

May 2011



Isolation and Older People

Creating identity, community and opportunity for isolated older people



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

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Purpose of this report

In January 2010, the Older Person's Partnership Board (OPPB)¹ requested a report on services for isolated older people in Kensington and Chelsea. This followed on from a review of day opportunities for older people which took place in 2009. The report was delivered in April 2010 and it was subsequently decided to develop the report for publication, alongside an action plan for the future.

A small group of local service providers have been working together to develop the action plan, including the Royal Borough of Kensington and Chelsea, Age Concern (incorporating Sixty Plus), Pepper Pot Day Centre, Open Age, Al Hasaniya, Kensington and Chelsea Forum for Older Residents and the Tenant Management Organisation (TMO).

This report will:

- detail key facts about local isolated older people
- profile the key issues for isolated older people as identified by local professionals and older people
- identify key local voluntary, community and statutory services that can target and support isolated older people
- detail key actions to further support isolated older people
- introduce a trigger and support tool for professionals.

Further developments

This report is part of an ongoing piece of work by the OPPB to review how we identify and support older people who may be isolated in the Royal Borough. There was a local conference in December 2010, where this draft report was launched for consultation. Following feedback, further updates were made to this report and an updated action plan will also be published in the summer 2011.

¹ The Older People's Partnership Board was established by NHS Kensington and Chelsea and the Royal Borough of Kensington and Chelsea, working in partnership with other statutory and voluntary organisations and with people who use the borough's services. The group has a number of responsibilities including overseeing the Older People's Strategy, various business plans, developing integrated commissioning plans for older people and working with local older people and agencies to develop services.

Executive summary

Key facts - The need

- Six out of 10 older people are classed as living in “Lone Pensioner households” in the Royal Borough (approximately 12,000 people).
- Over 50 per cent of over 65s live in first floor, or above, properties.
- Brompton, Hans Town and Royal Hospital have the highest numbers of lone pensioners (Royal Hospital figures are increased significantly due to the 200 Chelsea Pensioners who live in the ward).
- There are also 11 wards with 500 to 700 lone pensioners across the borough.
- Over 70 per cent of professionals working with older people said they visit lone pensioner households.

Key facts - The services

- 13 churches and faith groups support older people.
- The Council’s Adult Social Care funds nine services that support, or have an element that supports, isolated older people, supporting around 800 to 900 people weekly.
- Corporately the Council funds at least six providers that support older people.
- Most support is in the voluntary sector.
- Social landlords also provide floating support to older people.
- Community Mental Health Teams support isolated and vulnerable older people with mental health issues.

What services, groups and informal support are there for older people?

Services and support are delivered in variety of ways to isolated older people:

- informal support from family members or neighbours
- community-based, charity funded support including local churches and faith groups and community centres
- the voluntary sector funded by the Council and other sources
- targeted Adult Social Care funded voluntary sector services
- Adult Social Care in-house day services.

The key themes identified that contribute to older people becoming isolated

- No local family
- Poor or deteriorating mobility
- Depression
- Loss of confidence
- Bereavement (partner, family, friend, neighbour)
- Poor and inaccessible housing

Demographics

People living alone

- The Royal Borough has had the highest prevalence of older people living alone in London since the 1990s.
- The estimate in 2008 was that six out of 10 older people in the Royal Borough are living alone.
- The Royal Borough also has a very low rate of informal care (by a partner, spouse or family member) compared with the rest of England.
- The national and local agenda is to support more people to continue living in their homes and the borough has very low rates of admission to residential care. This means day services and opportunities are very important as part of a range of community care to provide sociable, stimulating and safe and supportive environments.

Lone males

- The number of lone male pensioners is also set to rise by 25 per cent between 2008 to 2015 nationally. Males who live alone are more likely to experience depression and isolation and more likely to require a care home.
- The highest prevalence of older people living alone is in the south east in Royal Hospital, Hans Town and Brompton. (The Royal Hospital figure is increased by the Chelsea Pensioners accommodation, which increases the number of older people in the ward by approximately 200).

