



VHS 2014 Annual Symposium: Health, Wellbeing and your Brain

A view from the older people's sector

Sally Magnusson in a previous conference at which Ian was speaking said that 'society – we – are on the run from ageing'. For all sorts of reasons many of us are anxious about growing old – we have fears about ill health; loss of loved ones, not being needed so much, death and wrinkles. All are valid. But I think that we have developed a language of growing old being a problem and this becomes embedded in our consciousness.

We may experience problems as a result of ageing but older people per se should not be considered as a problem. There are issues around a population that is increasing in age – we have always grown old but there are just more of us around and for longer. Why do we cease to be adults at 60 and become old irrespective of our needs or capacity because government policy defines us like that? When we are anxious about an ageing population why do we emphasise it by talking about 'older workers' at age 45!?

I think my frustration is that we have known about population ageing for a very long time. We have had several commissions on pensions; many debates on paying for care; many re-shuggles of policy to adapt to the health and social care needs of older people. Why didn't we invest sooner in a range of services; why didn't we find a way for us as individuals being able to better invest collectively in potential services? Why have we not made easier transition period for people to remain in work or not depending on their circumstances and capacity?

I am not for one minute denying the impact of ageing on any of us and it is often unexpected. Nor do I underestimate the impact of dementia on individuals, family and carers. What we need to see is that society and therefore our governments protect those who require love and attention.

The statistics show that 1:3 of us will experience a 'bad old age'. However, I want to focus on the 2:3 who continue to make enormous contributions to our society and who often go unrecognised. I want to praise some wonderful services provided by voluntary, statutory and faith based organisations to the care of older people and the innovatory practice they bring.

One thing is clear that we are all different. We will all experience ageing differently and some of us will adapt to some of the consequences of ageing better than others, be more accepting have a stronger focus on hope whilst others will rail against the changes. I think one thing is for sure – we don't turn into cuddly happy people just because we are old if we weren't like this before and my experience is that sometimes people find their voices in older age and become fierce advocates for their cause whether it is ageing or something else. One of the responses in the British Academy conference that Ian was previously speaking at said 'happiness is not age related' and it is not condition related either.

The vision of active and healthy ageing set out by the EU Commission Steering Group on Active Ageing states: "*Active and healthy ageing' is a process of optimising opportunities for health, participation and security in order to enhance the quality of life as people age. It applies to both individuals and population groups. 'Health' refers to physical, mental and social well-being. 'Active' refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force¹*".

Given that we are ageing all the time this statement should be applied across the life course. Such a vision is important as we don't all decline at the same age or the same rate – as Ian has said there is no average decline. It is therefore important to emphasise the key contributions made by those over 65 – I have taken this as a benchmark because of research that has been undertaken.

The WRVS – now RVS- produced a report which focussed on the key contributions which older people made to the economy and to society in general. The report described older people as the 'glue which binds communities' and emphasised the following key issues:

- We must get away from perceiving older people as a burden and a problem. Ensuring care is provided if needed should be a commitment that a just society makes.
- The research found that older people made a positive contribution to the UK economy of £40 billion in 2010 and that this would grow as we move towards

¹ "Strategic Implementation Plan for the European Innovation Partnership", European Commission, 7.11.2011.



2030. Where does this come from – spending, provision of care by older people to older people, volunteering.

- Remaining in the work force for longer
- Caring for grandchildren to enable the next generation to go to work
- Supporting children and grandchildren financially
- Key activists in the community
- Voting more than other generations so making good use of democratic processes.

Of course it is not all rosy – there is poverty, inadequate housing, isolation and loneliness which go alongside but it is important that we do not constantly focus on the negative so that attitudes harden and stereotypes become fixed.

There are opportunities – there is an increase in social entrepreneurship amongst older people with as yet untapped potential according to research undertaken by Unltd. Technology is playing an increasingly important role in terms of human connection and safety and older people are increasing consumers of IT. I suspect that this is a generational issue as those who have been more familiar will take it for granted but projects like ACEIT across Scotland show how important it is and in care homes it is an important tool. It might assist independence but it does not replace the human contact – the connections that make life worthwhile. We should perhaps also be wary of the emphasis on ‘independence’ and what we actually mean. If independence is living alone in a flat with very little human interaction then I think we are missing the point. We are all interdependent in order to achieve a quality of life.

