the community.

In 2001, L.E.A.P. established its first “Hands On” project – a volunteer led befriending and handy person service for older vulnerable people.

This service which is delivered in an individual’s home, was originally established in East Kilbride, Cambuslang and Rutherglen, however, with continued investment from a number of organisations (both public and private), L.E.A.P. has been able to expand its “Hands On” service to cover the communities of East Kilbride, Cambuslang, Rutherglen, Blantyre, Hamilton, Bothwell, Uddingston and more recently into the rural communities of Strathaven and Stonehouse.

L.E.A.P. is currently the only older peoples organisation in Scotland to achieve the Quality In Befriending/Excellence award.

As well as the “Hands On” project L.E.A.P. has been instrumental in setting up and supporting a number of initiatives and projects to assist in improving the quality of life in older people.

The organisation has consistently strived to make a contribution to keeping older people healthy, fit and socially active in the future.

The following is a summary of current national and local statistics regarding older people and areas that L.E.A.P. consider are some of the priorities for older people and where the third sector can make a difference.

Prevalence of Social Isolation

The National Perspective
In 2012, 800,000 people in the U.K. turned 65 years and for the first time ever, there were more people over 60 years than there was under 18 years.

Age U.K. (2015) states that there are currently 11 million people aged 65 years and over living in the U.K.

Over one third of the U.K. population consists of people aged 50 years and over (22.7 million), with 14.7 million people now being aged 60 years and over of which 3 million people are aged 80 years and over.

The centenarians living in the U.K. has risen by 73% over the last decade i.e. to 13,350 people in 2012.

Approximately 3.8 million people aged 65 years plus live alone, 70% of which are women. Nearly 2.5 million of these people aged 75 years and over live alone of which 1.8 million are women (72%).

60% of older people in the U.K. agree that age discrimination exists in the daily lives of older people.

Current U.K. estimates from the office for National Statistics for female life expectancy at birth are 83 years for women and 79.3 years for men and at the age of 65 years are 86.1 years for women and 83.6 years for men.

An estimated 4 million older people in the U.K. have a life limiting, long standing illness. This equates to 40% of all people aged 65 years and over, with 69% of people aged 85 years and over having a disability or limiting long standing illness. Currently 11% of older people in the U.K. describe their quality of life as being very poor.

**Loneliness**

Over a third of older people (approximately 4 million) consider the television as being their main form of company, with 9% of older people stating that they feel trapped in their own home. 17% of older people have less than weekly contact with family, friends and neighbours, with 11% having less than monthly contact. Therefore, loneliness is a key issue.

Holt- Lunstad et al (2010) described loneliness as being as harmful as smoking 15 cigarettes a day.

Therefore the key messages / priorities nationally for older people would appear to be:

- Review of health care for older people
- Reduce loneliness and isolation
• Improve mental health care e.g. Dementia is said to be one of the main causes of disability in later life with an estimated 800,000 people suffering from dementia in 2014
• Social inclusion / integration into the community
• Affordable and appropriate housing such as sheltered housing
• The role of the carer and provision of adequate support for the carer.
• Pension benefits
• Poverty – in 2012 10% of people aged 65 years and over stated that they were having difficulty or struggling to manage their income.
• Fuel Poverty – Age U.K. (2015) state that over 3 million older people in the U.K. were concerned at staying warm in their own home last winter.
• Get fit get active programmes
• Volunteering (it is estimated that approximately 23.9% of older people are currently involved in volunteering Opportunities)
• Home safety – Falls prevention
• Digital Inclusion – The National statistics (2014) highlighted that 4.78 million people aged 65 years and over have never been “on line”. This is significant as more and more services are moving online.
• Provision of lifelong learning opportunities.

The South Lanarkshire Perspective

The Scottish Government is working to enable older Scottish people to live healthy, active and independent lives with dignity being central to its social justice agenda.