Unsuitable properties

- 53 per cent of people over 65 live in first floor or above properties. Around one third of people over 85 have difficulty with stairs. This means the Royal Borough has a potential population of older people who may not be able to easily leave their property to go to day services. Day services and opportunities may have to come to them or more help may be needed to support people to find alternative accommodation.

Growth in depression

- In the next five years there is likely to be a small growth projected to the population of older people with depression - 180 older people (three per cent).
- There is also an undiagnosed population of older people with depression.
- Anxiety issues closely related to depression are a major factor in isolation amongst older people.

Malnutrition

- A recent study has shown high levels of malnutrition amongst older people receiving care at home and lack of awareness about nutritional needs.

Dementia

- Estimates indicate that there are about 1,410 people with dementia in the borough with about 11 per cent from BME communities. This, when seen in the context of the large numbers of lone pensioner households in the Royal Borough, could increase under diagnosis and lack of referral to the appropriate support.

Black and Minority Ethnic Communities (BME)

- The rise in older people from BME communities is higher than the general older population. The Royal Borough will see a three per cent rise by 2013 to 2,700 with over 1,000 older people aged 75 plus.
- The Joint Strategic Needs Assessment reported that in particular older communities from Egypt, Iraq and Iran will increase.
- Particular issues for BME elders include isolation, possibly no local family connections, poverty, a prevalence of poorer health, poor mobility and support needs around language, culture and religion.
- The highest proportion of BME communities is in the north of the borough at 29 per cent, reducing to 20 per cent centrally and 15 per cent in the south.

Older people with sensory impairments

- National statistics suggest one in five older people have some sort of sensory impairment.
- A lot of older people put sight and hearing loss down to old age, so do not report this.
- All people registered with a sight loss via their hospital are referred to the Council's sensory team.
- Although the borough has 340 people who are hearing impaired and known to services, there is no formal registration, so we can assume there are a large number of undetected cases.
- A lot of people go straight to the big national charities such as the RNID and the RNIB.
- People with lower level sensory needs and who are not known to services are likely to be more isolated.

Getting a better picture of isolation

Whilst statistics give some of the picture and the issues around isolated older people in the Royal Borough, it was felt we need more detail to find out why and how older people are isolated. This may then emphasise what we need to address in terms of service provision.

To gain this detail, a small survey was conducted of local frontline social and healthcare professionals working with older people. The survey asked about key trends they see in older people who live alone and are isolated. Professionals included community dietitians, community podiatrists, the community dentist, district nurses, sensory services, bereavement services and charities working with older people in poverty.

A small survey was also conducted with a random selection of 24 older people at the Age Concern Older People's Health Fair in October 2010.

The key themes from professionals

- Professionals said around 77 per cent of people they work with live alone.
- Most said they saw females.
- Men can be more isolated and less likely to access services.
- 75 to 84 is the most prevalent age of isolated older people living in the borough.
- White UK seems to be the more prevalent group in isolation.
- BME groups are less isolated as there is a greater community input, however if they are isolated the problems are worse due to language and cultural issues.

Top five circumstances for isolation discussed by professionals:

- 1 No local family or a complete loss of contact with their family
 - Either their children have moved away or they may be estranged from their families.
 - Partner has died.
 - For men they may not have had to take care of themselves in the past.
 - Women tend to be 75 plus and their friends may also have died.
- 2 Loss of confidence
 - After a fall, mobility issues or illness/discharge from hospital stay.
- 3/4 Mobility issues/partner or friends have passed away (equal)
 - Reducing the ability to go out, then reducing independence and social contact.
 - Loss of partner and friends with bereavement issues, possibly leading to depression and loss of confidence.
- 5 Recent bereavement

- Partner, friend, neighbour.

People who do not want support or contact

Most professionals also discussed people who do not want services. As a theme, this was highlighted in most survey responses; however this was lower priority than the others listed above.

Those surveyed said some older people see professionals coming into their home as intrusive, particularly if there are different professionals supporting them.

