Are we an ageist society?

ELLIE LINDSAY
OBE FQNI
President and Founder of the Lindsay Leg Club Foundation®

Since my last update at the start of the new decade the world has become a very different place and nature has demonstrated there are no global barriers to highly contagious diseases. We are witnessing new worldwide challenges and imposed restrictions, especially on the vulnerable and frail, due to the emergence of the COVID-19 pandemic.

Regardless of age, current events have drastically changed all of our daily lives. The rapidly changing measures against COVID-19 and its impact on our country and indeed the world have required us to change the way we work, study and live.

With the advent of a pandemic in an ageing society, where the young no longer outnumber the old, this has become a serious issue worldwide. According to the World Health Organization (WHO) most developed countries have accepted the chronological age — the actual amount of time a person has been alive — of 65 years as a definition of an elderly or older person. According to the World Report on Ageing and Health released by the WHO for the International Day of Older Persons, the number of people over the age of 60 is expected to double by 2050 and will require radical societal change (WHO, 2015). Both older people and the environments in which they live are diverse, dynamic, and ever-changing. Although advances in medicine are helping more people to live longer, other problems, such as social exclusion and other related issues, affect many seniors. Loneliness and social isolation can have a serious effect on an individual's mental and social health. But the risks of social isolation depend not only on who you are, but also on where you live. Like many seniors, I live in a very small rural village without streetlights, a shop or community venue. Because I work and travel extensively, I previously have had limited social contact with my neighbours, however, this has now changed, and one unintended, positive outcome of this unprecedented pandemic is that it has brought local communities together.

At the time of writing, social distancing actions imposed by the Government requires people in certain risk categories, including the over-70s regardless of their current health status, to self-isolate. This has been going on for many weeks with no certainty as to when the rules will be relaxed. This has had an enormous impact on many of my senior peers as social relationships are a key component of quality of life, affecting their mental health, health behaviour, physical health and mortality risk.

As with many NHS services, the psychosocial Leg Club model for lower limb care had to undergo changes and suspended or adjusted to work differently due to social distancing. The social and supportive style of the Leg Club Model where members (patients) gain peer support and empathy are a key component of quality of life for many older people and volunteers who thrive in a collaborative social network. This withdrawal from a weekly social gathering will have an impact on their lives. However, Leg Club nurses and volunteers have come up with numerous new ways how to reach out to their members, advising and training them to self-care for the legs and improve their wellbeing.

LOCATION, LOCATION, LOCATION

The pandemic has impacted on society regardless of age, culture and communities. In the 1880s, the German sociologist, economist Ferdinand Tönnies identified two types of social grouping, calling them Community and Associational Society. His theory was that Community relates to individuals living in rural areas who interact primarily within their local community of family and friends face to face, based on feelings of togetherness and on mutual bonds, whereas Associational Society is connected to relationships in urban or industrialist settings, which is driven by rational self-interest and calculating conduct, less based on the traditional bonds of family and kinship. Hence, I believe that the impact felt by social distance and self-isolation depends not only on who you are or how old, but where you live.

ATTITUDES TOWARDS AGEING

Ageism is a widespread problem, and especially extensive in certain cultures today as many see the older individual as "over the hill, not being quick enough or as able." Also, there is a feeling that the

CONFERENCE UPDATE

In line with Government guidance, the 2020 annual Leg Club conference has been cancelled and will instead take place on September 29 and 30 2021. For more information, visit our website: https://www.legclub.org/

older person is less likely to learn and adapt to new ideas and technology. Ageist discrimination is not new, and Amelia Hill in an article in the Guardian noted that ageism is an increasing concern to mental health experts, with evidence that it can impact people's mental health, hasten the onset of dementia and even shorten their life expectancy (Hill, 2019). The report also found that 40% of British people over 50 years old regularly experience ageism, with one in three commonly experiencing it at work, one in ten on public transport, and one in seven while shopping. Another more recent example that highlights ageism in our society was when a government advisor initially argued against taking strict measures to contain COVID-19 in a view summarised as "protect the economy, if that means some pensioners die, too bad" (Smyth, 2020). Although Downing Street firmly argues that they would not let the elderly die to protect the economy.

Our perception of age changes as we grow older and due to our own unique personalities, the reality of what it means to be a senior differs, with some people seemingly set in their ways and fearing change in their forties or early fifties. On a personal note, I have an extremely eventful life and thrive on challenges and changes which give me great personal satisfaction.

Sadly, many people's opinion of seniors has not kept pace with the changing reality, and serious problems may arise when stereotyping and prejudice lead to age discrimination. According to the WHO, negative ageist attitudes are widely held across all societies and not confined to one social or ethnic group. The WHO further stated that research suggests that ageism may now be even more pervasive than sexism and racism. This has serious consequences both for older people and society at large (WHO, 2015).

As we age our confidence and sense of self-esteem can lead to mixed thoughts regarding our home, professional and social life, which in turn can have a great impact on our health, happiness and wellbeing. Hence social engagement with older persons is important to actively respond to the challenges presented by ageing.

SOCIAL PRESCRIBING

The physical, emotional and financial cost of providing care and growth to the older adults, along with changes in family roles and structures, will make the delivering of care more complex in the future. The financial costs to the health service should be seen as more than just the direct costs of social care as psychological consequences arising can also have a significant financial impact. These include the costs of treatment for psychological disorders, if seniors reaching 60 years are unable to continue working there is a loss of income in addition to the personal negative financial and emotional impact for the individual. It is, therefore, important to appreciate the larger economic picture when treating chronic wounds, the potentially devastating emotional consequences, and a potential domino effect on financial costs. The NHS' Next Steps on the Five-Year Forward View stated: "As people live longer lives the NHS needs to adapt to their needs, helping frail and older people stay healthy and independent, avoiding hospital stays where possible." (NHS, 2017)

Social relationships are a key component of quality of life for many older people, who thrive in a collaborative social network. The recent introduction of social prescribing, referrals to non-clinical services, offers seniors a higher level of social support, and an example of this innovative approach can be seen within the psychosocial Leg Club model network, as the consequential emotional costs for the older population with a lower limb wound can lead to negativity, anxiety, low self-esteem and depression.

CONCLUSION

In my view, we need to transform how older people are perceived in our society and combat any form of ageism and age discrimination, to look at each individual without bias. To master the challenges ahead, policy-makers and service-providers must change the way they view ageing, making sure that the elderly feel respected and cared for, tapping into the huge advantages only age can bestow on us: experience and perspective. WUK

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