In 2011, there were 308,721 people living in South Lanarkshire, 17% of these people (52,482) were aged 65 years and over this number having increased by 5% over the previous 10 years (52% women and 48% men) with projections being that over the next 20 years the number of people aged 65 years and over will further increase to an estimated 84,117, this number representing 25.5% of the total population of South Lanarkshire.

By 2035 a fifth of households in South Lanarkshire will be headed by someone aged 75 years or over, with over 4000 households consisting of a person aged 90 years living alone.

Further, the Scottish Index of Multiple Deprivation shows that 53 South Lanarkshire areas are in the most deprived 15% of areas in Scotland, this being the fifth largest number amongst the Scottish local authorities. The implications being, that, residents in poor areas are more likely to have poorer health.

It is estimated that two thirds of single pensioner households in South Lanarkshire are on low income, with 57.1% in fuel poverty as compared to 48.8% in Scotland.

14% of adults in South Lanarkshire provide care on a regular basis, with 3,951 older people being in receipt of homecare services.
Compared to Scotland as a whole, older people in South Lanarkshire have relatively more physical disabilities such as heart disease, blood pressure or circulatory conditions, with the incidence of long term health conditions and mental health problems increasing. Older people in South Lanarkshire are more likely to have medically diagnosed dementia than those in the rest of Scotland.

17% of older people in Lanarkshire have bad or very bad health this compares to 13% in Scotland.

10,000 (12%) older people provide unpaid care. Life expectancy in Lanarkshire is below the national average.

In South Lanarkshire 67% of older people report one or more long term health conditions and 31% report their activities of daily living are very limited. It is estimated that 6% of all older people in South Lanarkshire will experience some form of mental illness.

As a result it is forecast, that there will be an increase in the number of older people who will need help with maintaining their independence at home and with remaining connected to their local community.

The NHS in Scotland is in crisis!! Audit Scotland (2014) found that NHS boards are finding it increasingly difficult to cope with the increasing number of people utilising the service.

In South Lanarkshire this can be demonstrated by the longer lead times to see GP’s and have access to allied health professionals (such as physiotherapy and occupational therapy) and to home care services. This can also be demonstrated, through, prolonged waits, in the hospital accident and emergency department, plus waits on trolleys for a hospital bed, evident in the number of 4 hour waiting time breaches and the number of patients waiting on trolleys for a hospital bed.

In South Lanarkshire work continues to develop projects that will support older people. Four key themes have been identified as part of capacity building in South Lanarkshire.

- The need for volunteers
- Befriending
- Digital Inclusion
- Community Transport

The strategy of Housing for Older People (2012-2021) further expresses that Voluntary Services will be required to support older people to have greater control over and improve their health and environment.
With the implementation of the new Health and Social Care Partnership in April 2015, there will be an increased focus on ensuring that older people are supported in their own homes and communities as much as possible.

It is predicted that as part of this process Voluntary Organisations will likely see their roles grow.

It is essential that the community based approach that the third sector can offer is embraced. The need to involve the third sector and do this differently than in the past is further supported by the projected changing age structure in Lanarkshire population 2013-2033.

- 59 years and under will decrease
- 60-74 years – 32% increase
- 75+ years – 72% increase

Social isolation and lack of community involvement affects a significant number of older people in South Lanarkshire and continues to have an adverse impact upon their health.

L.E.A.P. has seen evidence of this through a significant increase in referrals for befriending.

**Best Practice and Potential ideas for Improvement and Influencing Policy**

L.E.A.P. on reviewing current literature, speaking to the local community and reviewing quality of life questionnaires consider that financial and physical investment is required to be made in the following areas to ensure that more older people are safer, happier and healthier in their own home.

1. Utilisation of third sector organisations that have a proven track record in providing services for older people that contributes to the maintenance of their health and well being.