Housing

There was mixed response as to which type of housing isolated older people were living in. However, rented private flats seemed to be the type of accommodation that was mentioned most. Issues related to private rented flats included:

- poor quality private flats in the south of borough, that have guaranteed rents, meaning landlords are not keen to invest, so the quality of these properties is poor
- some properties are first floor or above and older people cannot easily access these
- as the flats are refurbished and are rented out in apartment blocks, young professionals are tending to rent or buy these. They are at work during the day and living a social life appropriate for their age group. This means that the community element that has previously been in place, for example, neighbours supporting one another, may no longer be present.

What did local older people say about isolation?

A random survey of 24 older people were interviewed at the local Older People's Health Fair in October 2010. They were asked if they were experiencing isolation or knew of older neighbours, friends or relatives who may be isolated.

Key findings:

- Around 62 per cent of those interviewed who were isolated or knew of isolated older people were from the north of the borough, 20 per cent where from the centre and 18 per cent from the south.
- The most prevalent age group for isolation was 75 to 84, which is the same as that highlighted by professionals.
- Those surveyed indicated that isolation was more prevalent for White UK residents.
- Around 70 per cent of isolated older people appear to live in rented flats.

Top five circumstances leading to isolation that older people described:

- 1 No local family

- 2 Mobility issues
- 3/4 Depression and loss of confidence (equal)
- 5 No contact with neighbours, illness/hospital, do not want contact (equally)

Do they get services?

Only five out of the 24 interviewed said there were no services going in to support them or the person they knew.

What services do isolated people need?

Support to develop friendships was the most popular solution.

Other ideas that older people talked about included:

- a freephone telephone number at the Council for advice and support
- contact with other people by phone
- more activities in sheltered accommodation
- services accessible where people live
- services available after 4pm
- being informed of what is available
- buddies and befrienders

Services that may be used by isolated older people

Information and advice

Office, phone and outreach (linking into services).

Day opportunities

Centre-based support and activities (leisure, social groups, trips), befriending, escorting and tasks, volunteers, teleconferencing, dementia outreach.

Faith groups and churches

Space to use, tea/coffee morning activities, courses, befriending, targeted cultural support, links to leisure centres etc.

Employment support

Employment support group for the over 50s.

Transport

Westway Community Transport subsidised cars, buses, scooters and shopper services that are very well used.

Community centres and services

Community centres offer space for activities and allow the voluntary sector to run groups at various venues across the borough. These include:

- Venture Centre (North)
- Latymer Christian Centre (North)
- St Clements (North)
- Dalgarno Community Centre (North)
- Friendship Centre (North)
- Chelsea Theatre (South)
- Response (Central)

Housing-based floating support

Floating support is offered to older people by various social landlords including Notting Hill Housing Trust, Hestia Housing and Family Mosaic.

NHS services

Community Mental Health and Falls Prevention Teams also support isolated older people.

Bereavement services

For older people who may have lost a spouse or other family member.

Presenting issues and gaps

Whilst we have a range of support in place, there have been a number of ongoing issues and gaps identified by local providers where more could be done. These include:

- information and advice reaching isolated older people (how? where?)
- services for people unable to leave their properties (accessibility and opportunities into their homes)
- services to restore isolated older people's confidence and motivation
- how to support people from BME communities who are isolated
- addressing isolation at weekends and evenings
- supporting people post-hospital discharge
- poor nutrition
- pensioner poverty
- current outreach services over stretched
- a lower uptake of men using services (70 per cent of service users are women in most cases)
- underused resources in borough – housing estates often have committee rooms for meetings that are not being utilised and could be used for activities, social gatherings or as information hubs/signposting.

Developmental opportunities

- Start of a voluntary sector consortium to develop health and well-being work (including tackling isolation) as part of the redevelopment of St Charles Hospital.
- Development and expansion of work with older carers.
- Improved reach of information and advice in partnership between the Council, NHS Kensington and Chelsea and the voluntary sector.
- Partnerships with Black and Minority Ethnic groups.
- Pilot projects to address malnutrition.
- New community-based work around dementia.