I think we should also be wary of using terms like ‘successful ageing’ as this is difficult to define as we all cope differently and I hope it is not determined by whether I can still ride a bike rather than the roundness which gives meaning and purpose to my life.

Of course we are facing severe challenges in the UK as a result of the financial crisis and austerity measures. So are most European Member States. Living so much longer is a global phenomenon and is an achievement in many respects – we just don’t have the experience to know quite how to deal with it. But we could take steps to invest in health and social care reforms for older people – Reshaping care and the



integration of health and social care are key elements but we are probably still experiencing birth pangs on this one!

We don't start off being old – therefore early years and education play a significant role in how we cope as we age; how we develop our capacity to learn and to participate. The impact of how we are at age 11 as to how we end up is very striking and the importance of primary school and the transition to secondary school is enormous. Not being able to read or write; not being able to acquire skills and to work could be hugely damaging and it is essential that we take a life course view rather than segmenting people according to chronological age.

One of the key challenges facing many older people at the present time is loneliness and isolation. Silverline was established as a response to this and plays an essential part in providing a lifeline to people. Many people lose their social networks as they leave work, family moving away; maybe bereaved, physically or mentally unable to continue with favourite activities. Social isolation appears to increase people's chances of developing dementia – perhaps Ian would like to comment on this.

Connections, friendships, interests are really important to sustaining us throughout our lives. It is what gives us meaning and purpose. It is what keeps our spirit alive and sustains us through difficult times.

The voluntary sector plays a hugely important role in enabling social contact as well as providing care in different ways. Recently, I have been doing some work with a day care centre. Talking to the people who use it they describe it as a lifeline; somewhere where they feel welcome and are with people who have similar issues. But they are also ambitious and were keen to have more IT training and some participants would really like someone to go for a walk with them; to accompany them to an art gallery or chum them to a pub! It really emphasised to me the importance of not thinking of older people as one homogenous group that should all do the same thing at the same time.

Another aspect is that few men get involved in day care and there are fewer men in care homes. A recent report by the ILC pointed out that loneliness amongst men was acute but that they really wanted positive activities rather than socialising, chatting, networking as women seem able to do. Perhaps some of you might have a view about this or indeed provide particular services. Men's Sheds for instance seem to



be growing in popularity. But community of interest is important and some research has shown that taking part in group interventions including art, group exercise or therapeutic writing increased old people's subjective health significantly reduced mortality.

Tackling loneliness and isolation is a huge challenge. We are all probably reluctant to acknowledge this for ourselves and it takes a lot of will power to join in something which is unfamiliar. So two things emerge – how do we enable people to sustain their life long interests and how do we both find and encourage those who are old and isolated to make connections and to participate. What is it that would attract them? I think there is enormous scope for innovative practice.

At this point I have to reflect on my work with Faith in Older People. Our focus is on the spiritual dimension for older people. We define this as ' what gives meaning and purpose to our lives' as do the NHS chaplains. For some this includes religion but for others it could be music, nature, friendship and so on. We each have our own expression as to what 'lifts our spirit' and frankly what makes us get up in the morning.

Understanding the essence of the individual is essential in person centred care and this is one element. It is part of how we have built up our resilience to life's hardships and it really needs to be nurtured wherever we live in older age. If faith is important for me then it is vital that carers understand the role that it has played in my life. If music is important then this needs to be sustained. When I was discussing spiritual care with a group of care home staff I asked them what they might miss most as a result of age related changes. Several of them said if they lost the ability to read a book. One of them told us that this was a great sadness for one of the residents but he made a point of reading to her each day – better than a talking book!

One of the activities within faith communities is maintaining those connections – there are really stimulating and motivating examples of how they achieve this and I must emphasise, as they do, that it is not confined to those who worship. It is community based.

Well this has been a little bit of a rollercoaster tour – I just want to emphasise that we must eradicate ageism; we must acknowledge the contribution of older people; as a just society we must ensure that we have health and social care systems which



provide quality care and that older people should not be subject to poverty because they are old and not able to work. A measure of the success of a society is how it treats its older people.

Maureen O'Neill

27th November 2014