2. Volunteers
   Secure physical and financial resources that would enable the recruitment and training and mentoring of volunteers.
   The benefits of volunteering have been highlighted in a number of reports and publications. These include:
   - Meeting people and making friends
   - Gives confidence
   - Makes the volunteer feel needed and respected
   - Gives a role in life
   - Decreases mortality and improves health
- Increases mental health and decreases depression
- Reduces stress and increases life satisfaction.
- Provides social support and interaction
- Aids one in coping with own illness
- Provides a positive transition from work to retirement and a feeling of giving back to their community.

3. Befriending
Secure physical and financial resources to facilitate 1:1 long term befriending for older housebound people.
Plus shorter befriending aimed at reintegration individuals with their community through befriending support.
Befriending will help build resilience in the local community.
It is recognised that befriending can be used as an effective intervention to support older people with complex health and social care needs. Befriending can also help improve health and wellbeing in an individual aiding their independence and helping them to build resilience against illness and life impacting events such as bereavement. This in turn may help reduce future depending on more costly health and social care services.
Befriending can reduce social isolation and improve wellbeing for older people and their carers by providing regular home visits.
Therefore, befriending not only tackles the issues of loneliness and isolation it tackles diseases associated with a high degree of loneliness are twice as likely to develop Alzheimer’s, then people with a low degree of loneliness.
Befriending will also contribute to assisting some of the 200,000 older people in the UK who state that they do not receive the help they need to get out of their house or flat.

4. Increased Access to Digital Education
Access to the internet at home and use of smart phones etc has the potential to improve the quality of later life, creating social networks to tackle isolation and loneliness, transforming services to help people live independently at home for longer. (Age UK, 2014)
It must be recognised that technology is no longer an optional extra and it is important that steps are taken to ensure that older people are assisted and able to realise the benefits of the digital age.
There is a need to provide access to digital education for older people not only locally within their community, but also within their home.
There is understandably, a degree or reticence among some older people regarding the technical issues involved in using a computer, a tablet or SMART phone, this can be described as “fear of the unknown”, what do I press and when, what about security. There are also then issues around equipment costs and broadband hire.
By offering a comprehensive range of educational opportunities and free or cheap access to equipment and the internet and by actively promoting the relevant benefits to older people there is an opportunity to have a positive impact upon health and wellbeing, it would enable access to services, such as food shopping that might otherwise be hard to reach.

There is an opportunity for third sector organisations to have a significant role in this area. A way forward is for these community based organisations to have financial investment to purchase equipment and to train volunteers who could train older people to use the internet and provide ongoing support.

For more actively mobile older people, there is the opportunity to further develop small community hubs for training and social networking.

5. Exercise and Education

There is a continued need to provide a comprehensive range of exercise and educational programmes for older people that are delivered locally and easily accessible people within their community therefore improved funding is required to support this.

Inactivity and isolation accelerate physical and psychological decline towards premature, preventable ill health and dependency. (Department of Work and Pensions, 2009).

Therefore, getting older does not mean older people need to give up being active. It is considered that older people can improve their quality of life by participating in exercise and educational programmes. A lack of mobility, living alone can prevent older people from participating in social activities and can lead to isolation.

Indeed, evidence suggests that daily physical activity can improve health.

Regular exercise and physical activity are important for both mental and physical health. Therefore, older adults should aim to be active daily, if at all possible.

It has been demonstrated that regular exercise can provide a myriad of health benefits such as improving blood pressure, diabetes, improve bone density, strengthen muscle and balance and encourage digestive health and improving mental health whilst also assisting in the reduction of social isolation and low morale associated with this.

The third sector, therefore, can provide a range of exercise opportunities delivered by appropriately trained volunteers and which cover a range of individual abilities.

By providing this support there is a potential to have a positive impact on reducing the number of older people entering hospital as an emergency with broken bones or mental health related illnesses.

With regards to education, life long learning helps older people stay in good physical and psychological health aiding them to live independent lives.

There is evidence low level support in the community provided for example by voluntary organisations will help maintain the ability of older people to live independently in their own home.
Once again there requires to, be, investment, especially at third sector level that will enable such organisations to provide a range of low cost learning opportunities for older people that are easily accessible within the local community.