Appendices

Comprehensive list of local services

Information and advice

Provider	Service	How many supported
Age Concern K&C/Sixty Plus	Information and advice - telephone, centre and outreach, Wayfinders NHS funded outreach	Around 700 enquiries per qtr with 300 plus outreach
Technology, information and advice	Age Concern to pilot using a laptop and mobile broadband to enable older people to access information and advice at the post office, supermarket, GP etc	
Open Age	Link up – identifies isolated older people and supports them into activities and services through 1:1 support including home visits, services and support – NHS funded Phone and drop-in – Activity information referral open 9am to 5pm weekdays	85 on the books, 27 per qtr
Al Hasaniya	Targeted information and advice for older Moroccan women	Supports approx 40 women at a time
Action Disability Kensington and Chelsea (ADKC)	Information and advice for people with disabilities aged 18 plus, including outreach	Over 300 enquiries per quarter
Advocacy Plus	Targeted advocacy for older people	Supports about 10 people at a time

Bereavement services

Provider	Service	How many supported
Cruse	Bereavement counselling Volunteer visiting for isolated people who are experiencing bereavement	33 people aged 70 plus in 09-10

Day opportunities

Open Age	<p>Leisure, learning, health related activities at Positive Age Centre and outreach based in community facilities including sheltered accommodation, leisure and community centres (for example, Dalgarno, Venture) church halls, libraries, other providers (for example, Pepper Pot, Muslim Heritage), transport provided as necessary</p> <p>50 plus employment group</p> <p>Teleconferencing</p> <p>Partnerships with Middaye and Hodan to support Somali Elders reducing isolation</p> <p>Time for me (North) supports older carers to have a break with activities and trips</p>	<p>Over 50 activities per week, around 300 people supported per week</p> <p>Approx 150 supported per year</p> <p>Six people per week, to increase to 12 people</p>	North and borough wide
New Horizons	Activities in centre and outreach based in community facilities including sheltered accommodation, transport provided as necessary	Over 50 weekly activities and 277 individuals weekly	South
Age Concern K&C/Sixty Plus	Befriending, shopper scheme, dementia 1-1, practical help/escorting	Over 2000 on books, 290 active members, 30 getting befriending, over 600 support tasks provided half-yearly, over 40 people with dementia supported on a weekly basis	Borough wide
Pepper Pot	Day care with transport, drop-in, a	15 day care	North

Centre	hot meal cooked on the premises, meals on wheels and outreach into isolated older people's homes. Pepper Pot has a focus on the African Caribbean community and is also expanding to provide facilities and services to other BME communities. Pepper Pot also provides health and well-being sessions, health checks, basic counselling sessions, organises outings and trips, the provision of therapeutic arts and crafts sessions as well as a range of activities for active elders.	places, 20 drop in, 35 meals, up to 40 outreach and 195 active elders.	and South
Persian Care Centre	Luncheon club weekly	10 to 15 per week	North
Al Hasaniya	Luncheon club weekly	Up to 30 per week	North
Eritrean Elders	Weekly social gatherings provide support to alleviate isolation, visit the sick and comfort the bereaved. Teaches literacy and numeracy and provides advice, guidance and advocacy to access support services.	Up to 20 per week	North
Day centres with transport	Kensington Day Centre and The Quest with transport	Approximately 50 places	North
EPICS Day Centre and drop-in	Day care and daily drop-in with access to a meal and transport	Around 35 day care places and variable drop-in numbers	North
Miranda Barry	Day care with access to a meal and transport	Around 30 places per day	South

Corporate funded organisations relevant to older people

Provider	Service	
Response Community Projects	Activities and a drop-in for older people	Earl's Court
Venture Centre	Community Centre	North
Volunteer Centre	Recruits and places volunteers	Borough-wide
Chelsea Theatre	Community Centre	South

Dalgarno Neighbourhood Trust	Community Centre	North
Worlds End Advice Centre	Community Centre	South

