Valued impact of seniors working alongside clinicians in the Lindsay Leg Club network

The advent of an aged society facing the fast-growing population globally has become a serious issue that is placing increasing demands for a changing culture within governments. As population ageing continues, and due to demographic and social changes, community exclusion of older people may become one of the most critical societal issues, as the proportion of older people who are living alone is increasing, and they are at a higher risk of social isolation. One major challenge in ageing societies is how to create meaningful pathways for older persons to experience late-life living and simultaneously contribute towards modern-day society. Being age-friendly, demonstrating the importance of social support and connectedness, defining psychological constructs essential to wellbeing and, most importantly, detailing the impact of social support is embodied in the psychosocial Lindsay Leg Club network.

For many young people, the thought of retirement evokes images of inactive older persons. Yet, many seniors are living longer and enjoying better health into their later years, and retirement has in fact become an extremely active phase of life. The benefits of lifelong learning extend beyond knowledge acquisition to having a positive impact on the physical, mental and social wellbeing of older adults, offering opportunities to make a significant social contribution to local communities—as carers or volunteers—making this a new culture for seniors.

Social engagement of the retiree is an important way for organisations to actively respond to the challenges of population ageing. With demographic changes, we are increasingly seeing the over-65 age group living in social isolation owing to movement of their families and communities becoming more fragmented due to the changes in society. Loneliness and isolation are major factors when seniors experience a further loss of social contact due to bereavement and/or immobility. Many who attend a Leg Club either as a volunteer or member have experienced social isolation, which, in turn, could have led to them being at a higher risk of disability, poor recovery from illness and depression. Additionally, many living alone may experience lack of motivation to prepare meals, leading to malnutrition or undernutrition, which is common among seniors and associated with disease and age-related frailty and disabilities.

Collective activities and relationships are a key component of quality of life for older persons, and a facet of the Leg Club is the development of roles for local retirees and Leg Club members (patients), with an emphasis on trying to ease loneliness by providing congenial surroundings where old friends can meet and new friendships can be formed (Figure 1).

Seniors have a wealth of life experience, and they can contribute to Leg Clubs through diverse activities, such as organising and running their Club. The Leg Club Foundation board was very aware that seniors living in a digital world can be easily overwhelmed by new technology and that getting digital knowledge and training would provide seniors the skills and confidence to use a laptop. An example of how the Club has helped volunteers overcome...
these problems is the introduction of a training programme, where broad learning takes place alongside the Leg Club clinical team and volunteers are provided computer and internet skills. This has enabled them to be stakeholders responsible for their Club data and engage in information gathering. The volunteers also benefit from the expansion of an excellent social network within their Leg Club, acquisition of new life skills and the ability to generate new plans for their Clubs’ future.

Living and ageing well are key components of health-promotion strategies. The ageing population faces issues such as economic need and comorbid illnesses. A collaborative process is required to address these problems, where individuals from a broad spectrum of organisations contribute to the creation and implementation of new solutions. Partnerships between health and social care organisations are evolving rapidly in the private and primary health sectors, with an aim to provide an effective, seamless service that meets the needs of local populations. The psychosocial Leg Club model of care attempts to consider the broader influences of ageing, as it focuses on social, cultural, environmental and economic factors as opposed to just disease and injury. This approach has enabled the retiree group to adopt a valued and fulfilling role and to remain as energetic and functional as possible within their communities. Volunteers from this group who have elected to transfer from retirement status are an extremely productive resource contributing to their community and find their engagement at Leg Clubs an enriching way to crown their professional career, as they find enjoyment and fulfilment in helping to make a real difference to the lives of members (patients) who may be isolated from their family and friends.

The social model of care, on which the Leg Club paradigm is based, emphasises wellness and maintenance of health. It places equal emphasis on social health, encouraging wellness rather than simply treating illness in the older person. The volunteers’ enthusiasm, creativity and boundless energy are evident: their organisation of Leg Club newsletters and community fund-raising activities are just some examples of their productivity. It is evident within the Leg Club network that through participation in a range of social activities, older adults can be more active and healthier, and healthy-ageing initiatives should encourage a lifelong-learning approach to provide meaningful learning and physical activities for seniors and voluntary retirees.

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