6. Prevention of Falls and accidents at home
Every year more than one in three (3.4 million) people over 65 years suffer a fall, that can cause serious injury and even death and every hour an older person dies as a result of a hip fracture (Age UK, 2013).

Hip fractures as a result of a fall cost approximately £28,000 a patient.
The overall costs associated with unintentional injuries are significant (they run into billions of pounds) and contribute to inequalities. Despite falls not being inevitable, the risk at falling at home increases with age, with a substantial number of falls being due to unspecified reasons.

Van Balen et al (2001) further state that a large proportion of patients, as expected, experience problems with physical mobility and pain following injuries such as a hip fracture, however, they also experience subjective social isolation and emotional problems as a direct result of their injury.

There, therefore, requires to be continued and increased investments in third sector projects such as handy person services aimed at keeping older people safe in their own home. Volunteers can carry out a range of tasks that older people find increasingly difficult to do. This can be as simple as changing a light bulb, to fixing trailing flexes, taping down carpets and removing trip hazards.

This service is cost efficient / effective and can easily delivered by appropriately trained volunteers and can compliment services already offered by the local authority.

7. Fuel Poverty
In 2013 there were 940,000 households in Scotland that experienced fuel poverty. Older people are amongst those most affected by fuel poverty. The consequences are misery, discomfort, ill health and debt.
An average of 40,000 more people die in winter (Dec. – March). Press (2003) states that excess winter mortality is largely preventable if people are kept warm in their own home.
Further, it is known that people become more socially isolated due to economising and being reluctant to invite people into a cold home. This is further compounded by the fact that social isolation is a risk factor for depression and coronary artery disease.

Age UK (2013) highlight, that it is widely recognised, that three factors, have a bearing on fuel poverty, i.e. energy prices, household poverty and home energy efficiency, and consider that the most effective way of reducing the numbers of older people living in fuel poverty is to significantly improve the energy efficiency of housing stock.

Nobody should have to make the choice between buying food or heating the house. In South Lanarkshire 41.2% of households experience some form of fuel poverty,
By continued investment in third sector projects aimed at supporting vulnerable people through education and energy assistance schemes, you can have a positive impact on reducing fuel poverty.

**Conclusion**
Social isolation remains a significant issue for older people for a variety of reasons which include health related problems, such as lack of mobility, the ageing process, lack of support facilities within their local communities such as one to one befriending in an individual’s home or opportunities to integrate people into their own community through a range of low cost leisure and education activities aimed at promoting health and wellbeing and combating loneliness.

Falls prevention and safety at home are key factors in minimising accidents which can lead to prolonged health difficulties including social isolation and immobility associated with hip fractures. Further, the issues around fuel poverty and social isolation require to be addressed to ensure that in the future older people can live comfortably in their own home and risk of premature death is lessened.

The third sector continues to attract attention in the UK as an integral driver of economic and social progress.

Third sector organisations are perceived as being the primary voices of social, economic and environmental justice, deliverers and sources of innovation in services to older people and are integral to the modernisation of public services in the UK (Hopkins, 2012).

With the integration of health and social care there is the opportunity to have a significant impact upon how services are delivered for older people in South Lanarkshire.

With considerable emphasis to the aid that provided through informal care and support opportunities in the community with the provision of initiatives supporting active leisure, strengthening social support and establishing informal networks. This however, is reliant on recognition of the important and influential role third sector organisations have in the community.

Further, there requires to, be recognition of the work that already exists and that has a proven track record, for example befriending schemes.

There requires to, be recognition and support from the Scottish Government and the policy makers that the approach requires to, be bottom up and community led and one which augments existing statutory services, whilst, fully utilising voluntary services who can demonstrate success in tackling issues of social isolation in older people.
The afore mentioned points are the Lightburn Elderly Association Project’s views and opinions and that if its service users of where resources require to be concentrated.

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