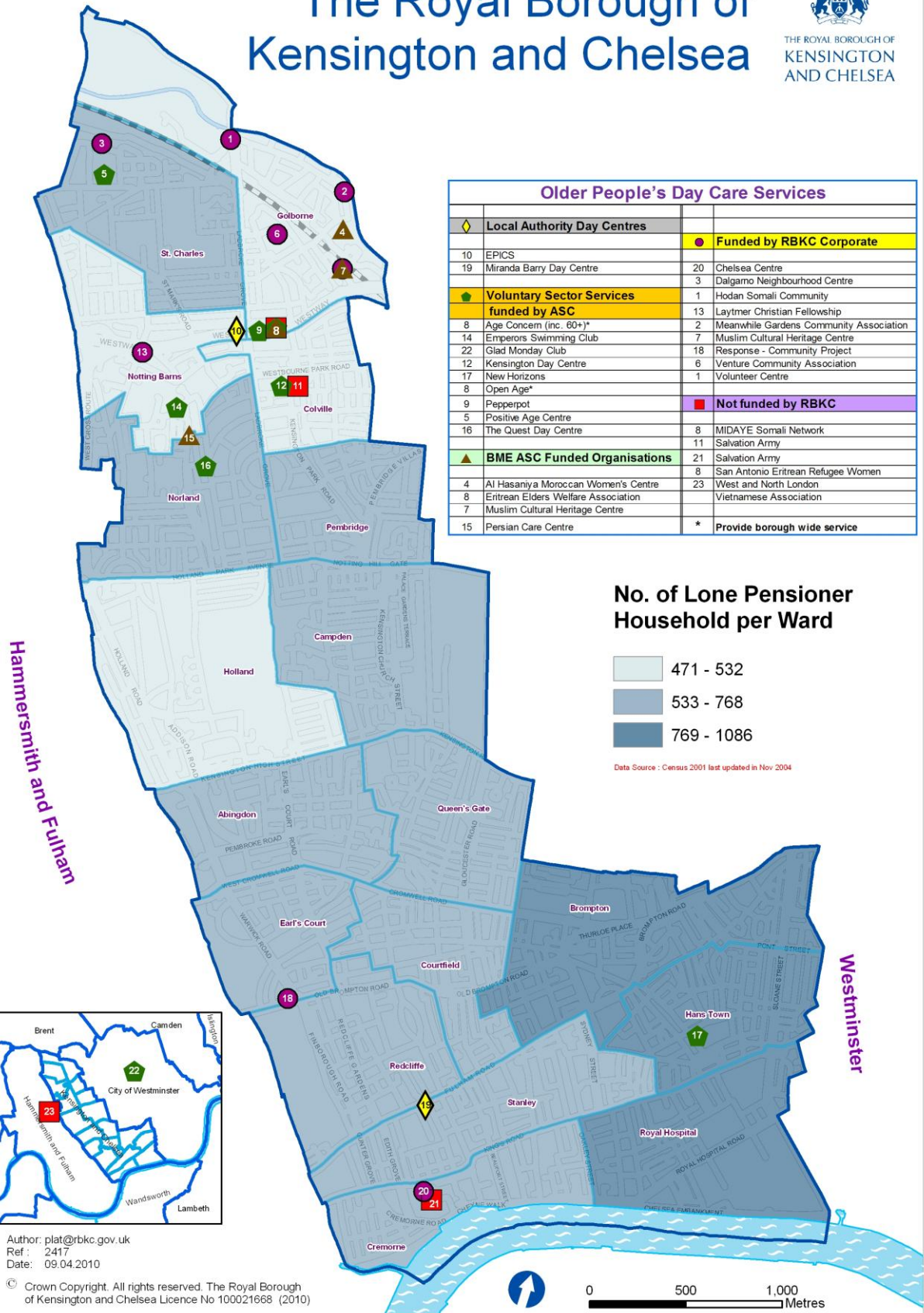
Churches and faith centres

ORGANISATION	ACTIVITIES/SERVICES
Buddhist	
SGI-UK Buddhist	<ul style="list-style-type: none"> • Card making sessions
Christian	
Cara	<ul style="list-style-type: none"> • HIV group for older men
Chelsea Methodist Church and Pastoral Centre	<ul style="list-style-type: none"> • Women's Fellowship – not exclusive to older women but those who do attend are usually older • Non-faith based groups use the church space for activities for older people - ballroom dancing and yoga
Church of Our Most Holy Redeemer and St Thomas More	<ul style="list-style-type: none"> • Women's coffee morning after Sunday service – a lot of older women attend but the group is open to all ages.
Holy Trinity Brompton (Anglican)	<ul style="list-style-type: none"> • Classical concerts (and high tea) throughout the year • Befriending the elderly services • Senior Alpha – course to educate older people about Christianity • There are plans to start a community lunch group
Kensington Temple (Elim Pentecostal)	<ul style="list-style-type: none"> • No regular activities but occasional events i.e. Christmas party • The church is looking to develop activities for 60+
Latymer Christian Centre	<ul style="list-style-type: none"> • Smoothie Hour - Tues, 11-12pm • Women's only exercise classes • Book break <p>(Activities listed above are not exclusive to older people but appropriate for them)</p>
Salvation Army	<ul style="list-style-type: none"> • Community centres on Portobello and Ballantyre Street in the south
St Francis of Assisi RC Church	<ul style="list-style-type: none"> • Get Together group – meets for tea, coffee and bingo • Hand in Hand group – meets for coffee.

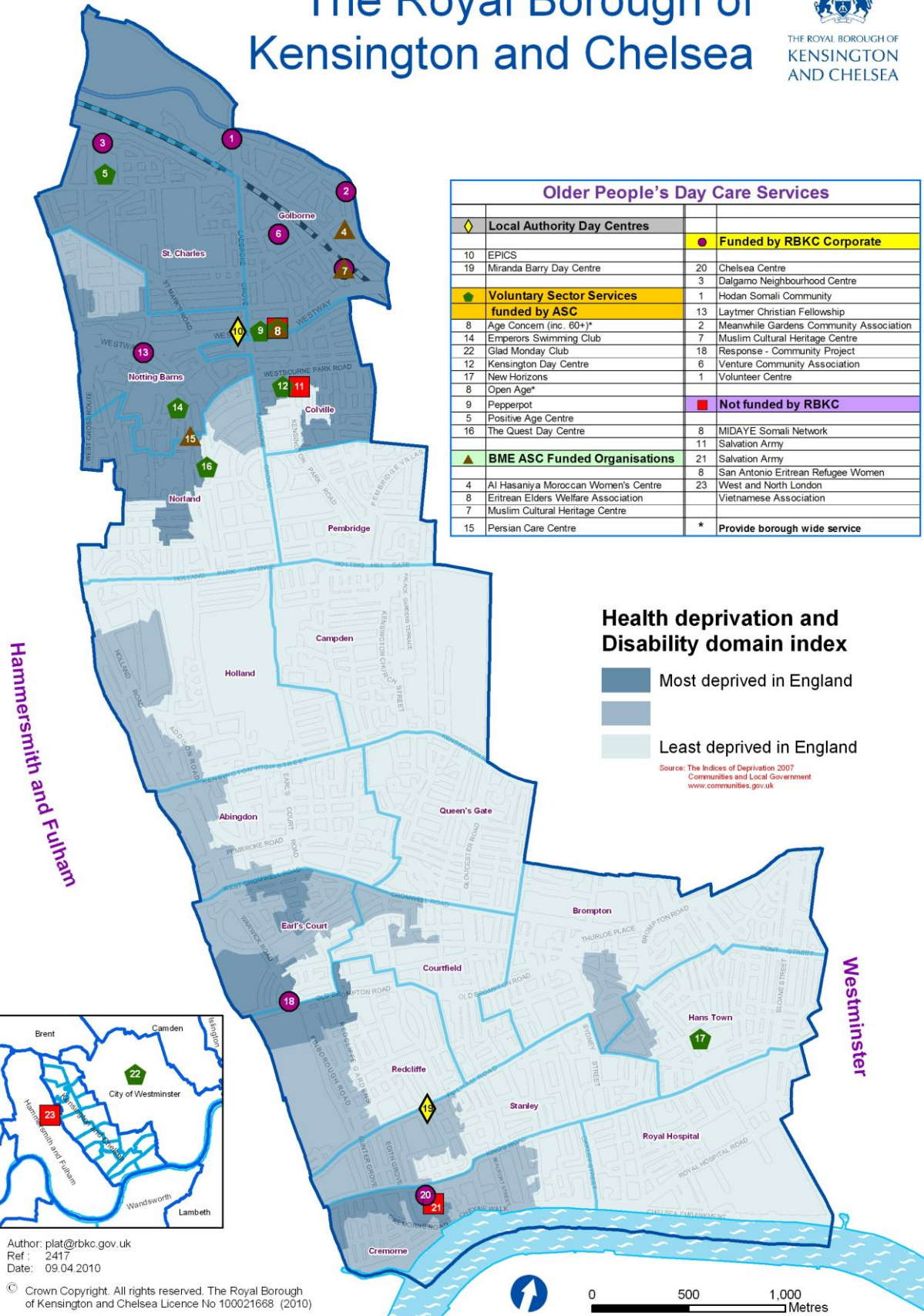
St George's Church (Anglican)	<ul style="list-style-type: none"> • Lunch Group – third Thursday of each month
St Mary Abbots Church	<ul style="list-style-type: none"> • Healing services (and afternoon tea) – third Wednesday of each month, 2pm
St Luke and Christ Church	<ul style="list-style-type: none"> • Tuesday afternoons - Speakers come every week and once a quarter there is a Poetry and Prose session. • WRVS Darby & Joan Club on Tuesday afternoons in St Luke's Hall - consists of fellowship and a bingo session. • Clergy regularly take communion to house bound members and also take communion to local nursing homes such as Kingsmill House, Thamesbrook and St Wilfrid's. There is also a pastoral visiting scheme.
Serbian Orthodox Church of Saint Sava	<ul style="list-style-type: none"> • Three times a year there is food and light entertainment for older people.
Muslim	
The Muslim Cultural Heritage Centre	<ul style="list-style-type: none"> • Over 50s aerobics • Sauna • Health meetings • Swimming • Sewing • Trips

Mapping older people's isolation in the Royal Borough

The Royal Borough of Kensington and Chelsea



The Royal Borough of Kensington and Chelsea



Case studies

Case study 1

Mr C has recently been into hospital for a hip operation. When he got back into his flat, he found that the stairs were a problem for him, making him reluctant to go out and so he became isolated. During this time he went through a major depressive episode brought on in part by his situation and by his feeling that no one cared about his plight.

He was referred to Open Age Link-Up and realised that he had someone to talk to about why he had become isolated. He mentioned that his housing situation was getting him down and that he did not know who to turn to and so he was referred by the Link-Up worker to the Royal Borough's floating support panel.

He also started to talk about ambitions (such as learning to use a computer) and he was placed onto an Open Age computer course. He enjoys the class and meeting the people every week.

Although Mr C's situation is ongoing he states "I feel that everything is a little less hopeless and more manageable now. Before I felt that no one cared and it caused me a lot of stress impacting my health, now I know at least that I can get out and about and that I have support if I need it".

Case study 2

Ms Y lives on the third floor (no lift) and due to physical frailty and a fall, has hardly been out for the past two years. She is a sociable and friendly person who has been feeling down as a result of being isolated. Ms Y has actively participated in all the new Open Age telephone conferencing activity sessions and told the facilitator "I really look forward to the sessions; we do have a laugh don't we!"

Case study 3

Mrs N contacted Age Concern K&C/Sixty Plus in July 2009 because she wanted to learn how to use a computer. She felt that she was out of touch and a lot of information was now only available on the internet. Mrs N also wanted a daily newspaper but was unable to get one because she is housebound. Age Concern visited and agreed to lend a laptop to Mrs N as well as arranging for a volunteer to give her one-to-one tuition. The volunteer could not be provided until the autumn when the new school term started.

Age Concern tried to place a volunteer with Mrs N in October and then another volunteer in November but on both occasions Mrs N cancelled the appointments. She said that she wasn't ready to start due to ill health and a series of hospital appointments. It was agreed that Mrs N would contact Age Concern when she was ready to start.

In January 2010 Mrs N called to say that she was getting a broadband connection because she wanted to do her shopping online. The carers she had been allocated were

only able to provide her with 45 minutes of support and this meant they could only go to her local Tesco. Mrs M wanted to shop at Sainsbury's. The carers also had restrictions on how much they could carry. This was not sufficient for Mrs N's requirements.

Age Concern visited again and connected a laptop to the internet. In February they arranged for a young volunteer to visit once a week. Initially the volunteer helped Mrs N setup her internet shopping account and place orders for delivery. The volunteer then began to show Mrs N how to place the orders by herself.

In April, Mrs N cancelled her carers. She uses the internet for all of her shopping, including newspapers and magazines. It is delivered at a time which is convenient for her. She enjoys meeting the delivery men, who she says are very jolly at the door every Thursday. Mrs N is still learning how to use the internet shopping site, but she understands the system and regularly makes telephone amendments to her orders. She has formed a close relationship with the young volunteer who visits once a week and will continue to visit until Mrs N is comfortable placing orders. Once this has been achieved they are going to start exploring internet newspaper sites.

Case study 4

Mrs P-L is 92 years old and lives alone. She has no immediate family and few visitors. Mrs P-L had used Age Concern/Sixty Plus services on other occasions for practical help and the bathing service. She attends a club on the estate where she lives but her first language is not English and she was not able to hold meaningful conversations.

Mrs P-L was matched with a volunteer who could speak the same language and visit her each week on a regular basis. She reported that she is benefiting from the visits and feels she has "found a new friend; someone to have a chat with or go out with". She also feels "there is someone to rely on and it is important as I can speak with the volunteer in Spanish".

Due to the regular feedback Age Concern has received from the volunteer, they have also been able to liaise with the TMO and social services on issues that Mrs P-L would have found difficult to express due to her limited English. Mrs P-L is also enjoying going out on short walks with the volunteer which she wouldn't do alone and said she feels she is benefiting from taking more exercise.

Case study 5

Mrs X is a long-term member of the Pepper Pot Centre and is now 94 years old. She lives on her own and has no immediate family besides a great niece. She has no friends who visit her as most of them are too fragile or have passed away. She lives on the second floor in sheltered accommodation and is supported by home help/social services once a day.

She has chronic arthritis which is very debilitating and extremely painful. She also suffers from psoriasis which is very unpleasant, irritating and uncomfortable. Due to her arthritis

she is now virtually housebound. She is comfortable when she is sitting but when she stands or walks she gets excruciating pain in her back which stops her from going out.

As she does not get out, the Outreach service visits her at home so she can discuss any difficulties or issues she may be facing and catch up with news of other members of Pepper Pot. The Outreach service also supports her by telephoning her to ensure that she is alright. A volunteer befriender is being recruited to visit her in her home and so reduce isolation.

Pepper Pot provides her main daily nutritional intake which is her midday meal which is delivered to her home. As meals are not provided at weekends she orders extra meals on Fridays which she refrigerates and eats at the weekend. Mrs X sees the driver when he delivers her meals and he can report back any problems she may be experiencing to the Pepper Pot.

Mrs X is quite content knowing she can depend on freshly cooked Caribbean meals, and support from the Outreach Service. She says "I could make a sandwich but I can't imagine having to cook a meal for myself at my age".

Trigger tool

The tool will be available on the Council's People First website

Aim

- Quick electronic assessment and referral for health and community workers, if they assess a person who may be at risk or already be isolated, which maybe having a detrimental effect on their quality of life
- To identify and support more people who are at risk or have become isolated on a short and long-term basis

Objectives

- No more than three clicks
- Instant referral
- The process of assessment and referral takes no more than a few minutes

Headings in the tool

- Circumstance
- Trigger
- Risk
- Who is involved?
- Referral and possible services

Referral routes

1. Advice Information and Assessment Team (Council managed)
2. Age Concern Information and Advice Services
3. Open Age –Link Up
4. Other as required

Circumstances that may cause isolation

- No local family
- Bereavement
- Mobility
- Loss of confidence
- Mental health and/dementia
- Nutrition
- Sensory impairment
- Poor accommodation

Services

- Day centres

- Leisure activities and classes
- Social groups
- Weekly trips
- Befriending
- Outreach
- Task support in the home
- Drop-in
- Courses
- Community shopper
- Link to faith groups and support
- Teleconferencing (virtual day services)
- Community alarm
- Occupational therapy assessment
- Libraries

